

Public Disclosure for Tax-Exempt Organizations

Tax-exempt organizations are required to make a copy of their application for exemption and Form(s) 990 (and 990-T, if applicable) available for public inspection and to provide copies of such forms to individuals or organizations that request copies. Alternatively, the Internet may be used to make these documents available. (See the "Using the Internet" section which follows.) These rules apply to an organization's Form(s) 990 (and 990-T, if applicable) for the last three years and to its application for exemption.¹ If the application was filed prior to July 15, 1987, disclosure is not required unless the organization had a copy of the application on July 15, 1987. An organization **may omit names and addresses of contributors from its return(s)**. Failure to comply with disclosure requirements can result in an enforcement action by the IRS.

While disclosure rules create an additional burden, they also provide an opportunity for your organization to showcase the community benefits that it provides. The rules also heighten the need to carefully review all responses, including narrative explanations, contained on your Form(s) 990/990-T before filing.

Where Must Information Be Provided?

Generally, an organization must make its documents available for public inspection at any location where it has three or more employees. If the only services provided at the site are in furtherance of exempt purposes and the site does not serve as an office for management staff, the documents are not required to be made available there.

How Quickly Must Organizations Reply?

Requests for copies can be made in person or in writing. When requests are made in person, the copies must generally be provided on the same business day. There are provisions for delays due to unusual circumstances. However, in no event may the period of delay exceed five business days. Unusual circumstances include times when those staff that are capable of fulfilling a request are absent.

Written Requests

Requested copies generally must be mailed within 30 days from the date of the receipt of the written request. However, if the organization requires advance payment of a reasonable fee for copying and postage, it may provide the copies within 30 days from the date it receives payment rather than the date of the original request.

What Can an Organization Charge?

You are currently allowed to charge a maximum fee of \$.20 cents per page in addition to actual postage costs.

¹ Certain information within an application for exemption can be withheld from public inspection if public availability would adversely affect the organization, *e.g.*, information relating to a trade secret, patent, process, style of work or apparatus of the organization.

If any organization receives a written request for copies with no payment enclosed and the organization requires payment in advance, the organization must request payment within seven days from the date it received the request. An organization is required to accept a personal check for written requests if it does not accept payment by credit card. If an organization does not require prepayment and the requester does not enclose a prepayment with the request, the organization must receive consent from a requester before providing copies for which the fee charge for copying and postage would be in excess of \$20.

Local or Subordinate Organizations

A local or subordinate organization that is covered by a group exemption letter is given additional time for responding to some requests. If this type of organization receives a request made in person for inspection of its application for tax exemption, the local organization is required to acquire and make available the application for a group exemption letter filed by the central or parent organization within not more than two weeks. The same general rule would apply with respect to a local or subordinate organization must make the group return available for inspection within a reasonable period which is defined as not more than two weeks. If the group return includes separate schedules with respect to each local or subordinate organization, the local or subordinate organization may exclude or omit any schedules relating only to other organizations which are included in the group return.

If a request is made for a personal inspection to a local or subordinate organization, it has the option of mailing the return to the requester rather than allowing an inspection. However, if this is done, the local or subordinate organization may not charge for the copying of the document unless the requester consents to the charge. If a local or subordinate organization receives a request for copies, then it must comply with the rules stated previously.

Using the Internet

As an alternative to providing copies, an organization may provide access to its exemption application and Form(s) 990 (and 990-T, if applicable) through the Internet. The website must provide instructions for downloading the document(s). The information on the Internet must be in such a format that it may be accessed, downloaded, viewed or printed in the same format as the actual documents. An organization would need to make the web address available to the general public.

There is nothing that prevents others from posting your Forms 990, 990-T and exemption application on the Internet. Based on this fact and the potential strain on your organization's resources from providing copies, organizations should consider posting these documents on the Internet.

What if the Requests Are a Form of Harassment?

If an organization believes it is subject to a harassment campaign, it can file an application for a harassment determination with the Internal Revenue Service. This would allow the organization to suspend compliance with these requests. In addition, an organization may disregard requests for copies in excess of two per month or four per year made by a single individual or sent from a single address, without submitting an application for a harassment determination.

Please contact your BKD advisor if you have questions about these rules.

Form **990**

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.

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.



A F	or th	e 2020	calendar year, or tax year beginning , 2020, and end	ling			20
			C Name of organization		D Employer ide	ntification nun	ıber
B Ch	eck if a	pplicable:	HONORABLE ORDER OF KENTUCKY COLONELS INC		61-048	5432	
	Addre chang		Doing business as				
		e change	Number and street (or P.O. box if mail is not delivered to street address) Room/sui	ite	E Telephone nu	mber	
	Initial	i return	943 S. FIRST ST		(502) 26	6-6264	
		return/ inated	City or town, state or province, country, and ZIP or foreign postal code			* *	
	Amen	nded	LOUISVILLE, KY 40203		G Gross receipts	s\$ 9	,989,467
		cation	F Name and address of principal officer: SHERRY CROSE		H(a) is this a gro		Yes X N
			943 S. FIRST ST, LOUISVILLE, KY 40203		subordinates H(b) Are all subord		Yes N
1	ax-ex	empt st	atus: X 501(c)(3) 501(c) () ◀ (Insert no.) 4947(a)(1) or	527	lf "No," a	ttach a list. See in	structions
J	Vebsi	ite: 🕨	WWW.KYCOLONELS.ORG	·	H(c) Group exem	ption number	•
KF	orm	of orgar	ization: X Corporation Trust Association Other ► L Ye	ear of format	tion: 1944 M	State of legal of	lomicile: KY
Pa			mmary				
[1	Briefly	describe the organization's mission or most significant activities: THE HONORAB	LE ORD	ER OF KEN	TUCKY CC	DLONELS,
8		INC	. GRANTS MONEY TO 501 (C) (3) OR OTHER EXEMPT ENTITIE	S.			
ăn			· · · · · · · · · · · · · · · · · · ·				
Governance	2	Check	this box 🕨 🔄 if the organization discontinued its operations or disposed of more	e than 25%	of its net asset	s.	
ĝ	3	Numb	er of voting members of the governing body (Part VI, line 1a)			3	15.
8	4		er of Independent voting members of the governing body (Part VI, line 1b)			4	15.
ctivities &	5		number of individuals employed in calendar year 2020 (Part V, line 2a).			5	6.
ť			number of volunteers (estimate if necessary)			6	50.
Ř			unrelated business revenue from Part VIII, column (C), line 12			7a	0.
			nrelated business taxable income from Form 990-T, Part I, line 11			7b	··· ······
		• •.• •.			Prior Year	·	rrent Year
	8	Contri	butions and grants (Part VIII, line 1h)		2,159,72	25. 2	,129,782.
ň	9		am service revenue (Part VIII, line 2g)			0.	0.
Revenue	10		ment income (Part VIII, column (A), lines 3, 4, and 7d).		998,76	56. 1	,596,269.
			revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		170,90)4.	48,259.
	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,329,39	95. 3	,774,310.
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)		1,980,31		,902,727.
I	14		its paid to or for members (Part IX, column (A), line 4)			0.	0.
s	15		es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		458,38	38.	457,647.
Expenses			ssional fundraising fees (Part IX, column (A), line 11e)			0.	0.
<u>e</u>	b	Total	fundraising expenses (Part IX, column (D), line 25) ▶804,356.	1992			
ណ៍			expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	_	605,81	.0.	983,631.
			expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,044,50	19. 4	,344,005.
			ue less expenses. Subtract line 18 from line 12		284,88	36.	-569,695.
ъŝ					ning of Current	rear En	d of Year
sets	20	Total	assets (Part X, line 16)		20,466,09	0. 20	,472,188.
Assel			iabilities (Part X, line 26)		648,49	0.	660,275.
Net Assets or Fund Balances			sets or fund balances. Subtract line 21 from line 20.		19,817,60	0. 19	,811,913.
Pa			inature Block	· · · · · · · ·			
	_	nalties c	f perjury, I declare that I have examined this return, including accompanying schedules and st complete. Declaration of preparer (other than officer) is based on all information of which prepare	latements, a	and to the best of	f my knowledg	e and belief, it is
true,	corre	ect, and	complete. Declaration of preparer (other than officer) is based on all information of which prepare	er has any kr	nowledge.	Into	
			Alley rese		3	[[3]2	-1
Sigr		Ĩ	ignature of officer		Date		
Her	e		SHERRY CROSE EXECUTIVE DI	RECTOR			
		Ī	ype or print name and title				
/	I	Print/	Type preparer's name Freparer's signature Date		Check	if PTIN	
Paid		JES	SICA FREEMAN (RASICE Menar 5)	/13/2021			261457
	arer	Firm's		1	Firm's EIN 🕨 4	1-016026	50
•	D		name BKD, LLP ()		Firm's EIN 🕨 ୟ	(H 010020	
Prep Use	Dnly		name ►BKD, LLP address ►3102 WEST END AVENUE, SUITE 1050 NASHVILLE, TN 37203-1301			15,988,3	
Use		Firm's				15.988.3	

JSA

	HONORABLE ORDER OF KENTUCKY COLONELS INC 61-0485432	
For	n 990 (2020) P	age 2
Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE HONORABLE ORDER OF KENTUCKY COLONELS, INC. GRANTS MONEY TO	
	501(C)(3) OR OTHER EXEMPT ENTITIES THAT DEMONSTRATE A NEED THAT	
	OTHERWISE CANNOT BE MET AND THAT WILL ENHANCE OR EXTEND THEIR	
	CHARITABLE OR EDUCATIONAL ACTIVITIES.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
		No
	If "Yes," describe these new services on Schedule O.]
2		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	No
		INO
	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measure	ا
4	expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations to ot the total expenses, and revenue, if any, for each program service reported.	
42	(Code:) (Expenses \$ 3,015,634. including grants of \$ 2,902,727.) (Revenue \$)	
40		
	THE HONORABLE ORDER OF KENTUCKY COLONELS, INC (HOKC) GRANTS MONEY	
	TO 501(C)(3) ENTITIES THAT DEMONSTRATE A NEED THAT OTHERWISE	
	CANNOT BE MET AND THAT WILL ENHANCE OR EXTEND THEIR CHARITABLE OR	
	EDUCATIONAL ACTIVITIES. IN 2020, HOKC GRANTED \$2.9 MILLION TO 177	
	ORGANIZATIONS WHO SERVED 3.9 MILLION INDIVIDUALS IN THE STATE OF	
	KENTUCKY. AS PART OF THIS \$2.9 MILLION, HOKC DONATED \$1 MILLION TO	
	TEAM KENTUCKY, KENTUCKY'S COVID RELIEF FUND THAT WAS ESTABLISHED	
	TO PROVIDE HELP TO KENTUCKIANS EXPERIENCING AN EMPLOYMENT-RELATED	
	FINANCIAL HARDSHIP DURING THE COVID-19 PUBLIC HEALTH EMERGENCY.	
	SINCE HOKC BEGAN AS A 501(C)(3)ORGANIZATION, CLOSE TO \$53 MILLION	
	DOLLARS HAS BEEN AWARDED.	
<u>4</u> h	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
40		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	

4d Other program services (Describe on Schedule O.)										
(Expenses \$	including	g grants of \$) (Revenue \$)					
4e Total program service	expenses 🕨	3,015,634.								
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Form 9	90 (2020)		F	Page 3
Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		37	
•	complete Schedule A.	1	X X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			x
	candidates for public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			x
F	election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		
5	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		
0	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		
U	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
Ŭ	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			37
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			37
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			v
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			v
<u> </u>	If "Yes," complete Schedule G, Part III	19		X X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	x	
JSA	uomesuo governimeni on raitiin, uoiunni (A), inte 1911 res, complete Schedule I, Parts Fanu II	21	000	L

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Part	IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		Х
23	Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23	x	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		
- • •	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I.	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			77
~~	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
-	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	20-		Х
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28b		
U	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
-	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1.	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2.	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	•••		
4 -	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0. Did the organization comply with backup withholding rules for reportable payments to vendors and			
C	reportable gaming (gambling) winnings to prize winners?	1c	х	
JSA				(2020)
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Form 990 (2020)

Page 5

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 6			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions).			
30	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
4a		4a		х
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	τu		
b	If "Yes," enter the name of the foreign country			
5 -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	50 5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		x
	organization solicit any contributions that were not tax deductible as charitable contributions?	Ua		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6h		
_	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	70		x
	and services provided to the payor?	7a 7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	70		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.		x
	required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	7.		X
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	•		
_	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	0-		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14-		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		x
	excess parachute payment(s) during the year?	15		Λ
	If "Yes," see instructions and file Form 4720, Schedule N.	4.0		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2020)

Form	000	(2020)
FOIIII	990	(2020)

HONORABLE ORDER OF KENTUCKY COLONELS INC

Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.
	Check if Schedule O contains a response or note to any line in this Part VI
Section A	. Governing Body and Management

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15			
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	15	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	lations	ship with			
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or un					v
	supervision of officers, directors, trustees, or key employees to a management company or other			3		X X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's			5 6		X
6	Did the organization have members or stockholders?			0		21
7a	Did the organization have members, stockholders, or other persons who had the power to en			7a		х
h	one or more members of the governing body?			10		
b	stockholders, or persons other than the governing body?			7b		х
8	Did the organization contemporaneously document the meetings held or written actions und					
Ū	the year by the following:	entake	an duning			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot					
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Inte	ernal	Revenue	Code		
					Yes	No
10a	o i <i>i i i</i>			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of	cuch .	ahantara			
				4.01		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt p	urpose	es?	10b	v	
11a	affiliates, and branches to ensure their operations are consistent with the organization's exempt p Has the organization provided a complete copy of this Form 990 to all members of its governing body before f	urpose	es?	10b 11a	X	
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt p Has the organization provided a complete copy of this Form 990 to all members of its governing body before fin Describe in Schedule O the process, if any, used by the organization to review this Form 990.	urpose iling th	e form?	11a		
b 12a	affiliates, and branches to ensure their operations are consistent with the organization's exempt p Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	urpose iling th	e form?		X X	
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt p Has the organization provided a complete copy of this Form 990 to all members of its governing body before for Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	urpose iling th that c	es? e form? ould give	11a 12a		
b 12a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt p Has the organization provided a complete copy of this Form 990 to all members of its governing body before for Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	urpose iling th that c	es? e form? ould give	11a	X	
b 12a	affiliates, and branches to ensure their operations are consistent with the organization's exempt p Has the organization provided a complete copy of this Form 990 to all members of its governing body before for Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests rise to conflicts?	urpose iling th that co olicy?	es? e form? ould give If "Yes,"	11a 12a	X	
b 12a b c	affiliates, and branches to ensure their operations are consistent with the organization's exempt p Has the organization provided a complete copy of this Form 990 to all members of its governing body before for Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the p <i>describe in Schedule O how this was done</i> .	urpose iling th that co olicy?	es? e form? ould give If "Yes,"	11a 12a 12b	X X	
b 12a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt p Has the organization provided a complete copy of this Form 990 to all members of its governing body before for Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests rise to conflicts?	urpose iling th that co olicy?	es? e form? ould give <i>If "Yes,"</i>	11a 12a 12b 12c	x x x	
b 12a b c 13	affiliates, and branches to ensure their operations are consistent with the organization's exempt p Has the organization provided a complete copy of this Form 990 to all members of its governing body before for Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests rise to conflicts?	urpose iling th that co olicy?	es? e form?. ould give If "Yes,"	11a 12a 12b 12c 13	x x x x x	
b 12a b c 13 14	affiliates, and branches to ensure their operations are consistent with the organization's exempt p Has the organization provided a complete copy of this Form 990 to all members of its governing body before for Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	urpose iling th that co olicy? nd app	e form? . ould give <i>If "Yes,"</i> oroval by	11a 12a 12b 12c 13 14	X X X X X X	
b 12a b c 13 14	affiliates, and branches to ensure their operations are consistent with the organization's exempt p Has the organization provided a complete copy of this Form 990 to all members of its governing body before for Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the p <i>describe in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review ar	urpose iling th that co olicy? nd app n and c	e form? ould give <i>If "Yes,"</i> proval by decision?	11a 12a 12b 12c 13 14 15a	X X X X X X X	
b 12a b c 13 14 15	affiliates, and branches to ensure their operations are consistent with the organization's exempt p Has the organization provided a complete copy of this Form 990 to all members of its governing body before for Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	urpose iling th that co olicy? nd app n and o	e form? ould give <i>If "Yes,"</i> proval by decision?	11a 12a 12b 12c 13 14	X X X X X X	
b 12a b c 13 14 15 a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt p Has the organization provided a complete copy of this Form 990 to all members of its governing body before for Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	urpose iling th that co olicy?	es? e form? ould give <i>If "Yes,"</i> proval by decision?	11a 12a 12b 12c 13 14 15a	X X X X X X X	
b 12a b c 13 14 15 a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt p Has the organization provided a complete copy of this Form 990 to all members of its governing body before for Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	urpose iling th that co olicy? nd app n and co ar arra	es?e form?. ould give <i>If "Yes,"</i> oroval by decision?	11a 12a 12b 12c 13 14 15a 15b	X X X X X X X	
b 12a b c 13 14 15 a b 16a	affiliates, and branches to ensure their operations are consistent with the organization's exempt p Has the organization provided a complete copy of this Form 990 to all members of its governing body before for Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	urpose iling th that co oolicy? nd app n and o ar arra	es?e form? ould give <i>If "Yes,"</i> oroval by decision?	11a 12a 12b 12c 13 14 15a	X X X X X X X	x
b 12a b c 13 14 15 a b 16a	affiliates, and branches to ensure their operations are consistent with the organization's exempt p Has the organization provided a complete copy of this Form 990 to all members of its governing body before for Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	urpose iling th that co oolicy? nd app n and o ar arra to eva	es?e form? ould give <i>If "Yes,"</i> oroval by decision? angement aluate its	11a 12a 12b 12c 13 14 15a 15b	X X X X X X X	X
b 12a b c 13 14 15 a b 16a	affiliates, and branches to ensure their operations are consistent with the organization's exempt p Has the organization provided a complete copy of this Form 990 to all members of its governing body before for Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	urpose iling th that co oolicy? nd app n and o ar arra to eva safeg	es? e form?	11a 12a 12b 12c 13 14 15a 15b 16a	X X X X X X X	x
b 12a b c 13 14 15 a b 16a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt p Has the organization provided a complete copy of this Form 990 to all members of its governing body before for Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	urpose iling th that co oolicy? nd app n and o ar arra to eva safeg	es? e form?	11a 12a 12b 12c 13 14 15a 15b	X X X X X X X	x
b 12a b c 13 14 15 a b 16a b Secti	affiliates, and branches to ensure their operations are consistent with the organization's exempt p Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests rise to conflicts?	urpose iling th that co oolicy? nd app n and o ar arra to eva safeg	es? e form?	11a 12a 12b 12c 13 14 15a 15b 16a	X X X X X X X	x
b 12a b c 13 14 15 a b 16a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt p Has the organization provided a complete copy of this Form 990 to all members of its governing body before for Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	urpose iling th that co olicy? and app a and co ar arra	es? e form? ould give <i>If "Yes,"</i> oroval by decision? angement aluate its guard the	11a 12a 12b 12c 13 14 15a 15b 16a 16b	x x x x x x x	

Own website Another's website X Upon request Other (explain on Schedule O)

19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,
	and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ► STEVEN BARKER 943 S. FIRST STREET LOUISVILLE, KY 40203 502-266-6264

JSA

61-0485432

Page 7

Part VII	Compensation	ot	Officers,	Directors,	Trustees,	кеу	Employees,	Hignest	Compensated	Employees,	and
	Independent Co	ontra	actors								
	Check if Schedule	0 0	contains a r	esponse or no	ote to any line	e in this	3 Part VII				

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week	box,	unles	neck ss pe	ition more rson	e than c is both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) SHERRY CROSE	40.00									
EXECUTIVE DIRECTOR	0.			Х				166,870.	0.	6,476.
(2) STEVEN BARKER	15.00									
DIRECTOR OF FINANCE	0.			Х				43,050.	0.	0.
(3)ALEX LYTTLE	2.00									
TRUSTEE	0.	Х						Ο.	0.	0.
(4) BROOKS H. BOWER	2.00									
TRUSTEE	0.	Х						Ο.	0.	0.
(5) DETLEF B. MOORE	2.00									
TRUSTEE	0.	Х						Ο.	0.	0.
(6) GARY BOSCHERT	2.00									
ADJUTANT GENERAL	0.	Х		Х				Ο.	0.	0.
(7) HAL SULLIVAN	2.00									
COMMANDING GENERAL	0.	X		Х				Ο.	0.	0.
(8) JAN D. CAMPLIN	2.00									
TRUSTEE	0.	Х						Ο.	0.	0.
(9)JEFF L KENNEDY	2.00									
TRUSTEE	0.	Х						0.	0.	0.
(10) JIM ROGERS	2.00									
TREASURER	0.	Х		Х				0.	0.	0.
(11) KEVIN DOYLE	2.00									
TRUSTEE	0.	Х						0.	0.	0.
(12) LYNN ASHTON	2.00									
TRUSTEE	0.	X						0.	0.	0.
(13) MARY VITALE	2.00									
TRUSTEE	0.	X						0.	0.	0.
(14) ^{MIKE} BERRY	2.00									
TRUSTEE	0.	Х						0.	0.	0.

Form 990 (2020)

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(A) Name and title	(B) Average hours per week (list any hours for related	officer and a director/trustee				is both a or/truste	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	n from	(F) Estimated amount of other compensation from the	
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-N	1150)	organization and related organizations	
5) NICK ISING TRUSTEE	2.00	X						0		0.		
.6) RICK HOBGOOD	2.00							0.	•	0.		
TRUSTEE	0.	Х						0		0.		
7) TAD MYRE JR.	2.00	37		37								
SECRETARY	0.	X		X				0	•	0.		
1b Sub-total								209,920.		0.	б,476	
c Total from continuation sheets to Part VII, Se d Total (add lines 1b and 1c)	-							0. 209,920.		0.	6,476	
2 Total number of individuals (including but not li reportable compensation from the organization	mited to tl ►	hose 1	liste	d al							Yes N	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	le J for su	ch ind	lividu	ual	••		•				3 X	
4 For any individual listed on line 1a, is the s organization and related organizations gre individual	ater than	\$15	0,0	00?	. If	"Yes	,"	complete Schedu	le J for si		4 X	
5 Did any person listed on line 1a receive or a for services rendered to the organization? If "Yea	accrue col	mpen	satio	on f	from	n any	un	related organization	on or individ		5 X	
 Section B. Independent Contractors Complete this table for your five highest component compensation from the organization. Report convert. 												
(A) Name and business addr	ess							(B) Description of se	ervices	Co	(C) Impensation	
							+	200010101010				
ATTACHMENT 1												

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 2

Form 990 (2020)

Part VIII Statement of Revenue

		Check if Schedule O contains a respo	nse or note to ar	ny line in this Part V	/		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues					
٥Ĕ	с	Fundraising events 1c					
ifts r A	d	Related organizations					
Dila	е	Government grants (contributions) 1e					
Sins	f	All other contributions, gifts, grants,					
er utio		and similar amounts not included above 1f	2,129,782.				
Į Į Į	g	Noncash contributions included in					
df		lines 1a-1f	\$ 19,979.				
ສັບັ	h	Total. Add lines 1a-1f		2,129,782.			
			Business Code				
S	2a						
er vi	b						
enu S	c						
eve	d						
Program Service Revenue	е						
Ъ	f	All other program service revenue					
	g	Total. Add lines 2a-2f	<u> </u>	0.			
	3	Investment income (including dividends,	interest, and				
		other similar amounts)		309,669.			309,669.
	4	Income from investment of tax-exempt bond	proceeds . 🕨	0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a 7,501,757.					
ne	b	Less: cost or other basis					
evenue		and sales expenses 7b 6,215,157.					
Re	C	Gain or (loss) 7c 1,286,600.					
er	d	Net gain or (loss)	. <u></u> ►	1,286,600.			1,286,600.
Other	8a	5					
Ŭ		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18	0.				
	b	Less: direct expenses		0.			
	c	Net income or (loss) from fundraising events	· · · · · · · · /	0.			
	9a	Gross income from gaming	0.				
		activities. See Part IV, line 19	0.				
	b	Less: direct expenses		0.			
	C			0.			
	10a	Gross sales of inventory, less returns and allowances 10a	0.				
	L		0.				
	b C	Less: cost of goods sold 10b Net income or (loss) from sales of inventory		0.			
ŝ	-		Business Code				
Miscellaneous Revenue	11a	LICENSE PLATE INCOME	900099	43,978.			43,978.
ane	b	OTHER INCOME	900099	4,281.			4,281.
eve							
Isc	d	All other revenue					
Σ	e	Total. Add lines 11a-11d		48,259.			
_	12	Total revenue. See instructions		3,774,310.			1,644,528.
JSA							Form 000 (2020)

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Form 990 (2020) HONORABLE Part IX Statement of Functional Expense	S ORDER OF KENTUC			85432 Page 1
Section 501(c)(3) and 501(c)(4) organizations mu		All other organization	ns must complete colun	nn (A).
Check if Schedule O contains a resp		in this Part IX		<u></u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,902,727.	2,902,727.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and				
foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors,				
trustees, and key employees	213,000.	42,488.	128,025.	42,48
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	183,457.	40,768.	30,558.	112,133
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	34,663.	7,279.	13,733.	13,653
10 Payroll taxes	26,527.	5,570.	10,611.	10,340
1 Fees for services (nonemployees):				
a Management	0.			
b Legal	198,951.		198,951.	
c Accounting	29,120.		29,120.	
d Lobbying	0.			
\boldsymbol{e} Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	0.			
${\bm g}$ Other. (If line 11g amount exceeds 10% of line 25, column			0.076	
(A) amount, list line 11g expenses on Schedule O.)	11,375.		8,076.	3,299
12 Advertising and promotion	474,846.	0.010	9,714.	465,132
13 Office expenses	104,863.	2,212.	12,859.	89,792
14 Information technology	11,002.	2,083.	7,786.	1,133
15 Royalties	0.	1 854	11 001	F 01
16 Occupancy	19,969.	1,754.	11,201.	7,014
17 Travel	694.		64.	630
18 Payments of travel or entertainment expenses	0			
for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	27,499.	1 650	15 104	10 70
20 Interest	0.	1,650.	15,124.	10,725
21 Payments to affiliates	44,131.	2,648.	24,272.	17,211
22 Depreciation, depletion, and amortization	3,678.	368.	1,839.	1,47
23 Insurance	5,070.	508.	1,039.	1,4/.
24 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
GRANT ADMINISTRATION	4,634.	4,634.		
a MISC EXPENSES	18,740.	557.	17,600.	583
cREPAIRS & MAINTENANCE	8,963.	896.	4,482.	3,58!
dCREDIT CARD COMMISSIONS	21,836.	090.	1,102.	21,830
•	3,330.			3,330
e All other expenses	4,344,005.	3,015,634.	524,015.	804,356
 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and 	-, 344,005.	5,015,054.	524,015.	004,350
fundraising solicitation. Check here \blacktriangleright if				

0.

JSA 0E1052 1.000

following SOP 98-2 (ASC 958-720)

-	n 990 (Page 11
Ρ	art X				_
		Check if Schedule O contains a response or note to any line in this Pa	art X		<u></u>
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	413,674.	1	589,630.
	2	Savings and temporary cash investments.	183,286.	2	50,842.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net.	61,921.	4	81,365.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
ets	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
◄	9	Prepaid expenses and deferred charges	0.	9	71,924.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,282,447.			1 100 170
		Less: accumulated depreciation	866,766.	10c	
	11	Investments - publicly traded securities.	18,313,218.	11	17,788,528.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	627,225.	14	691,720.
	15	Other assets. See Part IV, line 11	20,466,090.	15 16	20,472,188.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	59,455.	10	89,532.
	17 18	Accounts payable and accrued expenses	0.	18	0.
	19	Deferred revenue.	0.	19	0.
	20	Tax-exempt bond liabilities.	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
ŝ		Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
lide		controlled entity or family member of any of these persons	0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties	589,035.	23	570,743.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0.	25	0.
	26	Total liabilities. Add lines 17 through 25	648,490.	26	660,275.
ses		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
and	27	Net assets without donor restrictions	19,190,375.	27	19,120,193.
Bal	28	Net assets with donor restrictions	627,225.	27	
Net Assets or Fund Balances	20	Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.	01,7110.	20	
P	29	Capital stock or trust principal, or current funds		20	
șts	29 30	Paid-in or capital surplus, or land, building, or equipment fund		29 30	+
SSE	31	Retained earnings, endowment, accumulated income, or other funds		30	
žΑ	32	Total net assets or fund balances	19,817,600.	32	19,811,913.
Š	33	Total liabilities and net assets/fund balances	20,466,090.	-	

Form 990 (2020)

HONORABLE	ORDER	OF	KENTUCKY	COLONELS	INC	

Form 99	90 (2020)			Pa	ge 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u>.</u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		74,3	
2	Total expenses (must equal Part IX, column (A), line 25)	2		44,0	
3	Revenue less expenses. Subtract line 2 from line 1	3		69,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	19,8		
5	Net unrealized gains (losses) on investments	5	5	09,4	136.
6	Donated services and use of facilities	6			0.
7	Investment expenses	7			0.
8	Prior period adjustments	8			0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9		54,5	572.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	<u>32,</u> column (B))	10	19,8	11,9	913.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled or			
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ted on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain on			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in the			
	Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits	3b		
			Form	990	(2020)

SCHE	DULE	EA
(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.

OMB No. 1545-0047 G

		nt of the Treasury evenue Service		Go to www.irs.gov	//Form990 for instructio	ons and t	he latest i	nformation.	Inspection
Name	e of ti	he organization						Employer identif	ication number
HON	IORI	ABLE ORDER	OF KENTUG	CKY COLONELS	INC			61-04854	32
Pa	rt I	Reason for	[·] Public Cha	rity Status. (All o	organizations must (complet	te this pa	art.) See instruction	S.
The	orga	anization is not	a private four	ndation because it	is: (For lines 1 throug	gh 12, ch	neck only	one box.)	
1		A church, con	vention of chu	urches, or associa	tion of churches desci	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school desc	ribed in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990	-EZ).)	
3		A hospital or a	a cooperative	hospital service o	rganization described i	in sectio	on 170(b)	(1)(A)(iii).	
4		A medical res	earch organiz	ation operated in	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
		hospital's nam							
5		An organization	on operated f	or the benefit of	a college or universit	y ownee	d or ope	rated by a governme	ental unit described in
				complete Part II.)					
6			•	•	rnmental unit describe		•		
7		-		-	-	pport fr	om a go	vernmental unit or fro	om the general public
				(1)(A)(vi). (Compl					
8	Щ	-		-)(1)(A)(vi). (Complete				
9		-		-			-	I in conjunction with a	
		-	r a non-land-	grant college of ac	riculture (see instruct	ions). E	nter the i	name, city, and state o	f the college or
	[<u>.</u> .	university:					,		. , .
10 11	X	support from acquired by the	activities rela gross investm le organizatio	ted to its exempt f ient income and u n after June 30, 19	unctions, subject to c	ertain ex able inco (a)(2). (0	ceptions ome (less Complete		n 331/3 % of its
12		•	•	•					carry out the purposes
		-	-	-		-			See section 509(a)(3).
									nes 12e, 12f, and 12g.
а		_		-				orted organization(s),	-
	_							the directors or truste	
			-		e Part IV, Sections A				
b			-	-			n with its	supported organizati	on(s), by having
		control or m	anagement o	f the supporting o	rganization vested in	the sam	e person	is that control or mar	age the supported
		organization	(s). You must	complete Part IV	Sections A and C.		-		
с		Type III fund	ctionally integ	grated. A supporti	ng organization opera	ted in c	onnectio	n with, and functiona	lly integrated with,
	_	its supported	d organization	(s) (see instruction	s). You must comple	te Part I	V, Sectio	ons A, D, and E.	
d		Type III non	-functionally	integrated. A sup	porting organization o	perated	in conne	ection with its suppor	ted organization(s)
		that is not fu	inctionally inte	egrated. The organ	nization generally mus	st satisfy	a distrib	ution requirement and	d an attentiveness
	_	_ requirement	(see instructi	ions). You must co	mplete Part IV, Sect	ions A a	nd D, and	d Part V.	
е		Check this b	oox if the orga	nization received	a written determinatio	n from t	he IRS th	nat it is a Type I, Type	II, Type III
					ionally integrated sup		organizat	ion.	
f				•					
g					orted organization(s).				1
	(i) N	ame of supported of	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
					above (see instructions))	,	ment?	instructions)	instructions)
						Yes	No		
(A)									
(B)									
(C)									
(D)									
(E)									
- ·									
Tota	1								
For F	aper	work Reduction A	ct Notice, see the	e Instructions for Form	990 or 990-EZ.			Schedule A	(Form 990 or 990-EZ) 2020

Page 2

Schedule A (Form 990 or 990-EZ) 2020

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support		-				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
	tion B. Total Support		1				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 8	Amounts from line 4 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. (s	see instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u></u>					
Sec	tion C. Computation of Public Sup	port Percenta	ige			1 1	
14	Public support percentage for 2020 (li	ne 6, column (f), divided by line	e 11, column (f))		%
15	Public support percentage from 2019						%
16a	331/3% support test - 2020. If the org	-					
	box and stop here. The organization q						
b	331/3% support test - 2019. If the org						
	this box and stop here. The organization	-		-			
17a	10%-facts-and-circumstances test - 2	-	-				
	10% or more, and if the organization						
	Part VI how the organization meets			•			
	organization						
a	10%-facts-and-circumstances test - 2	•	0				
	15 is 10% or more, and if the organization					-	
	in Part VI how the organization meets			-	-		
19	organization. Private foundation. If the organization						
18	•						
	instructions	<u></u>					· · · F 📖

Schedule A (Form 990 or 990-EZ) 2020

Page 3

Schedule A (Form 990 or 990-EZ) 2020

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

(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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	1,828,377.	1,880,498.	2,088,553.	2,159,725.	2,129,78	10,086,935.
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	110,615.	111,160.	94,825.	113,794.		430,394.
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						0.
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						0.
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0.
6	Total. Add lines 1 through 5	1,938,992.	1,991,658.	2,183,378.	2,273,519.	2,129,78	32. 10,517,329.
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons			20,003.	10,100.	20,08	50,184.
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.
с	Add lines 7a and 7b			20,003.	10,100.	20,08	50,184.
8	Public support. (Subtract line 7c from						
	line 6.)						10,467,145.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	1,938,992.	1,991,658.	2,183,378.	2,273,519.	2,129,78	32. 10,517,329.
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar						
	sources	647,393.	410,995.	407,656.	422,425.	309,66	59. 2,198,138.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0.
	Add lines 10a and 10b	647,393.	410,995.	407,656.	422,425.	309,66	59. 2,198,138.
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						0.
12	Other income. Do not include gain or						
	loss from the sale of capital assets		24,010.	46,482.	57,110.	48,25	59. 175,861.
13	(Explain in Part VI.) Total support. (Add lines 9, 10c, 11,		24,010.	40,402.	57,110.	10,25	1/5,801.
13	and 12.)	2,586,385.	2,426,663.	2,637,516.	2,753,054.	2,487,71	12,891,328.
14	First 5 years. If the Form 990 is for						
14	organization, check this box and stop here .	0					
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2020 (line 8)			nn (f))		15	81.20%
16	Public support percentage from 2019 Sche	.,	•			16	79.40%
Sec	tion D. Computation of Investmen					I	
17	Investment income percentage for 2020 (lin			3, column (f))		17	17.05%
18	Investment income percentage from 2019					18	19.41%
	331/3% support tests - 2020. If the or						
	17 is not more than 331/3%, check this	-					
b	331/3% support tests - 2019. If the orga						
-	line 18 is not more than 331/3%, check				-		
20	Private foundation. If the organization of		•				
154	*						m 990 or 990-EZ) 2020
VE 122	^{21 1.000} 7954PG G63W 5/13/2021 1	2:59:44 PM	V 20-4.8T	J	F 1194228		PAGE 18

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*
- **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 Part VI when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **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 **Part VI** 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.**
- 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).*
- 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).
- **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 **Part VI.**
- **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 Part VI.*
- **c** 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 Part VI.*
- **10 a** 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 line 10b below.*
 - **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.)

JSA 0E1229 1.010 10b Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form	990 or 990-EZ) 2020
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 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in lines 11c below, the governing body of a supported organization? 	11b and		
	11b and		
11c below, the governing body of a supported organization?			
	11a	1	
b A family member of a person described in line 11a above?	111)	
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or a	1c, provide		
detail in Part VI.	110	:	
Section B. Type I Supporting Organizations			
		Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. <i>If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	Ŀ

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					
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated.					
	supervised, or controlled the supporting organization.					

Section 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 D. All Type III Supporting Organizations

 organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> By reason of the relationship described in line 2, above, did the organization's supported organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organization's supported organization's new provide organization to the text of the text of the text of the organization's supported organization's new provided in this provided in the text of the text of the organization's supported organization's new provided in the text of the text of the organization's supported organization's new provided in the text of the text of the organization's new provided in the text of the text of the organization's supported organization's new provide in the text of the text of the organization's new provided in the text of the text of the organization's new provided in the text of the text of the organization's new provided in the text of the text of the organization's new provided in the text of the text of the organization's new provided in the text of the text of the organization's new provided in the text of the text of the organization's new provided in the text of the text of the organization's new provided in t</i>				Yes	No
 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> 3 By reason of the relationship described in line 2, above, 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? <i>If "Yes," describe in Part VI the role the organization</i>'s 	1	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> 3 By reason of the relationship described in line 2, above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organization's supported organization's newspare and the tax year? If "Yes," describe in Part VI the role the organization's supported organization's suppo</i>		provided?			
 By reason of the relationship described in line 2, above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard</i> 	2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		the organization maintained a close and continuous working relationship with the supported organization(s).	2		
supported organizations played in this regard	3	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 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 instructions).						
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.					
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instr	uctions	s).		
	• ··			Yes	No		
2	Activ	rities Test. Answer lines 2a and 2b below.					

а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of
	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.

- b Did the activities described in line 2a, above, 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.
- 3 Parent of Supported Organizations. *Answer lines 3a and 3b below.*
- a 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? *If* "Yes" or "No," provide details in **Part VI.**
- **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.*

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2a

2b

3a

3b

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ 1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organi	g trust on	Nov. 20, 1970 (<i>expla</i>	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-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)
1 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		
e Discount claimed for blockage or other factors (explain in detail in Part VI):	1e		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 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 0.035.	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		
2 Enter 0.85 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		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

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Schedu	le A (Form 990 or 990-EZ) 2020				Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	tions (continued)		
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organiz	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.		8		
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		1	10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	s	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - <i>explain in Part VI).</i> See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount Remainder. Subtract lines 4a and 4b from line 4.				
<u> </u>	Remaining underdistributions for years prior to 2020, if				
5	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in Part VI.</i> See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h			_	
U	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
•	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2016				
b	Excess from 2017				
	Excess from 2018				
d	Excess from 2019				
e	Excess from 2020				
-			0.1		A (Earm 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

Page **8**

Schedule A (Form 990 or 990-EZ) 2020

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.)

Schedule A (Form 990 or 990-EZ) 2020

SCHEE	DULE	D
(Form	990)	

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Open to Public Inspection

2

OMB No. 1545-0047

Dep	artment of the Treasury		Attach to Form 990			Open to Public
Internal Revenue Service		► Go to www.irs.gov/	/Form990 for instructions	and the latest info	ormation.	Inspection
Nam	e of the organization				Employer identifica	tion number
HO	NORABLE ORDER	OF KENTUCKY COLONELS I	INC		61-04854	32
Pa		tions Maintaining Donor Advi			or Accounts.	
	Complete	e if the organization answered	"Yes" on Form 990, F	Part IV, line 6.		
			(a) Donor advis	ed funds	(b) Funds and	other accounts
1	Total number at e	nd of year				
2	Aggregate value o	of contributions to (during year)				
3	Aggregate value o	of grants from (during year)				
4	Aggregate value a	at end of year				
5	Did the organizati	ion inform all donors and donor	advisors in writing that	t the assets he	ld in donor advised	
	funds are the orga	anization's property, subject to the	e organization's exclusiv	e legal control?		Yes No
6	Did the organizati	ion inform all grantees, donors, a	and donor advisors in w	riting that grant	t funds can be used	
	only for charitable	e purposes and not for the bene	fit of the donor or dono	or advisor, or for	r any other purpose	
_		nissible private benefit?				Yes No
Pa		tion Easements.				
		e if the organization answered				
1		servation easements held by the	- · ·			
		n of land for public use (for example	e, recreation or education)		on of a historically im	
		of natural habitat	L	Preservatio	on of a certified histo	ric structure
		n of open space				
2	-	a through 2d if the organization he	eld a qualified conserva	tion contribution		servation End of the Tax Year
		last day of the tax year.				
a		onservation easements				
b	-	tricted by conservation easements				
C L		rvation easements on a certified		. ,		
d		rvation easements included in (c				
•		isted in the National Register				nization during the
3	tax year ►		risterreu, releaseu, extii	iguisrieu, or ter	inninated by the org	anization during the
4		where property subject to conse	ruation accoment is loss	tod N		
4 5		ation have a written policy reg			oction handling of	
5	-	forcement of the conservation ea			-	
6		hours devoted to monitoring, insp				
Ŭ		hours devoted to monitoring, map	coung, nananng or violati		ng conservation casen	child during the year
7	Amount of expens	ses incurred in monitoring, inspect	ting, handling of violation	ns, and enforcing	n conservation easem	ents during the year
-	▶\$,	j
8	Does each conserv	vation easement reported on line 2	2(d) above satisfy the red	quirements of se	ction 170(h)(4)(B)(i)	
)(4)(B)(ii)?		-		
9		ibe how the organization reports				
		d include, if applicable, the text of				
		counting for conservation easeme				
Pa		tions Maintaining Collections			her Similar Assets	
	Complete	e if the organization answered	"Yes" on Form 990, F	Part IV, line 8.		
1a	of art. historical t	n elected, as permitted under FA treasures, or other similar asse	ts held for public exhi	bition. educatio	n. or research in fu	alance sheet works rtherance of public
b	If the organization	Part XIII the text of the footnote n elected, as permitted under F	ASB ASC 958, to report	rt in its revenue	e statement and bala	
		sures, or other similar assets he ing amounts relating to these iter		education, or r	esearch in furtheran	ce of public service,
	(i) Revenue inclue	ded on Form 990, Part VIII, line 1			▶\$	
		ed in Form 990, Part X				
2		n received or held works of a				
	following amounts	s required to be reported under F	ASB ASC 958 relating to	o these items:		
а	Revenue included	on Form 990, Part VIII, line 1.				
b	Assets included in	n Form 990, Part X	<u></u>	<u></u>	· · · · · · · ► \$	

Schedule D (Form 990) 2020

HONORABLE ORDER OF KENTUCKY COLONELS INC

61-0485432

Schee	dule D (Form 990) 2020	ORABLE ORDER	C OF RENT				.IVC)I 010	5152	Pa	age 2
-	rt III Organizations Maintaini	ing Collections	of Art, Histo	rical Tre	asure	s, or	Other	Similar As	sets (c	continue		. <u>go –</u>
3	Using the organization's acquisition											its
	collection items (check all that app							0	0			
а	Public exhibition		d	Loan	or excha	ange	program	n				
b	Scholarly research		e	Other								
с	Preservation for future generations											
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part											
	XIII.											
5	During the year, did the organization									_		
_	assets to be sold to raise funds rate		intained as pa	art of the o	organiz	ation	's collec	ction?		Yes		No
Pa	rt IV Escrow and Custodial A						•			. –		
	Complete if the organiza	ation answered "	Yes" on For	m 990, F	Part IV,	line	9, or re	eported an	amour	nt on Foi	m	
	990, Part X, line 21.	· · · ·										
1a	Is the organization an agent, trus								s not □			N
L	included on Form 990, Part X?	n Dort VIII and as	malata tha fa	llouingtok		• • •			• • • L	Yes		No
D	If "Yes," explain the arrangement i	In Part Alli and co	implete the lo	nowing tat	Jie:				Amount			
^	Beginning balance					1c		F	Amount			
	Additions during the year					1d						
e	Distributions during the year					1e						
f	Ending balance					1f						
2a	Did the organization include an am						stodial	account liabi	ility?	Yes		No
	If "Yes," explain the arrangement i								-			
	rt V Endowment Funds.											
	Complete if the organiza		'Yes" on For	m 990, F	Part IV,	line	10.					
		(a) Current year	(b) Pric				s back	(d) Three yea		(e) Four y		
1a	Beginning of year balance	18,940,443		6,295.			,685.	14,679,		13,8		
b	Contributions	19,600	5. 1	6,657.		282	,997.	869,	,152.	1	59,	745.
С	Net investment earnings, gains,	0 1 5 0 1 0					0 001					
	and losses	2,170,199	9. 3,88	5,672.	-	574	,832.	2,221,	,005.	1,1	71,9	908.
	Grants or scholarships											
е	Other expenditures for facilities	2,650,000		0 1 0 1		701	,555.	207	,015.	Б	/1	190.
	and programs	2,050,000	J. 1,40	1,408,181. 704,55		, , , , , , , , , , , , , , , , , , , ,	527	,015.	. 54		<u> </u>	
t	Administrative expenses	18,480,248	3. 18.94	0,443.	16.	446	,295.	17,442,	.685.	14,6	79.1	543.
g	End of year balance								,	11/0		
² a	Provide the estimated percentage Board designated or quasi-endown	nent ► 96.00	00 %	e (inte Tg,	column	i (a))	neiu as					
b		0000 %										
с	Term endowment	%										
	The percentages on lines 2a, 2b, a	- and 2c should equ	al 100%.									
3a	Are there endowment funds not in	the possession o	f the organiza	ation that	are hel	d and	d admir	nistered for th	ne	_		
	organization by:									Y	'es	No
	(i) Unrelated organizations									3a(i)		Х
	(ii) Related organizations									3a(ii)		X
b	If "Yes" on line 3a(ii), are the relate	•	•							3b		
4	Describe in Part XIII the intended		ization's endo	wment fur	nds.							
Pa	rt VI Land, Buildings, and Equ Complete if the organiz	ation answered	"Yes" on Fo	rm 990, l	Part IV	, line	e 11a. S	See Form 9	90, Pa	rt X, line	10.	
	Description of property	(a) Cos	t or other basis vestment)	(b) Cost			(c) Acc	cumulated eciation) Book valu		
1a	Land				00.00			21 45 4		1	0 -	<u> </u>
b	Buildings			1,1	_00,02	23.		31,454.		1,06	8,50	69.
C	Leasehold improvements				00 1	41		40 107			0 0	E 4
d	Equipment			1	80,14			40,187. 12,627.			9,9 9,6	
e Toto	Other I. Add lines 1a through 1e. (Columr		orm 000 Dov							8 1,19		
1010		i taj musi eyual r	onn 990, r dil	Λ, ουμπι	ווו , <i>נ</i> ים , יו	10 10	··/		Sched	ule D (Forn		

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Schedule D (F	Form 990) 2020			Page 3
Part VII	Investments - Other Securities. Complete if the organization answere	ed "Yes" on Form 990	, Part IV, line 11b. See Form 990,	Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati Cost or end-of-year marke	
(1) Financi	al derivatives			
. ,	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
· · /	n (b) must equal Form 990, Part X, col. (B) line 12.) 🔒 🕨	•		
Part VIII	Investments - Program Related. Complete if the organization answere	ed "Yes" on Form 990	, Part IV, line 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuati	on:
			Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) 🔒 🕨	•		
Part IX	Other Assets. Complete if the organization answere	ed "Yes" on Form 990	, Part IV, line 11d. See Form 990,	Part X, line 15.
	· •	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col	umn (b) must equal Form 990, Part X, col. (B) line 15.)		
Part X	Other Liabilities. Complete if the organization answere line 25.	ed "Yes" on Form 990	, Part IV, line 11e or 11f. See Forr	n 990, Part X,
1.	(a) Desc	ription of liability		(b) Book value
	ral income taxes	,		(,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
-	nn (b) must equal Form 990, Part X, col. (B) line 25		<u></u>	
2. Liability for	or uncertain tax positions. In Part XIII, provide th	he text of the footnote to the	the organization's financial statements th	at reports the

Schedu	le D (Form 990) 2020		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	urn.	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>).	5	
	XIII Supplemental Information.		
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	Part V, line 4;	Part X, line

2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Schedule D (Form 990) 2020

SCHEDULE D, PART X, LINE 2:

INCOME TAXES

THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS DID NOT INCLUDE A FOOTNOTE THAT ADDRESSED THE ORGANIZATION'S LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN48 (ASC 740). MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

SCHEDULE D, PART V, LINE 4

INTENDED USE OF ENDOWMENT FUNDS

TO SUPPORT THE ORGANIZATION'S PROGRAM AND GENERAL OPERATIONS.

Schedule D (Form 990) 2020

SCHEDULE I		OMB No. 1545-0047							
(Form 990)			•	ndividuals i				2020	
	Com	plete if the o	ganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.			
Department of the Treasury				ttach to Form 990				Open to Public	
Internal Revenue Service		► Go	to www.irs.gov/	/Form990 for the I	atest information	.		Inspection	
Name of the organization							Employer identificat		
	R OF KENTUCKY COLONE						61-048543	32	
Part I General I	nformation on Grants and	d Assistanc	e						
1 Does the organiz	zation maintain records to se	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and		
the selection crit	eria used to award the grant	s or assistanc	æ?					X Yes No	
2 Describe in Part	IV the organization's proceed	dures for mor	nitoring the use	of grant funds in the	e United States.				
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990,									
	Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.								
				1	-	-		(1) D	
	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1) ACTION MINISTRIES	, INC.								
4375 BORON DRIVE	COVINGTON, KY 41015	61-1330212	501 C (3)	8,000.				GENERAL SUPPORT	
(2) ADVENTURESERVE MI	NISTRIES								
PO BOX 127 WILMOR	Е, КҮ 40390	58-1475965	501 C (3)	25,000.				GENERAL SUPPORT	
(3) ALLEY CAT ADVOCAT	ES								
3524 NEWBURG ROAD	LOUISVILLE, KY 40218	61-1343210	501 C (3)	7,831.				GENERAL SUPPORT	
(4) AMEN HOUSE, INC.									
PO BOX 211 GEORGE	TOWN, KY 40324	61-1236411	501 C (3)	10,000.				GENERAL SUPPORT	
(5) AMERICAN RED CROS	S								
510 E. CHESTNUT S	T. LOUISVILLE, KY 40202	53-0196605	501 C (3)	10,000.				GENERAL SUPPORT	
(6) ANDERSON COUNTY B	ACKPACK BUDDIES								
1014 MAC ST LAWRE	NCEBURG, KY 40342	37-1609278	501 C (3)	9,747.				GENERAL SUPPORT	
(7) ASHLAND ANIMAL RE	SCUE FUND								
12365 KEVIN AVE.	ASHLAND, KY 41102	27-0163309	501 C (3)	6,500.				GENERAL SUPPORT	
(8) ASHLAND COMMUNITY	KITCHEN INC.								
P.O. BOX 1743 ASH	LAND, KY 41105	61-1100724	501 C (3)	7,500.				GENERAL SUPPORT	
(9) BIG SANDY AREA CO	MMUNITY ACTION PROGRAM, IN								
230 COURT STREET	PAINTSVILLE, KY 41240	61-0653946	501 C (3)	9,915.				GENERAL SUPPORT	
(10) BLUEGRASS CENTER	FOR AUTISM	_							
	RKWAY LOUISVILLE, KY 40299	27-2279128	501 C (3)	7,590.				GENERAL SUPPORT	
(11) BOYS & GIRLS HAVE	N, INC.	_							
2301 GOLDSMITH LA	NE LOUISVILLE, KY 40218	61-0479621	501 C (3)	30,000.				GENERAL SUPPORT	
(12) BRIGHT LIFE FARMS	, INC.	_							
	ST KUTTAWA, KY 42055		501 C (3)	9,499.				GENERAL SUPPORT	
	per of section 501(c)(3) and	•	•						
	er of other organizations list						<u></u>		
For Paperwork Reduction	on Act Notice, see the Instruct	ions for Form 9	90.				Se	hedule I (Form 990) 2020	

SCHEDULE I (Form 990)			Frants and Other Assistance to Organizations, vernments, and Individuals in the United States								
(FOIIII 990)			•					2020			
	Com	plete if the or	-	wered "Yes" on F		, line 21 or 22.		Open to Public			
Department of the Treasury		N 0-1		ttach to Form 990	-			Inspection			
Internal Revenue Service		► Go	to www.irs.gov	/Form990 for the l	atest information	1.	Environmental and the set				
Name of the organization							Employer identificati				
	R OF KENTUCKY COLONI						61-048543	2			
	nformation on Grants an										
	zation maintain records to s						ts or assistance, and				
	eria used to award the grant							X Yes No			
2 Describe in Part	IV the organization's proceed	dures for mor	nitoring the use	of grant funds in the	e United States.						
Part II Grants an	nd Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "Y	es" on Form 990,			
Part IV, li	ne 21, for any recipient t	hat received	more than \$5	,000. Part II can I	be duplicated if	additional space is I	needed.				
	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
(1) CAMP HORSIN' AROU	IND										
	PERRYVILLE, KY 40468	76-0714967	501 C (3)	8,805.				GENERAL SUPPORT			
(2) CARING PLACE	· · · · ·										
	STREET LEBANON, KY 40033	61-1242828	501 C (3)	15,000.				GENERAL SUPPORT			
(3) CASA OF LEXINGTON											
	LEXINGTON, KY 40517	61-1339185	501 C (3)	44,573.				GENERAL SUPPORT			
(4) CASA, INC. (DBA	CASA OF THE RIVER REGION)										
	NAY LOUISVILLE, KY 40217	61-1066568	501 C (3)	6,780.				GENERAL SUPPORT			
(5) CATHOLIC CHARITIE	S LOUISVILLE										
2911 SOUTH FOURTH		61-1239600	501 C (3)	7,631.				GENERAL SUPPORT			
(6) CATHOLIC DIOCESE	OF LEXINGTON										
1310 WEST MAIN ST	LEXINGTON, KY 40508	61-1132894	501 C (3)	12,303.				GENERAL SUPPORT			
(7) CHILDREN'S LAW CE	INTER										
1002 RUSSELL ST C	COVINGTON, KY 41011	61-1167352	501 C (3)	18,350.				GENERAL SUPPORT			
(8) CHOICES, INC.											
419 SO. SHELBY ST	TREET LOUISVILLE, KY 40202	61-1208995	501 C (3)	13,701.				GENERAL SUPPORT			
(9) CHRISTIAN CARE CO	DMMUNITIES										
12710 TOWNEPARK W	NAY LOUISVILLE, KY 40243	61-0445828	501 C (3)	9,750.				GENERAL SUPPORT			
(10) CINCYSMILES FOUND	DATION										
5310 RAPID RUN RC	DAD CINCINNATI, OH 45238	31-0537044	501 C (3)	9,850.				GENERAL SUPPORT			
(11) CLARK COUNTY COM	NUNITY SERVICES INC.										
30 TAYLOR AVENUE	WINCHESTER, KY 40391	31-1005844	501 C (3)	5,200.				GENERAL SUPPORT			
(12) CLARK COUNTY HOME	LESS COALITION										
P.O. BOX 4692 WIN	ICHESTER, KY 40392	27-1281819	501 C (3)	10,000.				GENERAL SUPPORT			
2 Enter total numb	per of section 501(c)(3) and	government of	organizations lis	sted in the line 1 tal	ole						
3 Enter total numb	per of other organizations lis	ted in the line	1 table	<u></u>		<u></u>	<u></u>				
For Paperwork Reducti	on Act Notice see the Instruct	ions for Form 0	000				Sc	hedule I (Form 990) 202			

For uction act notice

2020 Schedule I (Form 990

SCHEDULE I		OMB No. 1545-0047							
(Form 990)	Go	vernme	nts. and Ir	ndividuals i	n the United	d States		എഎഎ	
				wered "Yes" on F				2020	
			-	ttach to Form 990				Open to Public	
Department of the Treasury Internal Revenue Service		► Go	to www.irs.gov	/Form990 for the I	atest information) .		Inspection	
Name of the organization							Employer identifica	tion number	
HONORABLE ORDER	R OF KENTUCKY COLONE	LS INC					61-04854	32	
Part I General I	nformation on Grants and	d Assistanc	e						
1 Does the organiz	zation maintain records to su	ubstantiate th	he amount of the	e grants or assista	nce. the grantees	' eligibility for the grant	s or assistance. and	d	
the selection criteria used to award the grants or assistance? No									
 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 									
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.									
Fait IV, III	le 21, 101 any recipient u			1		-	leeueu.		
	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1) COMMUNITY ACTION	COUNCIL								
PO BOX 11610 LEXI	NGTON, KY 40576	61-0650121	501 C (3)	20,000.				GENERAL SUPPORT	
(2) COMMUNITY SERVICE	CENTER OF WILMORE AND HIG								
209 E MAIN STREET	WIMORE, KY 40390	31-1020218	501 C (3)	10,000.				GENERAL SUPPORT	
(3) COVINGTON LADIES	OVINGTON LADIES HOME								
702 GARRARD STREE	T COVINGTON, KY 41011	61-0461759	501 C (3)	5,400.				GENERAL SUPPORT	
(4) CROSSROADS PREGNA	NCY RESOURCE CENTER								
6435 WEST HWY 146	CRESTWOOD, KY 40014	27-4097169	501 C (3)	20,000.				GENERAL SUPPORT	
(5) DARE TO CARE FOOD	BANK	4							
5803 FERN VALLEY	ROAD LOUISVILLE, KY 40228	23-7345952	501 C (3)	20,000.				GENERAL SUPPORT	
(6) DREAMS WITH WINGS	3	4							
1579 BARDSTOWN RC	DAD LOUISVILLE, KY 40205	61-1371540	501 C (3)	7,197.				GENERAL SUPPORT	
(7) EDGE OUTREACH (DE	BA WATERSTEP)	4							
	CLOUISVILLE, KY 40208	61-1262016	501 C (3)	10,000.				GENERAL SUPPORT	
(8) EPILEPSY FOUNDATI	ON OF KENTUCKIANA	-							
KOSAIR CHARITIES		61-1314540	501 C (3)	7,478.				GENERAL SUPPORT	
(9) FAMILY AND CHILDR		4							
	OUISVILLE, KY 40203	61-0549561	501 C (3)	6,500.				GENERAL SUPPORT	
(10) FAMILY COMMUNITY		4							
1420 E. WASHINGTO		27-2994215	501 C (3)	5,211.				GENERAL SUPPORT	
(11) FAMILY ENRICHMENT		4							
	BOWLING GREEN, KY 42101	61-0956466	501 C (3)	10,000.				GENERAL SUPPORT	
(12) FAMILY SCHOLAR HC		-							
	CLE LOUISVILLE, KY 40208	61-1285124	1	6,000.				GENERAL SUPPORT	
	per of section 501(c)(3) and	-	-					•	
	per of other organizations list on Act Notice, see the Instructi			· · · · · · · · · · · · ·				>	
	,							Schedule I (Form 990) 2020	

JSA

SCHEDULE I	Grants a	Grants and Other Assistance to Organizations,								
			ndividuals i				2020			
Com	plete if the o	rganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.					
Department of the Treasury		► A	ttach to Form 990				Open to Public			
Internal Revenue Service	► Go	to www.irs.gov	/Form990 for the I	atest informatior	۱.		Inspection			
Name of the organization						Employer identifica	tion number			
HONORABLE ORDER OF KENTUCKY COLON	ELS INC					61-04854	32			
Part I General Information on Grants ar	nd Assistanc	e				·				
1 Does the organization maintain records to s	substantiate th	ne amount of the	e grants or assista	nce, the grantees	' eligibility for the gran	ts or assistance. and	1			
the selection criteria used to award the grar							X Yes No			
2 Describe in Part IV the organization's proce										
Part II Grants and Other Assistance to I					nlete if the organiz	zation answered "	Ves" on Form 990			
		-					163 011 0111 330,			
Part IV, line 21, for any recipient	inal received	i more man po	,000. Part II can i		-					
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
(1) FAMILY SERVICE SOCIETY										
827 JOE CLIFTON DR PADUCAH, KY 42001	61-0461408	501 C (3)	23,953.				GENERAL SUPPORT			
(2) FRANCISCAN SHELTER HOUSE, DBA FRANCISCAN KI										
748 SOUTH PRESTON ST. LOUISVILLE, KY 40203	61-1081045	501 C (3)	10,170.				GENERAL SUPPORT			
(3) FRANKLIN COUNTY WOMEN AND FAMILY SHELTER										
303 EAST THIRD STREET FRANKFORT, KY 40601	75-3170363	501 C (3)	6,220.				GENERAL SUPPORT			
(4) FRIENDS OF METRO ANIMAL SERVICES										
3516 NEWBURG ROAD LOUISVILLE, KY 40218	38-3749218	501 C (3)	10,000.				GENERAL SUPPORT			
(5) GOD'S DESIGNS, INC.										
1325 BARDSTOWN ROAD LOUISVILLE, KY 40205	27-3410419	501 C (3)	7,737.				GENERAL SUPPORT			
(6) GOD'S PANTRY FOOD BANK										
1685 JAGGIE FOX WAY LEXINGTON, KY 40511	31-0979404	501 C (3)	11,000.				GENERAL SUPPORT			
(7) GOD'S PANTRY OF PULASKI COUNTY, INC.										
119 S CENTRAL AVE SOMERSET, KY 42502	61-1014372	501 C (3)	18,169.				GENERAL SUPPORT			
(8) GRAYSON COUNTY ALLIANCE										
P.O. BOX 57 LEITCHFIELD, KY 42755	61-1379449	501 C (3)	6,650.				GENERAL SUPPORT			
(9) GUTHRIE OPPORTUNITY CENTER FOUNDATION, INC.										
900 NUTTER DRIVE BARDSTOWN, KY 40004	45-2999517	501 C (3)	15,000.				GENERAL SUPPORT			
(10) HABITAT FOR HUMANITY OF METRO LOUISVILLE										
1620 BANK STREET LOUISVILLE, KY 40203	58-1735528	501 C (3)	33,998.				GENERAL SUPPORT			
(11) HAPPY FEET EQUALS LEARNING FEET, INC.										
1020 STATE ROUTE 56 EAST	45-5231363	501 C (3)	6,000.				GENERAL SUPPORT			
(12) HARBOR HOUSE	_									
PO BOX 58219 LOUISVILLE, KY 40268	61-1216323		20,000.				GENERAL SUPPORT			
2 Enter total number of section 501(c)(3) and	-	-				••••••	•			
3 Enter total number of other organizations lis							•			
For Paperwork Reduction Act Notice, see the Instruc	tions for Form	990.				5	Schedule I (Form 990) 2020			

JSA

SCHEDULE I (Form 990)	Go	-	OMB No. 1545-0047							
	Comp	plete if the or	-	wered "Yes" on F		, line 21 or 22.				
Department of the Treasury		N 0 -		ttach to Form 990	-			Open to Public Inspection		
Internal Revenue Service		► Go	to www.irs.gov	/Form990 for the I	atest information	l.	Employer identifie	-		
Name of the organization							Employer identific			
HONORABLE ORDER OF							61-04854	132		
	rmation on Grants and						• •			
	on maintain records to su						s or assistance, an			
the selection criteria used to award the grants or assistance? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.										
				5						
Part II Grants and C	Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered '	Yes" on Form 990,		
Part IV, line 2	21, for any recipient the	nat received	more than \$5	,000. Part II can b	be duplicated if a	additional space is r	needed.			
1 (a) Name and add or gove		(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
(1) HARLAN COUNTY BOYS AN	ID GIRLS CLUB									
1 POSITIVE PLACE HARL		31-1793599	501 C (3)	15,000.				GENERAL SUPPORT		
(2) HAVE A HEART FOUNDATI	ION									
310 E BROADWAY LOUISV		26-1433114	501 C (3)	18,000.				GENERAL SUPPORT		
(3) HAZARD PERRY COUNTY C	COMMUNITY MINISTRIES									
151 MISS EDNA LANE HA	AZARD, KY 41701	61-0899221	501 C (3)	11,032.				GENERAL SUPPORT		
(4) HENRY HOSEA HOUSE										
901 YORK STREET NEWPO	DRT, KY 41071	61-1212528	501 C (3)	8,902.				GENERAL SUPPORT		
(5) HEUSER HEARING & LANG	JUAGE ACADEMY									
111 E. KENTUCKY STREE	ET LOUISVILLE, KY 40203	61-0492369	501 C (3)	8,378.				GENERAL SUPPORT		
(6) HIGHPOINT CHARITABLE	SERVICES									
424 EAST MAIN STREET	LA GRANGE, KY 40031	46-4284885	501 C (3)	9,547.				GENERAL SUPPORT		
(7) HILLCREST-BRUCE MISSI	ION									
1819 ELOISE STREET AS	SHLAND, KY 41101	61-1032568	501 C (3)	18,000.				GENERAL SUPPORT		
(8) HOLLY HILL CHILD & FA	MILY SOLUTIONS	_								
9599 SUMMER HILL ROAD	CALIFORNIA, KY 41007	61-1461729	501 C (3)	24,621.				GENERAL SUPPORT		
(9) HOME FOR THE AGED OF	THE LITTLE SISTERS OF	_								
15 AUDUBON PLAZA DRIV	VE LOUISVILLE, KY 40217	61-0487466	501 C (3)	20,000.				GENERAL SUPPORT		
(10) HOME OF THE INNOCENTS	3	_								
1100 EAST MARKET STRE	CET	61-0445834	501 C (3)	9,100.				GENERAL SUPPORT		
(11) HONOR FLIGHT		_								
PO BOX 991364 LOUISVI	LLE, KY 40269	26-2237257	501 C (3)	10,000.				GENERAL SUPPORT		
(12) HOPE 2 ALL		4								
307 MOSE RAGER BLVD D		20-8274332		7,500.	l			GENERAL SUPPORT		
2 Enter total number o		•	•					•		
	3 Enter total number of other organizations listed in the line 1 table									

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2020

SCHEDULE I			Frants and Other Assistance to Organizations, vernments, and Individuals in the United States								
(Form 990)			•					2020			
	Comp	plete if the or	-	wered "Yes" on F		, line 21 or 22.		Open to Public			
Department of the Treasury		N 0 -		ttach to Form 990				Inspection			
Internal Revenue Service		► GO	to www.irs.gov	/Form990 for the I	atest information).	Employer identificati				
Name of the organization							Employer identificati				
	R OF KENTUCKY COLONE		•				61-048543	2			
	nformation on Grants and										
	zation maintain records to su						s or assistance, and	X Yes No			
	teria used to award the grant						•••••	X Yes No			
	IV the organization's procee										
Part II Grants an	nd Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "Y	es" on Form 990,			
Part IV, li	ne 21, for any recipient th	hat received	more than \$5	,000. Part II can b	be duplicated if a	additional space is r	needed.				
	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
(1) HOPE CENTER, INC.											
PO BOX 6 LEXINGTO		61-1107296	501 C (3)	13,551.				GENERAL SUPPORT			
(2) HOPE'S PLACE											
	ASHLAND, KY 41101	31-1501089	501 C (3)	10,000.				GENERAL SUPPORT			
(3) HOSPICE CARE PLUS	3										
208 KIDD DRIVE BE	EREA, KY 40403	31-1038258	501 C (3)	9,345.				GENERAL SUPPORT			
(4) HOUSING DEVELOPME	ENT ALLIANCE										
2871 NORTH MAIN S	STREET HAZARD, KY 41701	61-1253346	501 C (3)	10,617.				GENERAL SUPPORT			
(5) HOUSING ORIENTED	MINISTRIES ESTABLISHED FOR										
65 BENTLEY AVENUE	E WHITESBURG, KY 41858	61-1060053	501 C (3)	15,000.				GENERAL SUPPORT			
(6) ISAIAH HOUSE RECO	OVERY CENTER										
2084 MAIN STREET	WILLISBURG, KY 40078	26-2961334	501 C (3)	25,000.				GENERAL SUPPORT			
(7) JEWISH FAMILY AND	CAREER SERVICES OF LOUISV										
2821 KLEMPNER WAY	LOUISVILLE, KY 40205	61-0444704	501 C (3)	7,000.				GENERAL SUPPORT			
(8) KCEOC COMMUNITY A	ACTION PARTNERSHIP										
PO BOX 490 BARBOU	JRVILLE, KY 40906	61-0647835	501 C (3)	10,500.				GENERAL SUPPORT			
(9) KENTUCKIANA CENTE	ER FOR EDUCATION HEALTH & R										
1810 BROWNSBORO F	ROAD LOUISVILLE, KY 40206	61-6014488	501 C (3)	7,000.				GENERAL SUPPORT			
(10) KENTUCKY ASSOCIAT	TION FOR ACADEMIC COMPETITI	_									
113 CONSUMER LANE	E FRANKFORT, KY 40601	61-1087843	501 C (3)	10,000.				GENERAL SUPPORT			
(11) KENTUCKY COMMUNIT	TY AND TECHNICAL COLLEGE SY	_									
300 NORTH MAIN ST	TREET VERSAILLES, KY 40383	61-1351918	501 C (3)	80,000.				GENERAL SUPPORT			
(12) KENTUCKY EQUINE H	HUMANE CENTER	4									
	LEXINGTON, KY 40591	20-5883736		49,654.				GENERAL SUPPORT			
	per of section 501(c)(3) and						•••••				
	per of other organizations list						<u></u>				
For Paperwork Reducti	on Act Notice see the Instructi	ions for Form 9	90				Sc	hedule I (Form 990) 2020			

SCHEDULE I		Grants a	Frants and Other Assistance to Organizations,							
(Form 990)	Go	vernmei	nts, and Ir	ndividuals in	n the United	d States		2020		
			•	wered "Yes" on F						
			-	ttach to Form 990				Open to Public		
Department of the Treasury Internal Revenue Service		► Go	to www.irs.gov	/Form990 for the I	atest information			Inspection		
Name of the organization			U				Employer identificati	on number		
HONORABLE ORDER	R OF KENTUCKY COLONE	ELS INC					61-048543	2		
Part I General I	nformation on Grants and	d Assistanc	e							
1 Does the organiz	zation maintain records to su	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	ts or assistance, and			
•	eria used to award the grant			•		• • •		X Yes No		
	IV the organization's proced									
Part II Grants ar	nd Other Assistance to D	omestic Or	nanizations ar	d Domestic Gov	ernments Com	nlete if the organiz	ration answered "Y	es" on Form 990		
	ne 21, for any recipient th		-							
				·		•				
	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
(1) KENTUCKY RIVER CC	MMUNITY CARE, INC.									
PO BOX 794 JACKSC	DN, KY 41339	31-0965230	501 C (3)	9,994.				GENERAL SUPPORT		
(2) KENTUCKY RIVER FC	OTHILLS DEVELOPMENT COUNCI									
309 SPANGLER DRIV	YE RICHMOND, KY 40475	61-0650246	501 C (3)	10,000.				GENERAL SUPPORT		
(3) KNOWLEDGE CENTER	(3) KNOWLEDGE CENTER ON DEAFNESS									
P.O. BOX 618 FRAN	IKFORT, KY 40602	61-1374370	501 C (3)	10,000.				GENERAL SUPPORT		
(4) LEXINGTON RESCUE	MISSION	_								
P.O. BOX 1050 LEX	INGTON, KY 40588	61-1387338	501 C (3)	10,590.				GENERAL SUPPORT		
(5) LIGHTHOUSE PROMIS	SE, INC. DBA LIGHTHOUSE ACA	_								
5312 SHEPHERDSVII	LE ROAD	61-1362760	501 C (3)	6,403.				GENERAL SUPPORT		
(6) LKLP COMMUNITY AC	TION COUNCIL INC.	_								
	DRIVE HAZARD, KY 41701	61-0661299	501 C (3)	10,000.				GENERAL SUPPORT		
(7) LOTUS		_								
PO BOX 8506 PADUC		61-1107734	501 C (3)	25,000.				GENERAL SUPPORT		
(8) LOUISVILLE CENTRA		_								
1300 W. MUHAMMAD		61-0590743	501 C (3)	15,000.				GENERAL SUPPORT		
(9) LOUISVILLE PARKS		-								
PO BOX 5755 LOUIS		20-4372292	501 C (3)	5,520.				GENERAL SUPPORT		
	COMMUNITY KITCHEN DBA MARCE									
	BENTON, KY 42025	27-5083464	501 C (3)	8,227.				GENERAL SUPPORT		
(11) MARSHALL COUNTY E			501 0 (2)	10 405						
	ROAD BENTON, KY 42025	61-0652823	501 C (3)	19,487.				GENERAL SUPPORT		
(12) MARTIN COUNTY SEN		61 11 60000	E01 G (2)	6 530				CENEDAL CUDDOD		
PO BOX 631 INEZ,	ber of section 501(c)(3) and	61-1160988					L	GENERAL SUPPORT		
	per of other organizations list	-	-				· · · · · · · · · · • •			
	on Act Notice, see the Instructi						•••••	hedule I (Form 990) 2020		
i or i aper work iteution	on Ast Notice, see the manuful						30	100000 1 (1 0111 330) 2020		

SCHEDULE I (Form 990)	Go Comp		OMB No. 1545-0047					
Department of the Treasury		b Co.		ttach to Form 990				Open to Public Inspection
Internal Revenue Service Name of the organization		► GO	to www.irs.gov	/Form990 for the I	atest information	l	Employer identifica	
6	OF KENTUCKY COLONE	T.S. TNC					61-04854	
	formation on Grants and		<u>م</u>				01 01051	52
	ation maintain records to su			arante or accieta	noo the grantage	' oligibility for the grapt	or accistance and	4
	eria used to award the grant			-	-			X Yes No
	IV the organization's proced							
								· · · · · · · · · · · · · · · · · · ·
	d Other Assistance to D		-					Yes" on Form 990,
Part IV, lin	e 21, for any recipient th	hat received	more than \$5	,000. Part II can b	be duplicated if a	additional space is r	needed.	
	address of organization overnment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MERRYMAN HOUSE DOM	MESTIC CRISIS CENTER							
P.O. BOX 98 PADUCA	AH, KY 42002	61-0974637	501 C (3)	24,002.				GENERAL SUPPORT
(2) MOM'S CLOSET RESOU	JRCE CENTER, INC.DBA SPARC							
11921 BRINLEY AVE	LOUISVILLE, KY 40243	32-0049180	501 C (3)	16,000.				GENERAL SUPPORT
(3) MOREHEAD GATEWAY H	HELPING HANDS FOOD BANK							
P.O. BOX 316 MORE	IEAD, KY 40351	27-1346551	501 C (3)	14,000.				GENERAL SUPPORT
(4) NEIGHBORHOOD HOUSE	2							
201 N. 25TH STREET	F LOUISVILLE, KY 40212	61-0445842	501 C (3)	8,000.				GENERAL SUPPORT
(5) NEW OPPORTUNITY SC	CHOOL FOR WOMEN, INC.	4						
204 CHESTNUT STREE	ET BEREA, KY 40403	61-1323868	501 C (3)	15,000.				GENERAL SUPPORT
(6) NEW PATHWAYS FOR C	CHILDREN	4						
3233 SHAW RD MELBE	ER, KY 42069	61-1297776	501 C (3)	15,000.				GENERAL SUPPORT
(7) NEW PERCEPTIONS IN	1C	4						
1 SPERTI DRIVE EDG	GEWOOD, KY 41017	61-0705047	501 C (3)	6,998.				GENERAL SUPPORT
(8) NEW ROOTS, INC		4						
1800 PORTLAND AVEN	NUE LOUISVILLE, KY 40203	27-0700459	501 C (3)	8,000.				GENERAL SUPPORT
(9) NORTHERN KENTUCKY	CHILDREN'S ADVOCACY CENTE	-						
4890 HOUSTON ROAD	FLORENCE, KY 41042	26-3272297	501 C (3)	9,777.				GENERAL SUPPORT
(10) OWENSBORO AREA SHE	ELTER, INFORMATION & SERVI	-						
PO BOX 315 OWENSBO		61-0995748	501 C (3)	10,000.				GENERAL SUPPORT
(11) PADUCAH COOPERATIV	VE MINISTRY	-						
402 LEGION DRIVE E		61-0873781	501 C (3)	13,914.				GENERAL SUPPORT
(12) PARIS ANIMAL WELFA		4						
6 LEGION ROAD PARI		61-1224933		7,715.	l			GENERAL SUPPORT
	er of section 501(c)(3) and	-	•					•
	er of other organizations list						· · · · · · · · • •	chedule I (Form 990) 2020

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2020

Complete if Department of the Treasury Internal Revenue Service Name of the organization HONORABLE ORDER OF KENTUCKY COLONELS I Part I General Information on Grants and Assi 1 Does the organization maintain records to substant the selection criteria used to award the grants or as 2 Describe in Part IV the organization's procedures for Part II Grants and Other Assistance to Domese Part IV, line 21, for any recipient that records	ts ai	Ļ	OMB No. 1545-0047				
Department of the Treasury Internal Revenue Service Name of the organization HONORABLE ORDER OF KENTUCKY COLONELS IN Part I General Information on Grants and Assis 1 Does the organization maintain records to substant the selection criteria used to award the grants or as 2 Describe in Part IV the organization's procedures for Part II Grants and Other Assistance to Domese Part IV, line 21, for any recipient that record 1 (a) Name and address of organization (b)	me	nts, and Ir	ndividuals i	n the Unite	d States		2020
Internal Revenue Service Name of the organization HONORABLE ORDER OF KENTUCKY COLONELS I Part I General Information on Grants and Assi 1 Does the organization maintain records to substant the selection criteria used to award the grants or as 2 Describe in Part IV the organization's procedures for Part II Grants and Other Assistance to Domesi Part IV, line 21, for any recipient that record 1 (a) Name and address of organization (b)	the o	rganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Internal Revenue Service Name of the organization HONORABLE ORDER OF KENTUCKY COLONELS I Part I General Information on Grants and Assi 1 Does the organization maintain records to substant the selection criteria used to award the grants or as 2 Describe in Part IV the organization's procedures for Part II Grants and Other Assistance to Domesi Part IV, line 21, for any recipient that record 1 (a) Name and address of organization (b)		► At	ttach to Form 990				Open to Public
HONORABLE ORDER OF KENTUCKY COLONELS I. Part I General Information on Grants and Assi 1 Does the organization maintain records to substant the selection criteria used to award the grants or as 2 Describe in Part IV the organization's procedures for Part II Grants and Other Assistance to Domesis Part IV, line 21, for any recipient that records 1 (a) Name and address of organization	► Go	to www.irs.gov	/Form990 for the I	atest informatior).		Inspection
Part I General Information on Grants and Assi 1 Does the organization maintain records to substant the selection criteria used to award the grants or as 2 Describe in Part IV the organization's procedures for Part II Grants and Other Assistance to Domesti Part IV, line 21, for any recipient that record 1 (a) Name and address of organization						Employer identif	ication number
 Does the organization maintain records to substant the selection criteria used to award the grants or as Describe in Part IV the organization's procedures for Part II Grants and Other Assistance to Domestic Part IV, line 21, for any recipient that record 1 (a) Name and address of organization (b) 	NC					61-048	5432
the selection criteria used to award the grants or as 2 Describe in Part IV the organization's procedures for Part II Grants and Other Assistance to Domesi Part IV, line 21, for any recipient that rec 1 (a) Name and address of organization (b)	stanc	е				·	
the selection criteria used to award the grants or as 2 Describe in Part IV the organization's procedures for Part II Grants and Other Assistance to Domesi Part IV, line 21, for any recipient that rec 1 (a) Name and address of organization (b)	iate th	ne amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, a	and
Part II Grants and Other Assistance to Domest Part IV, line 21, for any recipient that rec 1 (a) Name and address of organization							X Yes No
Part IV, line 21, for any recipient that rec 1 (a) Name and address of organization (b)	or mor	nitoring the use	of grant funds in the	e United States.			
Part IV, line 21, for any recipient that rec 1 (a) Name and address of organization (b)	ic Or	ganizations ar	nd Domestic Gov	ernments. Com	plete if the organiz	ation answered	"Yes" on Form 990
1 (a) Name and address of organization (b)		-					
		1	·		•		
	EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description c noncash assistanc	
(1) PARTNERSHIP HOUSING							
P.O. BOX 997 BOONEVILLE, KY 41314 61-14	36773	501 C (3)	8,493.				GENERAL SUPPORT
(2) PILLAR (FORMERLY APPLE PATCH)							
7408 HIGHWAY 329 CRESTWOOD, KY 40014 61-11	59539	501 C (3)	24,536.				GENERAL SUPPORT
(3) POST CLINIC, THE							
15 STERLING AVENUE MOUNT STERLING, KY 40353 31-15	L5325	501 C (3)	10,648.				GENERAL SUPPORT
(4) PREVENT CHILD ABUSE KENTUCKY							
801 CORPORATE DRIVE LEXINGTON, KY 40503 61-11	11813	501 C (3)	11,116.				GENERAL SUPPORT
(5) PRODIGAL MINISTRIES, INC.							
P.O. BOX 1484 CRESTWOOD, KY 40014 61-12	75040	501 C (3)	8,095.				GENERAL SUPPORT
(6) PROJECT WORTH & OUTREACH							
72 INDUSTRIAL PARK ROAD MEANS, KY 40346 61-12	52974	501 C (3)	5,998.				GENERAL SUPPORT
(7) REFUGE CLINIC							
2349 RICHMOND ROAD SUITE 220 37-15	17506	501 C (3)	15,616.				GENERAL SUPPORT
(8) REVIVE MINISTRIES INC.							
111 COCONUT GROVE DRIVE 46-55	46340	501 C (3)	15,000.				GENERAL SUPPORT
(9) SAFY OF KY							
1169 EASTERN PKWY SUITE 3364 26-16	41642	501 C (3)	5,836.				GENERAL SUPPORT
(10) SALVATION ARMY LOUISVILLE AREA COMMAND, THE							
P.O. BOX 1149 LOUISVILLE, KY 40201 58-06	50607	501 C (3)	9,996.				GENERAL SUPPORT
(11) SEEDLEAF							
501 W. SIXTH STREET, SUITE 250 45-05	32109	501 C (3)	14,099.				GENERAL SUPPORT
(12) SENIORCARE EXPERTS							
		501 C (3)	6,000.				GENERAL SUPPORT
2 Enter total number of section 501(c)(3) and govern		-					
3 Enter total number of other organizations listed in t For Paperwork Reduction Act Notice, see the Instructions for					<u> </u>		Schedule I (Form 990) 2020

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SCHEDULE I		Grants a	nd Other A	Assistance t	o Organiza	tions,		OMB No. 1545-0047
(Form 990)	Governments, and Individuals in the United States 2020							20 20
	Comp	plete if the o	ganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treasury			► A	ttach to Form 990				Open to Public
Internal Revenue Service		► Go	to www.irs.gov	/Form990 for the I	atest information).		Inspection
Name of the organization							Employer identificat	tion number
HONORABLE ORDEF	R OF KENTUCKY COLONE	ELS INC					61-04854	32
Part I General I	nformation on Grants and	d Assistanc	e				•	
1 Does the organiz	zation maintain records to su	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	ts or assistance. and	
	eria used to award the grant							X Yes No
	IV the organization's proced							
						plata if the organiz	ration answared "	(aall an Earm 000
	nd Other Assistance to D		-					res on Form 990,
Part IV, III	ne 21, for any recipient the	hat received	more than \$5	,000. Part II can t	be duplicated if a	additional space is i	needed.	
	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SEVEN COUNTIES SE	RVICES							
10101 LINN STATIC		31-0939757	501 C (3)	18,650.				GENERAL SUPPORT
(2) SHIVELY AREA MINI	STRIES							
	AY LOUISVILLE, KY 40216	61-1134579	501 C (3)	10,000.				GENERAL SUPPORT
(3) SIMON HOUSE, INC.								
	ZEET FRANKFORT, KY 40601	61-1118813	501 C (3)	6,613.				GENERAL SUPPORT
(4) SOCIETY OF ST. VI	NCENT DE PAUL, COUNCIL OF							
1015-C S. PRESTON		61-0727110	501 C (3)	15,447.				GENERAL SUPPORT
(5) SOS INTERNATIONAL	INC.							
	YENUE LOUISVILLE, KY 40206	27-2624272	501 C (3)	10,000.				GENERAL SUPPORT
(6) SOUTH CENTRAL KEN	TUCKY KIDS ON THE BLOCK							
958 COLLETT AVE.	SUITE 100	61-1164527	501 C (3)	5,718.				GENERAL SUPPORT
(7) SOUTHWEST CENTER	FOR THE DEVELOPMENTALLY DI							
8009 TERRY ROAD L	OUISVILLE, KY 40258	61-1016175	501 C (3)	10,000.				GENERAL SUPPORT
(8) SPRINGHAVEN, INC.								
PO BOX 2047 ELIZA	BETHTOWN, KY 42702	61-1096261	501 C (3)	10,302.				GENERAL SUPPORT
(9) ST. JOSEPH CHILDR	EN'S HOME							
2823 FRANKFORT AV	YE LOUISVILLE, KY 40206	61-0475286	501 C (3)	17,306.				GENERAL SUPPORT
(10) ST. JOSEPH PEACE	MISSION FOR CHILDREN							
1328 WEST 3RD STR	EET OWENSBORO, KY 42301	61-1311338	501 C (3)	5,600.				GENERAL SUPPORT
(11) ST. MATTHEWS AREA	MINISTRIES (STMAM)							
201 BILTMORE ROAD	LOUISVILLE, KY 40207	61-0735861	501 C (3)	10,000.				GENERAL SUPPORT
(12) ST. VINCENT MISSI	ON, INC.							
6369 HWY. 404 DAV	VID, KY 41616	61-0961940	501 C (3)	7,485.				GENERAL SUPPORT
2 Enter total numb	per of section 501(c)(3) and	government of	organizations lis	sted in the line 1 tak	ble			
	per of other organizations list	-	-				<u></u> •	
	on Act Notice, see the Instruct							chedule I (Form 990) 2020

SCHEDULE I				Assistance t				OMB No. 1545-0047
(Form 990)	Go	Governments, and Individuals in the United States						
	Comp	olete if the o	rganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treasury			► A	ttach to Form 990				Open to Public
Internal Revenue Service		► Go	to www.irs.gov	/Form990 for the I	atest informatior	1.		Inspection
Name of the organization							Employer identifica	tion number
HONORABLE ORDER	R OF KENTUCKY COLONE	ELS INC					61-04854	32
Part I General I	nformation on Grants and	d Assistanc	е					
1 Does the organiz	zation maintain records to su	ubstantiate th	ne amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and	
the selection crit	eria used to award the grant	s or assistanc	ce?					X Yes No
2 Describe in Part	IV the organization's proceed	dures for mor	nitoring the use	of grant funds in the	e United States.			
Part II Grants ar	nd Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "	es" on Form 990.
	ne 21, for any recipient th		-					
			1	·		(f) Method of valuation		(1) -
	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) THE BRIDGE TO REC	OVERY							
1745 THE BRIDGE F	COAD	23-7428389	501 C (3)	24,000.				GENERAL SUPPORT
(2) THE CENTER FOR WC	MEN AND FAMILIES							
PO BOX 2048 LOUIS	SVILLE, KY 40201	61-0444846	501 C (3)	5,500.				GENERAL SUPPORT
(3) THE POINT ARC OF	NORTHERN KENTUCKY, INC.							
104 WEST PIKE STR	EET COVINGTON, KY 41011	23-7259409	501 C (3)	25,000.				GENERAL SUPPORT
(4) UMCFOOD MINISTRY		_						
P.O. BOX 15047 LA	TONIA, KY 41015	47-2388629	501 C (3)	9,451.				GENERAL SUPPORT
(5) UNITED METHODIST	MOUNTAIN MISSION	_						
891 HIGHWAY 30 WE	ST JACKSON, KY 41339	61-0659448	501 C (3)	15,000.				GENERAL SUPPORT
(6) USA CARES		_						
11760 COMMONWEALT	'H DRIVE	05-0588761	501 C (3)	10,000.				GENERAL SUPPORT
(7) USO OF CENTRAL AN	ID SOUTHERN OHIO	_						
4200 HOOVER RD CC		31-4401239	501 C (3)	5,773.				GENERAL SUPPORT
(8) WATER INTO WINE F	YOOD PANTRY	_						
	RD SALYERSVILLE, KY 41465	46-5166435	501 C (3)	10,000.				GENERAL SUPPORT
(9) WELLSPRING, INC.		_						
PO BOX 1927 LOUIS		31-1020023	501 C (3)	6,400.				GENERAL SUPPORT
<u></u>	REGIONAL BLOOD CENTER, INC	_						
	ROAD OWENSBORO, KY 42303	61-0930633	501 C (3)	6,328.				GENERAL SUPPORT
x - <i>t</i>	CHILD DEVELOPMENT CENTER	_						
	NE DANVILLE, KY 40422	61-1230722	501 C (3)	15,205.				GENERAL SUPPORT
(12) YMCA OF GREATER L		-						
	DUISVILLE, KY 40202	61-0444843		10,000.	 .1.			GENERAL SUPPORT
	per of section 501(c)(3) and	-	-					
	per of other organizations list					<u> </u>		ahadula /Fa 000) 0000
FOR FADELWOLK REQUCT	UN AGT NUTICE. SEE THE INSTRUCT	IULIS IUL FOLL	130.				S	chedule I (Form 990) 2020

			Assistance t ndividuals in				ാഷ №. 1545-0047 എ എറി
		•	wered "Yes" on F				
		-	ttach to Form 990		,		Open to Public
Department of the Treasury Internal Revenue Service	► Go		/Form990 for the I		1.		Inspection
Name of the organization	F 00	to 111111110.901			•	Employer identificati	
HONORABLE ORDER OF KENTUCKY COLON	FLS INC					61-048543	
Part I General Information on Grants an		0				01 040545	2
					La Part III Cardina and a		
1 Does the organization maintain records to s							X Yes No
the selection criteria used to award the gran						• • • • • • • • • • •	
2 Describe in Part IV the organization's proce							
Part II Grants and Other Assistance to I	Domestic Or	ganizations a	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "Y	es" on Form 990,
Part IV, line 21, for any recipient t	that received	more than \$5	,000. Part II can b	be duplicated if a	additional space is i	needed.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) YOUNG ADULT DEVELOPMENT IN ACTION, INC. DBA							
800 S PRESTON STREET LOUISVILLE, KY 40203	61-1374470	501 C (3)	8,239.				GENERAL SUPPORT
(2) ZOOM GROUP, INC.							
1904 EMBASSY SQUARE BOULEVARD	61-1101882	501 C (3)	14,131.				GENERAL SUPPORT
(3) TEAM KENTUCKY FUND							
500 MERO ST, 218 NC FRANKFORT, KY 40601	61-0600439	501 C (3)	1,000,000.				GENERAL SUPPORT
(4)							
(5)	_						
(6)							
_(0)	_						
(7)							
	_						
(8)							
(9)							
(10)	_						
(11)							
(12)							
\12/							
2 Enter total number of section 501(c)(3) and	-	-					135.
3 Enter total number of other organizations lis					<u></u>		
For Paperwork Reduction Act Notice, see the Instruc	tions for Form 9	990.				Sc	hedule I (Form 990) 2020

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
2					
3					
4					
5					
6					
7					

information.

SCHEDULE I, PART I, LINE 2:

PROCEDURES FOR MONITORING USE OF GRANT FUNDS

FUNDS ARE DISTRIBUTED TO GRANTEES WITH GRANT AUTHORIZATION LETTERS. ALL

FUNDING FROM THE HONORABLE ORDER OF KENTUCKY COLONELS IS "RESTRICTED"

FUNDING.

JSA

JF 1194228

	EDULE J n 990)	990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.					047
	nent of the Treasury		Attach to Form 990. 990 for instructions and the latest information.		pen to		
	Revenue Service			Employer identification			n
	-	ER OF KENTUCKY COLONELS INC		61-0485432		-	
Part		s Regarding Compensation		01 0100102			
r art	Quotien					Yes	No
1a	Check the app	propriate box(es) if the organization pro	ovided any of the following to or for a pers	on listed on Form			
			provide any relevant information regarding				
		ss or charter travel	Housing allowance or residence for				
	Travel fo	or companions	Payments for business use of persor	•			
		mnification and gross-up payments	Health or social club dues or initiatio				
		onary spending account	Personal services (such as maid, cha	auffeur, chef)			
b	If any of the or reimburse	boxes on line 1a are checked, did th ment or provision of all of the ex	ne organization follow a written policy re penses described above? If "No," com	garding payment plete Part III to	1b		
2			to reimbursing or allowing expenses				
-	-		D/Executive Director, regarding the items	-			
					2		
3			on used to establish the compensation of t		-		
5	organization's	CEO/Executive Director. Check all that	at apply. Do not check any boxes for metho e CEO/Executive Director, but explain in Pa	ds used by a			
	X Compen	sation committee	Written employment contract				
	Indepen	dent compensation consultant	X Compensation survey or study				
	Form 99	0 of other organizations	X Approval by the board or compensa	tion committee			
4	During the yea organization of	ar, did any person listed on Form 990, or a related organization:	Part VII, Section A, line 1a, with respect to	o the filing			
а	Receive a sev	verance payment or change-of-control pa	ayment?		4a		X
b	Participate in	or receive payment from a supplement	tal nonqualified retirement plan?		4b		X
C			ed compensation arrangement?		4c		X
	If "Yes" to any	y of lines 4a-c, list the persons and pr	rovide the applicable amounts for each ite	em in Part III.			
	•		rganizations must complete lines 5-9.				
5	-		on A, line 1a, did the organization pa	y or accrue any			
	-	contingent on the revenues of:			5a		
		ration?					X
b	-	-			5b		X
~		e 5a or 5b, describe in Part III.					
6	compensation	contingent on the net earnings of:	on A, line 1a, did the organization pa				
					6a		X
b	•	rganization? e 6a or 6b, describe in Part III.			6b		X
_							
7			n A, line 1a, did the organization provi		7		x
8			escribe in Part III. paid or accrued pursuant to a contract tha				
0			Regulations section 53.4958-4(a)(3)? If				
		·			8		x
9			low the rebuttable presumption proced		0		
3					9		
For Pa		tion Act Notice, see the Instructions for Fo			ule J (Fo	orm 99	0) 2020

Schedule J (Form 990) 2020

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
SHERRY CROSE	(i)	166,870.	0.	0.	6,476.	0.	173,346.	
1EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Page 3

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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.



Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization HONORABLE ORDER OF KENTUCKY COLONELS INC

Employer identification number

FORM 990, PART VI, SECTION B, LINE 11B

REVIEW OF FORM 990

SHERRY CROSE, THE EXECUTIVE DIRECTOR, STEVEN BARKER, THE DIRECTOR OF FINANCE, AND THE FINANCE COMMITTEE OF THE BOARD OF TRUSTEES REVIEW THE FORM 990 IN DETAIL AND COPIES OF THE FORM 990 ARE PROVIDED TO THE BOARD PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C MONITORING COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY

ALL TRUSTEES, OFFICERS, AND STAFF OF THE HOKC ARE REQUIRED TO ANNUALLY SUBMIT A LIST OF ORGANIZATIONS WITH WHOM HE/SHE MAY HAVE A RELATIONSHIP. THAT LISTING IS COMPARED TO A LISTING OF ORGANIZATIONS WITH WHOM THE HOKC HAS BUSINESS TRANSACTIONS AND THOSE WHO HAVE APPLIED TO US FOR GRANTS. NO TRUSTEE OR OFFICER WITH SUCH RELATIONSHIP IS PERMITTED TO PARTICIPATE IN, OR ADVISE ON, ANY POSSIBLE INTERACTION BETWEEN THE HONORABLE ORDER AND THAT ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 15 PROCESS FOR DETERMINING COMPENSATION

THE HONORABLE ORDER ANNUALLY RECEIVES COMPENSATION REPORTS FROM APPROXIMATELY 200 KENTUCKY-BASED NON-PROFIT ORGANIZATIONS. THIS

Schedule O (Form 990 or 990-EZ) 2020						
Name of the organization	Employer identification number					
HONORABLE ORDER OF KENTUCKY COLONELS INC	61-0485432					

INFORMATION IS REVIEWED BY THE COMPENSATION COMMITTEE. AFTER EVALUATING A NUMBER OF FACTORS, INCLUDING EXPERIENCE, LENGTH OF SERVICE AND ABILITY AS WELL AS COMPARABLE SALARY LEVELS IN OTHER ORGANIZATIONS, THE COMMITTEE PREPARES RECOMMENDED COMPENSATION REPORTS AND SUBMITS ITS RECOMMENDATIONS FOR HOKC EMPLOYEE COMPENSATION TO THE FULL BOARD OF TRUSTEES FOR APPROVAL. SHERRY CROSE, IN CONSULTATION WITH THE EXECUTIVE COMMITTEE, PERFORMED A COMPENSATION REVIEW IN 2020.

FORM 990, PART VI, SECTION C, LINE 19 MAKING DOCUMENTS AVAILABLE TO THE PUBLIC

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIALS STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9

OTHER CHANGES

CHANGE IN BENEFICIAL INTEREST IN THIRD PARTY TRUST \$64,495

ADJUSTMENT FOR KCC ACTIVITY (9,923)

TOTAL CHANGES

.ISA

54,572

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
CURRENT 360 1324 E WASHINGTON ST LOUISVILLE, KY 40206	MARKETING	450,283.
WYATT TARRANT & COMBS	LEGAL SERVICES	141,420.

Schedule O (Form 990 or 990-EZ) 2020 P						
Name of the organization Employer identification number						
HONORABLE ORDER OF KENTUCKY COLONELS INC	61-0485432					

ATTACHMENT 1 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES COMPENSATION

400 WEST MARKET ST LOUISVILLE, KY 40202

PAGE 53

JF 1194228

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

HONORABLE ORDER OF KENTUCKY COLONELS INC

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 contr	(g) n 512(b)(13) ntrolled entity?	
						Yes	No	
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2020

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Open to Public
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Inspection Employer identification number

61-0485432

Schedule R (Form 990) 2020

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

		inere related erg			aranoromp aaring ar	o lax your.						
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	income (related, unrelated, excluded from income year assets allocations? amoun of Scl		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership		
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income		(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
								Yes No
(1) KENTUCKY COLONELS COLLECTIBLES, INC. 61-1124733								
943 SOUTH FIRST STREET LOUISVILLE, KY 40203	NOVELTY	КY	HOKC	С	-9,430.	23,661.	100.0000	x
(2) CHARITABLE LEAD TRUST								
	INVESTMENT	КY	N/A	Т				x
(3)	-							
(4)	_							
(5)	-							
(6)	-							
(7)	_							

Schedule R (Form 990) 2020

HONORABLE ORDER OF KENTUCKY COLONELS INC

61-0485432

Page **3**

Schedule R (Form 990) 2020

Part V	Transactions With Related Organizations. Complete if the organization answered "Ye	s" on Form 990, Par	t IV, line 34, 35b, or 36.					
Note:	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No	
1 D	uring the tax year, did the organization engage in any of the following transactions with one or more r	elated organizations lis	ted in Parts II-IV?				X	
a R	eceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity							
	it, grant, or capital contribution to related organization(s)							
	ft, grant, or capital contribution from related organization(s)							
d Lo	ans or loan guarantees to or for related organization(s)							
e Lo	bans or loan guarantees by related organization(s)				1e		X	
					1f		х	
f Di	Dividends from related organization(s)							
	ale of assets to related organization(s)				1g		X X	
	Irchase of assets from related organization(s)				1h 1i		X	
	change of assets with related organization(s).							
j L€	ease of facilities, equipment, or other assets to related organization(s)		•••••		1j		X	
					1k		х	
	Lease of facilities, equipment, or other assets from related organization(s)							
	erformance of services or membership or fundraising solicitations for related organization(s)				1I 1m		X X	
o SI	naring of paid employees with related organization(s)		•••••		10		X	
					1p		Х	
	 p Reimbursement paid to related organization(s) for expenses. q Reimbursement paid by related organization(s) for expenses 							
q R	eimbursement paid by related organization(s) for expenses			• • • • •	1q		X	
- 0	har transfer of each or property to related experimetion(a)				1r		х	
r U	her transfer of cash or property to related organization(s)		•••••	• • • • •	1s		X	
2 lf	the answer to any of the above is "Yes," see the instructions for information on who must complete t	his line. includina cove	red relationships and transa	action thres	-	s.		
		(b)	(c)		(d)			
	(a) Name of related organization	Transaction	Amount involved	Method c	of dete		ng	
		type (a-s)		amoui		liveu		
(1) K	ENTUCKY COLONELS COLLECTIBLES, INC	D	643,701.	COST				
(2)								
(3)								
(4)								
(5)								
(6)					_			
JSA			Sch	nedule R (F	orm 9	990)	2020	

Page 4

Schedule R (Form 990) 2020

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Name	(a) , address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	d 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				sections 512 - 514)	Yes	No			Yes	No		Yes	No	<u> </u>
		-												
(2)		-												
		-												
(4)		-												
(5)		-												
		-												
		-												
		-												
		-												
		-												
		-												
		-												
13)		-												
14)		-												
15)		-											<u> </u>	
16)														+

Schedule R (Form 990) 2020

Page 5

Schedule R (Form 990) 2020									
Part VII	Supplemental Information								
	Provide additional information for responses to questions on Schedule R. See instructions.								