



Public Disclosure for Tax-Exempt Organizations

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

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

Where Must Information Be Provided?

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

How Quickly Must Organizations Reply?

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

Written Requests

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

What Can an Organization Charge?

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

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

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

Local or Subordinate Organizations

A local or subordinate organization that is covered by a group exemption letter is given additional time for responding to some requests. If this type of organization receives a request made in person for inspection of its application for tax exemption, the local organization is required to acquire and make available the application for a group exemption letter filed by the central or parent organization within not more than two weeks. The same general rule would apply with respect to a local or subordinate organization that does not file its own Form(s) 990/990-T but is covered under a group return. Again, the local or subordinate organization must make the group return available for inspection within a reasonable period which is defined as not more than two weeks. If the group return includes separate schedules with respect to each local or subordinate organization, the local or subordinate organization may exclude or omit any schedules relating only to other organizations which are included in the group return.

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

Using the Internet

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

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

What if the Requests Are a Form of Harassment?

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

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

Return of Organization Exempt From Income Tax

2020

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

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

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2020 calendar year, or tax year beginning , 2020, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HONORABLE ORDER OF KENTUCKY COLONELS INC		D Employer identification number 61-0485432
	Doing business as		E Telephone number (502) 266-6264
	Number and street (or P.O. box if mail is not delivered to street address) 943 S. FIRST ST	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code LOUISVILLE, KY 40203		G Gross receipts \$ 9,989,467.

F Name and address of principal officer: SHERRY CROSE
943 S. FIRST ST, LOUISVILLE, KY 40203

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: WWW.KYCOLONELS.ORG **H(c)** Group exemption number

K Form of organization: Corporation Trust Association Other **L** Year of formation: 1944 **M** State of legal domicile: KY

Part I Summary

Activities & Governance	1 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.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15.
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	6.
	6 Total number of volunteers (estimate if necessary)	6	50.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,159,725.	2,129,782.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	998,766.	1,596,269.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	170,904.	48,259.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,329,395.	3,774,310.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	1,980,311.	2,902,727.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	458,388.	457,647.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 804,356.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	605,810.	983,631.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,044,509.	4,344,005.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	284,886.	-569,695.
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	20,466,090.	20,472,188.
	22 Net assets or fund balances. Subtract line 21 from line 20	648,490.	660,275.

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.

Sign Here Signature of officer: *Sherry Crose* Date: 5/13/21
 Type or print name and title: SHERRY CROSE EXECUTIVE DIRECTOR

Paid Preparer Use Only Print/Type preparer's name: JESSICA FREEMAN Preparer's signature: *Jessica Freeman* Date: 5/13/2021 Check if self-employed PTIN: P01261457
 Firm's name: BKD, LLP Firm's EIN: 44-0160260
 Firm's address: 3102 WEST END AVENUE, SUITE 1050 NASHVILLE, TN 37203-1301 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** (2020)

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) OR OTHER EXEMPT ENTITIES THAT DEMONSTRATE A NEED THAT OTHERWISE CANNOT BE MET AND THAT WILL ENHANCE OR EXTEND THEIR CHARITABLE OR EDUCATIONAL ACTIVITIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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 \$ 3,015,634. including grants of \$ 2,902,727.) (Revenue \$) THE HONORABLE ORDER OF KENTUCKY COLONELS, INC (HOKC) GRANTS MONEY TO 501(C)(3) ENTITIES THAT DEMONSTRATE A NEED THAT OTHERWISE CANNOT BE MET AND THAT WILL ENHANCE OR EXTEND THEIR CHARITABLE OR EDUCATIONAL ACTIVITIES. IN 2020, HOKC GRANTED \$2.9 MILLION TO 177 ORGANIZATIONS WHO SERVED 3.9 MILLION INDIVIDUALS IN THE STATE OF KENTUCKY. AS PART OF THIS \$2.9 MILLION, HOKC DONATED \$1 MILLION TO TEAM KENTUCKY, KENTUCKY'S COVID RELIEF FUND THAT WAS ESTABLISHED TO PROVIDE HELP TO KENTUCKIANS EXPERIENCING AN EMPLOYMENT-RELATED FINANCIAL HARDSHIP DURING THE COVID-19 PUBLIC HEALTH EMERGENCY. SINCE HOKC BEGAN AS A 501(C)(3) ORGANIZATION, CLOSE TO \$53 MILLION DOLLARS HAS BEEN AWARDED.

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 3,015,634.

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows 1-21 with 'X' marks in the Yes/No columns.

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, W-2G forms, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 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

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 instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (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			
(1) SHERRY CROSE EXECUTIVE DIRECTOR	40.00 0.			X			166,870.	0.	6,476.	
(2) STEVEN BARKER DIRECTOR OF FINANCE	15.00 0.			X			43,050.	0.	0.	
(3) ALEX LYTTLE TRUSTEE	2.00 0.	X					0.	0.	0.	
(4) BROOKS H. BOWER TRUSTEE	2.00 0.	X					0.	0.	0.	
(5) DETLEF B. MOORE TRUSTEE	2.00 0.	X					0.	0.	0.	
(6) GARY BOSCHERT ADJUTANT GENERAL	2.00 0.	X		X			0.	0.	0.	
(7) HAL SULLIVAN COMMANDING GENERAL	2.00 0.	X		X			0.	0.	0.	
(8) JAN D. CAMPLIN TRUSTEE	2.00 0.	X					0.	0.	0.	
(9) JEFF L KENNEDY TRUSTEE	2.00 0.	X					0.	0.	0.	
(10) JIM ROGERS TREASURER	2.00 0.	X		X			0.	0.	0.	
(11) KEVIN DOYLE TRUSTEE	2.00 0.	X					0.	0.	0.	
(12) LYNN ASHTON TRUSTEE	2.00 0.	X					0.	0.	0.	
(13) MARY VITALE TRUSTEE	2.00 0.	X					0.	0.	0.	
(14) MIKE BERRY TRUSTEE	2.00 0.	X					0.	0.	0.	

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) NICK ISING ----- TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
(16) RICK HOBGOOD ----- TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
(17) TAD MYRE JR. ----- SECRETARY	2.00 ----- 0.	X		X				0.	0.	0.
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1b Sub-total								209,920.	0.	6,476.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								209,920.	0.	6,476.

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
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 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	
5 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
ATTACHMENT 1		

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

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions) . .	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	2,129,782.				
	g	Noncash contributions included in lines 1a-1f.	1g	\$ 19,979.				
	h	Total. Add lines 1a-1f			2,129,782.			
Program Service Revenue	2a	Business Code						
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			0.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).			309,669.		309,669.	
	4	Income from investment of tax-exempt bond proceeds .			0.			
	5	Royalties			0.			
	6a	Gross rents	(i) Real	(ii) Personal				
			6a					
			6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)			0.			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			7a		7,501,757.			
			7b		6,215,157.			
	c	Gain or (loss)	7c		1,286,600.			
	d	Net gain or (loss)			1,286,600.		1,286,600.	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18			0.			
			8a		0.			
8b				0.				
c	Net income or (loss) from fundraising events.			0.				
9a	Gross income from gaming activities. See Part IV, line 19			0.				
		9a		0.				
		9b		0.				
c	Net income or (loss) from gaming activities.			0.				
10a	Gross sales of inventory, less returns and allowances			0.				
		10a		0.				
		10b		0.				
c	Net income or (loss) from sales of inventory.			0.				
Miscellaneous Revenue	11a	LICENSE PLATE INCOME	Business Code	900099	43,978.		43,978.	
	b	OTHER INCOME	Business Code	900099	4,281.		4,281.	
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d			48,259.			
12	Total revenue. See instructions			3,774,310.		1,644,528.		

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

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Salaries, Pension, Advertising, and Total functional expenses.

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	413,674.	1	589,630.
	2 Savings and temporary cash investments	183,286.	2	50,842.
	3 Pledges and grants receivable, net	0.	3	0.
	4 Accounts receivable, net.	61,921.	4	81,365.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	0.	9	71,924.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,282,447.		
	b Less: accumulated depreciation	10b 84,268.	866,766.	10c 1,198,179.
	11 Investments - publicly traded securities	18,313,218.	11	17,788,528.
	12 Investments - other securities. See Part IV, line 11	0.	12	0.
	13 Investments - program-related. See Part IV, line 11.	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	627,225.	15	691,720.
16 Total assets. Add lines 1 through 15 (must equal line 33)	20,466,090.	16	20,472,188.	
Liabilities	17 Accounts payable and accrued expenses	59,455.	17	89,532.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	0.	19	0.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
	22 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	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	589,035.	23	570,743.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	0.
	26 Total liabilities. Add lines 17 through 25.	648,490.	26	660,275.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	19,190,375.	27	19,120,193.
	28 Net assets with donor restrictions	627,225.	28	691,720.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	19,817,600.	32	19,811,913.
33 Total liabilities and net assets/fund balances	20,466,090.	33	20,472,188.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,774,310.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,344,005.
3	Revenue less expenses. Subtract line 2 from line 1	3	-569,695.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	19,817,600.
5	Net unrealized gains (losses) on investments	5	509,436.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	54,572.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	19,811,913.

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 in 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
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

HONORABLE ORDER OF KENTUCKY COLONELS INC

Employer identification number

61-0485432

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 or 990-EZ).)
- 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 in 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)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2020

JSA
0E1210 0.030

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) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (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) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (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; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 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 2 columns: Percentage, %. Rows include: 14 Public support percentage for 2020; 15 Public support percentage from 2019 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2020; b 33 1/3% support test - 2019; 17a 10%-facts-and-circumstances test - 2020; b 10%-facts-and-circumstances test - 2019; 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,828,377.	1,880,498.	2,088,553.	2,159,725.	2,129,782.	10,086,935.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	110,615.	111,160.	94,825.	113,794.		430,394.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1 through 5.	1,938,992.	1,991,658.	2,183,378.	2,273,519.	2,129,782.	10,517,329.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons			20,003.	10,100.	20,081.	50,184.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b.			20,003.	10,100.	20,081.	50,184.
8 Public support. (Subtract line 7c from line 6.)						10,467,145.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6.	1,938,992.	1,991,658.	2,183,378.	2,273,519.	2,129,782.	10,517,329.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	647,393.	410,995.	407,656.	422,425.	309,669.	2,198,138.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	647,393.	410,995.	407,656.	422,425.	309,669.	2,198,138.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		24,010.	46,482.	57,110.	48,259.	175,861.
13 Total support. (Add lines 9, 10c, 11, and 12.)	2,586,385.	2,426,663.	2,637,516.	2,753,054.	2,487,710.	12,891,328.
14 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	81.20%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	79.40%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)),	17	17.05%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	19.41%

- 19a 33 1/3% support tests - 2020.** 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 - 2019.** 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <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 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 in 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 in 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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in 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
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) 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>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a 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 Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

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 - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 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-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016			
b	Excess from 2017			
c	Excess from 2018			
d	Excess from 2019			
e	Excess from 2020			

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

Name of the organization

HONORABLE ORDER OF KENTUCKY COLONELS INC

Employer identification number

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2020

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?

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?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Description, Amount
1c Beginning balance
1d Additions during the year
1e Distributions during the year
1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
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.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

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:

- (i) Unrelated organizations
(ii) Related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

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 descriptions, sub-headers (2a-2d, 3, 4a-4b, 4c, 5), and a final column for totals.

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 descriptions, sub-headers (2a-2d, 3, 4a-4b, 4c, 5), and a final column for totals.

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 PAGE 5

Multiple horizontal lines provided for entering supplemental information.

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2:

INCOME TAXES

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

SCHEDULE D, PART V, LINE 4

INTENDED USE OF ENDOWMENT FUNDS

TO SUPPORT THE ORGANIZATION'S PROGRAM AND GENERAL OPERATIONS.

**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

2020

**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
(1) ACTION MINISTRIES, INC. 4375 BORON DRIVE COVINGTON, KY 41015	61-1330212	501 C (3)	8,000.				GENERAL SUPPORT
(2) ADVENTURESERVE MINISTRIES PO BOX 127 WILMORE, KY 40390	58-1475965	501 C (3)	25,000.				GENERAL SUPPORT
(3) ALLEY CAT ADVOCATES 3524 NEWBURG ROAD LOUISVILLE, KY 40218	61-1343210	501 C (3)	7,831.				GENERAL SUPPORT
(4) AMEN HOUSE, INC. PO BOX 211 GEORGETOWN, KY 40324	61-1236411	501 C (3)	10,000.				GENERAL SUPPORT
(5) AMERICAN RED CROSS 510 E. CHESTNUT ST. LOUISVILLE, KY 40202	53-0196605	501 C (3)	10,000.				GENERAL SUPPORT
(6) ANDERSON COUNTY BACKPACK BUDDIES 1014 MAC ST LAWRENCEBURG, KY 40342	37-1609278	501 C (3)	9,747.				GENERAL SUPPORT
(7) ASHLAND ANIMAL RESCUE FUND 12365 KEVIN AVE. ASHLAND, KY 41102	27-0163309	501 C (3)	6,500.				GENERAL SUPPORT
(8) ASHLAND COMMUNITY KITCHEN INC. P.O. BOX 1743 ASHLAND, KY 41105	61-1100724	501 C (3)	7,500.				GENERAL SUPPORT
(9) BIG SANDY AREA COMMUNITY ACTION PROGRAM, IN 230 COURT STREET PAINTSVILLE, KY 41240	61-0653946	501 C (3)	9,915.				GENERAL SUPPORT
(10) BLUEGRASS CENTER FOR AUTISM 9810 BLUEGRASS PARKWAY LOUISVILLE, KY 40299	27-2279128	501 C (3)	7,590.				GENERAL SUPPORT
(11) BOYS & GIRLS HAVEN, INC. 2301 GOLDSMITH LANE LOUISVILLE, KY 40218	61-0479621	501 C (3)	30,000.				GENERAL SUPPORT
(12) BRIGHT LIFE FARMS, INC. 6773 US HWY 62 WEST KUTTAWA, KY 42055	61-1352930	501 C (3)	9,499.				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) 2020

**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

- 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
(1) CAMP HORSIN' AROUND 1159 CLAUNCH RD PERRYVILLE, KY 40468	76-0714967	501 C (3)	8,805.				GENERAL SUPPORT
(2) CARING PLACE 111 EAST MULBERRY STREET LEBANON, KY 40033	61-1242828	501 C (3)	15,000.				GENERAL SUPPORT
(3) CASA OF LEXINGTON 3245 LOCH NESS DR LEXINGTON, KY 40517	61-1339185	501 C (3)	44,573.				GENERAL SUPPORT
(4) CASA, INC. (DBA CASA OF THE RIVER REGION) 982 EASTERN PARKWAY LOUISVILLE, KY 40217	61-1066568	501 C (3)	6,780.				GENERAL SUPPORT
(5) CATHOLIC CHARITIES LOUISVILLE 2911 SOUTH FOURTH STREET	61-1239600	501 C (3)	7,631.				GENERAL SUPPORT
(6) CATHOLIC DIOCESE OF LEXINGTON 1310 WEST MAIN ST LEXINGTON, KY 40508	61-1132894	501 C (3)	12,303.				GENERAL SUPPORT
(7) CHILDREN'S LAW CENTER 1002 RUSSELL ST COVINGTON, KY 41011	61-1167352	501 C (3)	18,350.				GENERAL SUPPORT
(8) CHOICES, INC. 419 SO. SHELBY STREET LOUISVILLE, KY 40202	61-1208995	501 C (3)	13,701.				GENERAL SUPPORT
(9) CHRISTIAN CARE COMMUNITIES 12710 TOWNEPARK WAY LOUISVILLE, KY 40243	61-0445828	501 C (3)	9,750.				GENERAL SUPPORT
(10) CINCYSMILES FOUNDATION 5310 RAPID RUN ROAD CINCINNATI, OH 45238	31-0537044	501 C (3)	9,850.				GENERAL SUPPORT
(11) CLARK COUNTY COMMUNITY SERVICES INC. 30 TAYLOR AVENUE WINCHESTER, KY 40391	31-1005844	501 C (3)	5,200.				GENERAL SUPPORT
(12) CLARK COUNTY HOMELESS COALITION P.O. BOX 4692 WINCHESTER, KY 40392	27-1281819	501 C (3)	10,000.				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) 2020

**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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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
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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) COMMUNITY ACTION COUNCIL PO BOX 11610 LEXINGTON, KY 40576	61-0650121	501 C (3)	20,000.				GENERAL SUPPORT
(2) COMMUNITY SERVICE CENTER OF WILMORE AND HIG 209 E MAIN STREET WIMORE, KY 40390	31-1020218	501 C (3)	10,000.				GENERAL SUPPORT
(3) COVINGTON LADIES HOME 702 GARRARD STREET COVINGTON, KY 41011	61-0461759	501 C (3)	5,400.				GENERAL SUPPORT
(4) CROSSROADS PREGNANCY RESOURCE CENTER 6435 WEST HWY 146 CRESTWOOD, KY 40014	27-4097169	501 C (3)	20,000.				GENERAL SUPPORT
(5) DARE TO CARE FOOD BANK 5803 FERN VALLEY ROAD LOUISVILLE, KY 40228	23-7345952	501 C (3)	20,000.				GENERAL SUPPORT
(6) DREAMS WITH WINGS 1579 BARDSTOWN ROAD LOUISVILLE, KY 40205	61-1371540	501 C (3)	7,197.				GENERAL SUPPORT
(7) EDGE OUTREACH (DBA WATERSTEP) 625 MYRTLE STREET LOUISVILLE, KY 40208	61-1262016	501 C (3)	10,000.				GENERAL SUPPORT
(8) EPILEPSY FOUNDATION OF KENTUCKIANA KOSAIR CHARITIES CENTRE	61-1314540	501 C (3)	7,478.				GENERAL SUPPORT
(9) FAMILY AND CHILDREN'S PLACE 525 ZANE STREET LOUISVILLE, KY 40203	61-0549561	501 C (3)	6,500.				GENERAL SUPPORT
(10) FAMILY COMMUNITY CLINIC, INC. 1420 E. WASHINGTON STREET	27-2994215	501 C (3)	5,211.				GENERAL SUPPORT
(11) FAMILY ENRICHMENT CENTER 1133 ADAMS STREET BOWLING GREEN, KY 42101	61-0956466	501 C (3)	10,000.				GENERAL SUPPORT
(12) FAMILY SCHOLAR HOUSE 403 REG SMITH CIRCLE LOUISVILLE, KY 40208	61-1285124	501 C (3)	6,000.				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) 2020

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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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
(1) FAMILY SERVICE SOCIETY 827 JOE CLIFTON DR PADUCAH, KY 42001	61-0461408	501 C (3)	23,953.				GENERAL SUPPORT
(2) FRANCISCAN SHELTER HOUSE, DBA FRANCISCAN KI 748 SOUTH PRESTON ST. LOUISVILLE, KY 40203	61-1081045	501 C (3)	10,170.				GENERAL SUPPORT
(3) FRANKLIN COUNTY WOMEN AND FAMILY SHELTER 303 EAST THIRD STREET FRANKFORT, KY 40601	75-3170363	501 C (3)	6,220.				GENERAL SUPPORT
(4) FRIENDS OF METRO ANIMAL SERVICES 3516 NEWBURG ROAD LOUISVILLE, KY 40218	38-3749218	501 C (3)	10,000.				GENERAL SUPPORT
(5) GOD'S DESIGNS, INC. 1325 BARDSTOWN ROAD LOUISVILLE, KY 40205	27-3410419	501 C (3)	7,737.				GENERAL SUPPORT
(6) GOD'S PANTRY FOOD BANK 1685 JAGGIE FOX WAY LEXINGTON, KY 40511	31-0979404	501 C (3)	11,000.				GENERAL SUPPORT
(7) GOD'S PANTRY OF PULASKI COUNTY, INC. 119 S CENTRAL AVE SOMERSET, KY 42502	61-1014372	501 C (3)	18,169.				GENERAL SUPPORT
(8) GRAYSON COUNTY ALLIANCE P.O. BOX 57 LEITCHFIELD, KY 42755	61-1379449	501 C (3)	6,650.				GENERAL SUPPORT
(9) GUTHRIE OPPORTUNITY CENTER FOUNDATION, INC. 900 NUTTER DRIVE BARDSTOWN, KY 40004	45-2999517	501 C (3)	15,000.				GENERAL SUPPORT
(10) HABITAT FOR HUMANITY OF METRO LOUISVILLE 1620 BANK STREET LOUISVILLE, KY 40203	58-1735528	501 C (3)	33,998.				GENERAL SUPPORT
(11) HAPPY FEET EQUALS LEARNING FEET, INC. 1020 STATE ROUTE 56 EAST	45-5231363	501 C (3)	6,000.				GENERAL SUPPORT
(12) HARBOR HOUSE PO BOX 58219 LOUISVILLE, KY 40268	61-1216323	501 C (3)	20,000.				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) 2020

**SCHEDULE I
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**Grants and Other Assistance to Organizations,
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Part I General Information on Grants and Assistance

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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) HARLAN COUNTY BOYS AND GIRLS CLUB 1 POSITIVE PLACE HARLAN, KY 40831	31-1793599	501 C (3)	15,000.				GENERAL SUPPORT
(2) HAVE A HEART FOUNDATION 310 E BROADWAY LOUISVILLE, KY 40202	26-1433114	501 C (3)	18,000.				GENERAL SUPPORT
(3) HAZARD PERRY COUNTY COMMUNITY MINISTRIES 151 MISS EDNA LANE HAZARD, KY 41701	61-0899221	501 C (3)	11,032.				GENERAL SUPPORT
(4) HENRY HOSEA HOUSE 901 YORK STREET NEWPORT, KY 41071	61-1212528	501 C (3)	8,902.				GENERAL SUPPORT
(5) HEUSER HEARING & LANGUAGE ACADEMY 111 E. KENTUCKY STREET LOUISVILLE, KY 40203	61-0492369	501 C (3)	8,378.				GENERAL SUPPORT
(6) HIGHPOINT CHARITABLE SERVICES 424 EAST MAIN STREET LA GRANGE, KY 40031	46-4284885	501 C (3)	9,547.				GENERAL SUPPORT
(7) HILLCREST-BRUCE MISSION 1819 ELOISE STREET ASHLAND, KY 41101	61-1032568	501 C (3)	18,000.				GENERAL SUPPORT
(8) HOLLY HILL CHILD & FAMILY SOLUTIONS 9599 SUMMER HILL ROAD CALIFORNIA, KY 41007	61-1461729	501 C (3)	24,621.				GENERAL SUPPORT
(9) HOME FOR THE AGED OF THE LITTLE SISTERS OF 15 AUDUBON PLAZA DRIVE LOUISVILLE, KY 40217	61-0487466	501 C (3)	20,000.				GENERAL SUPPORT
(10) HOME OF THE INNOCENTS 1100 EAST MARKET STREET	61-0445834	501 C (3)	9,100.				GENERAL SUPPORT
(11) HONOR FLIGHT PO BOX 991364 LOUISVILLE, KY 40269	26-2237257	501 C (3)	10,000.				GENERAL SUPPORT
(12) HOPE 2 ALL 307 MOSE RAGER BLVD DRAKESBORO, KY 42337	20-8274332	501 C (3)	7,500.				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) 2020

**SCHEDULE I
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**Grants and Other Assistance to Organizations,
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- 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.

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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) HOPE CENTER, INC. PO BOX 6 LEXINGTON, KY 40588	61-1107296	501 C (3)	13,551.				GENERAL SUPPORT
(2) HOPE'S PLACE 1100 GREENUP AVE ASHLAND, KY 41101	31-1501089	501 C (3)	10,000.				GENERAL SUPPORT
(3) HOSPICE CARE PLUS 208 KIDD DRIVE BEREAS, KY 40403	31-1038258	501 C (3)	9,345.				GENERAL SUPPORT
(4) HOUSING DEVELOPMENT ALLIANCE 2871 NORTH MAIN STREET HAZARD, KY 41701	61-1253346	501 C (3)	10,617.				GENERAL SUPPORT
(5) HOUSING ORIENTED MINISTRIES ESTABLISHED FOR 65 BENTLEY AVENUE WHITESBURG, KY 41858	61-1060053	501 C (3)	15,000.				GENERAL SUPPORT
(6) ISAIAH HOUSE RECOVERY CENTER 2084 MAIN STREET WILLISBURG, KY 40078	26-2961334	501 C (3)	25,000.				GENERAL SUPPORT
(7) JEWISH FAMILY AND CAREER SERVICES OF LOUISV 2821 KLEMPNER WAY LOUISVILLE, KY 40205	61-0444704	501 C (3)	7,000.				GENERAL SUPPORT
(8) KCEOC COMMUNITY ACTION PARTNERSHIP PO BOX 490 BARBOURVILLE, KY 40906	61-0647835	501 C (3)	10,500.				GENERAL SUPPORT
(9) KENTUCKIANA CENTER FOR EDUCATION HEALTH & R 1810 BROWNSBORO ROAD LOUISVILLE, KY 40206	61-6014488	501 C (3)	7,000.				GENERAL SUPPORT
(10) KENTUCKY ASSOCIATION FOR ACADEMIC COMPETITI 113 CONSUMER LANE FRANKFORT, KY 40601	61-1087843	501 C (3)	10,000.				GENERAL SUPPORT
(11) KENTUCKY COMMUNITY AND TECHNICAL COLLEGE SY 300 NORTH MAIN STREET VERSAILLES, KY 40383	61-1351918	501 C (3)	80,000.				GENERAL SUPPORT
(12) KENTUCKY EQUINE HUMANE CENTER P.O. BOX 910124 LEXINGTON, KY 40591	20-5883736	501 C (3)	49,654.				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 ▶ _____

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

Schedule I (Form 990) 2020

**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

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

▶ Go to 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

- 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
(1) KENTUCKY RIVER COMMUNITY CARE, INC. PO BOX 794 JACKSON, KY 41339	31-0965230	501 C (3)	9,994.				GENERAL SUPPORT
(2) KENTUCKY RIVER FOOTHILLS DEVELOPMENT COUNCI 309 SPANGLER DRIVE RICHMOND, KY 40475	61-0650246	501 C (3)	10,000.				GENERAL SUPPORT
(3) KNOWLEDGE CENTER ON DEAFNESS P.O. BOX 618 FRANKFORT, KY 40602	61-1374370	501 C (3)	10,000.				GENERAL SUPPORT
(4) LEXINGTON RESCUE MISSION P.O. BOX 1050 LEXINGTON, KY 40588	61-1387338	501 C (3)	10,590.				GENERAL SUPPORT
(5) LIGHTHOUSE PROMISE, INC. DBA LIGHTHOUSE ACA 5312 SHEPHERDSVILLE ROAD	61-1362760	501 C (3)	6,403.				GENERAL SUPPORT
(6) LKLP COMMUNITY ACTION COUNCIL INC. 398 ROY CAMPBELL DRIVE HAZARD, KY 41701	61-0661299	501 C (3)	10,000.				GENERAL SUPPORT
(7) LOTUS PO BOX 8506 PADUCAH, KY 42002	61-1107734	501 C (3)	25,000.				GENERAL SUPPORT
(8) LOUISVILLE CENTRAL COMMUNITY CENTERS 1300 W. MUHAMMAD ALI BLVD	61-0590743	501 C (3)	15,000.				GENERAL SUPPORT
(9) LOUISVILLE PARKS FOUNDATION PO BOX 5755 LOUISVILLE, KY 40255	20-4372292	501 C (3)	5,520.				GENERAL SUPPORT
(10) MARSHALL COUNTY COMMUNITY KITCHEN DBA MARCE 868 GUY MATHIS DR BENTON, KY 42025	27-5083464	501 C (3)	8,227.				GENERAL SUPPORT
(11) MARSHALL COUNTY EXCEPTIONAL CENTER 198 OLD SYMSONIA ROAD BENTON, KY 42025	61-0652823	501 C (3)	19,487.				GENERAL SUPPORT
(12) MARTIN COUNTY SENIOR CITIZENS CENTER PO BOX 631 INEZ, KY 41224	61-1160988	501 C (3)	6,530.				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) 2020

**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

- 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
(1) MERRYMAN HOUSE DOMESTIC CRISIS CENTER P.O. BOX 98 PADUCAH, KY 42002	61-0974637	501 C (3)	24,002.				GENERAL SUPPORT
(2) MOM'S CLOSET RESOURCE CENTER, INC.DBA SPARC 11921 BRINLEY AVE LOUISVILLE, KY 40243	32-0049180	501 C (3)	16,000.				GENERAL SUPPORT
(3) MOREHEAD GATEWAY HELPING HANDS FOOD BANK P.O. BOX 316 MOREHEAD, KY 40351	27-1346551	501 C (3)	14,000.				GENERAL SUPPORT
(4) NEIGHBORHOOD HOUSE 201 N. 25TH STREET LOUISVILLE, KY 40212	61-0445842	501 C (3)	8,000.				GENERAL SUPPORT
(5) NEW OPPORTUNITY SCHOOL FOR WOMEN, INC. 204 CHESTNUT STREET BERE A, KY 40403	61-1323868	501 C (3)	15,000.				GENERAL SUPPORT
(6) NEW PATHWAYS FOR CHILDREN 3233 SHAW RD MELBER, KY 42069	61-1297776	501 C (3)	15,000.				GENERAL SUPPORT
(7) NEW PERCEPTIONS INC 1 SPERTI DRIVE EDGEWOOD, KY 41017	61-0705047	501 C (3)	6,998.				GENERAL SUPPORT
(8) NEW ROOTS, INC 1800 PORTLAND AVENUE LOUISVILLE, KY 40203	27-0700459	501 C (3)	8,000.				GENERAL SUPPORT
(9) NORTHERN KENTUCKY CHILDREN'S ADVOCACY CENTE 4890 HOUSTON ROAD FLORENCE, KY 41042	26-3272297	501 C (3)	9,777.				GENERAL SUPPORT
(10) OWENSBORO AREA SHELTER, INFORMATION & SERVI PO BOX 315 OWENSBORO, KY 42302	61-0995748	501 C (3)	10,000.				GENERAL SUPPORT
(11) PADUCAH COOPERATIVE MINISTRY 402 LEGION DRIVE PADUCAH, KY 42003	61-0873781	501 C (3)	13,914.				GENERAL SUPPORT
(12) PARIS ANIMAL WELFARE SOCIETY 6 LEGION ROAD PARIS, KY 40361	61-1224933	501 C (3)	7,715.				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) 2020

**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

- 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
(1) PARTNERSHIP HOUSING P.O. BOX 997 BOONEVILLE, KY 41314	61-1486773	501 C (3)	8,493.				GENERAL SUPPORT
(2) PILLAR (FORMERLY APPLE PATCH) 7408 HIGHWAY 329 CRESTWOOD, KY 40014	61-1159539	501 C (3)	24,536.				GENERAL SUPPORT
(3) POST CLINIC, THE 15 STERLING AVENUE MOUNT STERLING, KY 40353	31-1515325	501 C (3)	10,648.				GENERAL SUPPORT
(4) PREVENT CHILD ABUSE KENTUCKY 801 CORPORATE DRIVE LEXINGTON, KY 40503	61-1111813	501 C (3)	11,116.				GENERAL SUPPORT
(5) PRODIGAL MINISTRIES, INC. P.O. BOX 1484 CRESTWOOD, KY 40014	61-1275040	501 C (3)	8,095.				GENERAL SUPPORT
(6) PROJECT WORTH & OUTREACH 72 INDUSTRIAL PARK ROAD MEANS, KY 40346	61-1262974	501 C (3)	5,998.				GENERAL SUPPORT
(7) REFUGE CLINIC 2349 RICHMOND ROAD SUITE 220	37-1547506	501 C (3)	15,616.				GENERAL SUPPORT
(8) REVIVE MINISTRIES INC. 111 COCONUT GROVE DRIVE	46-5546340	501 C (3)	15,000.				GENERAL SUPPORT
(9) SAFY OF KY 1169 EASTERN PKWY SUITE 3364	26-1641642	501 C (3)	5,836.				GENERAL SUPPORT
(10) SALVATION ARMY LOUISVILLE AREA COMMAND, THE P.O. BOX 1149 LOUISVILLE, KY 40201	58-0660607	501 C (3)	9,996.				GENERAL SUPPORT
(11) SEEDLEAF 501 W. SIXTH STREET, SUITE 250	45-0582109	501 C (3)	14,099.				GENERAL SUPPORT
(12) SENIORCARE EXPERTS 145 THIERMAN LANE LOUISVILLE, KY 40207	61-0860265	501 C (3)	6,000.				GENERAL SUPPORT

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Schedule I (Form 990) 2020

**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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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
(1) SEVEN COUNTIES SERVICES 10101 LINN STATION ROAD	31-0939757	501 C (3)	18,650.				GENERAL SUPPORT
(2) SHIVELY AREA MINISTRIES 4415 DIXIE HIGHWAY LOUISVILLE, KY 40216	61-1134579	501 C (3)	10,000.				GENERAL SUPPORT
(3) SIMON HOUSE, INC. 231 EAST MAIN STREET FRANKFORT, KY 40601	61-1118813	501 C (3)	6,613.				GENERAL SUPPORT
(4) SOCIETY OF ST. VINCENT DE PAUL, COUNCIL OF 1015-C S. PRESTON STREET	61-0727110	501 C (3)	15,447.				GENERAL SUPPORT
(5) SOS INTERNATIONAL INC. 1500 ARLINGTON AVENUE LOUISVILLE, KY 40206	27-2624272	501 C (3)	10,000.				GENERAL SUPPORT
(6) SOUTH CENTRAL KENTUCKY KIDS ON THE BLOCK 958 COLLETT AVE. SUITE 100	61-1164527	501 C (3)	5,718.				GENERAL SUPPORT
(7) SOUTHWEST CENTER FOR THE DEVELOPMENTALLY DI 8009 TERRY ROAD LOUISVILLE, KY 40258	61-1016175	501 C (3)	10,000.				GENERAL SUPPORT
(8) SPRINGHAVEN, INC. PO BOX 2047 ELIZABETHTOWN, KY 42702	61-1096261	501 C (3)	10,302.				GENERAL SUPPORT
(9) ST. JOSEPH CHILDREN'S HOME 2823 FRANKFORT AVE LOUISVILLE, KY 40206	61-0475286	501 C (3)	17,306.				GENERAL SUPPORT
(10) ST. JOSEPH PEACE MISSION FOR CHILDREN 1328 WEST 3RD STREET OWENSBORO, KY 42301	61-1311338	501 C (3)	5,600.				GENERAL SUPPORT
(11) ST. MATTHEWS AREA MINISTRIES (STMAM) 201 BILTMORE ROAD LOUISVILLE, KY 40207	61-0735861	501 C (3)	10,000.				GENERAL SUPPORT
(12) ST. VINCENT MISSION, INC. 6369 HWY. 404 DAVID, KY 41616	61-0961940	501 C (3)	7,485.				GENERAL SUPPORT

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Schedule I (Form 990) 2020

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
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OMB No. 1545-0047

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HONORABLE ORDER OF KENTUCKY COLONELS INC

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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.

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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) THE BRIDGE TO RECOVERY 1745 THE BRIDGE ROAD	23-7428389	501 C (3)	24,000.				GENERAL SUPPORT
(2) THE CENTER FOR WOMEN AND FAMILIES PO BOX 2048 LOUISVILLE, KY 40201	61-0444846	501 C (3)	5,500.				GENERAL SUPPORT
(3) THE POINT ARC OF NORTHERN KENTUCKY, INC. 104 WEST PIKE STREET COVINGTON, KY 41011	23-7259409	501 C (3)	25,000.				GENERAL SUPPORT
(4) UMCFOOD MINISTRY P.O. BOX 15047 LATONIA, KY 41015	47-2388629	501 C (3)	9,451.				GENERAL SUPPORT
(5) UNITED METHODIST MOUNTAIN MISSION 891 HIGHWAY 30 WEST JACKSON, KY 41339	61-0659448	501 C (3)	15,000.				GENERAL SUPPORT
(6) USA CARES 11760 COMMONWEALTH DRIVE	05-0588761	501 C (3)	10,000.				GENERAL SUPPORT
(7) USO OF CENTRAL AND SOUTHERN OHIO 4200 HOOVER RD COLUMBUS, OH 43123	31-4401239	501 C (3)	5,773.				GENERAL SUPPORT
(8) WATER INTO WINE FOOD PANTRY 5083 MIDDLE FORK RD SALYERSVILLE, KY 41465	46-5166435	501 C (3)	10,000.				GENERAL SUPPORT
(9) WELLSRING, INC. PO BOX 1927 LOUISVILLE, KY 40201	31-1020023	501 C (3)	6,400.				GENERAL SUPPORT
(10) WESTERN KENTUCKY REGIONAL BLOOD CENTER, INC 3015 OLD HARTFORD ROAD OWENSBORO, KY 42303	61-0930633	501 C (3)	6,328.				GENERAL SUPPORT
(11) WILDERNESS TRACE CHILD DEVELOPMENT CENTER 409 N STEWARTS LANE DANVILLE, KY 40422	61-1230722	501 C (3)	15,205.				GENERAL SUPPORT
(12) YMCA OF GREATER LOUISVILLE 545 S. 2ND ST. LOUISVILLE, KY 40202	61-0444843	501 C (3)	10,000.				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) 2020

**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

2020

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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
(1) YOUNG ADULT DEVELOPMENT IN ACTION, INC. DBA 800 S PRESTON STREET LOUISVILLE, KY 40203	61-1374470	501 C (3)	8,239.				GENERAL SUPPORT
(2) ZOOM GROUP, INC. 1904 EMBASSY SQUARE BOULEVARD	61-1101882	501 C (3)	14,131.				GENERAL SUPPORT
(3) TEAM KENTUCKY FUND 500 MERO ST, 218 NC FRANKFORT, KY 40601	61-0600439	501 C (3)	1,000,000.				GENERAL SUPPORT
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 135.

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

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

Schedule I (Form 990) 2020

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)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

▶ Attach to Form 990.

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

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

HONORABLE ORDER OF KENTUCKY COLONELS INC

Employer identification number

61-0485432

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? **4a** **4b** **4c**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- 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? **5a** **5b**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a** **6b**
- b** Any related organization? **6b**
- 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. **7** **8**

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. **8** **9**

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

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

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

Schedule J (Form 990) 2020

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 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				
SHERRY CROSE EXECUTIVE DIRECTOR	(i)	166,870.	0.	0.	6,476.	0.	173,346.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
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)							

Part III Supplemental Information

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

**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.

2020

**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.

Name of the organization

HONORABLE ORDER OF KENTUCKY COLONELS INC

Employer identification number

61-0485432

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

REVIEW OF FORM 990

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

FORM 990, PART VI, SECTION B, LINE 12C

MONITORING COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY

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

FORM 990, PART VI, SECTION B, LINE 15

PROCESS FOR DETERMINING COMPENSATION

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

Name of the organization HONORABLE ORDER OF KENTUCKY COLONELS INC	Employer identification number 61-0485432
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INFORMATION IS REVIEWED BY THE COMPENSATION COMMITTEE. AFTER EVALUATING A NUMBER OF FACTORS, INCLUDING EXPERIENCE, LENGTH OF SERVICE AND ABILITY AS WELL AS COMPARABLE SALARY LEVELS IN OTHER ORGANIZATIONS, THE COMMITTEE PREPARES RECOMMENDED COMPENSATION REPORTS AND SUBMITS ITS RECOMMENDATIONS FOR HOKC EMPLOYEE COMPENSATION TO THE FULL BOARD OF TRUSTEES FOR APPROVAL. SHERRY CROSE, IN CONSULTATION WITH THE EXECUTIVE COMMITTEE, PERFORMED A COMPENSATION REVIEW IN 2020.

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

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

FORM 990, PART XI, LINE 9
OTHER CHANGES

CHANGE IN BENEFICIAL INTEREST IN THIRD PARTY TRUST	\$64,495
ADJUSTMENT FOR KCC ACTIVITY	(9,923)

TOTAL CHANGES	54,572

ATTACHMENT 1

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

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

Name of the organization HONORABLE ORDER OF KENTUCKY COLONELS INC	Employer identification number 61-0485432
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ATTACHMENT 1 (CONT'D)

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
400 WEST MARKET ST LOUISVILLE, KY 40202		

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

HONORABLE ORDER OF KENTUCKY COLONELS INC

Employer identification number

61-0485432

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

Table with 6 columns: (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. Rows 1-6 are empty.

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.

Table with 7 columns: (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). Rows 1-7 are empty.

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

Schedule R (Form 990) 2020

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

(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	-9,430.	23,661.	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
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s 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	643,701.	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)													

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.
