

### **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. 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.

<sup>&</sup>lt;sup>1</sup> 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 that does not file its own Form(s) 990/990-T but is covered under a group return. Again, the 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.

BKD TAX506 9-11

**Public Disclosure 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.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A F	or th	e 2021	calendar year, or tax year beginning a	nd ending											
<b>B</b> a		applicable:	C Name of organization		D	Employer iden	tification i	number							
Б (	_		HONORABLE ORDER OF KENTUCKY COLONELS INC			4									
	Addre		Doing business as			61-0485									
	Name	e change	Number and street (or P.O. box if mail is not delivered to street address)	oom/suite	E	Telephone nun	nber								
	-	l return	943 S. FIRST ST			(502)266-6264									
	termi	return/ inated	City or town, state or province, country, and ZIP or foreign postal code												
	Amer	n	LOUISVILLE, KY 40203		_	Gross receipts		12,564	$\overline{}$						
	_ Appli pend	cation ing	F Name and address of principal officer: SHERRY CROSE		H	(a) Is this a grou subordinates?		Yes	X No						
			943 S. FIRST ST, LOUISVILLE, KY 40203		H(	(b) Are all subordi									
		cempt st		527		If "No," att	ach a list. Se	e instruction	3						
_		ite: 🕨	WWW.KYCOLONELS.ORG			(c) Group exemp									
$\overline{}$			nization: X Corporation Trust Association Other	L Year of fo	rmation	: 1944 <b>M</b> S	State of leg	al domicile	KY						
P	art l		mmary												
	1	•	describe the organization's mission or most significant activities: THE HO		ORDE	R OF KEN	TUCKY	COLON	ELS,						
JCe		INC. GRANTS MONEY TO 501(C)(3) OR OTHER EXEMPT ENTITIES.													
rna	_		. 🗀												
Governance	2		this box   if the organization discontinued its operations or disposed			1	1								
ტ ფ	3		er of voting members of the governing body (Part VI, line 1a)				3		15_						
es 8	4		er of independent voting members of the governing body (Part VI, line 1b)				4		15						
Activities	5		number of individuals employed in calendar year 2021 (Part V, line 2a)				5		6						
Ę	6		number of volunteers (estimate if necessary)				6		50						
⋖			unrelated business revenue from Part VIII, column (C), line 12				7a								
	b	Net u	nrelated business taxable income from Form 990-T, Part I, line 11				7b		NONE						
					Prior Year	_	Current `								
<u>e</u>	8		butions and grants (Part VIII, line 1h)	2,129,78	2.		<u>,966.</u>								
Revenue	9		am service revenue (Part VIII, line 2g)				NE		7,712.						
Rev	10		ment income (Part VIII, column (A), lines 3, 4, and 7d)			1,596,26			5,041.						
	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	48,25			<u>3,531.</u>								
	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			3,774,31		7,737	<u>7,250.</u>						
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)			2,902,72	7.	2,254	1,658.						
	14		its paid to or for members (Part IX, column (A), line 4)			NC	NE		NONE						
es	15		es, other compensation, employee benefits (Part IX, column (A), lines 5-10)			457,64	7.	543	3,685.						
Expenses	16 a		ssional fundraising fees (Part IX, column (A), line 11e)			NC	NE		NONE						
ă	b		fundraising expenses (Part IX, column (D), line 25) ▶ 814,602.												
ш	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			983,63		831	L,471.						
	18	Total	expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			4,344,00			9,814.						
	19	Rever	nue less expenses. Subtract line 18 from line 12			-569,69	5.	4,107	7,436.						
s or				В	eginnin	g of Current Y	ear	End of Ye							
sset	20		assets (Part X, line 16)		2	0,472,18	8.	26,720	0,048.						
Net Assets or Fund Balances	21		liabilities (Part X, line 26)	_		660,27			L,776.						
			ssets or fund balances. Subtract line 21 from line 20.		1:	9,811,91	3.	26,118	<u>,272.</u>						
	rt II		gnature Block												
Une	der pe e. corre	nalties o	of perjury, I declare that I have examined this return, including accompanying schedule: complete. Declaration of preparer (other than officer) is based on all information of which	s and statemen preparer has a	nts, and nv know	to the best of ledge.	my knowl	edge and b	elief, it is						
		,	,			Ĭ									
Sin	n	-	Signature of officer			5/202	2								
Sign Here						Date									
	.	_		UTIVE DI	RECT	'OR									
			Type or print name and title	Det-			DTW								
Paid	i	Print/	Type preparer's name Preparer's signature	Date 07/4/4/2	0000		if PTIN								
	parer	JEF	1911/11/11	07/14/2	2042	self-employe	1 1 0 0	289876							
	Only	Firm's	sname ► FORVIS, LLP	Fi	rm's EIN		160260								
			saddress > 3102 WEST END AVENUE SUITE 800 NASHVILLE, TN 37203-1			none no.		988-36							
			iscuss this return with the preparer shown above? See instructions .				X		No						
For	Pape	rwork	Reduction Act Notice, see the separate instructions.					Form <b>99</b>	0 (2021)						

### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

## Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

**Electronic filing** (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

	cts, for which an extension request must be sell this form, visit www.irs.gov/e-file-providers/e-fil			ns). For more de	etails	on th	e electronic
Autom	atic 6-Month Extension of Time. Only sub	mit original	(no copies needed).				
-	porations required to file an income tax return of se Form 7004 to request an extension of time to		· —	ilers), partnership	os, F	REMIC	s, and trusts
Type o	Name of exempt organization or other filer, see	e instructions.	Тахра	er identification nu	ımbe	r (TIN)	
File by the	HONORABLE ORDER OF KENTUCKY Number, street, and room or suite no. If a P.O.						
due date	for 042 G ETDGE GE						
return. Se	e City, town or post office, state, and ZIP code.						
instruction	LOUISVILLE, KY 40203						
Enter th	ne Return Code for the return that this applicati	on is for (file	a separate application for each	return)			0 1
Applica	ation	Return	Application				Return
Is For		Code	Is For				Code
Form 9	90 or Form 990-EZ	01	Form 1041-A				08
	720 (individual)	03	Form 4720 (other than indiv	idual)			09
Form 9		04	Form 5227	10			
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11
	90-T (trust other than above) 90-T (corporation)	06	Form 8870				12
<ul><li>If the</li><li>If this</li><li>for the</li></ul>	phone No. ► 502 266-6264  e organization does not have an office or place is is for a Group Return, enter the organization's whole group, check this box	of business in four digit Gro	oup Exemption Number (GEN) art of the group, check this box				his is
	ith the names and TINs of all members the exterequest an automatic 6-month extension of time			o file the every	t oro	onizat	ion roturn
fo •	r the organization named above. The extension  X calendar year 2021 or tax year beginning	is for the org	ganization's return for:, and ending	,			ion retuin
	the tax year entered in line 1 is for less than 12  Change in accounting period  this application is for Forms 990-PF, 990-				n T		
nonrefundable credits. See instructions.							
	this application is for Forms 990-PF, 990-stimated tax payments made. Include any prior y		•	e credits and	3b	\$	NONE
	alance due. Subtract line 3b from line 3a. sing EFTPS (Electronic Federal Tax Payment Sys	•		required, by	3с		NONE
Caution:	: If you are going to make an electronic funds withdrons.	awal (direct de	bit) with this Form 8868, see For	m 8453-TE and Fo			

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2022)

Form 990 (2021) Page 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:	. 21
-	•	HONORABLE ORDER OF KENTUCKY COLONELS, INC. GRANTS MONEY TO	
		C)(3) ENTITIES THAT DEMONSTRATE A NEED THAT OTHERWISE CANNOT BE	
		AND THAT WILL ENHANCE OR EXTEND THEIR CHARITABLE OR EDUCATIONAL	
		VITIES.	
_			
2	prior Fo	organization undertake any significant program services during the year which were not listed on the orm 990 or 990-EZ?	X No
		describe these new services on Schedule O.	
3	services	e organization cease conducting, or make significant changes in how it conducts, any program ??	X No
		describe these changes on Schedule O.	
4	expense	the the organization's program service accomplishments for each of its three largest program services, as measures. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to all expenses, and revenue, if any, for each program service reported.	
4a	(Code:	) (Expenses \$ 2,388,257. including grants of \$ 2,254,658. ) (Revenue \$ )	
	` -	HONORABLE ORDER OF KENTUCKY COLONELS, INC (HOKC) GRANTS MONEY	
		01(C)(3) ENTITIES THAT DEMONSTRATE FISCAL RESPONSIBILITY AND	
		MISSION TO STRENGTHEN THE LIVES OF KENTUCKIANS OR TO HIGHLIGHT	
		ENHANCE THE CULTURE OF THE COMMONWEALTH. THE ORGANIZATION	
		SES ON KENTUCKY CHARITIES AND CONDUCTS A "GOOD WORKS PROGRAM"	
		FOCUSES ITS LARGE GRANT-MAKING ACTIVITIES ON CHARITABLE	
	ORGAI	NIZATIONS OPERATING IN KENTUCKY.	
	SEE S	SCHEDULE O FOR ADDITIONAL INFORMATION.	
4b	(Code:	) (Expenses \$including grants of \$) (Revenue \$)	
4c	(Code: _	) (Expenses \$ including grants of \$) (Revenue \$)	
4 -	Other =	rogram parvisos (Deceribe en Sebedulo O.)	
40	-	rogram services (Describe on Schedule O.)	
4-	(Expens	ses \$ including grants of \$ ) (Revenue \$ )	

**4e** Total program service expenses ►

JSA
1E1020 1.000 2,388,257.

Form 990 (2021) Page **3** 

Par	Checklist of Required Schedules		Yes	No
	le the expenientian described in section E01/a)/2) or 4047/a)/4) (ather then a private foundation)? If ")/as "		162	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	Х	
2	complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		Λ	
5	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	_		
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		Х
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues,			
-	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	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,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	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		X
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	Х	
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	l		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	44-		37
اہ	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	114		v
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e		X
	Did the organization report an amount for other habilities in Fart X, line 25: If Fes, complete schedule B, Fart X.  Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's separate of 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			21
. <b>.</b> .	Schedule D, Parts XI and XII.	12a		Х
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	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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		Х
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			
	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			
	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			
	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?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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	21		
	domestic dovernment on Part IX, collimn (A), line 17 It "Vec." complete Schedule I, Parte I and II	- 71	Y	1

Form 990 (2021)

Part IV Chocklist of Poquired Schodules (continued)

Par	Checklist of Required Schedules (continued)		V	Na
	Did the approximation person than \$5,000 of prosts on other assistance to an fau demostic individuals an		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		v
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the	22		X
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
240	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	Λ	
24 a	\$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	242		Х
h	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	240		
·	to defease any tax-exempt bonds?	24c		
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
	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	200		- 21
-	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		Х
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			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the 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			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
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		X
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	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		37
20	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 on Schedule O for Part VI, lines 11b and 19? <b>Note</b> : All Form 990 filers are required to complete Schedule O	38	Х	
Part		30	Λ	
ı ell	Check if Schedule O contains a response or note to any line in this Part V			
	Shook in Conducto C Contains a response of note to any line in the fact v	• • •	Yes	No
1 a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   1a   NONE			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
,	reportable gaming (gambling) winnings to prize winners?	1c	Х	

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Par	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	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			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. $ \cdot $	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.			
	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			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	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			
40-	against amounts due or received from them.)	12a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
	•	-		
	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	Tou		
h	Enter the amount of reserves the organization is required to maintain by the states in which			
b	the organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> · · · · ·	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
. •	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes " complete Form 6069			

61-0485432

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Form 990 (202	21)	HON

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

Sect	ion 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	a 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	<b>)</b> 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation	nship with			
	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under	the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other pers		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asset		5		<u>X</u>
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect				
	one or more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by)		76		3.5
_	stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions underta	ken during			
	the year by the following:		8a	Х	
a	The governing body?		8b	X	
ь 9	Each committee with authority to act on behalf of the governing body?		0.5	- 25	
9	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		Х
Secti	ion B. Policies (This Section B requests information about policies not required by the Interna-			.)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purpo	-	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing		11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that	could give			
	rise to conflicts?		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy	y? If "Yes,"			
	describe on Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and a				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation an		15a	Х	
a	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization		130	- 21	
160	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  Did the organization invest in, contribute assets to, or participate in a joint venture or similar at	rangamant			
16a	with a taxable entity during the year?	•	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to e				
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safe				
	organization's exempt status with respect to such arrangements?		16b		
Sect	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶ KY, VA,				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 99	0, and 990-T	(sect	ion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.				· ·
	Own website Another's website X Upon request Other (explain on Sched	lule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing document	ts, conflict of	finter	est p	olicy,
	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 book	ks and record	s 🕨		
	GERARD KAUFFMANN 943 S. FIRST STREET LOUISVILLE, KY 40203				

502-266-6264

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s
- 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 the 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.

Company   Comp					(0	C)					
Company   Comp	(A)	(B)			Pos	ition			(D)	(E)	(F)
Per week (list and bullets a	Name and title	"	,						'		
Command   Comm										· ·	
Commanding general   Command		1 '									•
Community   Comm			ndi or di	nsti	Offic	(ey	ᄬᅘ	om -	,	,	
(1) SHERRY CROSE			rect	tutio	ër	emp	est	let.	1099-NEC)	1099-NEC)	related organizations
(1) SHERRY CROSE		1 -	or ta	nal		loye	<sup>6</sup> 03				
(1) SHERRY CROSE			stee	trust		Ф	pens				
(1) SHERRY CROSE		,		ee			sate				
EXECUTIVE DIRECTOR											
C2 STEVEN BARKER	(1) SHERRY CROSE	40.00									
DIRECTOR OF FINANCE	EXECUTIVE DIRECTOR	NONE			Х				171,448.	NONE	3,601.
Carrel	(2) STEVEN BARKER	15.00									
TRUSTEE         NONE         X         NONE         NONE         NONE           (4) BROOKS H. BOWER         NONE	DIRECTOR OF FINANCE	NONE			Х				42,851.	NONE	NONE
Carron   C	(3) ALEX LYTTLE	NONE									
TRUSTEE	TRUSTEE	NONE	X						NONE	NONE	NONE
C5 GARY BOSCHERT	(4) BROOKS H. BOWER	NONE									
ADJUTANT GENERAL NONE X X NONE NONE NONE  (6) HAL SULLIVAN NONE  COMMANDING GENERAL NONE X X NONE NONE NONE  (7) JAN D. CAMPLIN NONE  TRUSTEE NONE X NONE NONE NONE  TRUSTEE NONE X NONE NONE NONE  (8) JEFF L KENNEDY NONE  TRUSTEE NONE X NONE NONE NONE  (9) JIM ROGERS NONE  TREASURER NONE X X NONE NONE NONE  (10) KEVIN DOYLE NONE X NONE NONE NONE  TRUSTEE NONE X NONE NONE NONE NONE  TRUSTEE NONE X NONE NONE NONE NONE	TRUSTEE	NONE	X						NONE	NONE	NONE
COMMANDING GENERAL	(5) GARY BOSCHERT	NONE									
COMMANDING GENERAL	ADJUTANT GENERAL	NONE	X		Χ				NONE	NONE	NONE
TRUSTEE	(6) HAL SULLIVAN	NONE									
TRUSTEE         NONE         X         NONE         NONE         NONE           (8) JEFF L KENNEDY         NONE	COMMANDING GENERAL	NONE	X		Χ				NONE	NONE	NONE
NONE	(7) JAN D. CAMPLIN	NONE									
TRUSTEE	TRUSTEE	NONE	X						NONE	NONE	NONE
Mode	(8) JEFF L KENNEDY	NONE									
TREASURER         NONE         X         X         NONE         NONE         NONE           (10) KEVIN DOYLE         NONE	TRUSTEE	NONE	X						NONE	NONE	NONE
TRUSTEE	(9) JIM ROGERS	NONE									
TRUSTEE         NONE         X         NONE         NONE         NONE           (11) LYNN ASHTON         NONE	TREASURER	NONE	X		Χ				NONE	NONE	NONE
NONE	(10) KEVIN DOYLE	NONE									
TRUSTEE         NONE         X         NONE         NONE         NONE           (12) MIKE BERRY         NONE         X         NONE	TRUSTEE	NONE	X						NONE	NONE	NONE
TRUSTEE	(11) LYNN ASHTON	NONE									
TRUSTEE         NONE         X         NONE         NONE         NONE           (13) NICK ISING         NONE         X         NONE	TRUSTEE	NONE	X						NONE	NONE	NONE
TRUSTEE NONE X NONE NONE NONE (14) RICK HOBGOOD NONE	(12) MIKE BERRY	NONE									
TRUSTEE NONE X NONE NONE (14) RICK HOBGOOD NONE	TRUSTEE	NONE	X						NONE	NONE	NONE
(14) RICK HOBGOOD NONE	(13) NICK ISING	NONE									
		NONE	X						NONE	NONE	NONE
TRUSTEE NONE X NONE NONE NONE	(14) RICK HOBGOOD	NONE									
5 000 (2021)	TRUSTEE	NONE	X						NONE	NONE	

Form 990 (2021)

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plo	ye	es,	and F	ligi	hest Compensat	ed Employees (d	continue	ed)	
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average hours per	(do i	not cl		sition more	e than o	ne	Reportable compensation	Reportable compensation from		stimated nount of	
	week (list any	,				is both		from	related		other	
	hours for					or/trust		the	organizations		pensatio	on
	related organizations	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization	(W-2/1099-MISC)		om the anizatio	n
	below dotted	ecto	utior	9	mpl	est c	еr	(W-2/1099-MISC)		_	d related	
	line)	ı tru	nal tı		oyee	omp				orga	anization	ns
		stee	uste			ens						
			Ď			ated						
15) TAD MYRE	NONE											
SECRETARY	NONE	X		Х				NONE	NONE		]	NONE
16) MARIA BRAMAN	NONE											
TRUSTEE	NONE	X						NONE	NONE		]	NONE
17) MARY VITALE	NONE_	-										
TRUSTEE	NONE	X						NONE	NONE			NONE
	<del> </del>	-										
	+											
		-										
	<del>-</del>											
1b Sub-total								214,299.	NONE		3 (	601.
c Total from continuation sheets to Part VII, S	ection A	• • •	• •		• •			NONE				NONE
d Total (add lines 1b and 1c)	-							214,299.	NONE			601.
2 Total number of individuals (including but not				d al	bove	e) who	re					
reportable compensation from the organization						1			. ,			
											Yes	No
3 Did the organization list any former office												
employee on line 1a? If "Yes," complete Schede	ule J for su	ch ina	livid	ual						3		X
4 For any individual listed on line 1a, is the	sum of rep	oortab	ole d	com	per	satior	n ai	nd other compens	sation from the			
organization and related organizations gre	eater than	\$15	50,0	00?	. If	"Yes	,"	complete Schedu	le J for such			
individual										4	X	
5 Did any person listed on line 1a receive or										_		
for services rendered to the organization? If "Yo	es," comple	te Scl	nedu	ile J	I for	such	per	son		5		X
Section B. Independent Contractors	ا اد داد محمد م		- ا- مر			lua ct c		hat randing during	than \$100,000 -			
1 Complete this table for your five highest com	pensated I	паере	anae	JII:	con	และเอ	เรโ	nat received more	: man p 100,000 C	71		

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

<b>(C)</b> Compensation	(B) Description of services	(A) Name and business address
264,237.	MARKETING	CURRENT 360 1324 E WASHINGTON ST LOUISVILLE, KY 40206
_		

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 ▶ 1

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Par	t VIII	Check if Schedule O contains a respon	nse or note to an	ny line in this Part V	/III		
			100 01 11010 10 01	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns 1a					
E Z	b	Membership dues 1b					
۾ ۾	С	Fundraising events 1c					
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations 1d					
	е	Government grants (contributions) . 1e					
Sin	f	All other contributions, gifts, grants,					
er (		and similar amounts not included above . 1f	5,835,966.				
들돈	g	Noncash contributions included in					
ξg		lines 1a-1f 1g	<b>\$</b> 15,790.				
တွဲ ငွ	h	Total. Add lines 1a-1f		5,835,966.			
			Business Code				
Se	2a	ROMP REVENUE	900099	117,712.	117,712.		
Program Service Revenue	b	ALL OTHER PROGRAM SERVICE REVENUE -					
S Z	C						
ame	d						
P.S.	e						
7	f	All other program service revenue					
	g	Total. Add lines 2a-2f		117,712.			
	3	Investment income (including dividends,					
		other similar amounts)	_	363,202.			363,202.
	4	Income from investment of tax-exempt bond	_	NONE			
	5	Royalties		NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c NONE	NONE				
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory <b>7a</b> 6,179,323.					
<u>e</u>	b	Less: cost or other basis					
evenue		and sales expenses 7b 4,827,484.					
	С	Gain or (loss)					
<u>.</u>	d	Net gain or (loss)	<u></u>	1,351,839.			1,351,839.
Other R	8a	Gross income from fundraising					
0		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	NONE				
	b	Less: direct expenses 8b	NONE				
	С	Net income or (loss) from fundraising events	<u></u>	NONE			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses 9b	NONE				
	С	Net income or (loss) from gaming activities.		NONE			
	10a	Gross sales of inventory, less					
		returns and allowances 10a	NONE				
	b	Less: cost of goods sold	NONE				
	С	Net income or (loss) from sales of inventory.		NONE			
ns			Business Code				
eo ne	11a	LICENSE PLATE INCOME	900099	56,297.			56,297.
llar en	b	OTHER INCOME		12,234.			12,234.
Se.	С						-
Miscellaneous Revenue	d	All other revenue					
_	e	Total. Add lines 11a-11d		68,531.			
	12	Total revenue. See instructions		7,737,250.	117,712.		1,783,572.

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Chack if Schodula O contains a rosp			· · · · · · · · · · · · · · · · · · ·				
<u></u>	Check if Schedule O contains a response or note to any line in this Part IX							
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses			
			expenses	general expenses	expenses			
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,254,658.	2,254,658.					
2	Grants and other assistance to domestic individuals. See Part IV, line 22	NONE						
3	Grants and other assistance to foreign							
	organizations, foreign governments, and							
	foreign individuals. See Part IV, lines 15 and 16	NONE						
	Benefits paid to or for members	NONE						
5	Compensation of current officers, directors, trustees, and key employees	214,299.	45,002.	85,720.	83,577.			
6	Compensation not included above to disqualified							
	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)	NONE						
	Other salaries and wages	251,593.	52,835.	100,637.	98,121.			
8	Pension plan accruals and contributions (include	NONE						
	section 401(k) and 403(b) employer contributions)	44 054	0.000	17 550	17 402			
9	. ,	44,254.	9,293.	17,558.	17,403.			
10	Payroll taxes	33,539.	7,043.	13,417.	13,079.			
11	Fees for services (nonemployees):	NONE						
	Management	57,631.		57,631.				
	Legal	24,440.		24,440.				
	Accounting	NONE		21,110.				
	Professional fundraising services. See Part IV, line 17	NONE						
	Investment management fees	NONE						
	Other. (If line 11g amount exceeds 10% of line 25, column							
_	(A), amount, list line 11g expenses on Schedule O.)	NONE						
12	Advertising and promotion	298,646.		3,001.	295,645.			
13	Office expenses	89,196.	3,099.	15,617.	70,480.			
14	Information technology	18,701.	1,122.	10,286.	7,293.			
15	Royalties	NONE						
16	Occupancy	33,536.	3,354.	16,768.	13,414.			
17	Travel	14,610.	267.	3,821.	10,522.			
18	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials	NONE						
19	Conferences, conventions, and meetings	NONE	1 500	14 502	10 247			
20	Interest	26,531. NONE	1,592.	14,592.	10,347.			
21 22	Payments to affiliates  Depreciation, depletion, and amortization	47,647.	2,859.	26,206.	18,582.			
23	Insurance	11,900.	1,190.	5,950.	4,760.			
24	Other expenses. Itemize expenses not covered		= / = / = /	2/2221	= 7 : 5 5			
	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.)							
а	GRANT ADMINISTRATION	5,322.	5,322.					
b	MISC EXPENSES	45,210.	621.	31,311.	13,278.			
	ROMP EXPENSE	123,163.			123,163.			
d	CREDIT CARD COMMISSIONS	34,938.			34,938.			
е	All other expenses							
	Total functional expenses. Add lines 1 through 24e	3,629,814.	2,388,257.	426,955.	814,602.			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   if following SOP 98-2 (ASC 958-720)							
	10.10.11.11.19 001 00 2 (1.00 000-120)				- 000 (2221)			

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#### Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	589,630.	1	619,864.
	2	Savings and temporary cash investments	50,842.	2	3,022,955.
	3	Pledges and grants receivable, net	NONE	3	NONE
	4	Accounts receivable, net	81,365.	4	204,308.
	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	NONE	5	NONE
	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)	NONE	6	NONE
ţ	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use	NONE	8	NONE
ğ	9	Prepaid expenses and deferred charges	71,924.	9	29,687.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,285,323.			
	b	Less: accumulated depreciation	1,198,179.	10c	1,153,408.
	11	Investments - publicly traded securities	17,788,528.	11	20,883,025.
	12	Investments - other securities. See Part IV, line 11	NONE	12	NONE
	13	Investments - program-related. See Part IV, line 11	NONE		NONE
	14	Intangible assets	NONE		NONE
	15	Other assets. See Part IV, line 11	691,720.	15	806,801.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	20,472,188.	16	26,720,048.
	17	Accounts payable and accrued expenses	89,532.	17	50,288.
	18	Grants payable	NONE		NONE
	19	Deferred revenue	NONE		NONE
	20	Tax-exempt bond liabilities	NONE		NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE		NONE
S	22	Loans and other payables to any current or former officer, director,	1,01,1		110112
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
Ī		controlled entity or family member of any of these persons	NONE	22	NONE
Ë	23	Secured mortgages and notes payable to unrelated third parties	570,743.	23	551,488.
	24	Unsecured notes and loans payable to unrelated third parties	NONE		NONE
	25	Other liabilities (including federal income tax, payables to related third	110112		110112
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	NONE	25	NONE
	26	Total liabilities. Add lines 17 through 25	660,275.		601,776.
es		Organizations that follow FASB ASC 958, check here ▶ X	000,273.		001,770.
anc	0-	and complete lines 27, 28, 32, and 33.	10 100 100		05 011 15
3al	27	Net assets without donor restrictions	19,120,193.	27	25,311,471.
ğ	28	Net assets with donor restrictions.	691,720.	28	806,801.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
8	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
et	32	Total net assets or fund balances	19,811,913.	32	26,118,272.
Z	33	Total liabilities and net assets/fund balances	20,472,188.	33	26,720,048.
_					Form <b>990</b> (2021)

Form 990 (2021) Page **12** 

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					<u>X</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7,7	37,	<u> 250</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,6	29,	<u>814</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3		4,1	07,	<u>436</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	9,8	11,	<u>913</u>
5	Net unrealized gains (losses) on investments	5		2,0	99,	<u> 797</u> .
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			<u>99,</u>	<u> 126</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	2	<u>6,1</u>	18,	<u> 272</u>
Part	· · ·					
	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," ex	plain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis X 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	_		_		
	the audit, review, or compilation of its financial statements and selection of an independent accounta			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for					
	Single Audit Act and OMB Circular A-133?			3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	_				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	dits.		3b		

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number
61-0485432

HOI	NOR	ABLE ORDER OF KENTU	CKY COLONELS	INC			01-0	485434
Pa	rt I	Reason for Public Cha	rity Status. (All o	organizations must	comple	te this pa	art.) See instructions	S.
		anization is not a private fou					<u>'</u>	
1		A church, convention of chu		·	_	-	·	
2		A school described in <b>secti</b>					(-)(-)(-)(-)	
3		A hospital or a cooperative		•			(1)(Δ)(iii)	
4		A medical research organiz	•	_				(iii) Enter the
•		hospital's name, city, and st	•	oonjunouon mara not	opilai ao		1000110111110(10)(11)(11)	(m) Liner are
5		An organization operated to		a college or universit	v owne	d or one	erated by a governme	ntal unit described in
J		section 170(b)(1)(A)(iv). (C		a college of diliversit	y Owne	u or ope	rated by a governme	intal unit described in
6		A federal, state, or local go		rnmantal unit describe	d in sact	tion 170/	h)/1)/A)/ <sub>W</sub> )	
6 7		An organization that normal						om the general nublic
'		<del>-</del>	=	•	рроп	oni a go	verilinental unit of its	on the general public
0		described in <b>section 170(b)</b> A community trust describe			Dort II \			
8			-		-		Lin conjunction with a	land grant callage
9		An agricultural research org	=			-	•	
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the i	name, city, and state o	i the college of
40		university:	II	th 00 0/ -f it-		<b>.</b>		:- f
10		An organization that norma receipts from activities rela support from gross investm acquired by the organizatio	ited to its exempt facent income and un	unctions, subject to conrelated business tax	ertain ex able inco	xceptions ome (les:	s; and (2) no more than s section 511 tax) from	331/3 % of its
11		An organization organized						
 12		An organization organized a	•		-			ry out the nurnoses of
-		one or more publicly suppo			-			
		the box on lines 12a through	-					
_	Г	Type I. A supporting orga					•	<del>-</del>
а	_		•					
		the supported organization				ajonly of	the directors of truste	es of the
		supporting organization.	-					(-)   b   b   b
b		Type II. A supporting org	•					
		control or management of			tne sam	ie persor	is that control or man	age the supported
		organization(s). You must						
С	L	Type III functionally integ						ly integrated with,
_		its supported organization		•				
d	L	Type III non-functionally			-			- ' '
		that is not functionally into		= -	-		•	d an attentiveness
		requirement (see instruct	· ·	-				
е	L	Check this box if the orga					• • • • • • • • • • • • • • • • • • • •	I, Type III
	_	functionally integrated, or						
t		ter the number of supported						
g		ovide the following information	1	` '	1			
	(I) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization our 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	al							

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

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 Page **2** 

Par	Complete only if you checket Part III. If the organization fair	d the box on	line 5, 7, or 8	of Part I or if t	he organization	on failed to qua	
Sec	tion A. Public Support				•	,	
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 2021	(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						
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(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	the organizat	ion's first, secon	d, third, fourth,	or fifth tax ye	ar as a section	
	organization, check this box and stop here						<b>▶</b>
Sec	tion C. Computation of Public Sup	port Percenta	age				
14	Public support percentage for 2021 (li						9
15	Public support percentage from 2020						9,
16a	331/3% support test - 2021. If the or						
	box and <b>stop here.</b> The organization q						
b	331/3% support test - 2020. If the organization						
170	this box and <b>stop here</b> . The organizati <b>10%-facts-and-circumstances test</b> - 2			-			
ı / a	10%-racts-and-circumstances test - 2						
	Part VI how the organization meets					-	•
	organization			_	•	-	-αρρυιι <del>σ</del> α ▶
b	10%-facts-and-circumstances test - 2						and line
	15 is 10% or more, and if the organic		•				
	in Part VI how the organization meet					_	
	organization			=	•	-	
18	Private foundation. If the organization						
	instructions						

Schedule A (Form 990) 2021 Page **3** 

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
1	Gifts, grants, contributions, and membership fees	SEE SUPP PAGE					
	received. (Do not include any "unusual grants.")	1,880,498.	2,088,553.	2,159,725.	2,129,782.	5,835,966.	14,094,524.
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	111,160.	94,825.	113,794.		117,712.	437,491.
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						NONE
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						NONE
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						NONE
6	Total. Add lines 1 through 5	1,991,658.	2,183,378.	2,273,519.	2,129,782.	5,953,678.	14,532,015.
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons		20,003.	10,100.	20,081.	52,635.	102,819.
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						NONE
С	Add lines 7a and 7b		20,003.	10,100.	20,081.	52,635.	102,819.
8	Public support. (Subtract line 7c from						
	line 6.)						14,429,196.
<u>Sec</u>	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6.	1,991,658.	2,183,378.	2,273,519.	2,129,782.	5,953,678.	14,532,015.
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar						
	sources	410,995.	407,656.	422,425.	309,669.	363,202.	1,913,947.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						NONE
С	Add lines 10a and 10b	410,995.	407,656.	422,425.	309,669.	363,202.	1,913,947.
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						NONE
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	24,010.	46,482.	57,110.	48,259.	68,531.	244,392.
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	2,426,663.	2,637,516.	2,753,054.	2,487,710.	6,385,411.	16,690,354.
14	First 5 years. If the Form 990 is fo	r the organization	on's first, second	l, third, fourth,	or fifth tax yes	ar as a section	501(c)(3)
	organization, check this box and stop here						<u> ▶                             </u>
	tion C. Computation of Public Sup	•					
15	Public support percentage for 2021 (line 8		•			15	86.45%
16	Public support percentage from 2020 Scho					16	81.20%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2021 (li	•	•			17	11.47%
18	Investment income percentage from 2020					18	17.05%
19 a	331/3% support tests - 2021. If the o	-					
	17 is not more than 331/3 %, check thi		-	•		•	
b	331/3% support tests - 2020. If the org						. $\square$
	line 18 is not more than 331/3 %, check			•			<del></del>
20	Private foundation. If the organization	did not check a	a box on line 14	4, 19a, or 19b,	check this box	c and see instru	ctions

Schedule A (Form 990) 2021 Page 4

#### 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

- 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 is class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of statu 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answ lines 3b and 3c below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) ar satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(l purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- 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 discretic despite being controlled or supervised by or in connection with its supported organizations.
- 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 use to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(l 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 El 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 actic 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 alread designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefite by one or more of its supported organizations, or (iii) other supporting organizations that also support benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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 entiwith regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on lin 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 organization described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in whic the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal bene from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrate 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, determine whether the organization had excess business holdings.)

		Yes	No
ng <i>by</i>			
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Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI.</b>	11c		
Secti	on B. Type I Supporting Organizations	110		
30011	on billypo i cupporting 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? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. 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 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		\ <u></u>	
			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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations	-		
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of		Yes	No
	the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on 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? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
	on E. Type III Functionally Integrated Supporting Organizations  Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	44	1	
1 a b	The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.	uuu	ons).	
C	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see	e instr		
2	Activities Test. Answer lines 2a and 2b below.		Yes	NO
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 <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
b	trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in <b>Part VI.</b>  Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each</i>	3a		
D	of its supported organizations? If "Ves" describe in <b>Part VI</b> the role played by the organization in this regard	2 h		

Page 6 Schedule A (Form 990) 2021

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganization	S	
1 Check here if the organization satisfied the Integral Part Test as a quali instructions. All other Type III non-functionally integrated supporting organization.			
Section A - Adjusted Net Income	(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>b</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):			
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-function	nally integra	ited Type III supporting	g organization
(see instructions).	, ,	, , , , , ,	-

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 Page **7** 

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	ion D - Distributions				Current Year	
1	Amounts paid to supported organizations to accomplish e	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 organi	zations	3		
4	Amounts paid to acquire exempt-use assets	4				
5	5 Qualified set-aside amounts (prior IRS approval required - provide details in <b>Part VI</b> )					
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 <b>Part VI</b> ). See instructions.					
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
			/ii\		(iii)	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
C	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

### 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.

2021
Open to Public

OMB No. 1545-0047

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization Employer identification number HONORABLE ORDER OF KENTUCKY COLONELS INC 61-0485432 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

Schedule D (Form 990) 2021

Pa	rt III Organizations Maintaini	ng Collections o	f Art, Histo	rical Tre	asures,	or Other	Similar Asset	s (con	tinued)				
3	Using the organization's acquisition	n, accession, and	other recor	ds, check	any of	the follow	ring that make	signific	ant use	of its			
	collection items (check all that app	ly):		_									
а	Public exhibition		d	Loan c	or exchai	nge progra	m						
b	Scholarly research		е	Other									
С	Preservation for future gene	rations											
4	Provide a description of the organ	nization's collection	ns and expla	ain how t	hey furtl	her the or	ganization's exe	empt pu	ırpose i	n Part			
	XIII.												
5	During the year, did the organization	on solicit or receive	donations o	f art, histo	orical tre	asures, or	other similar		_				
	assets to be sold to raise funds rath	er than to be main	tained as pa	rt of the c	organizat	tion's collec	ction?	<u>. L.</u>	Yes	No			
Pa	rt IV Escrow and Custodial A Complete if the organiza 990, Part X, line 21.	•	es" on Forı	m 990, P	Part IV, I	ine 9, or r	eported an am	ount o	n Form	1			
1 a	Is the organization an agent, trus							ot	_				
	included on Form 990, Part X?							. 🔲	Yes	No			
b	<b>b</b> If "Yes," explain the arrangement in Part XIII and complete the following table:												
	Amount												
С	Beginning balance				_	1c							
d	Additions during the year				_	1d							
е	Distributions during the year					1e							
f	Ending balance				_	1f							
	Did the organization include an am						•		Yes	_ No			
	If "Yes," explain the arrangement i	n Part XIII. Check	nere if the ex	(planation	nas bee	n proviaea	on Part XIII						
Pa	rt V Endowment Funds. Complete if the organiza	ation answered "Y	'es" on For	m 99∩ F	Part I\/ I	ine 10							
	Complete ii the organiza	(a) Current year	(b) Prio			years back	(d) Three years ba	ack (a	) Four yea	rs hack			
_		18,480,248.		-		-			-				
1a	Beginning of year balance	120,659.		10,443.		16,295. 16,657.	17,442,685 282,995		14,679	,152.			
b	Contributions	120,039.	-	19,000.	-	10,037.	202,991	,	809	,152.			
С	Net investment earnings, gains,	3,929,919.	2 15	70,199.	3 88	35,672.	-574,832	,	2,221	005			
الم	and losses	3,525,515.	2,11	0,155.	3,00	55,072.	3,1,032		2,221	,005.			
d	Grants or scholarships												
е	Other expenditures for facilities and programs	841,000.	2.65	50,000.	1.40	08,181.	704,555	5.	327	,015.			
				,		,				,,,,,,			
f	Administrative expenses	21,689,826.	18.48	30,248.	18.94	10,443.	16,446,295	5.	17,442	.685.			
g 2	End of year balance		<u> </u>							,,,,,,,			
a	Board designated or quasi-endown			e (iiile 1g,	Columni	(a)) Helu as							
	Permanent endowment ► 4.0												
	Term endowment ▶	%											
	The percentages on lines 2a, 2b, a	nd 2c should equa	100%.										
3a	Are there endowment funds not in	•		tion that	are held	and admir	nistered for the						
	organization by:	·	Ü						Yes	s No			
	(i) Unrelated organizations							3	a(i)	X			
	(ii) Related organizations							3	a(ii)	Х			
b	If "Yes" on line 3a(ii), are the relate	ed organizations list	ed as require	ed on Sch	edule R?			🗀	3b				
4	Describe in Part XIII the intended u	uses of the organiz	ation's endo	wment fur	nds.				•				
Pa	rt VI Land, Buildings, and Equ	uipment.	/aall an Far	000 [	7a = 1\ /	l:	3.a. Farm 000	Da =4 \	/ line 1				
	Complete if the organization of property		res on For or other basis		or other bas		cumulated 990		ook value	0.			
	_ 550p.i.o 5. proporty		estment)		ther)		eciation	(4)	JON VAINE				
1 a	Land												
b	Buildings			1,1	00,023	3.	59,827.	1	,040,	196.			
С	Leasehold improvements												
d	Equipment				80,143		49,285.			856.			
<u>e</u>	Other				05,159		22,803.			356.			
Tota	II. Add lines 1a through 1e. (Column	(d) must equal Fo	rm 990, Part	X, columr	n (B), line	10c.)	▶	1	,153,	408.			

Schedule D (Form 990) 2021

61-0485432

Part VII	Complete if the organization answered	l "Yes" on Form 99	0 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 valuat Cost or end-of-year mark	ion:
(1) Financi	al derivatives			
. ,	held equity interests			
	• •			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G) (H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII				
I alt viii	Complete if the organization answered	l "Yes" on Form 99	0. Part IV. line 11c. See Form 990	Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation	
	(a) Becomplien of invocation	(b) Book value	Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.  Complete if the organization answered	l "Voe" on Form 00	O Part IV line 11d See Form 990	Part V line 15
		scription	o, raitiv, iiile i ra. dee r diiii 330	(b) Book value
(1)	(a) 50	oonphon		(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) l	ine 15.)	<u> </u>	
Part X	Other Liabilities. Complete if the organization answered line 25.	l "Yes" on Form 99	0, Part IV, line 11e or 11f. See For	m 990, Part X,
1.		tion of liability		(b) Book value
(1) Fede	ral income taxes	·		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colur	mn (b) must equal Form 990, Part X, col. (B) line 25.)		<u></u>	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

JSA 1E1270 1.000

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 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:	
– a	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	
C	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	-
e	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:	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIII.)	-
C	Add lines 4a and 4b	4c
5	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	5
Part		ırn.
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:	
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 expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
	XIII Supplemental Information.	
Provid 2; Part	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 : XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	Part V, line 4; Part X, line nation.
SEE	SUPPLEMENTAL PAGE	

Part XIII Supplemental Information (continued)

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.

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

Open to Public Inspection

name of the organization						Employer identificat	ion number
HONORABLE ORDER OF KENTUCKY COLONI	ELS INC					61-0485432	
Part I General Information on Grants an	d Assistanc	е					
<ol> <li>Does the organization maintain records to s the selection criteria used to award the gran</li> <li>Describe in Part IV the organization's proces</li> </ol>	ts or assistand	e?					X Yes No
Part II Grants and Other Assistance to D		_					es" on Form 990,
Part IV, line 21, for any recipient t	hat received	more than \$5	,000. Part II can I	oe duplicated if	additional space is r	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) ACTION MINISTRIES, INC.							
4375 BORON DRIVE COVINGTON, KY 41015	61-1330212	501 C (3)	5,640.				GENERAL SUPPORT
(2) ADVENTURESERVE MINISTRIES							
PO BOX 127 WILMORE, KY 40390	58-1475965	501 C (3)	15,000.				GENERAL SUPPORT
(3) AMEN HOUSE, INC.							
PO BOX 211 GEORGETOWN, KY 40324	61-1236411	501 C (3)	17,790.				GENERAL SUPPORT
(4) AMERICAN RED CROSS							
510 E. CHESTNUT ST LOUISVILLE, KY 40202	53-0196605	501 C (3)	10,000.				GENERAL SUPPORT
(5) APPALRED LEGAL AID							
120 N. FRONT AVE. PRESTONSBURG, KY 41653	61-0848948	501 C (3)	7,796.				GENERAL SUPPORT
(6) APPALSHOP, INC.							
91 MADISON AVE. WHITESBURG, KY 41858	61-0890210	501 C (3)	9,000.				GENERAL SUPPORT
(7) ASPIRE APPALACHIA							
PO BOX 1255 JACKSON, KY 41339	84-4515260	501 C (3)	10,000.				KY TORNADO RELIEF
(8) BARREN HEIGHTS CHRISTIAN RETREAT CENTER INC							
11420 WATTERSON COURT LOUISVILLE, KY 40299	32-0121355	501 C (3)	6,645.				GENERAL SUPPORT
(9) BARREN RIVER ANIMAL WELFARE ASSOCIATION							
175 TROJAN TRL GLASGOW, KY 42141	61-1212479	501 C (3)	8,957.				GENERAL SUPPORT
(10) BERNHEIM ARBORETUM AND RESEARCH FOREST							
P.O. BOX 130 CLERMONT, KY 40110	61-0444651	501 C (3)	12,704.				GENERAL SUPPORT
(11) BETHANY HAVEN INC.							
P. O. BOX 601 BARDSTOWN, KY 40004	31-1521503	501 C (3)	5,568.				GENERAL SUPPORT
(12) BIG BROTHERS BIG SISTERS OF THE BLUEGRASS,							
181 WEST LOWRY LANE LEXINGTON, KY 40503	61-0523288	501 C (3)	8,557.				GENERAL SUPPORT
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ole			174
3 Enter total number of other organizations lis	ted in the line	1 table					

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

Open to Public Inspection

Schedule I (Form 990) 2021

Name of the organization						Employer identificat	ion number
HONORABLE ORDER OF KENTUCKY COLONELS INC						61-0485432	
Part I General Information on Grants and	d Assistanc	е					
<ol> <li>Does the organization maintain records to s the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's proced</li> <li>Part II Grants and Other Assistance to D</li> </ol>	s or assistand dures for mor	e? nitoring the use	of grant funds in th	e United States.			Yes No
Part IV, line 21, for any recipient the	nat received	more than \$5	,000. Part II can	be duplicated if a	additional space is n	eeded.	
1 (a) Name and address of organization or government	<b>(b)</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) BILL AND BETSY SCHEBEN CARE CENTER, THE							
31 SPIRAL DRIVE FLORENCE, KY 41042	45-1447370	501 C (3)	9,000.				GENERAL SUPPORT
(2) BLUE GRASS FARMS CHARITIES, INC.							
2339 SANDERSVILLE ROAD LEXINGTON, KY 40511	20-0374962	501 C (3)	7,247.				GENERAL SUPPORT
(3) BLUEGRASS CARE NAVIGATORS							
1733 HARRODSBURG ROAD LEXINGTON, KY 40504	61-0978097	501 C (3)	18,685.				GENERAL SUPPORT
(4) BLUEGRASS COUNCIL-BOY SCOUTS OF AMERICA							
2134 NICHOLASVILLE ROAD LEXINGTON, KY 40503	61-0444653	501 C (3)	6,174.				GENERAL SUPPORT
(5) BOYS & GIRLS CLUB OF KENTUCKIANA							
3900 CRITTENDEN DRIVE LOUISVILLE, KY 40209	61-0568789	501 C (3)	17,950.				GENERAL SUPPORT
(6) BRIGHTON CENTER, INC.							
P.O. BOX 325 NEWPORT, KY 41072	61-0673886	501 C (3)	9,779.				GENERAL SUPPORT
(7) BROWNSBORO CONSERVATION COUNCIL, INC. DBA B							
P.O. BOX 516 CRESTWOOD, KY 40014	26-0718033	501 C (3)	11,500.				GENERAL SUPPORT
(8) CASA OF LEXINGTON							
3245 LOCH NESS DR LEXINGTON, KY 40517	61-1339185	501 C (3)	19,425.				GENERAL SUPPORT
(9) CASA, INC. (DBA CASA OF THE RIVER REGION)							
982 EASTERN PARKWAY LOUISVILLE, KY 40217	61-1066568	501 C (3)	6,480.				GENERAL SUPPORT
(10) CAVE HILL HERITAGE FOUNDATION							
701 BAXTER AVENUE LOUISVILLE, KY 40204	56-2498254	501 C (3)	6,700.				GENERAL SUPPORT
(11) CEDAR LAKE FOUNDATION							
9505 WILLIAMSBURG PLAZA	61-1093278	501 C (3)	10,000.				GENERAL SUPPORT
(12) CENTRAL KENTUCKY RIDING FOR HOPE							
P.O. BOX 13155 LEXINGTON, KY 40583	31-1024505	501 C (3)	6,900.				GENERAL SUPPORT
2 Enter total number of section 501(c)(3) and	government (	organizations lis	sted in the line 1 ta	ble			
3 Enter total number of other organizations lis	ted in the line	1 table					

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

2021

Schedule I (Form 990) 2021

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

Open to Public Inspection

Employer identification number

HONORABLE ORDER OF KENTUCKY COLONELS INC						61-0485432	
Part I General Information on Grants an	d Assistanc	е					
<ol> <li>Does the organization maintain records to s the selection criteria used to award the gran</li> <li>Describe in Part IV the organization's proce</li> </ol>	ts or assistand	e?					Yes No
Part II Grants and Other Assistance to Deart IV, line 21, for any recipient to		_					es" on Form 990,
(a) Name and address of organization or government	<b>(b)</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) CHALLENGER LEARNING CENTER OF KENTUCKY							
P.O. BOX 2064 HAZARD, KY 41702	31-1492348	501 C (3)	7,513.				GENERAL SUPPORT
(2) CHILD WATCH COUNSELING & ADVOCACY CENTER, I							
P.O. BOX 1262 PADUCAH, KY 42002	61-1105299	501 C (3)	16,828.				GENERAL SUPPORT
(3) CHILDREN'S HOME OF NORTHERN KENTUCKY							
200 HOME ROAD COVINGTON, KY 41011	23-7068704	501 C (3)	11,160.				GENERAL SUPPORT
(4) CHOICES, INC.							
419 SO. SHELBY STREET LOUISVILLE, KY 40202	61-1208995	501 C (3)	9,584.				GENERAL SUPPORT
(5) CHOOSEWELL COMMUNITIES							
PO BOX 2906 LOUISVILLE, KY 40201	47-2822055	501 C (3)	10,032.				GENERAL SUPPORT
(6) CHRISTIAN CARE COMMUNITIES							
12710 TOWNEPARK WAY LOUISVILLE, KY 40243	61-0445828	501 C (3)	10,000.				GENERAL SUPPORT
(7) CINCYSMILES FOUNDATION							
5310 RAPID RUN ROAD CINCINNATI, OH 45238	31-0537044	501 C (3)	6,000.				GENERAL SUPPORT
(8) COMMUNITY DENTAL CLINIC							
2811 NEW HARTFORD ROAD, SUITE A	26-2343126	501 C (3)	7,205.				GENERAL SUPPORT
(9) COMMUNITY KITCHEN							
1237 MARTIN LUTHER KING JR. DRIVE	26-4030614	501 C (3)	10,000.				KY TORNADO RELIEF
(10) CONRAD-CALDWELL HOUSE MUSEUM							
1402 SAINT JAMES COURT LOUISVILLE, KY 40208	61-1138330	501 C (3)	15,000.				GENERAL SUPPORT
(11) COVINGTON LADIES HOME							
702 GARRARD STREET COVINGTON, KY 41011	61-0461759	501 C (3)	5,802.				GENERAL SUPPORT
(12) DARE TO CARE FOOD BANK							
5803 FERN VALLEY ROAD LOUISVILLE, KY 40228	23-7345952	501 C (3)	6,500.				GENERAL SUPPORT
2 Enter total number of section 501(c)(3) and	•	•					
3 Enter total number of other organizations lis	sted in the line	1 table					

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

2021

Schedule I (Form 990) 2021

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

Open to Public Inspection

Employer identification number

HONORABLE ORDER OF KENTUCKY COLONELS INC						61-0485432	
Part I General Information on Grants and	d Assistanc	е					
<ol> <li>Does the organization maintain records to so the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's proced</li> </ol>	s or assistand	e?					Yes No
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient tl		_					es" on Form 990,
(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) DRESS FOR SUCCESS LOUISVILLE							
913 E. MAIN STREET #101B	61-1383568	501 C (3)	6,000.				GENERAL SUPPORT
(2) EDGE OUTREACH (WATERSTEP)							
625 MYRTLE STREET LOUISVILLE, KY 40208	61-1262016	501 C (3)	10,000.				GENERAL SUPPORT
(3) EDUCATIONAL JUSTICE							
737 S. 3RD ST. LOUISVILLE, KY 40202	27-0405207	501 C (3)	13,000.				GENERAL SUPPORT
(4) EMERGENCY SHELTER OF NORTHERN KENTUCKY							
P.O. BOX 332 COVINGTON, KY 41012	26-0851019	501 C (3)	18,573.				GENERAL SUPPORT
(5) ENERGY CONSERVATION ASSOCIATES, INC. DBA PR							
800 S. PRESTON ST. SUITE 110	61-1000873	501 C (3)	7,500.				GENERAL SUPPORT
(6) EPILEPSY FOUNDATION OF KENTUCKIANA							
KOSAIR CHARITIES CENTRE	61-1314540	501 C (3)	8,914.				GENERAL SUPPORT
(7) EXPERIENCING AUTISM TOGETHER							
P.O. BOX 184 HENDERSON, KY 42420	27-0731825	501 C (3)	7,710.				GENERAL SUPPORT
(8) FAMILY COMMUNITY CLINIC, INC.							
1420 E. WASHINGTON STREET	27-2994215	501 C (3)	6,922.				GENERAL SUPPORT
(9) FEEDING AMERICA							
PO BOX 821 ELIZABETHTOWN, KY 42701	61-1043635	501 C (3)	10,000.				KY TORNADO RELIEF
(10) FOODCHAIN							
501 WEST SIXTH STREET, SUITE 105	45-4088193	501 C (3)	9,165.				GENERAL SUPPORT
(11) FOUNDATION FOR APPALACHIAN KENTUCKY							
420 MAIN ST HAZARD, KY 41701	61-1329396	501 C (3)	10,000.				GENERAL SUPPORT
(12) FRANKLIN COUNTY HUMANE SOCIETY							
1041 KENTUCKY AVENUE FRANKFORT, KY 40601	61-0498423	501 C (3)	10,000.				GENERAL SUPPORT
<ul><li>2 Enter total number of section 501(c)(3) and</li><li>3 Enter total number of other organizations lis</li></ul>	•	•					

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

OMB No. 1545-0047
2021

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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Open to Public Inspection

Schedule I (Form 990) 2021

Employer identification number

HONORABLE ORDER OF KENTUCKY COLONELS INC						61-0485432	
Part I General Information on Grants an	d Assistanc	е					
<ol> <li>Does the organization maintain records to s the selection criteria used to award the gran</li> <li>Describe in Part IV the organization's proce</li> </ol>	ts or assistand	e?					Yes No
Part IV, line 21, for any recipient t		_					es" on Form 990,
(a) Name and address of organization or government	<b>(b)</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) FRANKLIN COUNTY WOMEN AND FAMILY SHELTER							
303 EAST THIRD STREET FRANKFORT, KY 40601	75-3170363	501 C (3)	9,040.				GENERAL SUPPORT
(2) FRIENDS OF EASTERN CEMETERY							
PO BOX 6484 LOUISVILLE, KY 40206	46-4278446	501 C (3)	16,150.				GENERAL SUPPORT
(3) FRIENDS OF FORT HARROD							
P. O. BOX 14 HARRODSBURG, KY 40330	27-2270666	501 C (3)	5,831.				GENERAL SUPPORT
(4) FRIENDS OF THE HOLT HOME, INC.							
P.O. BOX 704 HARDINSBURG, KY 40144	46-1440550	501 C (3)	6,200.				GENERAL SUPPORT
(5) FRIENDS SCHOOL							
901 BRECKENRIDGE LANE LOUISVILLE, KY 40207	61-1213141	501 C (3)	8,500.				GENERAL SUPPORT
(6) GARRARD COUNTY FOOD PANTRY							
209 RICHMOND STREET LANCASTER, KY 40444	61-1310188	501 C (3)	10,000.				GENERAL SUPPORT
(7) GATEWAY CHILDREN'S SERVICES							
37 NORTH MAYSVILLE MOUNT STERLING, KY 40353	61-1033836	501 C (3)	6,765.				GENERAL SUPPORT
(8) GENERATIONS ADULT DAY SERVICES							
225 WEST WATER STREET MAYFIELD, KY 42066	20-3059507	501 C (3)	10,495.				GENERAL SUPPORT
(9) GIRL SCOUTS OF KENTUCKIANA							
2115 LEXINGTON ROAD LOUISVILLE, KY 40206	61-0444698	501 C (3)	5,650.				GENERAL SUPPORT
(10) GUTHRIE OPPORTUNITY CENTER FOUNDATION, INC.							
900 NUTTER DRIVE BARDSTOWN, KY 40004	45-2999517	501 C (3)	6,100.				GENERAL SUPPORT
(11) HAND IN HAND MINISTRIES							
518 N. 26TH STREET LOUISVILLE, KY 40212	61-1352889	501 C (3)	16,000.				GENERAL SUPPORT
(12) HAPPY FEET EQUALS LEARNING FEET, INC.							
1020 STATE ROUTE 56 EAST	45-5231363	501 C (3)	25,000.	1			GENERAL SUPPORT

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

OMB No. 1545-0047
2021

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

/ / Cook at the state

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

Open to Public Inspection

Name of the organization						Employer identificat	on number
HONORABLE ORDER OF KENTUCKY COLONELS INC						61-0485432	
Part I General Information on Grants and	d Assistanc	e					
<ol> <li>Does the organization maintain records to s the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's proced</li> <li>Part II Grants and Other Assistance to D</li> <li>Part IV, line 21, for any recipient to</li> </ol>	ts or assistand dures for mor <b>Domestic Or</b>	ee? nitoring the use ganizations ar	of grant funds in the	e United States.	plete if the organiza	ation answered "Y	Yes No
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) HARBOR HOUSE							
PO BOX 58219 LOUISVILLE, KY 40268	61-1216323	501 C (3)	20,000.				GENERAL SUPPORT
(2) HARLAN COUNTY BOYS AND GIRLS CLUB							
1 POSITIVE PLACE HARLAN, KY 40831	31-1793599	501 C (3)	8,844.				GENERAL SUPPORT
(3) HENRY HOSEA HOUSE							
901 YORK STREET NEWPORT, KY 41071	61-1212528	501 C (3)	7,000.				GENERAL SUPPORT
(4) HIGHLANDS MUSEUM & DISCOVERY CENTER							
1620 WINCHESTER AVE. ASHLAND, KY 41101	31-1061542	501 C (3)	17,870.				GENERAL SUPPORT
(5) HILLCREST-BRUCE MISSION							
1819 ELOISE STREET ASHLAND, KY 41101	61-1032568	501 C (3)	18,000.				GENERAL SUPPORT
(6) HISTORIC RUSSELLVILLE INC DBA SEEK MUSEUM							
P O BOX 116 RUSSELLVILLE, KY 42276	31-1043155	501 C (3)	9,875.				GENERAL SUPPORT
(7) HOLLY HILL CHILD & FAMILY SOLUTIONS							
9599 SUMMER HILL ROAD CALIFORNIA, KY 41007	61-1461729	501 C (3)	15,952.				GENERAL SUPPORT
(8) HOME FOR THE AGED OF THE LITTLE SISTERS OF							
15 AUDUBON PLAZA DRIVE LOUISVILLE, KY 40217	61-0487466	501 C (3)	25,000.				GENERAL SUPPORT
(9) HOME OF THE INNOCENTS							
1100 EAST MARKET STREET	61-0445834	501 C (3)	7,000.				GENERAL SUPPORT
(10) HONOR FLIGHT							
P.O. BOX 991364 LOUISVILLE, KY 40269	26-2237257	501 C (3)	10,000.				GENERAL SUPPORT
(11) HOPE 2 ALL FOOD PANTRY							
PO BOX 303 DRAKESBORO, KY 42337	20-8274332	501 C (3)	10,000.				KY TORNADO RELIEF
(12) HOSPICE AND PALLIATIVE CARE OF WESTERN KENT							
3419 WATHENS CROSSING OWENSBORO, KY 42301	31-1010160	501 C (3)	5,141.				GENERAL SUPPORT
<ul><li>2 Enter total number of section 501(c)(3) and</li><li>3 Enter total number of other organizations lis</li></ul>	•	•					

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

OMB No. 1545-0047

Schedule I (Form 990) 2021

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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Open to Public Inspection

Employer identification number

HONORABLE ORDER OF KENTUCKY COLONELS INC						61-0485432	
Part I General Information on Grants and	d Assistanc	е					
<ol> <li>Does the organization maintain records to so the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's process</li> </ol>	s or assistand	e?					Yes No
Part IV, line 21, for any recipient to		_					es" on Form 990,
(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) HOUSE OF RUTH							
607 E. ST. CATHERINE STREET	61-1231355	501 C (3)	6,592.				GENERAL SUPPORT
(2) HOUSING ORIENTED MINISTRIES ESTABLISHED FOR							
65 BENTLEY AVENUE WHITESBURG, KY 41858	61-1060053	501 C (3)	10,284.				GENERAL SUPPORT
(3) ISAIAH HOUSE RECOVERY CENTER							
2084 MAIN STREET WILLISBURG, KY 40078	26-2961334	501 C (3)	11,384.				GENERAL SUPPORT
(4) JEFF STREET BAPTIST COMMUNITY AT LIBERTY							
800 E. LIBERTY ST. LOUISVILLE, KY 40204	61-1206312	501 C (3)	15,000.				GENERAL SUPPORT
(5) JESSE STUART FOUNDATION							
4440 13TH STREET ASHLAND, KY 41102	61-0959617	501 C (3)	6,300.				GENERAL SUPPORT
(6) JEWISH FAMILY AND CAREER SERVICES OF LOUISV							
PO BOX 32578 LOUISVILLE, KY 40232	61-0444704	501 C (3)	9,692.				GENERAL SUPPORT
(7) JOSEPHINE SCULPTURE PARK							
3355 LAWRENCEBURG RD FRANKFORT, KY 40601	27-0686281	501 C (3)	9,756.				GENERAL SUPPORT
(8) JUNIOR ACHIEVEMENT OF THE BLUEGRASS							
2420 SPURR ROAD, STE 150	61-0606480	501 C (3)	8,400.				GENERAL SUPPORT
(9) KCTCS							
300 N MAIN ST VERSAILLES, KY 40383	61-1351918	501 C (3)	40,000.				GENERAL SUPPORT
(10) KENTUCKY ASSOCIATION FOR ACADEMIC COMPETITI							
113 CONSUMER LN FRANKFORT, KY 40601	61-1087843	501 C (3)	10,000.				KY TORNADO RELIEF
(11) KENTUCKY ASSOCIATION OF HEALTH CARE FACILIT							
9403 MILL BROOK ROAD LOUISVILLE, KY 40223	61-0728963	501 C (3)	10,000.				KY TORNADO RELIEF
(12) KENTUCKY COALITION AGAINST DOMESTIC VIOLENC							
111 DARBY SHIRE CIRCLE FRANKFORT, KY 40601	61-1110432	501 C (3)	10,000.				KY TORNADO RELIEF
<ul><li>2 Enter total number of section 501(c)(3) and</li><li>3 Enter total number of other organizations lis</li></ul>	•	•					

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

OMB No. 1545-0047

Schedule I (Form 990) 2021

Department of the Treasury
Internal Revenue Service
Name of the organization

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HONORABLE ORDER OF KENTUCKY COLONELS INC						61-0485432	
Part I General Information on Grants and	d Assistanc	е				•	
<ol> <li>Does the organization maintain records to s the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's proced</li> </ol>	ts or assistand	e?					Yes No
Part IV, line 21, for any recipient to		•					es" on Form 990,
1 (a) Name and address of organization or government	<b>(b)</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 COUNSELING CENTER							
PO BOX 701059, PMB 50499		501 C (3)	10,000.				WESTERN KENTUCKY TOP
(2) KENTUCKY HARVEST							
7705 NATIONAL TURNPIKE LOUISVILLE, KY 40214	61-1135269	501 C (3)	7,672.				GENERAL SUPPORT
(3) KENTUCKY HUNTERS FOR THE HUNGRY							
PO BOX 43281 LOUISVILLE, KY 40253	61-1372313	501 C (3)	8,910.				GENERAL SUPPORT
(4) KENTUCKY LIONS EYE FOUNDATION							
301 E MUHAMMAD ALI BLVD	61-0516171	501 C (3)	19,452.				GENERAL SUPPORT
(5) KENTUCKY NURSES FOUNDATION DISASTER RELIEF							
30 TOWNEPARK CIRCLE LOUISVILLE, KY 40243	31-0915644	501 C (3)	10,000.				KY TORNADO RELIEF
(6) KENTUCKY REFUGEE MINISTRIES LEXINGTON							
1710 ALEXANDRIA DRIVE LEXINGTON, KY 40504	61-1229842	501 C (3)	13,256.				GENERAL SUPPORT
(7) KENTUCKY RIVER COMMUNITY CARE, INC.							
PO BOX 794 JACKSON, KY 41339	31-0965230	501 C (3)	7,000.				GENERAL SUPPORT
(8) KENTUCKY RIVER FOOTHILLS DEVELOPMENT COUNCI							
309 SPANGLER DRIVE RICHMOND, KY 40475	61-0650246	501 C (3)	8,985.				GENERAL SUPPORT
(9) KIDS CENTER FOR PEDIATRIC THERAPIES							
P.O. BOX 17630 LOUISVILLE, KY 40217	61-0492378	501 C (3)	9,957.				GENERAL SUPPORT
(10) KSR WESTERN KENTUCKY TORNADO RELIEF FUND							
KSR WESTERN KENTUCKY TORNADO RELIEF FUND	61-1284992	501 C (3)	10,000.				KY TORNADO RELIEF
(11) LEXINGTON RESCUE MISSION							
P.O. BOX 1050 LEXINGTON, KY 40588	61-1387338	501 C (3)	6,250.				GENERAL SUPPORT
(12) LIFE ADVENTURE CENTER							
570 MILNER ROAD VERSAILLES, KY 40383	61-0461733	501 C (3)	26,768.				GENERAL SUPPORT
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ole			
3 Enter total number of other organizations lis	ted in the line	1 table					

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

2021

OMB No. 1545-0047

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Name of the organization						Employer identificat	ion number
HONORABLE ORDER OF KENTUCKY COLONELS INC						61-0485432	
Part I General Information on Grants and	d Assistanc	е					
<ol> <li>Does the organization maintain records to so the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's proced</li> <li>Part II Grants and Other Assistance to D</li> </ol>	s or assistand dures for mor	ce? nitoring the use	of grant funds in th	e United States.			Yes No
Part IV, line 21, for any recipient the		_					cs on rollings,
(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) LIFELINE RECOVERY CENTER							
2000 BLOOM AVE PADUCAH, KY 42003	20-0801622	501 C (3)	6,005.				GENERAL SUPPORT
(2) LINCOLN FOUNDATION							
4322 BISHOP LANE LOUISVILLE, KY 40218	61-0449631	501 C (3)	8,441.				GENERAL SUPPORT
(3) LOUISVILLE PARKS FOUNDATION							
PO BOX 5755 LOUISVILLE, KY 40255	20-4372292	501 C (3)	5,176.				GENERAL SUPPORT
(4) MARCELLA'S KITCHEN							
868 GUY MATHIS DRIVE BENTON, KY 42025	27-5083464	501 C (3)	25,000.				KY TORNADO RELIEF
(5) MARSHALL COUNTY EXCEPTIONAL CENTER							
P.O. BOX 423 BENTON, KY 42025	61-0652823	501 C (3)	10,000.				KY TORNADO RELIEF
(6) MARSHALL COUNTY TORNADO DISASTER RELIEF							
80 JUDICIAL DRIVE BENTON, KY 42025	47-1347419	501 C (3)	10,000.				KY TORNADO RELIEF
(7) MARYHURST, INC.							
1015 DORSEY LANE LOUISVILLE, KY 40223	31-1542209	501 C (3)	16,500.				GENERAL SUPPORT
(8) MAYFIELD GRAVES COUNTY TORNADO RELIEF							
UNITED WAY OF KENTUCKY LOUISVILLE, KY 40204	31-1106795	501 C (3)	10,000.				KY TORNADO RELIEF
(9) MEMORIAL HOSPITAL INC. DBA ADVENTHEALTH MAN							
210 MARIE LANGDON DRIVE	61-0594620	501 C (3)	7,636.				GENERAL SUPPORT
(10) MERRYMAN HOUSE DOMESTIC CRISIS CENTER							
P.O. BOX 98 PADUCAH, KY 42002	61-0974637	501 C (3)	6,606.				GENERAL SUPPORT
(11) MURRAY-CALLOWAY COUNTY COMMUNITY THEATRE AR							
701 GIL HOPSON DRIVE MURRAY, KY 42071	31-0914895	501 C (3)	9,861.				GENERAL SUPPORT
(12) NAZARETH HOMES FOUNDATION INC.							
2000 NEWBURG RD LOUISVILLE, KY 40205	83-2123072	501 C (3)	20,733.				GENERAL SUPPORT
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ole			
3 Enter total number of other organizations lis-	ted in the line	1 table					

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

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Name of the organization						Employer identificat	ion number
HONORABLE ORDER OF KENTUCKY COLONELS INC						61-0485432	
Part I General Information on Grants an	d Assistanc	е				•	
<ol> <li>Does the organization maintain records to s the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's proced</li> <li>Part II Grants and Other Assistance to D</li> </ol>	s or assistand dures for mor omestic Or	ee? nitoring the use ganizations ar	of grant funds in th	e United States.	nplete if the organiza	ation answered "Y	Yes No
Part IV, line 21, for any recipient to  1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash	(e) Amount of non- cash assistance	additional space is n  (f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
- Granding Control of Government		(ii applicable)	gran	odori dodiotarioo	other)	Tiorioadii addictarioo	or addictarios
(1) NEIGHBORHOOD HOUSE							
201 N. 25TH STREET LOUISVILLE, KY 40212	61-0445842	501 C (3)	12,000.				GENERAL SUPPORT
(2) NEW DAY RANCH, INC.							
14838 ROSENSTIEL RD., VERONA, KY 41092	27-4722366	501 C (3)	12,250.				GENERAL SUPPORT
(3) NEW EYES FOR THE NEEDY							
549 MILLBURN AVE SHORT HILLS, NJ 07078	22-1539720	501 C (3)	6,000.				GENERAL SUPPORT
(4) NEW PATHWAYS FOR CHILDREN							
3233 SHAW RD MELBER, KY 42069	61-1297776	501 C (3)	9,000.				GENERAL SUPPORT
(5) NEW PERCEPTIONS INC							
1 SPERTI DRIVE EDGEWOOD, KY 41017	61-0705047	501 C (3)	7,570.				GENERAL SUPPORT
(6) NORTHERN KENTUCKY COMMUNITY ACTION COMMISSI							
717 MADISON AVE COVINGTON, KY 41011	61-0667805	501 C (3)	9,000.				GENERAL SUPPORT
(7) NORTHERN KY EDUCATION COUNCIL							
7310 TURFWAY ROAD, SUITE 115	20-3105862	501 C (3)	5,630.				GENERAL SUPPORT
(8) NOTRE DAME URBAN EDUCATION CENTER							
14 EAST 8TH STREET COVINGTON, KY 41011	27-0205323	501 C (3)	5,250.				GENERAL SUPPORT
(9) OHIO VALLEY ART LEAGUE							
P.O BOX 1043 HENDERSON, KY 42419	61-1209649	501 C (3)	5,200.				GENERAL SUPPORT
(10) OPPORTUNITY FOR WORK AND LEARNING							
650 KENNEDY ROAD LEXINGTON, KY 40511	61-0593023	501 C (3)	6,000.				GENERAL SUPPORT
(11) OWENSBORO FAMILY YMCA							
900 KENTUCKY PARKWAY OWENSBORO, KY 42301	61-0561344	501 C (3)	14,534.				GENERAL SUPPORT
(12) OWSLEY COUNTY ACTION TEAM							
P O BOX 997 BOONEVILLE, KY 41314	61-1282176	501 C (3)	18,590.				GENERAL SUPPORT
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ble			
3 Enter total number of other organizations lis	ted in the line	1 table					

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

2021

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

Open to Public Inspection

Name of the organization			Employer identificat	Employer identification number			
HONORABLE ORDER OF KENTUCKY COLONELS INC						61-0485432	
Part I General Information on Grants and	d Assistanc	e				•	
<ol> <li>Does the organization maintain records to so the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's process</li> <li>Part II Grants and Other Assistance to D</li> </ol>	ts or assistand dures for mor	e? nitoring the use	of grant funds in the	e United States.			Yes No
Part IV, line 21, for any recipient the	hat received	more than \$5	,000. Part II can I	oe duplicated if a	additional space is r	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) PADUCAH COOPERATIVE MINISTRY							
402 LEGION DRIVE PADUCAH, KY 42003	61-0873781	501 C (3)	10,000.				GENERAL SUPPORT
(2) PARIS ANIMAL WELFARE SOCIETY							
6 LEGION ROAD PARIS, KY 40361	61-1224933	501 C (3)	12,594.				GENERAL SUPPORT
(3) PARIS BOURBON COUNTY YMCA							
917 MAIN ST. PARIS, KY 40361	61-0676727	501 C (3)	8,798.				GENERAL SUPPORT
(4) PARTNERSHIP HOUSING							
P.O. BOX 997 BOONEVILLE, KY 41314	61-1486773	501 C (3)	6,500.				GENERAL SUPPORT
(5) PETERSON-DUMESNIL HOUSE FOUNDATION							
301 S. PETERSON AVENUE LOUISVILLE, KY 40206	31-1036389	501 C (3)	10,000.				GENERAL SUPPORT
(6) PILLAR (FORMERLY APPLE PATCH)							
7408 HIGHWAY 329 CRESTWOOD, KY 40014	61-1159539	501 C (3)	11,368.				GENERAL SUPPORT
(7) PLANNED PARENTHOOD OF INDIANA AND KENTUCKY							
200 S. MERIDIAN ST. INDIANAPOLIS, IN 46225	35-0874276	501 C (3)	6,013.				GENERAL SUPPORT
(8) PRODIGAL MINISTRIES, INC.							
P.O. BOX 1484 CRESTWOOD, KY 40014	61-1275040	501 C (3)	10,000.				GENERAL SUPPORT
(9) PROJECT C.A.M.P. INC. DBA THE CENTER FOR CO							
1501 BURNLEY ROAD SCOTTSVILLE, KY 42164	20-1789905	501 C (3)	10,200.				GENERAL SUPPORT
(10) PROJECT WORTH & OUTREACH							
72 INDUSTRIAL PARK ROAD MEANS, KY 40346	61-1262974	501 C (3)	9,629.				GENERAL SUPPORT
(11) REFUGE CLINIC							
2349 RICHMOND ROAD SUITE 220	37-1547506	501 C (3)	9,243.				GENERAL SUPPORT
(12) REVIVE MINISTRIES INC.							
111 COCONUT GROVE DRIVE	46-5546340	501 C (3)	15,926.				GENERAL SUPPORT
<ul><li>2 Enter total number of section 501(c)(3) and</li><li>3 Enter total number of other organizations lis</li></ul>	•	•					

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

Open to Public Inspection

Schedule I (Form 990) 2021

Name of the organization						Employer identificat	ion number
HONORABLE ORDER OF KENTUCKY COLONELS INC						61-0485432	
Part I General Information on Grants an	d Assistanc	е				·	
<ol> <li>Does the organization maintain records to set the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's proces</li> <li>Part II Grants and Other Assistance to I</li> </ol>	ts or assistand dures for mor	e? nitoring the use	of grant funds in th	e United States.			Yes No
Part IV, line 21, for any recipient t	hat received	more than \$5	,000. Part II can	be duplicated if	· · · · · · · · · · · · · · · · · · ·	eeded.	
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) RIVER DISCOVERY CENTER							
117 S. WATER STREET PADUCAH, KY 42001	61-1315396	501 C (3)	9,580.				GENERAL SUPPORT
(2) RIVERPARK CENTER							
101 DAVIESS ST. OWENSBORO, KY 42303	61-1147328	501 C (3)	5,500.				GENERAL SUPPORT
(3) ROWAN COUNTY ARTS PROMOTION FOUNDATION							
205 EAST MAIN STREET MOREHEAD, KY 40351	51-0611960	501 C (3)	6,500.				GENERAL SUPPORT
(4) SAFE HARBOR OF NORTHEAST KENTUCKY							
3700 LANDSDOWNE DRIVE ASHLAND, KY 41105	61-1155742	501 C (3)	5,200.				GENERAL SUPPORT
(5) SALVATION ARMY LOUISVILLE AREA COMMAND, THE							
P.O. BOX 1149 LOUISVILLE, KY 40201	58-0660607	501 C (3)	10,284.				GENERAL SUPPORT
(6) SALVATION ARMY OF KENTUCKY							
PO BOX 1149 LOUISVILLE, KY 40201	58-0660607	501 C (3)	10,000.				KY TORNADO RELIEF
(7) SEVEN COUNTIES SERVICES							
10101 LINN STATION ROAD	31-0939757	501 C (3)	19,568.				GENERAL SUPPORT
(8) SHELBY COUNTY COMMUNITY THEATRE							
801 MAIN STREET SHELBYVILLE, KY 40065	31-0916464	501 C (3)	9,988.				GENERAL SUPPORT
(9) SHELTER OF HOPE, INC.							
2944 WINCHESTER AVE. ASHLAND, KY 41101	61-1148320	501 C (3)	7,225.				GENERAL SUPPORT
(10) SHIVELY AREA MINISTRIES							
4415 DIXIE HIGHWAY LOUISVILLE, KY 40216	61-1134579	501 C (3)	6,478.				GENERAL SUPPORT
(11) SIMON HOUSE, INC.							
231 EAST MAIN STREET FRANKFORT, KY 40601	61-1118813	501 C (3)	9,884.				GENERAL SUPPORT
(12) SOCIETY OF ST. VINCENT DE PAUL, COUNCIL OF	_						
1015-C S. PRESTON STREET	61-0727110	501 C (3)	11,870.				GENERAL SUPPORT
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 ta	ble			
3 Enter total number of other organizations lis	ted in the line	1 table					

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

Open to Public Inspection

Schedule I (Form 990) 2021

Employer identification number

HONORABLE ORDER OF KENTUCKY COLONELS INC						61-0485432	
Part I General Information on Grants and	d Assistanc	е					
<ol> <li>Does the organization maintain records to so the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's proced</li> </ol>	s or assistand	e?					Yes No
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient the		_					es" on Form 990,
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) SOUTHWEST CENTER FOR THE DEVELOPMENTALLY DI							
8009 TERRY ROAD LOUISVILLE, KY 40258	61-1016175	501 C (3)	29,555.				GENERAL SUPPORT
(2) ST. BENEDICT'S HOMELESS SHELTER							
1001 WEST SEVENTH STREET	47-4852450	501 C (3)	9,000.				GENERAL SUPPORT
(3) ST. JOSEPH CHILDREN'S HOME							
2823 FRANKFORT AVE LOUISVILLE, KY 40206	61-0475286	501 C (3)	14,407.				GENERAL SUPPORT
(4) STEPSTONE FAMILY AND YOUTH SERVICES							
11216 PROFESSIONAL PARK DRIVE		501 C (3)	10,000.				KY TORNADO RELIEF
(5) SUNRISE CHILDREN'S SERVICES, INC.							
300 HOPE STREET MT. WASHINGTON, KY 40047	61-0597273	501 C (3)	5,927.				GENERAL SUPPORT
(6) TEAM WESTERN KENTUCKY RELIEF FUND							
500 MERO STREET 218 NC FRANKFORT, KY 40601		501 C (3)	25,000.				KY TORNADO RELIEF
(7) THE CENTER FOR WOMEN AND FAMILIES							
PO BOX 2048 LOUISVILLE, KY 40201	61-0444846	501 C (3)	16,500.				GENERAL SUPPORT
(8) THE DREAM FACTORY, INC.							
410 W. CHESTNUT ST. LOUISVILLE, KY 40202	31-1009812	501 C (3)	6,000.				GENERAL SUPPORT
(9) THE MUSEUM OF THE CITY OF FRANKFORT, INC DB							
325 ANN STREET FRANKFORT, KY 40601	20-2380273	501 C (3)	8,000.				GENERAL SUPPORT
(10) THE NEST							
530 N. LIMESTONE STREET LEXINGTON, KY 40508	31-0904247	501 C (3)	6,924.				GENERAL SUPPORT
(11) THE POST CLINIC							
15 STERLING AVENUE MOUNT STERLING, KY 40353	31-1515325	501 C (3)	20,000.				GENERAL SUPPORT
(12) THE STEPHEN FOSTER DRAMA ASSOCIATION, INC.							
411 EAST STEPHEN FOSTER AVENUE	61-6014682	501 C (3)	8,000.				GENERAL SUPPORT
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ole			
3 Enter total number of other organizations list	ted in the line	1 table					

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

2021

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

Open to Public Inspection

Employer identification number

HONORABLE ORDER OF KENTUCKY COLONELS INC						61-0485432	
Part I General Information on Grants an	d Assistanc	е					
<ol> <li>Does the organization maintain records to s the selection criteria used to award the gran</li> <li>Describe in Part IV the organization's proces</li> </ol>	ts or assistand	e?					Yes No
Part IV, line 21, for any recipient t		_					es" on Form 990,
(a) Name and address of organization or government	<b>(b)</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) THE VICTORY GARDENS INC.							
2353 FORDS FERRY ROAD MARION, KY 42064	47-2394794	501 C (3)	22,000.				GENERAL SUPPORT
(2) TRIGG COUNTY HISTORICAL AND PRESERVATION SO							
P.O. BOX 1008 CADIZ, KY 42211	61-1088289	501 C (3)	7,293.				GENERAL SUPPORT
(3) UNION COUNTY HAPPY PACK, INC.							
PO BOX 718 MORGANFIELD, KY 42462	27-0525187	501 C (3)	6,780.				GENERAL SUPPORT
(4) UNITED METHODIST MOUNTAIN MISSION							
891 HIGHWAY 30 WEST JACKSON, KY 41339	61-0659448	501 C (3)	9,000.				GENERAL SUPPORT
(5) UNITED SERVICE ORGANIZATIONS, INC.							
4200 HOOVER RD COLUMBUS, OH 43123	13-1610451	501 C (3)	6,271.				GENERAL SUPPORT
(6) USA CARES							
11760 COMMONWEALTH DRIVE	05-0588761	501 C (3)	20,000.				GENERAL SUPPORT
(7) VISUALLY IMPAIRED PRESCHOOL SERVICES (VIPS)							
350 HENRY CLAY BLVD LEXINGTON, KY 40502	61-1061973	501 C (3)	11,337.				GENERAL SUPPORT
(8) WALNUT GROVE BAPTIST CHURCH							
145 PARKSIDE WAY RUSSELLVILLE, KY 42276	61-1052829	501 C (3)	10,000.				KY TORNADO RELIEF
(9) WEDNESDAY'S CHILD							
PO BOX 39 LOUISVILLE, KY 40201	61-1026757	501 C (3)	17,495.				GENERAL SUPPORT
(10) WELCOME HOUSE OF NORTHERN KENTUCKY							
205 WEST PIKE STREET COVINGTON, KY 41011	61-1020382	501 C (3)	9,846.				GENERAL SUPPORT
(11) WELLSPRING, INC.							
PO BOX 1927 LOUISVILLE, KY 40201	31-1020023	501 C (3)	7,078.				GENERAL SUPPORT
(12) WESLEY MANOR RETIREMENT COMMUNITY INC.							
5012 EAST MANSLICK RD. LOUISVILLE, KY 40219	61-0561689	501 C (3)	13,777.				GENERAL SUPPORT

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

Open to Public
Inspection

Schedule I (Form 990) 2021

Name of the organization						Employer identificat	ion number
HONORABLE ORDER OF KENTUCKY COLONELS INC						61-0485432	
Part I General Information on Grants and	d Assistanc	e					
<ol> <li>Does the organization maintain records to so the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's proced</li> <li>Part II Grants and Other Assistance to D</li> </ol>	s or assistand dures for mor omestic Or	ee? nitoring the use ganizations ar	of grant funds in th	e United States.	nplete if the organiz	ation answered "Y	Yes No
Part IV, line 21, for any recipient the 1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	,000. Part II can	(e) Amount of non- cash assistance	additional space is n  (f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
//\(\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\exittit{\$\text{\$\exittit{\$\text{\$\exittit{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\texittit{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\tex					other)		
(1) WESTCARE KENTUCKY, INC.	-		0.005				
10057 ELKHORN CREEK ASHCAMP, KY 41512	20-2080016	501 C (3)	8,385.				GENERAL SUPPORT
(2) WHITE HOUSE CLINICS 401 HIGHLAND PARK DRIVE RICHMOND, KY 40456	61-0843731	501 C (3)	20,697.				GENERAL SUPPORT
(3) WILDERNESS TRACE CHILD DEVELOPMENT CENTER	01-0843731	301 C (3)	20,097.				GENERAL SUPPORT
409 N STEWARTS LANE DANVILLE, KY 40422	61-1230722	501 C (3)	10,000.				GENERAL SUPPORT
(4) WORKWELL INDUSTRIES	01 1230722	301 0 (3)	10,000.				SENERGIE SOFFORT
3401 JEWELL AVE LOUISVILLE, KY 40212	61-0956156	501 C (3)	8,975.				GENERAL SUPPORT
(5) YOUNG ADULT DEVELOPMENT IN ACTION, INC. DBA							
800 S PRESTON STREET LOUISVILLE, KY 40203	61-1374470	501 C (3)	7,500.				GENERAL SUPPORT
(6) ZOOM GROUP, INC.							
1904 EMBASSY SQUARE BOULEVARD	61-1101882	501 C (3)	6,389.				GENERAL SUPPORT
(7)							
<b>(9)</b>							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations list	•	•					

		11011011111111	OTCD LIC O	/	COTO14110	±110	01 0100102	9-
Part III	<b>Grants and Other Assistance to</b>	<b>Domestic Indiv</b>	iduals. Co	omplete if the	organization	answered "Yes" on	Form 990, Part IV, line 22.	
	Part III can be duplicated if addition	onal space is ne	eded.	-	-			

(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
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional 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.

**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

**Questions Regarding Compensation** 

Employer identification number

HONORABLE ORDER OF KENTUCKY COLONELS INC 61-0485432

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	1b		
2	explain	10		
_	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the	_		
J	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
_				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	<u> </u>		21
•	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2021

## 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 of W-2 a	nd/or 1099-MISC and/or	1099-NEC 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)	171,448.	NONE	NONE	NONE	3,601.	175,049.	NONE	
1 EXECUTIVE DIRECTOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
	(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 0** (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

**Employer identification number** 

HONORABLE ORDER OF KENTUCKY COLONELS INC

61-048<u>5432</u>

#### FORM 990, PART III, LINE 4A

PROGRAM SERVICE ACCOMPLISHMENTS

\_\_\_\_\_

IT RECEIVES HUNDREDS OF GRANT APPLICATIONS ANNUALLY AND THROUGH A CAREFUL WINNOWING AND VETTING PROCESS, SEEKS TO ENSURE THAT ITS CONTRIBUTIONS ARE ALLOCATED IN A DEDICATED AND REASONABLE WAY. THE ORGANIZATION ALSO HAS AN ONGOING EMERGENCY GRANT PROCESS FOR KENTUCKY NONPROFITS AND ALSO RAISES AND DISTRIBUTES FUNDS TO PROVIDE DISASTER RELIEF.

IN 2021, HOKC GRANTED \$2.2 MILLION TO 307 ORGANIZATIONS WHO SERVED 3.8 MILLION INDIVIDUALS IN THE STATE OF KENTUCKY. SINCE HOKC BEGAN AS A 501(C)(3)ORGANIZATION, CLOSE TO \$55 MILLION DOLLARS HAS BEEN AWARDED.

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

REVIEW OF FORM 990

SHERRY CROSE, THE EXECUTIVE DIRECTOR, GERARD KAUFMANN, 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

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

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ 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.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

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

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,

#### FORM 990, PART VI, SECTION C, LINE 19

PERFORMED A COMPENSATION REVIEW IN 2021.

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 \$115,079

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

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

ADJUSTMENT FOR KCC ACTIVITY	( 15,953)
TOTAL CHANGES	\$ 99,126

Part I

Department of the Treasury

## **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.

Internal Revenue Service Name of the organization

Name, address, and EIN (if applicable) of disregarded entity

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

Primary activity

(c) Legal domicile (state

or foreign country)

OMB No. 1545-0047 Open to Public Inspection

Direct controlling

(e) End-of-year assets

Total income

Employer identification number HONORABLE ORDER OF KENTUCKY COLONELS INC 61-0485432

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

					or foreign country)			CII	ity
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
Part II	Identification of Related Tax-Exempt Organizations. one or more related tax-exempt organizations during t	Complete if the tax year.	ne org	ganization answ	/ered "Yes" on F	orm 990, Part IV,	line 34, because	e it had	
	(a) Name, address, and EIN of related organization	(b) Primary activ		(c) Legal domicile (state or foreign country	(d) te Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section	(g) 512(b)(13) trolled ntity?
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									_
(6)									
(7)									
Far Darr	www.nl. Deduction Act Notice and the Instructions for Form	200					Schedule R	(Form 9	90) 2021

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
		Country					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.

				<u> </u>					
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	contr	
(1) KENTUCKY COLONELS COLLECTIBLES, INC. 61-1124733								Yes	No
943 SOUTH FIRST STREET LOUISVILLE, KY 40203	NOVELTY	KY	HOKC	С	-11,749.	27,865	.100.0000	х	
(2) CHARITABLE LEAD TRUST									
	INVESTMENT	KY	N/A	Т					Х
<u>(3)</u>									
								Ш	
(4)									
								Ш	
(5)									
								Ш	
(6)									
								$\sqcup$	
(7)									

61-0485432

HONORABLE	ORDER	OF	KENTUCKY	COLONELS	INC

Part V	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	
Note: Cor	mplete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	Y	/es	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	la		Х
	Gift, grant, or capital contribution to related organization(s)	1b	_	Χ
	Gift, grant, or capital contribution from related organization(s)	1 c		Х
	Loans or loan guarantees to or for related organization(s)	1 d	Х	
		le		Х
f	Dividends from related organization(s)	1f		
a	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s).	lh		
	Exchange of assets with related organization(s).	1i	$\neg$	X
	=	1j		Х
,	Lease of facilities, equipment, of other assets to related organization(s).			Ť
k	Lease of facilities, equipment, or other assets from related organization(s)	lk		Х
	(7)	11	-	X
	- Constitution of controls of minimulating constant of total or organization (c)	m	_	X
		In		X
		10	_	X
O	Sharing of paid employees with related organization(s)	-		-21
	Deiselburg and meld to related annoviration (a) for annover	ın		v
		lp		X
q	Reimbursement paid by related organization(s) for expenses	lq	$\rightarrow$	
		4		3.7
r	Other transfer of cash or property to related organization(s)	11	_	X
	Other transfer of cash or property from related organization(s).	IS	$\perp \perp$	X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a)  Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) KENTUCKY COLONELS COLLECTIBLES, INC	D	659,654.	COST
(2)			
(3)			
(4)			
<u>(</u> 5)			
(6)			

Schedule R (Form 990) 2021

61-0485432

## 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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	income (related, unrelated, excluded from tax under	Are all sec 501( organiz	c)(3) ations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	man part	tner?	(k) Percentage ownership
			sections 512 - 514)	Yes	No			Yes	No	,	Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Farm	990-T	Ex	cempt Organization Business Income Tax Return	ո	OMB No. 1545-0047
FORM	1 <b>330 I</b>		(and proxy tax under section 6033(e))		<u></u>
_		For cale	ndar year 2021 or other tax year beginning, 2021, and ending, 20  Box Go to www.irs.gov/Form990T for instructions and the latest information.		
- 1	rtment of the Treasury al Revenue Service	<b>▶</b> Do	not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(	3)	Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if	7 50			oyer identification number
	address changed.		HONORABLE ORDER OF KENTUCKY COLONELS INC	61-	0485432
ВЕх	empt under section	Print	Number, street, and room or suite no. If a P.O. box, see instructions.		p exemption number
X	501(C <u>)( 3</u> )	or Type	C/O GERARD KAUFFMANN 943 S. FIRST ST	(see in	nstructions)
	408(e) 220(e)		City or town, state or province, country, and ZIP or foreign postal code		
	408A 530(a)		LOUISVILLE, KY 40203		Check box if an amended return.
	529(a) 529A		k value of all assets at end of year		an amenada rotam.
	heck organization ty	•	X 501(c) corporation 501(c) trust 401(a) trust Other trust		
	heck if filing only to		Claim credit from Form 8941 Claim a refund shown on Form 2		
			ation filing a consolidated return with a 501(c)(2) titleholding corporation		
			Schedules A (Form 990-T)		
	•		corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		→ Yes X No
			identifying number of the parent corporation	0.6.6	<u> </u>
LI	ne books are in care		GERARD KAUFFMANN Telephone number ► 502	-266-	-6264
			943 S. FIRST STREET		
		1	COUISVILLE, KY 40203		
Pa	rt Total Unre	lated E	Business Taxable Income		
1			ness taxable income computed from all unrelated trades or businesses (see		
	instructions)			. 1	
2					
3	Add lines 1 and 2			. 3	
4	Charitable contrib	utions (s	see instructions for limitation rules)	. 4	
5	Total unrelated bu	usiness t	axable income before net operating losses. Subtract line 4 from line 3	. 5	
6	Deduction for net	operatin	g loss. See instructions	. 6	
7	Total of unrelate	ed busir	ness taxable income before specific deduction and section 199A deduction.		
8			ally \$1,000, but see instructions for exceptions)		
9			uction. See instructions		
10			es 8 and 9		
11			<b>able income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7.		
Da	enter zero rt II Tax Comp			. 11	NONE
Ге 1	•		corporations. Multiply Part I, line 11 by 21% (0.21)	<b>1</b>	NONE
2			rates. See instructions for tax computation. Income tax on the amount on		IVOIVE
-	Part I. line 11 from	Г	Tax rate schedule or Schedule D (Form 1041)	2	
3	,	_	· · · · · · · · · · · · · · · · · · ·	3	
4			structions		
5			trusts only)		
6			lity income. See instructions		
7			6 to line 1 or 2, whichever applies	7	NONE
For	Paperwork Reduct	ion Act N	Notice, see instructions.		Form <b>990-T</b> (2021)

## Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

## **Application for Automatic Extension of Time To File an Exempt Organization Return**

File a separate application for each return. ► Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

	form, visit www.irs.gov/e-file-providers/e-file-f			structions). For more de	etans	s on the	e electronic		
Automatic	6-Month Extension of Time. Only subm	it original	(no copies needed).						
	ions required to file an income tax return oth orm 7004 to request an extension of time to fi		•	20-C filers), partnershi	ps, F	REMICs	, and trusts		
Type or print	Name of exempt organization or other filer, see in	structions.		Taxpayer identification nu	ification number (TIN)				
File by the due date for filing your return. See instructions.	by the date for g your rm. See    HONORABLE ORDER OF KENTUCKY COLONELS INC   61-0485432								
Enter the Re	eturn Code for the return that this application	is for (file	a separate application fo	or each return)			0 7		
Application		Return	Application			Retu			
Is For	r Form 000 F7	Code 01	Is For Form 1041-A				Code 08		
Form 4720	r Form 990-EZ	03	Form 4720 (other tha	n individual)			08		
Form 990-PI		03	Form 5227	ii iiluiviuuai)			10		
	(sec. 401(a) or 408(a) trust)	05	Form 6069				11		
	(trust other than above)	06	Form 8870		12				
	(corporation)	07							
<ul><li>If the orga</li><li>If this is for the whole</li></ul>	943 S. FIRST STE e No. ► 502 266-6264  anization does not have an office or place of I or a Group Return, enter the organization's for e group, check this box ►	business in ur digit Gro f it is for pa	Fax No. ▶ the United States, checoup Exemption Number (	ck this box		 If th and att	nis is		
	e names and TINs of all members the extensi est an automatic 6-month extension of time ur		11/15 202	2, to file the exemp	t ord	ıanizati	ion return		
for the	organization named above. The extension is calendar year 2021 or			z, to me the exemp	t Org	janizati	on return		
	tax year beginningax year entered in line 1 is for less than 12 m Change in accounting period					·			
nonref	application is for Forms 990-PF, 990-T, undable credits. See instructions.			· · · · · · · · · · · · · · · · · · ·	3a	\$	NONE		
estima c Balanc	application is for Forms 990-PF, 990-T, ted tax payments made. Include any prior yea ce due. Subtract line 3b from line 3a. In	r overpayn clude you	nent allowed as a credit r payment with this f		3b	\$	NONE		
	EFTPS (Electronic Federal Tax Payment System ou are going to make an electronic funds withdraw	·		see Form 8453-TE and Fo	3c orm 8		NONE for payment		
	Act and Panerwork Reduction Act Notice see instr	uctions			Forr	. 8868	(Pay 1-2022)		

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2022)

Par	1	Tax and Payments								
1 a	Foreign	tax credit (corporations attach Form 1118; tru	sts attach Form 1116)	1a						
b	Other o	redits (see instructions)		1b						
		I business credit. Attach Form 3800 (see instruc								
d	Credit f	or prior year minimum tax (attach Form 8801 o	r 8827)	1d						
е	Total c	redits. Add lines 1a through 1d					1e			
2	Subtrac	t line 1e from Part II, line 7				[	2		N	ONE
3			form 8611 Form 8697							
		Other (attach statem	ent)			[	3			
4	Total ta	x. Add lines 2 and 3 (see instructions).	Check if includes tax previously	deferr	ed under					
	section	1294. Enter tax amount here		▶_		L	4		N	ONE
5	Current	net 965 tax liability paid from Form 965-A, Par	t II, column (k)	·	,	🛚	5			
6 a	Paymer	nts: A 2020 overpayment credited to 2021	<u></u>	6a						
b	2021 es	stimated tax payments. Check if section 643(g	) election applies 🕨 🔙	6b						
С	Tax dep	osited with Form 8868		6с						
d	Foreign	organizations: Tax paid or withheld at source (	see instructions)	6d						
	•	withholding (see instructions)								
		or small employer health insurance premiums (								
g	Other c	redits, adjustments, and payments: Form 2	439							
			Total ▶							
7	•	ayments. Add lines 6a through 6g					7			
8		ed tax penalty (see instructions). Check if Form					8			
9		. If line 7 is smaller than the total of lines 4, 5					9		N	<u>ONE</u>
10		yment. If line 7 is larger than the total of lines		ald			10			
11		e amount of line 10 you want: Credited to 2022 estin		form	Refunde		11			
	EIV _	Statements Regarding Certain A							Yes	No
1		time during the 2021 calendar year, did							162	NO
		financial account (bank, securities, or oth			-					
	here	Form 114, Report of Foreign Bank and	Financial Accounts. If fe	s, ei	itei the name of	ine i	oreign c	ountry		v
2		the tax year, did the organization receive a	distribution from or was it th	he ara	entor of or transfer	or to	a foreign	truet?		X
2	_	see instructions for other forms the organization		ile gie	anton or, or transier	01 10, 1	a roreign	uust:		
3		ne amount of tax-exempt interest received or ac	•		₽ \$					
4		vailable pre-2018 NOL carryovers here ► \$	•		_		 ⊵r			
•		on Schedule A (Form 990-T). Don't re						ad on		
	Part I, li		duce the NOL Carryover Si	IIOWII	nere by any de	ductioi	i reporte	,u 011		
5		ne o. 117 NOL carryovers. Enter available Bus	siness Activity Code and	post-	2017 NOL carry	overs.	Don't 1	reduce		
		bunts shown below by any NOL claimed on any								
		Business Activity Cod	e		Available post-2	017 NC	L carryov	er		
				\$						
				\$						
				\$ _						
				\$						
		organization change its method of accounting?	•							
b		is "Yes," has the organization described	-							
		in Part V					<u> </u>			
Par		Supplemental Information								
Provid	de the ex	planation required by Part IV, line 6b. Also, pro	•	nation	. See instructions.					
		SUPPLEMENTAL INFORMAT	TION ATTACHED							
		adan angelikan at angiran I danlara that I harra arranga				4				
0:	l h	nder penalties of perjury, I declare that I have exam blief, it is true, correct, and complete. Declaration of preparer (o						or my k	nowied	ge and
Sigr			05150000	~			the IRS			
Her		HERRY CROSE ignature of officer	05152022 EXEC	JUTI	VE DIRECTOR	_	the pre instructions)			7 I
		Print/Type preparer's name	Preparer's signature	Т	Date			? Ye:	S	No
Paid		Typo proparot o traine	oparor o dignaturo		_ 310	Check				
Prep	arer	Firm's name				self-em				
	Only	Firm's name Firm's address				Firm's E				
JSA		i iiii aduless 🚩				Phone		Form 99	0-T	(2021)
1X274	1.000							33		(2021)

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### SUPPLEMENTAL INFORMATION

PART NUMBER:

LINE NUMBER:

#### **EXPLANATION:**

\_\_\_\_\_

THE TAXPAYER DOES NOT HAVE ANY ACTIVITIES GENERATING UNRELATED BUSINESS TAXABLE INCOME IN THE CURRENT YEAR. FORM 990-T IS BEING FILED TO COMMENCE RUNNING ON THE PERIOD UNDER THE STATUTES OF LIMITATION.