

Form **990**

Department of the Treasury  
Internal Revenue Service

# 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.
- ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

# 2021

**Open to Public Inspection**

## A For the 2021 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization HONORABLE ORDER OF KENTUCKY COLONELS INC			<b>D</b> Employer identification number 61-0485432
	Doing Business As			<b>E</b> Telephone number (502) 266-6264
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	
	943 S. FIRST ST City or town, state or province, country, and ZIP or foreign postal code LOUISVILLE, KY 40203			
<b>F</b> Name and address of principal officer: SHERRY CROSE 943 S. FIRST ST, LOUISVILLE, KY 40203			<b>G</b> Gross receipts \$ 12,564,734.	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>J</b> Website: WWW.KYCOLONELS.ORG			<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>H(c)</b> Group exemption number ▶	
<b>L</b> Year of formation: 1944			<b>M</b> State of legal domicile: KY	

## Part I Summary

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: THE HONORABLE ORDER OF KENTUCKY COLONELS, INC. GRANTS MONEY TO 501(C)(3) OR OTHER EXEMPT ENTITIES.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	15
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	15
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	6
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	50
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	NONE	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	2,129,782.	5,835,966.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	NONE	117,712.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,596,269.	1,715,041.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	48,259.	68,531.
		3,774,310.	7,737,250.
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,902,727.	2,254,658.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	457,647.	543,685.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	NONE	NONE
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 814,602.		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	983,631.	831,471.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,344,005.	3,629,814.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-569,695.	4,107,436.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	20,472,188.	26,720,048.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.	660,275.	601,776.
	19,811,913.	26,118,272.	

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer	Date			
	SHERRY CROSE Type or print name and title	05/15/2022 EXECUTIVE DIRECTOR			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JEFF SMITH				P00289876
	Firm's name ▶ FORVIS, LLP	Firm's EIN ▶	44-0160260	Phone no.	615-988-3600

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

THE HONORABLE ORDER OF KENTUCKY COLONELS, INC. GRANTS MONEY TO 501(C)(3) ENTITIES THAT DEMONSTRATE A NEED THAT OTHERWISE CANNOT BE MET AND THAT WILL ENHANCE OR EXTEND THEIR CHARITABLE OR EDUCATIONAL ACTIVITIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 2,388,257. including grants of \$ 2,254,658. ) (Revenue \$ )

THE HONORABLE ORDER OF KENTUCKY COLONELS, INC (HOKC) GRANTS MONEY TO 501(C)(3) ENTITIES THAT DEMONSTRATE FISCAL RESPONSIBILITY AND THE MISSION TO STRENGTHEN THE LIVES OF KENTUCKIANS OR TO HIGHLIGHT AND ENHANCE THE CULTURE OF THE COMMONWEALTH. THE ORGANIZATION FOCUSES ON KENTUCKY CHARITIES AND CONDUCTS A "GOOD WORKS PROGRAM" THAT FOCUSES ITS LARGE GRANT-MAKING ACTIVITIES ON CHARITABLE ORGANIZATIONS OPERATING IN KENTUCKY.

SEE SCHEDULE O FOR ADDITIONAL INFORMATION.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 2,388,257.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)		Yes	No
<b>2a</b>	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. <span style="float:right">2a <input type="text" value="6"/></span>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> . . . . .		
<b>4a</b>	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)? . . . . .		X
<b>b</b>	If "Yes," enter the name of the foreign country <input type="text"/> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .		
<b>6a</b>	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? . . . . .		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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? . . . . .		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year <span style="float:right">7d <input type="text"/></span>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 <span style="float:right">10a <input type="text"/></span>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <span style="float:right">10b <input type="text"/></span>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders <span style="float:right">11a <input type="text"/></span>		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) <span style="float:right">11b <input type="text"/></span>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <span style="float:right">12b <input type="text"/></span>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans <span style="float:right">13b <input type="text"/></span>		
<b>c</b>	Enter the amount of reserves on hand <span style="float:right">13c <input type="text"/></span>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> . . . . .		
<b>15</b>	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? . . . . . If "Yes," see the instructions and file Form 4720, Schedule N.		X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> 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? . . . . . If "Yes," complete Form 6069.		

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (15), 1b (15), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section 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), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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**

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SHERRY CROSE EXECUTIVE DIRECTOR	40.00 NONE			X				171,448.	NONE	3,601.
(2) STEVEN BARKER DIRECTOR OF FINANCE	15.00 NONE			X				42,851.	NONE	NONE
(3) ALEX LYTTLE TRUSTEE	NONE NONE	X						NONE	NONE	NONE
(4) BROOKS H. BOWER TRUSTEE	NONE NONE	X						NONE	NONE	NONE
(5) GARY BOSCHERT ADJUTANT GENERAL	NONE NONE	X		X				NONE	NONE	NONE
(6) HAL SULLIVAN COMMANDING GENERAL	NONE NONE	X		X				NONE	NONE	NONE
(7) JAN D. CAMPLIN TRUSTEE	NONE NONE	X						NONE	NONE	NONE
(8) JEFF L KENNEDY TRUSTEE	NONE NONE	X						NONE	NONE	NONE
(9) JIM ROGERS TREASURER	NONE NONE	X		X				NONE	NONE	NONE
(10) KEVIN DOYLE TRUSTEE	NONE NONE	X						NONE	NONE	NONE
(11) LYNN ASHTON TRUSTEE	NONE NONE	X						NONE	NONE	NONE
(12) MIKE BERRY TRUSTEE	NONE NONE	X						NONE	NONE	NONE
(13) NICK ISING TRUSTEE	NONE NONE	X						NONE	NONE	NONE
(14) RICK HOBGOOD TRUSTEE	NONE NONE	X						NONE	NONE	NONE

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15 ) TAD MYRE SECRETARY	NONE NONE	X		X				NONE	NONE	NONE
( 16 ) MARIA BRAMAN TRUSTEE	NONE NONE	X						NONE	NONE	NONE
( 17 ) MARY VITALE TRUSTEE	NONE NONE	X						NONE	NONE	NONE
<b>1b Sub-total</b> . . . . .							214,299.	NONE	3,601.	
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .							NONE	NONE	NONE	
<b>d Total (add lines 1b and 1c)</b> . . . . .							214,299.	NONE	3,601.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 1

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		X

**Section B. Independent Contractors**

**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.

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

**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



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b>	Membership dues . . . . .	<b>1b</b>					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>					
	<b>d</b>	Related organizations . . . . .	<b>1d</b>					
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	5,835,966.				
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$ 15,790.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶		5,835,966.				
	<b>Program Service Revenue</b>				Business Code			
<b>2a</b>		ROMP REVENUE		900099	117,712.	117,712.		
<b>b</b>		ALL OTHER PROGRAM SERVICE REVENUE -						
<b>c</b>								
<b>d</b>								
<b>e</b>								
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . . ▶			117,712.			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶			363,202.		363,202.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . ▶			NONE			
	<b>5</b>	Royalties . . . . . ▶			NONE			
	<b>6a</b>	Gross rents . . . . .	<b>6a</b>	(i) Real	(ii) Personal			
	<b>b</b>	Less: rental expenses	<b>6b</b>					
	<b>c</b>	Rental income or (loss)	<b>6c</b>	NONE	NONE			
	<b>d</b>	Net rental income or (loss) . . . . . ▶				NONE		
	<b>7a</b>	Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	(ii) Other			
						6,179,323.		
	<b>b</b>	Less: cost or other basis and sales expenses . .	<b>7b</b>	4,827,484.				
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>	1,351,839.				
	<b>d</b>	Net gain or (loss) . . . . . ▶				1,351,839.	1,351,839.	
<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>						
					NONE			
<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>			NONE			
<b>c</b>	Net income or (loss) from fundraising events . . . . . ▶				NONE			
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>						
					NONE			
<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>			NONE			
<b>c</b>	Net income or (loss) from gaming activities . . . . . ▶				NONE			
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>						
					NONE			
<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>			NONE			
<b>c</b>	Net income or (loss) from sales of inventory . . . . . ▶				NONE			
<b>Miscellaneous Revenue</b>				Business Code				
	<b>11a</b>	LICENSE PLATE INCOME		900099	56,297.		56,297.	
	<b>b</b>	OTHER INCOME			12,234.		12,234.	
	<b>c</b>							
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶			68,531.			
<b>12</b>	<b>Total revenue.</b> 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).

Check if Schedule O contains a response or note to any line in this Part IX

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

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	589,630.	<b>1</b>	619,864.
	<b>2</b> Savings and temporary cash investments . . . . .	50,842.	<b>2</b>	3,022,955.
	<b>3</b> Pledges and grants receivable, net . . . . .	NONE	<b>3</b>	NONE
	<b>4</b> Accounts receivable, net . . . . .	81,365.	<b>4</b>	204,308.
	<b>5</b> 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	<b>5</b>	NONE
	<b>6</b> 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	<b>6</b>	NONE
	<b>7</b> Notes and loans receivable, net . . . . .	NONE	<b>7</b>	NONE
	<b>8</b> Inventories for sale or use . . . . .	NONE	<b>8</b>	NONE
	<b>9</b> Prepaid expenses and deferred charges . . . . .	71,924.	<b>9</b>	29,687.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 1,285,323.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 131,915.		
		1,198,179.	<b>10c</b>	1,153,408.
	<b>11</b> Investments - publicly traded securities . . . . .	17,788,528.	<b>11</b>	20,883,025.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	NONE	<b>12</b>	NONE
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	NONE	<b>13</b>	NONE
	<b>14</b> Intangible assets . . . . .	NONE	<b>14</b>	NONE
<b>15</b> Other assets. See Part IV, line 11 . . . . .	691,720.	<b>15</b>	806,801.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	20,472,188.	<b>16</b>	26,720,048.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	89,532.	<b>17</b>	50,288.
	<b>18</b> Grants payable . . . . .	NONE	<b>18</b>	NONE
	<b>19</b> Deferred revenue . . . . .	NONE	<b>19</b>	NONE
	<b>20</b> Tax-exempt bond liabilities . . . . .	NONE	<b>20</b>	NONE
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	NONE	<b>21</b>	NONE
	<b>22</b> Loans and other 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 . . . . .	NONE	<b>22</b>	NONE
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	570,743.	<b>23</b>	551,488.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	NONE	<b>24</b>	NONE
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	NONE	<b>25</b>	NONE
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	660,275.	<b>26</b>	601,776.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	19,120,193.	<b>27</b>	25,311,471.
	<b>28</b> Net assets with donor restrictions . . . . .	691,720.	<b>28</b>	806,801.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	19,811,913.	<b>32</b>	26,118,272.
<b>33</b> Total liabilities and net assets/fund balances . . . . .	20,472,188.	<b>33</b>	26,720,048.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	7,737,250.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	3,629,814.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	4,107,436.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	19,811,913.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	2,099,797.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	99,126.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	26,118,272.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII.

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled 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? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . . . .

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

<b>Name of the organization</b> HONORABLE ORDER OF KENTUCKY COLONELS INC	<b>Employer identification number</b> 61-0485432
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
<b>Total</b>							

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

Schedule A (Form 990) 2021

JSA  
1E1210 1.000

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2021; 15 Public support percentage from 2020 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2021; 16b 33 1/3% support test - 2020; 17a 10%-facts-and-circumstances test - 2021; 17b 10%-facts-and-circumstances test - 2020; 18 Private foundation.

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	SEE SUPP PAGE 1,880,498.	2,088,553.	2,159,725.	2,129,782.	5,835,966.	14,094,524.
<b>2</b> 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.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						NONE
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						NONE
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						NONE
<b>6 Total.</b> Add lines 1 through 5. . . . .	1,991,658.	2,183,378.	2,273,519.	2,129,782.	5,953,678.	14,532,015.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .		20,003.	10,100.	20,081.	52,635.	102,819.
<b>b</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
<b>c</b> Add lines 7a and 7b. . . . .		20,003.	10,100.	20,081.	52,635.	102,819.
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						14,429,196.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6. . . . .	1,991,658.	2,183,378.	2,273,519.	2,129,782.	5,953,678.	14,532,015.
<b>10a</b> 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>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						NONE
<b>c</b> Add lines 10a and 10b . . . . .	410,995.	407,656.	422,425.	309,669.	363,202.	1,913,947.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						NONE
<b>12</b> 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.
<b>13 Total support.</b> (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.
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	86.45%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 . . . . .	<b>16</b>	81.20%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)), . . . . .	<b>17</b>	11.47%
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	17.05%

**19a 33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . ▶

**b 33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

**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**

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



**Part IV Supporting Organizations (continued)**

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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?		
<b>b</b>	A family member of a person described on line 11a above?		
<b>c</b>	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) 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.</i>		
<b>2</b>	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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	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 the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b>	Activities Test. Answer lines 2a and 2b below.		
<b>a</b>	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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b>	Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

**1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

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 . . . . .			
e	From 2020 . . . . .			
f	<b>Total</b> 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	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017 . . . .			
b	Excess from 2018 . . . .			
c	Excess from 2019 . . . .			
d	Excess from 2020 . . . .			
e	Excess from 2021 . . . .			

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

Employer identification number

HONORABLE ORDER OF KENTUCKY COLONELS INC

61-0485432

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)( 3 ) (enter number) organization

[ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[ ] 527 political organization

Form 990-PF

[ ] 501(c)(3) exempt private foundation

[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[ ] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . \$ \_\_\_\_\_

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization <p style="text-align: center;">HONORABLE ORDER OF KENTUCKY COLONELS INC</p>	Employer identification number <p style="text-align: center;">61-0485432</p>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A <hr/> <hr/>	\$ 25,845.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A <hr/> <hr/>	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <p style="text-align: center;">HONORABLE ORDER OF KENTUCKY COLONELS INC</p>	Employer identification number <p style="text-align: center;">61-0485432</p>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	N/A <hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	N/A <hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	N/A <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	N/A <hr/> <hr/> <hr/>	\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	N/A <hr/> <hr/> <hr/>	\$ 10,505.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <p style="text-align: center;">HONORABLE ORDER OF KENTUCKY COLONELS INC</p>	Employer identification number <p style="text-align: center;">61-0485432</p>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution									
13	N/A <hr/> <hr/>	\$ 5,500.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">Person</td> <td style="width:33%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> <td style="width:33%;"></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>		Payroll	<input type="checkbox"/>		Noncash	<input type="checkbox"/>	
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Payroll	<input type="checkbox"/>											
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14	N/A <hr/> <hr/>	\$ 5,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">Person</td> <td style="width:33%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> <td style="width:33%;"></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>		Payroll	<input type="checkbox"/>		Noncash	<input type="checkbox"/>	
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Payroll	<input type="checkbox"/>											
Noncash	<input type="checkbox"/>											
15	N/A <hr/> <hr/>	\$ 6,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">Person</td> <td style="width:33%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> <td style="width:33%;"></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>		Payroll	<input type="checkbox"/>		Noncash	<input type="checkbox"/>	
Person	<input checked="" type="checkbox"/>											
Payroll	<input type="checkbox"/>											
Noncash	<input type="checkbox"/>											
16	N/A <hr/> <hr/>	\$ 5,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">Person</td> <td style="width:33%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> <td style="width:33%;"></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>		Payroll	<input type="checkbox"/>		Noncash	<input type="checkbox"/>	
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Payroll	<input type="checkbox"/>											
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17	N/A <hr/> <hr/>	\$ 6,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">Person</td> <td style="width:33%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> <td style="width:33%;"></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>		Payroll	<input type="checkbox"/>		Noncash	<input type="checkbox"/>	
Person	<input checked="" type="checkbox"/>											
Payroll	<input type="checkbox"/>											
Noncash	<input type="checkbox"/>											
18	N/A <hr/> <hr/>	\$ 5,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">Person</td> <td style="width:33%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> <td style="width:33%;"></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>		Payroll	<input type="checkbox"/>		Noncash	<input type="checkbox"/>	
Person	<input checked="" type="checkbox"/>											
Payroll	<input type="checkbox"/>											
Noncash	<input type="checkbox"/>											

Name of organization

HONORABLE ORDER OF KENTUCKY COLONELS INC

Employer identification number

61-0485432

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	N/A	\$ 29,967.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	N/A	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <p style="text-align: center;">HONORABLE ORDER OF KENTUCKY COLONELS INC</p>	Employer identification number <p style="text-align: center;">61-0485432</p>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
25	N/A <hr/> <hr/> <hr/>	\$ 5,290.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">Person</td> <td style="width:20%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
26	N/A <hr/> <hr/> <hr/>	\$ 6,100.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">Person</td> <td style="width:20%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
27	N/A <hr/> <hr/> <hr/>	\$ 5,383.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">Person</td> <td style="width:20%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
28	N/A <hr/> <hr/> <hr/>	\$ 5,285.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">Person</td> <td style="width:20%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input checked="" type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input checked="" type="checkbox"/>								
29	N/A <hr/> <hr/> <hr/>	\$ 5,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">Person</td> <td style="width:20%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
30	N/A <hr/> <hr/> <hr/>	\$ 5,250.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">Person</td> <td style="width:20%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								

Name of organization <p style="text-align: center;">HONORABLE ORDER OF KENTUCKY COLONELS INC</p>	Employer identification number <p style="text-align: center;">61-0485432</p>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	N/A <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	N/A <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	N/A <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	N/A <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	N/A <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	N/A <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <p style="text-align: center;">HONORABLE ORDER OF KENTUCKY COLONELS INC</p>	Employer identification number <p style="text-align: center;">61-0485432</p>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	N/A <hr/> <hr/> <hr/>	\$ 5,025.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	N/A <hr/> <hr/> <hr/>	\$ 6,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	N/A <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	N/A <hr/> <hr/> <hr/>	\$ 16,856.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	N/A <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	N/A <hr/> <hr/> <hr/>	\$ 3,101,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <p style="text-align: center;">HONORABLE ORDER OF KENTUCKY COLONELS INC</p>	Employer identification number <p style="text-align: center;">61-0485432</p>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	N/A <hr/> <hr/> <hr/>	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	N/A <hr/> <hr/> <hr/>	\$ 6,025.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <p style="text-align: center;">HONORABLE ORDER OF KENTUCKY COLONELS INC</p>	Employer identification number <p style="text-align: center;">61-0485432</p>
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**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
28	STOCK _____ _____ _____	\$ 5,285.	02/04/2021
12	STOCK _____ _____ _____	\$ 10,505.	11/09/2021
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990.

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Name of the organization

Employer identification number

HONORABLE ORDER OF KENTUCKY COLONELS INC

61-0485432

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes questions about purpose of easements, total number, acreage, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, and Amount. Includes questions about reporting art and historical treasures and providing amounts for revenue and assets.

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

Schedule D (Form 990) 2021

JSA 1E1268 1.000

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . .  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |   | Amount    |
|---|-----------|
| c Beginning balance . . . . .             | <b>1c</b> |
| d Additions during the year . . . . .     | <b>1d</b> |
| e Distributions during the year . . . . . | <b>1e</b> |
| f Ending balance . . . . .                | <b>1f</b> |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII . . . . .

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .	18,480,248.	18,940,443.	16,446,295.	17,442,685.	14,679,543.
b Contributions . . . . .	120,659.	19,606.	16,657.	282,997.	869,152.
c Net investment earnings, gains, and losses . . . . .	3,929,919.	2,170,199.	3,885,672.	-574,832.	2,221,005.
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .	841,000.	2,650,000.	1,408,181.	704,555.	327,015.
f Administrative expenses . . . . .					
g End of year balance . . . . .	21,689,826.	18,480,248.	18,940,443.	16,446,295.	17,442,685.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ 96.0000 %
  - b Permanent endowment ▶ 4.0000 %
  - c Term endowment ▶ \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes           | No |
|--|---------------|----|
| (i) Unrelated organizations . . . . .  | <b>3a(i)</b>  | X  |
| (ii) Related organizations . . . . .   | <b>3a(ii)</b> | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .		1,100,023.	59,827.	1,040,196.
c Leasehold improvements . . . . .				
d Equipment . . . . .		80,141.	49,285.	30,856.
e Other . . . . .		105,159.	22,803.	82,356.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . .				1,153,408.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely held equity interests, (3) Other (A-H), and Total.

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9) and Total.

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (9) and Total.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes (1) Federal income taxes, and rows (2) through (9) and Total.

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.



Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final column for totals. Rows include: 1 Total revenue, gains, and other support per audited financial statements; 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12; 3 Subtract line 2e from line 1; 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1; 5 Total revenue. Add lines 3 and 4c.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final column for totals. Rows include: 1 Total expenses and losses per audited financial statements; 2 Amounts included on line 1 but not on Form 990, Part IX, line 25; 3 Subtract line 2e from line 1; 4 Amounts included on Form 990, Part IX, line 25, but not on line 1; 5 Total expenses. Add lines 3 and 4c.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE SUPPLEMENTAL PAGE

**Part XIII** Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2:

INCOME TAXES

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

SCHEDULE D, PART V, LINE 4

INTENDED USE OF ENDOWMENT FUNDS

-----

TO SUPPORT THE ORGANIZATION'S PROGRAM AND GENERAL OPERATIONS.

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

HONORABLE ORDER OF KENTUCKY COLONELS INC

Employer identification number

61-0485432

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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
<b>(1)</b> ACTION MINISTRIES, INC. 4375 BORON DRIVE COVINGTON, KY 41015	61-1330212	501 C (3)	5,640.				GENERAL SUPPORT
<b>(2)</b> ADVENTURESERVE MINISTRIES PO BOX 127 WILMORE, KY 40390	58-1475965	501 C (3)	15,000.				GENERAL SUPPORT
<b>(3)</b> AMEN HOUSE, INC. PO BOX 211 GEORGETOWN, KY 40324	61-1236411	501 C (3)	17,790.				GENERAL SUPPORT
<b>(4)</b> AMERICAN RED CROSS 510 E. CHESTNUT ST LOUISVILLE, KY 40202	53-0196605	501 C (3)	10,000.				GENERAL SUPPORT
<b>(5)</b> APPALRED LEGAL AID 120 N. FRONT AVE. PRESTONSBURG, KY 41653	61-0848948	501 C (3)	7,796.				GENERAL SUPPORT
<b>(6)</b> APPALSHOP, INC. 91 MADISON AVE. WHITESBURG, KY 41858	61-0890210	501 C (3)	9,000.				GENERAL SUPPORT
<b>(7)</b> ASPIRE APPALACHIA PO BOX 1255 JACKSON, KY 41339	84-4515260	501 C (3)	10,000.				KY TORNADO RELIEF
<b>(8)</b> BARREN HEIGHTS CHRISTIAN RETREAT CENTER INC 11420 WATTERSON COURT LOUISVILLE, KY 40299	32-0121355	501 C (3)	6,645.				GENERAL SUPPORT
<b>(9)</b> BARREN RIVER ANIMAL WELFARE ASSOCIATION 175 TROJAN TRL GLASGOW, KY 42141	61-1212479	501 C (3)	8,957.				GENERAL SUPPORT
<b>(10)</b> BERNHEIM ARBORETUM AND RESEARCH FOREST P.O. BOX 130 CLERMONT, KY 40110	61-0444651	501 C (3)	12,704.				GENERAL SUPPORT
<b>(11)</b> BETHANY HAVEN INC. P. O. BOX 601 BARDSTOWN, KY 40004	31-1521503	501 C (3)	5,568.				GENERAL SUPPORT
<b>(12)</b> 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 listed in the line 1 table ▶ 174

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) 2021

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

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Name of the organization

HONORABLE ORDER OF KENTUCKY COLONELS INC

Employer identification number

61-0485432

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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
<b>(1)</b> BILL AND BETSY SCHEBEN CARE CENTER, THE 31 SPIRAL DRIVE FLORENCE, KY 41042	45-1447370	501 C (3)	9,000.				GENERAL SUPPORT
<b>(2)</b> BLUE GRASS FARMS CHARITIES, INC. 2339 SANDERSVILLE ROAD LEXINGTON, KY 40511	20-0374962	501 C (3)	7,247.				GENERAL SUPPORT
<b>(3)</b> BLUEGRASS CARE NAVIGATORS 1733 HARRODSBURG ROAD LEXINGTON, KY 40504	61-0978097	501 C (3)	18,685.				GENERAL SUPPORT
<b>(4)</b> BLUEGRASS COUNCIL-BOY SCOUTS OF AMERICA 2134 NICHOLASVILLE ROAD LEXINGTON, KY 40503	61-0444653	501 C (3)	6,174.				GENERAL SUPPORT
<b>(5)</b> BOYS & GIRLS CLUB OF KENTUCKIANA 3900 CRITTENDEN DRIVE LOUISVILLE, KY 40209	61-0568789	501 C (3)	17,950.				GENERAL SUPPORT
<b>(6)</b> BRIGHTON CENTER, INC. P.O. BOX 325 NEWPORT, KY 41072	61-0673886	501 C (3)	9,779.				GENERAL SUPPORT
<b>(7)</b> BROWNSBORO CONSERVATION COUNCIL, INC. DBA B P.O. BOX 516 CRESTWOOD, KY 40014	26-0718033	501 C (3)	11,500.				GENERAL SUPPORT
<b>(8)</b> CASA OF LEXINGTON 3245 LOCH NESS DR LEXINGTON, KY 40517	61-1339185	501 C (3)	19,425.				GENERAL SUPPORT
<b>(9)</b> CASA, INC. (DBA CASA OF THE RIVER REGION) 982 EASTERN PARKWAY LOUISVILLE, KY 40217	61-1066568	501 C (3)	6,480.				GENERAL SUPPORT
<b>(10)</b> CAVE HILL HERITAGE FOUNDATION 701 BAXTER AVENUE LOUISVILLE, KY 40204	56-2498254	501 C (3)	6,700.				GENERAL SUPPORT
<b>(11)</b> CEDAR LAKE FOUNDATION 9505 WILLIAMSBURG PLAZA	61-1093278	501 C (3)	10,000.				GENERAL SUPPORT
<b>(12)</b> 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 listed in the line 1 table . . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

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Schedule I (Form 990) 2021

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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Name of the organization

HONORABLE ORDER OF KENTUCKY COLONELS INC

Employer identification number

61-0485432

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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
<b>(1)</b> CHALLENGER LEARNING CENTER OF KENTUCKY P.O. BOX 2064 HAZARD, KY 41702	31-1492348	501 C (3)	7,513.				GENERAL SUPPORT
<b>(2)</b> CHILD WATCH COUNSELING & ADVOCACY CENTER, I P.O. BOX 1262 PADUCAH, KY 42002	61-1105299	501 C (3)	16,828.				GENERAL SUPPORT
<b>(3)</b> CHILDREN'S HOME OF NORTHERN KENTUCKY 200 HOME ROAD COVINGTON, KY 41011	23-7068704	501 C (3)	11,160.				GENERAL SUPPORT
<b>(4)</b> CHOICES, INC. 419 SO. SHELBY STREET LOUISVILLE, KY 40202	61-1208995	501 C (3)	9,584.				GENERAL SUPPORT
<b>(5)</b> CHOOSEWELL COMMUNITIES PO BOX 2906 LOUISVILLE, KY 40201	47-2822055	501 C (3)	10,032.				GENERAL SUPPORT
<b>(6)</b> CHRISTIAN CARE COMMUNITIES 12710 TOWNEPARK WAY LOUISVILLE, KY 40243	61-0445828	501 C (3)	10,000.				GENERAL SUPPORT
<b>(7)</b> CINCYSMILES FOUNDATION 5310 RAPID RUN ROAD CINCINNATI, OH 45238	31-0537044	501 C (3)	6,000.				GENERAL SUPPORT
<b>(8)</b> COMMUNITY DENTAL CLINIC 2811 NEW HARTFORD ROAD, SUITE A	26-2343126	501 C (3)	7,205.				GENERAL SUPPORT
<b>(9)</b> COMMUNITY KITCHEN 1237 MARTIN LUTHER KING JR. DRIVE	26-4030614	501 C (3)	10,000.				KY TORNADO RELIEF
<b>(10)</b> CONRAD-CALDWELL HOUSE MUSEUM 1402 SAINT JAMES COURT LOUISVILLE, KY 40208	61-1138330	501 C (3)	15,000.				GENERAL SUPPORT
<b>(11)</b> COVINGTON LADIES HOME 702 GARRARD STREET COVINGTON, KY 41011	61-0461759	501 C (3)	5,802.				GENERAL SUPPORT
<b>(12)</b> DARE TO CARE FOOD BANK 5803 FERN VALLEY ROAD LOUISVILLE, KY 40228	23-7345952	501 C (3)	6,500.				GENERAL SUPPORT

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Schedule I (Form 990) 2021

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2021**

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Inspection**

Department of the Treasury  
Internal Revenue Service

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<b>(1)</b> DRESS FOR SUCCESS LOUISVILLE 913 E. MAIN STREET #101B	61-1383568	501 C (3)	6,000.				GENERAL SUPPORT
<b>(2)</b> EDGE OUTREACH (WATERSTEP) 625 MYRTLE STREET LOUISVILLE, KY 40208	61-1262016	501 C (3)	10,000.				GENERAL SUPPORT
<b>(3)</b> EDUCATIONAL JUSTICE 737 S. 3RD ST. LOUISVILLE, KY 40202	27-0405207	501 C (3)	13,000.				GENERAL SUPPORT
<b>(4)</b> EMERGENCY SHELTER OF NORTHERN KENTUCKY P.O. BOX 332 COVINGTON, KY 41012	26-0851019	501 C (3)	18,573.				GENERAL SUPPORT
<b>(5)</b> ENERGY CONSERVATION ASSOCIATES, INC. DBA PR 800 S. PRESTON ST. SUITE 110	61-1000873	501 C (3)	7,500.				GENERAL SUPPORT
<b>(6)</b> EPILEPSY FOUNDATION OF KENTUCKIANA KOSAIR CHARITIES CENTRE	61-1314540	501 C (3)	8,914.				GENERAL SUPPORT
<b>(7)</b> EXPERIENCING AUTISM TOGETHER P.O. BOX 184 HENDERSON, KY 42420	27-0731825	501 C (3)	7,710.				GENERAL SUPPORT
<b>(8)</b> FAMILY COMMUNITY CLINIC, INC. 1420 E. WASHINGTON STREET	27-2994215	501 C (3)	6,922.				GENERAL SUPPORT
<b>(9)</b> FEEDING AMERICA PO BOX 821 ELIZABETHTOWN, KY 42701	61-1043635	501 C (3)	10,000.				KY TORNADO RELIEF
<b>(10)</b> FOODCHAIN 501 WEST SIXTH STREET, SUITE 105	45-4088193	501 C (3)	9,165.				GENERAL SUPPORT
<b>(11)</b> FOUNDATION FOR APPALACHIAN KENTUCKY 420 MAIN ST HAZARD, KY 41701	61-1329396	501 C (3)	10,000.				GENERAL SUPPORT
<b>(12)</b> FRANKLIN COUNTY HUMANE SOCIETY 1041 KENTUCKY AVENUE FRANKFORT, KY 40601	61-0498423	501 C (3)	10,000.				GENERAL SUPPORT

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<b>(1)</b> FRANKLIN COUNTY WOMEN AND FAMILY SHELTER 303 EAST THIRD STREET FRANKFORT, KY 40601	75-3170363	501 C (3)	9,040.				GENERAL SUPPORT
<b>(2)</b> FRIENDS OF EASTERN CEMETERY PO BOX 6484 LOUISVILLE, KY 40206	46-4278446	501 C (3)	16,150.				GENERAL SUPPORT
<b>(3)</b> FRIENDS OF FORT HARROD P. O. BOX 14 HARRODSBURG, KY 40330	27-2270666	501 C (3)	5,831.				GENERAL SUPPORT
<b>(4)</b> FRIENDS OF THE HOLT HOME, INC. P.O. BOX 704 HARDINSBURG, KY 40144	46-1440550	501 C (3)	6,200.				GENERAL SUPPORT
<b>(5)</b> FRIENDS SCHOOL 901 BRECKENRIDGE LANE LOUISVILLE, KY 40207	61-1213141	501 C (3)	8,500.				GENERAL SUPPORT
<b>(6)</b> GARRARD COUNTY FOOD PANTRY 209 RICHMOND STREET LANCASTER, KY 40444	61-1310188	501 C (3)	10,000.				GENERAL SUPPORT
<b>(7)</b> GATEWAY CHILDREN'S SERVICES 37 NORTH MAYSVILLE MOUNT STERLING, KY 40353	61-1033836	501 C (3)	6,765.				GENERAL SUPPORT
<b>(8)</b> GENERATIONS ADULT DAY SERVICES 225 WEST WATER STREET MAYFIELD, KY 42066	20-3059507	501 C (3)	10,495.				GENERAL SUPPORT
<b>(9)</b> GIRL SCOUTS OF KENTUCKIANA 2115 LEXINGTON ROAD LOUISVILLE, KY 40206	61-0444698	501 C (3)	5,650.				GENERAL SUPPORT
<b>(10)</b> GUTHRIE OPPORTUNITY CENTER FOUNDATION, INC. 900 NUTTER DRIVE BARDSTOWN, KY 40004	45-2999517	501 C (3)	6,100.				GENERAL SUPPORT
<b>(11)</b> HAND IN HAND MINISTRIES 518 N. 26TH STREET LOUISVILLE, KY 40212	61-1352889	501 C (3)	16,000.				GENERAL SUPPORT
<b>(12)</b> HAPPY FEET EQUALS LEARNING FEET, INC. 1020 STATE ROUTE 56 EAST	45-5231363	501 C (3)	25,000.				GENERAL SUPPORT

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<b>(1)</b> HARBOR HOUSE PO BOX 58219 LOUISVILLE, KY 40268	61-1216323	501 C (3)	20,000.				GENERAL SUPPORT
<b>(2)</b> HARLAN COUNTY BOYS AND GIRLS CLUB 1 POSITIVE PLACE HARLAN, KY 40831	31-1793599	501 C (3)	8,844.				GENERAL SUPPORT
<b>(3)</b> HENRY HOSEA HOUSE 901 YORK STREET NEWPORT, KY 41071	61-1212528	501 C (3)	7,000.				GENERAL SUPPORT
<b>(4)</b> HIGHLANDS MUSEUM & DISCOVERY CENTER 1620 WINCHESTER AVE. ASHLAND, KY 41101	31-1061542	501 C (3)	17,870.				GENERAL SUPPORT
<b>(5)</b> HILLCREST-BRUCE MISSION 1819 ELOISE STREET ASHLAND, KY 41101	61-1032568	501 C (3)	18,000.				GENERAL SUPPORT
<b>(6)</b> HISTORIC RUSSELLVILLE INC DBA SEEK MUSEUM P O BOX 116 RUSSELLVILLE, KY 42276	31-1043155	501 C (3)	9,875.				GENERAL SUPPORT
<b>(7)</b> HOLLY HILL CHILD & FAMILY SOLUTIONS 9599 SUMMER HILL ROAD CALIFORNIA, KY 41007	61-1461729	501 C (3)	15,952.				GENERAL SUPPORT
<b>(8)</b> 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
<b>(9)</b> HOME OF THE INNOCENTS 1100 EAST MARKET STREET	61-0445834	501 C (3)	7,000.				GENERAL SUPPORT
<b>(10)</b> HONOR FLIGHT P.O. BOX 991364 LOUISVILLE, KY 40269	26-2237257	501 C (3)	10,000.				GENERAL SUPPORT
<b>(11)</b> HOPE 2 ALL FOOD PANTRY PO BOX 303 DRAKESBORO, KY 42337	20-8274332	501 C (3)	10,000.				KY TORNADO RELIEF
<b>(12)</b> HOSPICE AND PALLIATIVE CARE OF WESTERN KENT 3419 WATHENS CROSSING OWENSBORO, KY 42301	31-1010160	501 C (3)	5,141.				GENERAL SUPPORT

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<b>(1)</b> HOUSE OF RUTH 607 E. ST. CATHERINE STREET	61-1231355	501 C (3)	6,592.				GENERAL SUPPORT
<b>(2)</b> HOUSING ORIENTED MINISTRIES ESTABLISHED FOR 65 BENTLEY AVENUE WHITESBURG, KY 41858	61-1060053	501 C (3)	10,284.				GENERAL SUPPORT
<b>(3)</b> ISAIAH HOUSE RECOVERY CENTER 2084 MAIN STREET WILLISBURG, KY 40078	26-2961334	501 C (3)	11,384.				GENERAL SUPPORT
<b>(4)</b> JEFF STREET BAPTIST COMMUNITY AT LIBERTY 800 E. LIBERTY ST. LOUISVILLE, KY 40204	61-1206312	501 C (3)	15,000.				GENERAL SUPPORT
<b>(5)</b> JESSE STUART FOUNDATION 4440 13TH STREET ASHLAND, KY 41102	61-0959617	501 C (3)	6,300.				GENERAL SUPPORT
<b>(6)</b> JEWISH FAMILY AND CAREER SERVICES OF LOUISV PO BOX 32578 LOUISVILLE, KY 40232	61-0444704	501 C (3)	9,692.				GENERAL SUPPORT
<b>(7)</b> JOSEPHINE SCULPTURE PARK 3355 LAWRENCEBURG RD FRANKFORT, KY 40601	27-0686281	501 C (3)	9,756.				GENERAL SUPPORT
<b>(8)</b> JUNIOR ACHIEVEMENT OF THE BLUEGRASS 2420 SPURR ROAD, STE 150	61-0606480	501 C (3)	8,400.				GENERAL SUPPORT
<b>(9)</b> KCTCS 300 N MAIN ST VERSAILLES, KY 40383	61-1351918	501 C (3)	40,000.				GENERAL SUPPORT
<b>(10)</b> KENTUCKY ASSOCIATION FOR ACADEMIC COMPETITI 113 CONSUMER LN FRANKFORT, KY 40601	61-1087843	501 C (3)	10,000.				KY TORNADO RELIEF
<b>(11)</b> KENTUCKY ASSOCIATION OF HEALTH CARE FACILIT 9403 MILL BROOK ROAD LOUISVILLE, KY 40223	61-0728963	501 C (3)	10,000.				KY TORNADO RELIEF
<b>(12)</b> KENTUCKY COALITION AGAINST DOMESTIC VIOLENC 111 DARBY SHIRE CIRCLE FRANKFORT, KY 40601	61-1110432	501 C (3)	10,000.				KY TORNADO RELIEF

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(1) KENTUCKY COUNSELING CENTER PO BOX 701059, PMB 50499		501 C (3)	10,000.				WESTERN KENTUCKY TOR
(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

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<b>(1)</b> LIFELINE RECOVERY CENTER 2000 BLOOM AVE PADUCAH, KY 42003	20-0801622	501 C (3)	6,005.				GENERAL SUPPORT
<b>(2)</b> LINCOLN FOUNDATION 4322 BISHOP LANE LOUISVILLE, KY 40218	61-0449631	501 C (3)	8,441.				GENERAL SUPPORT
<b>(3)</b> LOUISVILLE PARKS FOUNDATION PO BOX 5755 LOUISVILLE, KY 40255	20-4372292	501 C (3)	5,176.				GENERAL SUPPORT
<b>(4)</b> MARCELLA'S KITCHEN 868 GUY MATHIS DRIVE BENTON, KY 42025	27-5083464	501 C (3)	25,000.				KY TORNADO RELIEF
<b>(5)</b> MARSHALL COUNTY EXCEPTIONAL CENTER P.O. BOX 423 BENTON, KY 42025	61-0652823	501 C (3)	10,000.				KY TORNADO RELIEF
<b>(6)</b> MARSHALL COUNTY TORNADO DISASTER RELIEF 80 JUDICIAL DRIVE BENTON, KY 42025	47-1347419	501 C (3)	10,000.				KY TORNADO RELIEF
<b>(7)</b> MARYHURST, INC. 1015 DORSEY LANE LOUISVILLE, KY 40223	31-1542209	501 C (3)	16,500.				GENERAL SUPPORT
<b>(8)</b> MAYFIELD GRAVES COUNTY TORNADO RELIEF UNITED WAY OF KENTUCKY LOUISVILLE, KY 40204	31-1106795	501 C (3)	10,000.				KY TORNADO RELIEF
<b>(9)</b> MEMORIAL HOSPITAL INC. DBA ADVENTHEALTH MAN 210 MARIE LANGDON DRIVE	61-0594620	501 C (3)	7,636.				GENERAL SUPPORT
<b>(10)</b> MERRYMAN HOUSE DOMESTIC CRISIS CENTER P.O. BOX 98 PADUCAH, KY 42002	61-0974637	501 C (3)	6,606.				GENERAL SUPPORT
<b>(11)</b> MURRAY-CALLOWAY COUNTY COMMUNITY THEATRE AR 701 GIL HOPSON DRIVE MURRAY, KY 42071	31-0914895	501 C (3)	9,861.				GENERAL SUPPORT
<b>(12)</b> NAZARETH HOMES FOUNDATION INC. 2000 NEWBURG RD LOUISVILLE, KY 40205	83-2123072	501 C (3)	20,733.				GENERAL SUPPORT

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3 Enter total number of other organizations listed in the line 1 table ▶

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Schedule I (Form 990) 2021

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990.

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Name of the organization

HONORABLE ORDER OF KENTUCKY COLONELS INC

Employer identification number

61-0485432

**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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
<b>(1)</b> NEIGHBORHOOD HOUSE 201 N. 25TH STREET LOUISVILLE, KY 40212	61-0445842	501 C (3)	12,000.				GENERAL SUPPORT
<b>(2)</b> NEW DAY RANCH, INC. 14838 ROSENSTIEL RD., VERONA, KY 41092	27-4722366	501 C (3)	12,250.				GENERAL SUPPORT
<b>(3)</b> NEW EYES FOR THE NEEDY 549 MILLBURN AVE SHORT HILLS, NJ 07078	22-1539720	501 C (3)	6,000.				GENERAL SUPPORT
<b>(4)</b> NEW PATHWAYS FOR CHILDREN 3233 SHAW RD MELBER, KY 42069	61-1297776	501 C (3)	9,000.				GENERAL SUPPORT
<b>(5)</b> NEW PERCEPTIONS INC 1 SPERTI DRIVE EDGEWOOD, KY 41017	61-0705047	501 C (3)	7,570.				GENERAL SUPPORT
<b>(6)</b> NORTHERN KENTUCKY COMMUNITY ACTION COMMISSI 717 MADISON AVE COVINGTON, KY 41011	61-0667805	501 C (3)	9,000.				GENERAL SUPPORT
<b>(7)</b> NORTHERN KY EDUCATION COUNCIL 7310 TURFWAY ROAD, SUITE 115	20-3105862	501 C (3)	5,630.				GENERAL SUPPORT
<b>(8)</b> NOTRE DAME URBAN EDUCATION CENTER 14 EAST 8TH STREET COVINGTON, KY 41011	27-0205323	501 C (3)	5,250.				GENERAL SUPPORT
<b>(9)</b> OHIO VALLEY ART LEAGUE P.O BOX 1043 HENDERSON, KY 42419	61-1209649	501 C (3)	5,200.				GENERAL SUPPORT
<b>(10)</b> OPPORTUNITY FOR WORK AND LEARNING 650 KENNEDY ROAD LEXINGTON, KY 40511	61-0593023	501 C (3)	6,000.				GENERAL SUPPORT
<b>(11)</b> OWENSBORO FAMILY YMCA 900 KENTUCKY PARKWAY OWENSBORO, KY 42301	61-0561344	501 C (3)	14,534.				GENERAL SUPPORT
<b>(12)</b> 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 listed in the line 1 table ▶

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Name of the organization

HONORABLE ORDER OF KENTUCKY COLONELS INC

Employer identification number

61-0485432

**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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<b>(1)</b> PADUCAH COOPERATIVE MINISTRY 402 LEGION DRIVE PADUCAH, KY 42003	61-0873781	501 C (3)	10,000.				GENERAL SUPPORT
<b>(2)</b> PARIS ANIMAL WELFARE SOCIETY 6 LEGION ROAD PARIS, KY 40361	61-1224933	501 C (3)	12,594.				GENERAL SUPPORT
<b>(3)</b> PARIS BOURBON COUNTY YMCA 917 MAIN ST. PARIS, KY 40361	61-0676727	501 C (3)	8,798.				GENERAL SUPPORT
<b>(4)</b> PARTNERSHIP HOUSING P.O. BOX 997 BOONEVILLE, KY 41314	61-1486773	501 C (3)	6,500.				GENERAL SUPPORT
<b>(5)</b> PETERSON-DUMESNIL HOUSE FOUNDATION 301 S. PETERSON AVENUE LOUISVILLE, KY 40206	31-1036389	501 C (3)	10,000.				GENERAL SUPPORT
<b>(6)</b> PILLAR (FORMERLY APPLE PATCH) 7408 HIGHWAY 329 CRESTWOOD, KY 40014	61-1159539	501 C (3)	11,368.				GENERAL SUPPORT
<b>(7)</b> PLANNED PARENTHOOD OF INDIANA AND KENTUCKY 200 S. MERIDIAN ST. INDIANAPOLIS, IN 46225	35-0874276	501 C (3)	6,013.				GENERAL SUPPORT
<b>(8)</b> PRODIGAL MINISTRIES, INC. P.O. BOX 1484 CRESTWOOD, KY 40014	61-1275040	501 C (3)	10,000.				GENERAL SUPPORT
<b>(9)</b> 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
<b>(10)</b> PROJECT WORTH & OUTREACH 72 INDUSTRIAL PARK ROAD MEANS, KY 40346	61-1262974	501 C (3)	9,629.				GENERAL SUPPORT
<b>(11)</b> REFUGE CLINIC 2349 RICHMOND ROAD SUITE 220	37-1547506	501 C (3)	9,243.				GENERAL SUPPORT
<b>(12)</b> REVIVE MINISTRIES INC. 111 COCONUT GROVE DRIVE	46-5546340	501 C (3)	15,926.				GENERAL SUPPORT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ \_\_\_\_\_

**3** Enter total number of other organizations listed in the line 1 table ▶ \_\_\_\_\_

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Name of the organization

HONORABLE ORDER OF KENTUCKY COLONELS INC

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**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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
<b>(1)</b> RIVER DISCOVERY CENTER 117 S. WATER STREET PADUCAH, KY 42001	61-1315396	501 C (3)	9,580.				GENERAL SUPPORT
<b>(2)</b> RIVERPARK CENTER 101 DAVIESS ST. OWENSBORO, KY 42303	61-1147328	501 C (3)	5,500.				GENERAL SUPPORT
<b>(3)</b> ROWAN COUNTY ARTS PROMOTION FOUNDATION 205 EAST MAIN STREET MOREHEAD, KY 40351	51-0611960	501 C (3)	6,500.				GENERAL SUPPORT
<b>(4)</b> SAFE HARBOR OF NORTHEAST KENTUCKY 3700 LANDSDOWNE DRIVE ASHLAND, KY 41105	61-1155742	501 C (3)	5,200.				GENERAL SUPPORT
<b>(5)</b> SALVATION ARMY LOUISVILLE AREA COMMAND, THE P.O. BOX 1149 LOUISVILLE, KY 40201	58-0660607	501 C (3)	10,284.				GENERAL SUPPORT
<b>(6)</b> SALVATION ARMY OF KENTUCKY PO BOX 1149 LOUISVILLE, KY 40201	58-0660607	501 C (3)	10,000.				KY TORNADO RELIEF
<b>(7)</b> SEVEN COUNTIES SERVICES 10101 LINN STATION ROAD	31-0939757	501 C (3)	19,568.				GENERAL SUPPORT
<b>(8)</b> SHELBY COUNTY COMMUNITY THEATRE 801 MAIN STREET SHELBYVILLE, KY 40065	31-0916464	501 C (3)	9,988.				GENERAL SUPPORT
<b>(9)</b> SHELTER OF HOPE, INC. 2944 WINCHESTER AVE. ASHLAND, KY 41101	61-1148320	501 C (3)	7,225.				GENERAL SUPPORT
<b>(10)</b> SHIVELY AREA MINISTRIES 4415 DIXIE HIGHWAY LOUISVILLE, KY 40216	61-1134579	501 C (3)	6,478.				GENERAL SUPPORT
<b>(11)</b> SIMON HOUSE, INC. 231 EAST MAIN STREET FRANKFORT, KY 40601	61-1118813	501 C (3)	9,884.				GENERAL SUPPORT
<b>(12)</b> SOCIETY OF ST. VINCENT DE PAUL, COUNCIL OF 1015-C S. PRESTON STREET	61-0727110	501 C (3)	11,870.				GENERAL SUPPORT

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**Part I General Information on Grants and Assistance**

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<b>(1)</b> SOUTHWEST CENTER FOR THE DEVELOPMENTALLY DI 8009 TERRY ROAD LOUISVILLE, KY 40258	61-1016175	501 C (3)	29,555.				GENERAL SUPPORT
<b>(2)</b> ST. BENEDICT'S HOMELESS SHELTER 1001 WEST SEVENTH STREET	47-4852450	501 C (3)	9,000.				GENERAL SUPPORT
<b>(3)</b> ST. JOSEPH CHILDREN'S HOME 2823 FRANKFORT AVE LOUISVILLE, KY 40206	61-0475286	501 C (3)	14,407.				GENERAL SUPPORT
<b>(4)</b> STEPSTONE FAMILY AND YOUTH SERVICES 11216 PROFESSIONAL PARK DRIVE		501 C (3)	10,000.				KY TORNADO RELIEF
<b>(5)</b> SUNRISE CHILDREN'S SERVICES, INC. 300 HOPE STREET MT. WASHINGTON, KY 40047	61-0597273	501 C (3)	5,927.				GENERAL SUPPORT
<b>(6)</b> TEAM WESTERN KENTUCKY RELIEF FUND 500 MERO STREET 218 NC FRANKFORT, KY 40601		501 C (3)	25,000.				KY TORNADO RELIEF
<b>(7)</b> THE CENTER FOR WOMEN AND FAMILIES PO BOX 2048 LOUISVILLE, KY 40201	61-0444846	501 C (3)	16,500.				GENERAL SUPPORT
<b>(8)</b> THE DREAM FACTORY, INC. 410 W. CHESTNUT ST. LOUISVILLE, KY 40202	31-1009812	501 C (3)	6,000.				GENERAL SUPPORT
<b>(9)</b> THE MUSEUM OF THE CITY OF FRANKFORT, INC DB 325 ANN STREET FRANKFORT, KY 40601	20-2380273	501 C (3)	8,000.				GENERAL SUPPORT
<b>(10)</b> THE NEST 530 N. LIMESTONE STREET LEXINGTON, KY 40508	31-0904247	501 C (3)	6,924.				GENERAL SUPPORT
<b>(11)</b> THE POST CLINIC 15 STERLING AVENUE MOUNT STERLING, KY 40353	31-1515325	501 C (3)	20,000.				GENERAL SUPPORT
<b>(12)</b> THE STEPHEN FOSTER DRAMA ASSOCIATION, INC. 411 EAST STEPHEN FOSTER AVENUE	61-6014682	501 C (3)	8,000.				GENERAL SUPPORT

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<b>(1)</b> THE VICTORY GARDENS INC. 2353 FORDS FERRY ROAD MARION, KY 42064	47-2394794	501 C (3)	22,000.				GENERAL SUPPORT
<b>(2)</b> TRIGG COUNTY HISTORICAL AND PRESERVATION SO P.O. BOX 1008 CADIZ, KY 42211	61-1088289	501 C (3)	7,293.				GENERAL SUPPORT
<b>(3)</b> UNION COUNTY HAPPY PACK, INC. PO BOX 718 MORGANFIELD, KY 42462	27-0525187	501 C (3)	6,780.				GENERAL SUPPORT
<b>(4)</b> UNITED METHODIST MOUNTAIN MISSION 891 HIGHWAY 30 WEST JACKSON, KY 41339	61-0659448	501 C (3)	9,000.				GENERAL SUPPORT
<b>(5)</b> UNITED SERVICE ORGANIZATIONS, INC. 4200 HOOVER RD COLUMBUS, OH 43123	13-1610451	501 C (3)	6,271.				GENERAL SUPPORT
<b>(6)</b> USA CARES 11760 COMMONWEALTH DRIVE	05-0588761	501 C (3)	20,000.				GENERAL SUPPORT
<b>(7)</b> VISUALLY IMPAIRED PRESCHOOL SERVICES (VIPS) 350 HENRY CLAY BLVD LEXINGTON, KY 40502	61-1061973	501 C (3)	11,337.				GENERAL SUPPORT
<b>(8)</b> WALNUT GROVE BAPTIST CHURCH 145 PARKSIDE WAY RUSSELLVILLE, KY 42276	61-1052829	501 C (3)	10,000.				KY TORNADO RELIEF
<b>(9)</b> WEDNESDAY'S CHILD PO BOX 39 LOUISVILLE, KY 40201	61-1026757	501 C (3)	17,495.				GENERAL SUPPORT
<b>(10)</b> WELCOME HOUSE OF NORTHERN KENTUCKY 205 WEST PIKE STREET COVINGTON, KY 41011	61-1020382	501 C (3)	9,846.				GENERAL SUPPORT
<b>(11)</b> WELLSPRING, INC. PO BOX 1927 LOUISVILLE, KY 40201	31-1020023	501 C (3)	7,078.				GENERAL SUPPORT
<b>(12)</b> WESLEY MANOR RETIREMENT COMMUNITY INC. 5012 EAST MANSLICK RD. LOUISVILLE, KY 40219	61-0561689	501 C (3)	13,777.				GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ \_\_\_\_\_

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Schedule I (Form 990) 2021



**SCHEDULE I  
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Employer identification number

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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) WESTCARE KENTUCKY, INC. 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 409 N STEWARTS LANE DANVILLE, KY 40422	61-1230722	501 C (3)	10,000.				GENERAL SUPPORT
(4) WORKWELL INDUSTRIES 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)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ \_\_\_\_\_

3 Enter total number of other organizations listed in the line 1 table ▶ \_\_\_\_\_

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Schedule I (Form 990) 2021

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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 GRANTEEES WITH GRANT AUTHORIZATION LETTERS. ALL

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

FUNDING.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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.
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HONORABLE ORDER OF KENTUCKY COLONELS INC

Employer identification number

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**Part I Questions Regarding Compensation**

**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.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> 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 explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the organization used to establish the compensation of the 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.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> 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:

- a** Receive a severance payment or change-of-control payment?
  - b** Participate in or receive payment from a supplemental nonqualified retirement plan?
  - c** Participate in or receive payment from an equity-based compensation arrangement?
- 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:

- a** The organization?
  - b** Any related organization?
- 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?
  - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

**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.

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SHERRY CROSE EXECUTIVE DIRECTOR	(i)	171,448.	NONE	NONE	NONE	3,601.	175,049.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

HONORABLE ORDER OF KENTUCKY COLONELS INC

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Employer identification number

61-0485432

**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**

OMB No. 1545-0047

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.

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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, PERFORMED A COMPENSATION REVIEW IN 2021.

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

MAKING DOCUMENTS AVAILABLE TO THE PUBLIC

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

**FORM 990, PART XI, LINE 9**

OTHER CHANGES

-----  
CHANGE IN BENEFICIAL INTEREST IN THIRD PARTY TRUST      \$115,079

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

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

OMB No. 1545-0047

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.

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Employer identification number

ADJUSTMENT FOR KCC ACTIVITY

( 15,953 )

-----

TOTAL CHANGES

\$ 99,126

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

HONORABLE ORDER OF KENTUCKY COLONELS INC

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Employer identification number

61-0485432

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

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

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

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

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

Schedule R (Form 990) 2021



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

(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	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) KENTUCKY COLONELS COLLECTIBLES, INC. 61-1124733 943 SOUTH FIRST STREET LOUISVILLE, KY 40203	NOVELTY	KY	HOKC	C	-11,749.	27,865.	100.0000	X	
(2) CHARITABLE LEAD TRUST	INVESTMENT	KY	N/A	T					X
(3)									
(4)									
(5)									
(6)									
(7)									

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		X
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	X	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		X
<b>f</b> Dividends from related organization(s) . . . . .		
<b>g</b> Sale of assets to related organization(s) . . . . .		X
<b>h</b> Purchase of assets from related organization(s) . . . . .		X
<b>i</b> Exchange of assets with related organization(s) . . . . .		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		X
<b>o</b> Sharing of paid employees with related organization(s) . . . . .		X
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		X
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		X
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		X
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		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)			
(5)			
(6)			

**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)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

**Exempt Organization Business Income Tax Return  
(and proxy tax under section 6033(e))**

**2021**

Department of the Treasury  
Internal Revenue Service

For calendar year 2021 or other tax year beginning \_\_\_\_\_, 2021, and ending \_\_\_\_\_, 20\_\_\_\_

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ 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

<b>A</b> <input type="checkbox"/> Check box if address changed.		Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>HONORABLE ORDER OF KENTUCKY COLONELS INC</b>	<b>D Employer identification number</b> 61-0485432
<b>B</b> Exempt under section	<b>Print or Type</b>	Number, street, and room or suite no. If a P.O. box, see instructions. <b>C/O GERARD KAUFFMANN 943 S. FIRST ST</b>	<b>E Group exemption number</b> (see instructions)
<input checked="" type="checkbox"/> 501(C)(3) <input type="checkbox"/> 408(e) 220(e) <input type="checkbox"/> 408A 530(a) <input type="checkbox"/> 529(a) 529A		City or town, state or province, country, and ZIP or foreign postal code <b>LOUISVILLE, KY 40203</b>	<b>F</b> <input type="checkbox"/> Check box if an amended return.
<b>C</b> Book value of all assets at end of year . . . . . ▶		<b>26720048.</b>	
<b>G</b> Check organization type ▶	<input checked="" type="checkbox"/> 501(c) corporation	<input type="checkbox"/> 501(c) trust	<input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust
<b>H</b> Check if filing only to ▶	<input type="checkbox"/> Claim credit from Form 8941	<input type="checkbox"/> Claim a refund shown on Form 2439	
<b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation . . . . . ▶ <input type="checkbox"/>			
<b>J</b> Enter the number of attached Schedules A (Form 990-T) . . . . . ▶			
<b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . . . ▶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation ▶			
<b>L</b> The books are in care of ▶ <b>GERARD KAUFFMANN</b>		Telephone number ▶ <b>502-266-6264</b>	
		<b>943 S. FIRST STREET</b>	
		<b>LOUISVILLE, KY 40203</b>	

**Part I Total Unrelated Business Taxable Income**

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions). . . . .	1	
2 Reserved . . . . .	2	
3 Add lines 1 and 2 . . . . .	3	
4 Charitable contributions (see instructions for limitation rules) . . . . .	4	
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 . . . . .	5	
6 Deduction for net operating loss. See instructions. . . . .	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 . . . . .	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions) . . . . .	8	
9 <b>Trusts.</b> Section 199A deduction. See instructions. . . . .	9	
10 <b>Total deductions.</b> Add lines 8 and 9 . . . . .	10	
11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero. . . . .	11	NONE

**Part II Tax Computation**

1 <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) . . . . . ▶	1	NONE
2 <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041). . . . . ▶	2	
3 <b>Proxy tax.</b> See instructions . . . . . ▶	3	
4 Other tax amounts. See instructions . . . . .	4	
5 Alternative minimum tax (trusts only) . . . . .	5	
6 <b>Tax on noncompliant facility income.</b> See instructions . . . . .	6	
7 <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies . . . . .	7	NONE

For Paperwork Reduction Act Notice, see instructions.

**Part III Tax and Payments**

<b>1 a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) . . . . .	<b>1a</b>		
<b>b</b> Other credits (see instructions) . . . . .	<b>1b</b>		
<b>c</b> General business credit. Attach Form 3800 (see instructions) . . . . .	<b>1c</b>		
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827) . . . . .	<b>1d</b>		
<b>e Total credits.</b> Add lines 1a through 1d . . . . .	<b>1e</b>		
<b>2</b> Subtract line 1e from Part II, line 7 . . . . .	<b>2</b>		NONE
<b>3</b> Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement) . . . . .	<b>3</b>		
<b>4 Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here . . . . .	<b>4</b>		NONE
<b>5</b> Current net 965 tax liability paid from Form 965-A, Part II, column (k) . . . . .	<b>5</b>		
<b>6 a</b> Payments: A 2020 overpayment credited to 2021 . . . . .	<b>6a</b>		
<b>b</b> 2021 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/> . . . . .	<b>6b</b>		
<b>c</b> Tax deposited with Form 8868 . . . . .	<b>6c</b>		
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions) . . . . .	<b>6d</b>		
<b>e</b> Backup withholding (see instructions) . . . . .	<b>6e</b>		
<b>f</b> Credit for small employer health insurance premiums (attach Form 8941) . . . . .	<b>6f</b>		
<b>g</b> Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total <b>▶</b>	<b>6g</b>		
<b>7 Total payments.</b> Add lines 6a through 6g . . . . .	<b>7</b>		
<b>8</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached . . . . . <input type="checkbox"/>	<b>8</b>		
<b>9 Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed . . . . . <b>▶</b>	<b>9</b>		NONE
<b>10 Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid . . . . . <b>▶</b>	<b>10</b>		
<b>11</b> Enter the amount of line 10 you want: <b>Credited to 2022 estimated tax</b> <b>▶</b> _____ <b>Refunded</b> <b>▶</b> _____	<b>11</b>		

**Part IV Statements Regarding Certain Activities and Other Information** (see instructions)

<b>1</b> At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here <b>▶</b> _____		Yes	No
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.			X
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year . . . . . <b>▶</b> \$ _____			
<b>4</b> Enter available pre-2018 NOL carryovers here <b>▶</b> \$ _____ . Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.			
<b>5</b> Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
Business Activity Code	Available post-2017 NOL carryover		
_____	\$ _____		
_____	\$ _____		
_____	\$ _____		
_____	\$ _____		
<b>6a</b> Did the organization change its method of accounting? (see instructions) . . . . .			
<b>b</b> If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V. . . . .			

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

SUPPLEMENTAL INFORMATION ATTACHED

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	<b>SHERRY CROSE</b> Signature of officer	05152022 Date	EXECUTIVE DIRECTOR Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed <span style="float: right;">PTIN</span>
	Firm's name <b>▶</b>	Firm's EIN <b>▶</b>		
	Firm's address <b>▶</b>	Phone no.		

SUPPLEMENTAL INFORMATION

=====

PART NUMBER: H  
LINE NUMBER:

EXPLANATION:

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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.