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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
HONORABLE ORDER OF KENTUCKY COLONELSINC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1717 ALLIANT AVENUE NO 14

City or town, state or country, and ZIP + 4
LOUISVILLE, KY 40299

D Employer identification number
61-0485432

E Telephone number
(502) 266-6264

G Gross receipts $ 4,766,602

F Name and address of principal officer
GLEN BASTIN
1717 ALLIANT AVENUE NO 14
LOUISVILLE,KY 40299

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW KYCOLONELS ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1944

M State of legal domicile KY

Part I Summary

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 THAT DEMONSTRATE A NEED THAT OTHERWISE CANNOT BE MET AND THAT WILL ENHANCE OR EXTEND THEIR CHARITABLE OR EDUCATIONAL ACTIVITIES

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	10
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	**5**	7
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue **8**	Contributions and grants (Part VIII, line 1h)	1,794,186	1,910,299
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	332,141	452,662
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	536,052	555,199
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,662,379	2,918,160
Expenses **13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,184,780	1,375,702
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	374,690	381,244
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶135,105		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	943,495	865,026
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,502,965	2,621,972
19	Revenue less expenses Subtract line 18 from line 12	159,414	296,188

		Beginning of Current Year	End of Year
Net Assets or Fund Balances **20**	Total assets (Part X, line 16)	11,895,504	13,356,041
21	Total liabilities (Part X, line 26)	688,537	977,970
22	Net assets or fund balances Subtract line 21 from line 20	11,206,967	12,378,071

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

****** | 2013-05-15
Signature of officer | Date

GLEN BASTIN SENIOR AMBASSADOR/COO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
FAITH CRUMP				P00744911

Firm's name ▶ DEAN DORTON ALLEN FORD PLLC | Firm's EIN ▶ 27-3858252

Firm's address ▶ 200 SOUTH 5TH STREET SUITE 201 SOUTH LOUISVILLE, KY 40202 | Phone no (502) 589-6050

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☐

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 ☑ 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 ☑ 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 $ 1,375,702 including grants of $ 1,375,702) (Revenue $)

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 THE ORDER GIVES PREFERENCE TO KENTUCKY BASED ORGANIZATIONS

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

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

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 1,375,702

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	0		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	7		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	10		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**		Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in 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, physical address, and telephone number of the person who possesses the books and records of the organization

▶ MARY ANN HOUCHEN 1717 ALLIANT AVENUE UNIT 14 LOUISVILLE, KY (502) 266-6264

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

Check if Schedule O contains a response to any question 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, or 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ 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) T WILLIAM SAMUELS JR TRUSTEE	0 00	X						0	0	0
(2) H LYNN LEDFORD TRUSTEE	0 00	X						0	0	0
(3) HAL SULLIVAN TRUSTEE	0 00	X						0	0	0
(4) KEVIN DOYLE TRUSTEE	0 00	X						0	0	0
(5) JIM S LINDSEY TRUSTEE	0 00	X		X				0	0	0
(6) BARBARA DUTSCHKE ADJUTANT GENERAL	0 00	X						0	0	0
(7) PAUL J SCHULTE COMMANDING GENERAL	0 00	X		X				0	0	0
(8) JAN D CAMPLIN TRUSTEE	0 00	X						0	0	0
(9) JOHN S SHROPSHIRE TRUSTEE	0 00	X						0	0	0
(10) MARK BASTIN TRUSTEE	0 00	X						0	0	0
(11) MARY ANN HOUCHEN TREASURER	40 00			X				28,767	43,150	14,502
(12) LINDA G BOONE SECRETARY/GENERAL MANAGER	40 00			X				85,283	0	15,834
(13) GLEN BASTIN SENIOR AMBASSADOR/COO	40 00			X				124,215	21,920	18,688

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			
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								238,265	65,070	49,024

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? *If "Yes," complete Schedule J for such individual*	**3**		No
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? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII . . . . . ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 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 1,910,299				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f		1,910,299			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f					
	3 Investment income (including dividends, interest, and other similar amounts)		256,643			256,643
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real / (ii) Personal				
	6a Gross rents: 50,977					
	b Less rental expenses: 19,404					
	c Rental income or (loss): 31,573					
	d Net rental income or (loss)		31,573			31,573
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory: 2,025,057					
	b Less cost or other basis and sales expenses: 1,829,038					
	c Gain or (loss): 196,019					
	d Net gain or (loss)		196,019	196,019		
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a MEMBER EVENT- ANNUAL DERBY EXTRAV	900099	523,626			523,626
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d		523,626			
	12 **Total revenue.** See Instructions		2,918,160	196,019	0	811,842

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 to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,375,702	1,375,702		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	287,285		257,757	29,528
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	80,586		78,230	2,356
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,077		6,843	2,234
9 Other employee benefits				
10 Payroll taxes	4,296		1,997	2,299
11 Fees for services (non-employees)				
a Management				
b Legal	3,191		3,191	
c Accounting	20,499		20,499	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	39,746		39,746	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	126,916		71,011	55,905
13 Office expenses	59,083		41,858	17,225
14 Information technology	5,677		5,109	568
15 Royalties . .				
16 Occupancy	13,692		13,692	
17 Travel	3,049		2,988	61
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	44,913		42,667	2,246
23 Insurance	29,274		26,875	2,399
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a DERBY AND CHURCHILL DOW	484,265		484,265	
b COMMISSIONS	20,284			20,284
c MISCELLANEOUS	14,097		14,097	
d LICENSE FEE	340		340	
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	2,621,972	1,375,702	1,111,165	135,105
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X . . . . . ☑

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		668,760	1	948,077
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		596,086	4	592,254
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		37,354	9	36,559
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,753,361			
	b	Less accumulated depreciation	10b 424,691	1,373,583	10c	1,328,670
	11	Investments—publicly traded securities		8,791,191	11	10,046,822
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		428,530	15	403,659
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		11,895,504	16	13,356,041
Liabilities	17	Accounts payable and accrued expenses		502,377	17	717,690
	18	Grants payable			18	
	19	Deferred revenue		186,160	19	260,280
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	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			25	
	26	**Total liabilities.** Add lines 17 through 25		688,537	26	977,970
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		10,778,436	27	11,974,412
	28	Temporarily restricted net assets		428,531	28	403,659
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		11,206,967	33	12,378,071
	34	Total liabilities and net assets/fund balances		11,895,504	34	13,356,041

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,918,160
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,621,972
3	Revenue less expenses Subtract line 2 from line 1	3	296,188
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,206,967
5	Net unrealized gains (losses) on investments	5	874,916
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	12,378,071

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			Yes	No
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?	2a	Yes	
	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?	2b	Yes	
	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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in 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?	3a		No
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 in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
HONORABLE ORDER OF KENTUCKY COLONELSINC

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 11, 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)

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 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)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11g(i)**		
(ii) A family member of a person described in (i) above?	**11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (see instructions) **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2011 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2012.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	1,853,279	1,872,549	2,033,074	1,794,186	1,910,299	9,463,387
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	561,619	551,619	591,538	511,662	523,624	2,740,062
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	2,414,898	2,424,168	2,624,612	2,305,848	2,433,923	12,203,449
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
8 **Public support** (Subtract line 7c from line 6)						12,203,449

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	2,414,898	2,424,168	2,624,612	2,305,848	2,433,923	12,203,449
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	327,048	295,500	252,123	264,574	307,620	1,446,865
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	327,048	295,500	252,123	264,574	307,620	1,446,865
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	4,283	3,702	4			7,989
13 **Total support.** (Add lines 9, 10c, 11, and 12)	2,746,229	2,723,370	2,876,739	2,570,422	2,741,543	13,658,303

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	89 350 %
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	89 160 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	10 590 %
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	10 700 %

19a **33 1/3% support tests—2012.** 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—2011.** 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 **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
HONORABLE ORDER OF KENTUCKY COLONELSINC

Employer identification number
61-0485432

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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? ☐ Yes ☐ No

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? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, 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)? ☐ Yes ☐ No

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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (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

b If the organization elected, as permitted under SFAS 116 (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) Revenues included in 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 SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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 are a 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 programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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 ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		1,576,573	261,193	1,315,380
c Leasehold improvements				
d Equipment		176,788	163,498	13,290
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				1,328,670

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

2. Fin 48 (ASC 740) Footnote 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 FIN 48 (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

1	Total revenue, gains, and other support per audited financial statements			1	3,772,734
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	12,673		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	881,647		
e	Add lines **2a** through **2d**			2e	894,320
3	Subtract line **2e** from line **1**			3	2,878,414
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	39,746		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	39,746
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	2,918,160

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

1	Total expenses and losses per audited financial statements			1	2,601,630
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	19,404		
e	Add lines **2a** through **2d**			2e	19,404
3	Subtract line **2e** from line **1**			3	2,582,226
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	39,746		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	39,746
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	2,621,972

Part XIII Supplemental Information

Complete this part to 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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	THE ORDER IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES AS A NON-PROFIT ORGANIZATION UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) COLLECTIBLES IS A KENTUCKY CORPORATION SUBJECT TO FEDERAL, STATE, AND LOCAL INCOME TAXES NO INCOME TAXES WERE DUE FOR 2012 AND 2011 GAAP REQUIRES THE ORDER TO DETERMINE WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE CONSOLIDATED FINANCIAL STATEMENTS UNDER THIS GUIDANCE, THE ORDER MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE-LIKELY-THAN-NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION MANAGEMENT EVALUATED COLLECTIBLES' AND THE ORDER'S TAX POSITIONS AND CONCLUDED THAT AS OF DECEMBER 31, 2012 AND 2011 THEY HAD TAKEN NO MATERIAL UNCERTAIN TAX POSITIONS MANAGEMENT DOES NOT ANTICIPATE THAT THE ORDER WILL BE SUBJECT TO EXAMINATIONS BY U S FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2008
PART XI, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSES 19,404 UNREALIZED GAIN ON INVESTMENTS 862,243
PART XII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSES 19,404

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
HONORABLE ORDER OF KENTUCKY COLONELSINC

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 Governments and Organizations in the United States.

Complete if the organization answered "Yes" to 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

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 . . . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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

Part IV **Supplemental Information.**

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 FUNDS ARE NOT DISTRIBUTED UNTIL THE RECIPIENT PROVIDES A NOTARIZED STATEMENT AND FINANCIAL DOCUMENTATION AS PROOF OF PERFORMANCE AS SPECIFIED IN THE GRANT AUTHORIZATION LETTER ALL FUNDING FROM THE HONORABLE ORDER OF KENTUCKY COLONELS IS 'RESTRICTED' FUNDING

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 61-0485432
Name: HONORABLE ORDER OF KENTUCKY COLONELSINC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 non-cash assistance	(h) Purpose of grant or assistance
ACTION MINISTRIES4375 BORON DR COVINGTON,KY 41015	61-1330212	501(C)(3)	6,000		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
AMERICAN RED CROSS510 E CHESTNUT STREET LOUISVILLE,KY 40202	53-0196605	501(C)(3)	16,000		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
BOYS & GIRLS CLUBS OF KENTUCKIANA1201 STORY AVENUE 250 LOUISVILLE,KY 40206	61-0568789	501(C)(3)	19,000		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
BRIGHT LIFE FARMS INC 10200 FARMERSVILLE ROAD PRINCETON,KY 42445	61-1352930	501(C)(3)	7,500		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
CARNEGIE CENTER FOR LITERACY & LEARNINGPO BOX 864 SOMERSET,KY 42502	61-1276558	501(C)(3)	10,100		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
CEDAR RIDGE CAMP4010 OLD ROUTT RD LOUISVILLE,KY 40299	61-1117495	501(C)(3)	14,000		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
CENTER FOR COURAGEOUS KIDS (PROJECT CAMP)1501 BURNLEY ROAD SCOTTSVILLE,KY 42164	20-1789905	501(C)(3)	7,885		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
CENTER FOR WOMEN & FAMILIES927 S 2ND ST LOUISVILLE,KY 40203	61-0444846	501(C)(3)	6,935		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
CEREBRAL PALSY KIDS CENTER982 EASTERN PKWY STE 6 LOUISVILLE,KY 40217	61-0429378	501(C)(3)	12,500		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
CHILD CONNECTION INC 2210 MEADOW DRIVE LOUISVILLE,KY 40218	61-1229885	501(C)(3)	8,100		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
CHRISTIAN APPALACHIAN PROJECT2610 PALUMBO DRIVE LEXINGTON,KY 40509	61-0661137	501(C)(3)	8,400		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
DARE TO CARE INC5803 FERN VALLEY ROAD LOUISVILLE,KY 40228	23-7345952	501(C)(3)	11,103		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
DAY SPRING FOUNDATION 3430 DAY SPRING CT LOUISVILLE,KY 40213	61-1273310	501(C)(3)	5,700		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
DOWN SYNDROME ASSOCIATION OF LOUISVILLE5001 SOUTH HURSTBOURNE PARKWAY LOUISVILLE,KY 40291	61-1214126	501(C)(3)	14,250		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
DRESS FOR SUCCESS LOUISVILLE309 GUTHRIE STREET LOUISVILLE,KY 40202	61-1383568	501(C)(3)	8,235		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
FOUR RIVERS BEHAVIORAL HEALTH RESIDENTIAL SVCES425 BROADWAY STREET PADUCAH,KY 42001	61-0659633	501(C)(3)	7,000		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
GALILEAN HOME MINISTRIES INCPO BOX 880 LIBERTY,KY 42539	61-1080398	501(C)(3)	18,000		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
GATEWAY JUVENILE DIVERSION PROJECT INC 29 N MAYSVILLE STREET MOUNT STERLING,KY 40353	61-1033836	501(C)(3)	9,154		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
GILDA'S CLUB OF LOUISVILLE INC633 BAXTER AVE LOUISVILLE,KY 40204	20-1635170	501(C)(3)	7,200		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
GRAYSON COUNTY ALLIANCE125 E MARKET STREET SUITE 3 LEITCHFIELD,KY 42754	61-1379449	501(C)(3)	5,040		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
HAND IN HAND MINISTRIES INC2225 STEIER LANE LOUISVILLE,KY 40218	61-1352889	501(C)(3)	24,000		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
HEUSER HEARING & LANGUAGE ACADEMY117 E KENTUCKY STREET LOUISVILLE,KY 40203	61-0492369	501(C)(3)	6,547		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
HONOR FLIGHT OF THE BLUEGRASSPO BOX 43986 MIDDLETOWN,KY 40253	26-2237257	501(C)(3)	43,551		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
HOPE'S WINGS INCPO BOX 488 RICHMOND,KY 40476	20-4496496	501(C)(3)	10,000		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
HOSPARUS INC3532 EPHRAIM MCDOWELL DRIVE LOUISVILLE,KY 40205	61-0921718	501(C)(3)	22,761		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
HOUSE OF RUTH INC607 E ST CATHERINE STREET LOUISVILLE,KY 40203	61-1231355	501(C)(3)	8,000		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
INTERNATIONAL BOOK PROJECT1440 DELAWARE LEXINGTON,KY 40505	61-6039627	501(C)(3)	9,682		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
JEWISH HOSPITAL & ST MARY'S HEALTHCARE200 ABRAHAM FLEXNER WAY LOUISVILLE,KY 40202	61-1029768	501(C)(3)	20,000		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
JUNIOR ACHIEVEMENT 1092 DUVAL STREET STE 240 LEXINGTON,KY 40515	61-0606480	501(C)(3)	11,250		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
JUNIOR ACHIEVEMENT INC 1092 DUVAL STREET STE 240 LEXINGTON,KY 40515	84-1267604	501(C)(3)	11,250		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
KENTUCKIANA CENTER FOR ED HEALTH & RES1810 BROWNSBORO RD LOUISVILLE,KY 40206	61-6014488	501(C)(3)	22,885		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
KENTUCKY ASSOCIATION FOR ACADEMIC COMPETITION113 CONSUMER LANE FRANKFORT,KY 40601	61-1087843	501(C)(3)	10,000		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
KENTUCKY CENTER FOR SPECIAL CHILDREN SERVICES13100 MAGISTERIAL DRIVE LOUISVILLE,KY 40223	61-0680753	501(C)(3)	10,877		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
KENTUCKY COMMUNITY & TECHNICAL COLLEGE SYSTEM300 N MAIN ST VERSAILLES,KY 40383	61-1351918	501(C)(3)	80,000		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
KENTUCKY COMMUNITY COLLEGE & TECHNICAL SCHOOL SYS300 N MAIN ST VERSAILLES,KY 40383	61-1351918	501(C)(3)	40,000		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
KENTUCKY DERBY MUSEUM PO BOX 21177 LOUISVILLE,KY 40221	31-0123459	501(C)(3)	21,424		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
KENTUCKY DERBY MUSEUM PO BOX 21177 LOUISVILLE,KY 40221	31-1023459	501(C)(3)	20,000		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
KENTUCKY HUMANITIES COUNCIL206 E MAXWELL ST LEXINGTON,KY 40508	31-0981031	501(C)(3)	5,871		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
KENTUCKY PROSTATE CANCER COALITION1357 BARDSTOWN RD LOUISVILLE,KY 40204	20-0831883	501(C)(3)	10,000		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
KLEIN FAMILY LEARNING CENTERPO BOX 21177 LOUISVILLE,KY 40221	31-1023459	501(C)(3)	5,244		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
LEXINGTON HEARING & SPEECH CENTER350 HENRY CLAY BLVD LEXINGTON,KY 40502	61-0593951	501(C)(3)	11,393		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
LEXINGTON PUBLIC LIBRARY FNDN140 EAST MAIN STREET LEXINGTON,KY 40507	31-1565272	501(C)(3)	6,641		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
LIGHTHOUSE PROMISE INC 5312 SHEPHERDSVILLE ROAD LOUISVILLE,KY 40228	61-1362760	501(C)(3)	19,541		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
LIONS CAMP CRESCENDO 1480 PINE TAVERN ROAD LEBANON JUNCTION,KY 40150	61-1300986	501(C)(3)	14,200		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
LITTLE LOOMHOUSELOU TATE FNDN328 KENWOOD HILL ROAD LOUISVILLE,KY 40214	61-0961553	501(C)(3)	11,985		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
LOUISVILLE BRONCOS YOUTH SPORTS INC419 S CLAY STREET LOUISVILLE,KY 40202	32-0334287	501(C)(3)	5,212		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
LOUISVILLE VISUAL ART ASSOCIATION3005 RIVER RD LOUISVILLE,KY 40207	61-0492348	501(C)(3)	10,292		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
LYNDON RECREATION ASSOCIATIONPO BOX 22253 LOUISVILLE,KY 40252	61-0680107	501(C)(3)	24,647		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
MARKET HOUSE THEATRE 132 MARKET HOUSE SQUARE PADUCAH,KY 42001	31-0994059	501(C)(3)	9,375		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
MARSHALL CO ASSOC FOR EXCEP CHILDREN & ADULTS198 OLD SYMSONIA ROAD BENTON,KY 42025	61-0652823	501(C)(3)	11,400		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
MARYHURST1015 DORSEY LN LOUISVILLE,KY 40223	31-1542209	501(C)(3)	23,009		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
MATTINGLY CENTER INC 1520 BAXTER AVENUE LOUISVILLE,KY 40205	61-0487457	501(C)(3)	15,000		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
MOREHEAD-GATEWAY HELPING HANDSPO BOX 316 MOREHEAD,KY 40351	27-1346551	501(C)(3)	5,600		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
MUSICORPS INC3600 TATES CREEK RD LEXINGTON,KY 40517	61-1331578	501(C)(3)	8,123		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
NEW PATHWAYS FOR CHILDREN3233 SHAW RD MELBER,KY 42069	61-1297776	501(C)(3)	10,000		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
ONE PARENT FAMILY FACILITY CORPPO BOX 1458 LEXINGTON,KY 40588	61-1080310	501(C)(3)	9,031		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
OVARIAN AWARENESS OF KY4010 DUPONT CIRCLE LOUISVILLE,KY 40207	61-1393292	501(C)(3)	5,399		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
OWENSBORO SYMPHONY ORCHESTRA211 E 2ND ST OWENSBORO,KY 42303	61-6055984	501(C)(3)	5,150		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
OWSLEY COUNTY OUTREACH CORPORATION PO BOX 133 BOONEVILLE,KY 41314	41-2227491	501(C)(3)	5,997		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
PROJECT WARM1252 S SHELBY ST LOUISVILLE,KY 40203	61-1000873	501(C)(3)	10,069		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
RAGGED EDGE COMMUNITY THEATREPO BOX 157 HARRODSBURG,KY 40330	31-1073575	501(C)(3)	13,080		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
SALVATION ARMY (HURRICANE RELIEF)911 S BROOK STREET LOUISVILLE,KY 40202	58-0660607	501(C)(3)	30,000		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
SALVATION ARMY (TORNADO RELIEF)912 S BROOK STREET LOUISVILLE,KY 40202	58-0660607	501(C)(3)	16,000		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
SENIORCARE EXPERTS INC 145 THIERMAN LANE LOUISVILLE,KY 40207	61-0860265	501(C)(3)	8,800		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
SOCIETY OF ST VINCENT DEPAUL OF NORTHERN KY 2655 CRESCENT SPRINGS ROAD COVINGTON,KY 41017	32-0350542	501(C)(3)	15,000		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
SPECIAL OLYMPICS KENTUCKY105 LAKEVIEW CT FRANKFORT,KY 40601	61-0954571	501(C)(3)	9,243		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
ST JOSEPH CHILDREN'S HOME2823 FRANKFORT AVE LOUISVILLE,KY 40206	61-0475286	501(C)(3)	11,813		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
ST MARY'S CENTER INCPO BOX 43443 LOUISVILLE,KY 40253	61-1243016	501(C)(3)	8,095		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
TRUSTEES OF CHURCH HOME & INF7504 WESTPORT ROAD LOUISVILLE,KY 40222	61-0461720	501(C)(3)	20,000		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
UPSIDE THERAPEUTIC RIDING INC250 KENWOOD HILL RD LOUISVILLE,KY 40214	26-1841337	501(C)(3)	9,660		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
VOLUNTEERS OF AMERICA OF KENTUCKY INC933 GROSS AVENUE LOUISVILLE,KY 40217	61-0480950	501(C)(3)	15,000		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
WATCH INC702 MAIN STREET MURRAY,KY 42071	61-0719760	501(C)(3)	6,190		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
WELCOME HOUSE OF NORTHERN KENTUCKY205 WEST PIKE STREET COVINGTON,KY 41011	61-1020382	501(C)(3)	8,787		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
WELLSPRINGPO BOX 1927 LOUISVILLE,KY 40201	31-1020023	501(C)(3)	10,298		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
WENDELL FOSTER CENTER INC815 TRIPLETT STREET OWENSBORO,KY 42303	61-0490868	501(C)(3)	6,100		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
WILDERNESS ROAD GIRL SCOUT COUNCIL2277 EXECUTIVE DR LEXINGTON,KY 40505	61-0608104	501(C)(3)	5,366		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
YMCA OF GREATER LOUISVILLE (SAFE PLACE SVCES)2400 CRITTENDEN DRIVE LOUISVILLE,KY 40217	61-0444843	501(C)(3)	15,000		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
YMCA OF PARIS-BOURBON COUNTY INC917 MAIN ST PARIS,KY 40361	61-0676727	501(C)(3)	6,151		FMV		TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
HONORABLE ORDER OF KENTUCKY COLONELSINC

Employer identification number
61-0485432

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in 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	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing 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 ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in 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**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in 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**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in 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**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured 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**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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 in 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 are not 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 reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)GLEN BASTIN SENIOR AMBASSADOR/COO	(i) (ii)	124,215 21,920	0 0	0 0	14,614 0	4,074 0	142,903 21,920	0 0

Part III Supplemental Information

Complete this part to 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

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
HONORABLE ORDER OF KENTUCKY COLONELSINC

Employer identification number
61-0485432

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	THERE IS A FAMILY RELATIONSHIP BETWEEN TRUSTEE JIM LINDSEY AND TRUSTEE KEVIN DOYLE, THERE IS A FAMILY RELATIONSHIP BETWEEN TRUSTEE MARK BASTIN AND CHIEF OPERATING OFFICER GLEN BASTIN, BARBARA DUTSCHKE AND JIM LINDSEY (BOTH TRUSTEES) ARE INDEPENDENT CONTRACTORS FOR SCHMITT-SOHNE WINES
	FORM 990, PART VI, SECTION B, LINE 11	GLEN BASTIN, THE CHIEF OPERATING OFFICER, AND THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES REVIEW THE FORM 990 IN DETAIL AND COPIES OF THE FORM 990 ARE PROVIDED TO THE BOARD FOR THEIR COMMENTS PRIOR TO FILING
	FORM 990, PART VI, SECTION B, LINE 12C	ALL TRUSTEES AND OFFICERS 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 A 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	THE HONORABLE ORDER ANNUALLY RECEIVES COMPENSATION REPORTS FROM APPROXIMATELY 200 KENTUCKY-BASED NON-PROFIT ORGANIZATIONS THIS INFORMATION IS REVIEWED BY THE COMPENSATION COMMITTEE AFTER EVALUATING A NUMBER OF FACTORS, INCLUDING EXPERIENCE, LENGTH OF SERVICE, AND ABILITY, AS WELL AS COMPARABLE SALARY LEVELS IN OTHER ORGANIZATIONS, THE COMMITTEE PREPARES RECOMMENDED COMPENSATION REPORTS AND SUBMITS ITS RECOMMENDATIONS FOR HOKC EMPLOYEE COMPENSATION TO THE FULL BOARD OF TRUSTEES FOR APPROVAL
	FORM 990, PART VI, SECTION C, LINE 18	THE 990 IS AVAILABE ON WWW GUIDESTAR COM
	FORM 990, PART VI, SECTION C, LINE 19	THESE DOCUMENTS ARE AVAILABLE UPON REQUEST
		THE BOARD OF DIRECTORS OVERSEES THE FINANCIAL AUDIT AND THE SELECTION OF THE INDEPENDENT AUDITOR ON AN ANNUAL BASIS

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
HONORABLE ORDER OF KENTUCKY COLONELSINC

Employer identification number
61-0485432

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

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

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

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

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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	(i) No
(1) KENTUCKY COLONELS COLLECTIBLES INC 1717 ALLIANT AVE SUITE 14 LOUISVILLE, KY 40299 61-1124733	NOVELTY SALES	KY		C	116,398	191,074	100 000 %		No

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the orgranization 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	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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 other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) KENTUCKY COLONELS COLLECTIBLES INC	D	38,164	
(2) KENTUCKY COLONELS COLLECTIBLES INC	N	2,763	
(3) KENTUCKY COLONELS COLLECTIBLES INC	O	82,790	

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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 section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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	

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 61-0485432
Name: HONORABLE ORDER OF KENTUCKY COLONELSINC

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