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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 private foundations)

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

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

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
HONORABLE ORDER OF KENTUCKY COLONELS INC

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 province, country, and ZIP or foreign postal code
LOUISVILLE, KY 402996302

D Employer identification number
61-0485432

E Telephone number
(502) 266-6264

G Gross receipts $ 6,133,881

F Name and address of principal officer
SHERRY CROSE
1717 ALLIANT AVENUE NO 14
LOUISVILLE, KY 402996302

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

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

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	13
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	**5**	8
6	Total number of volunteers (estimate if necessary)	**6**	51
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
8	Contributions and grants (Part VIII, line 1h)	1,880,498	2,088,553
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	844,796	723,333
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	139,164	141,307
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,864,458	2,953,193
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,418,093	1,995,222
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)	515,589	411,156
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶530,920		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	638,447	585,935
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,572,129	2,992,313
19	Revenue less expenses Subtract line 18 from line 12	292,329	-39,120

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	18,690,369	17,347,184
21	Total liabilities (Part X, line 26)	131,912	69,343
22	Net assets or fund balances Subtract line 21 from line 20	18,558,457	17,277,841

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

****** 2019-05-13
Signature of officer Date

SHERRY CROSE EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2019-04-17		P00024055

Firm's name ▶ MCM CPAS & ADVISORS LLP — Firm's EIN ▶ 27-1235638

Firm's address ▶ 462 S FOURTH ST SUITE 2600
LOUISVILLE, KY 402023445 — Phone no (502) 749-1900

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 or note to any line 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 $ 2,123,134 including grants of $ 1,995,222) (Revenue $)

See Additional Data

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** ▶ 2,123,134

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	Yes	
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 other assistance to or for any foreign organization? *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 other assistance to or for foreign individuals? *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		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No

Part IV Checklist of Required Schedules *(continued)*

			Yes	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		No
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 25a*	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), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *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 or note to any line in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	1		
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		Yes	

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**	8		
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" to line 3b, 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	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**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .			**9a**	
b	Did the sponsoring 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**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O			**16**	No

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 or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	13		
	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**	13		
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-A 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, address, and telephone number of the person who possesses the organization's books and records
▶MARY ANN HUNT 1717 ALLIANT AVENUE UNIT 14 LOUISVILLE, KY 40299 (502) 266-6264

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See 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) LYNN ASHTON COMMANDING GENERAL	2 00 2 00	X		X				0	0	0
(2) BARBARA DUTSCHKE COMMANDING GENERAL (PARTIAL YEAR)	2 00 2 00	X		X				0	0	0
(3) HAL SULLIVAN ADJUTANT GENERAL	2 00 2 00	X		X				0	0	0
(4) GARY BOSCHERT TRUSTEE	2 00 2 00	X						0	0	0
(5) BROOKS H BOWER TRUSTEE	2 00 2 00	X						0	0	0
(6) JAN D CAMPLIN TRUSTEE	2 00 2 00	X						0	0	0
(7) KEVIN DOYLE TRUSTEE	2 00 2 00	X						0	0	0
(8) WILBUR HACKETT JR TRUSTEE	2 00 2 00	X						0	0	0
(9) JIM S LINDSEY TRUSTEE	2 00 2 00	X						0	0	0
(10) DETLEF B MOORE TRUSTEE	2 00 2 00	X						0	0	0
(11) PAUL J SCHULTE TRUSTEE	2 00 2 00	X						0	0	0
(12) JOHN S SHROPSHIRE TRUSTEE	2 00 2 00	X						0	0	0
(13) TAD WYRE JR TRUSTEE	2 00 2 00	X						0	0	0
(14) JIM ROGERS TRUSTEE	2 00 2 00	X						0	0	0
(15) SHERRY CROSE EXECUTIVE DIRECTOR	40 00			X				147,650	0	16,586
(16) MARY ANN HUNT TREASURER/OFFICE MANAGER	40 00			X				83,091	0	11,759

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) ▶								230,741	0	28,345

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**		No
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
CURRENT 360 1324 E WASHINGTON ST LOUISVILLE, KY 40206	MARKETING	100,792

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 ▶ 1

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . 1a				
	b Membership dues . . 1b				
	c Fundraising events . . 1c				
	d Related organizations 1d				
	e Government grants (contributions) 1e				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	2,088,553			
	g Noncash contributions included in lines 1a - 1f $ 12,068				
	h **Total.** Add lines 1a-1f . . . . . ▶	2,088,553			
Program Service Revenue		Business Code			
	2a				
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g **Total.** Add lines 2a–2f . . . . ▶				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	407,656			407,656
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶				
		(i) Real	(ii) Personal		
	6a Gross rents				
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss) . . . . . ▶				
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory	3,496,365			
	b Less cost or other basis and sales expenses	3,180,688			
	c Gain or (loss)	315,677			
	d Net gain or (loss) . . . . . ▶	315,677			315,677
	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 ROMP REVENUE	900099	94,825	94,825	
	b LICENSE PLATE INCOME	900099	46,482		46,482
	c				
	d All other revenue				
	e **Total.** Add lines 11a–11d . . . . . ▶		141,307		
	12 **Total revenue.** See Instructions . . . . . ▶		2,953,193	94,825	0 769,815

Part IX Statement of Functional Expenses

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

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

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,995,222	1,995,222		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	259,087	54,408	103,635	101,044
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	121,728	25,563	48,691	47,474
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	3,639	764	1,456	1,419
10 Payroll taxes	26,702	5,607	10,681	10,414
11 Fees for services (non-employees)				
a Management				
b Legal	3,209		3,209	
c Accounting	17,490		17,490	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	57,796		57,796	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	10,983		6,154	4,829
12 Advertising and promotion	153,041		8,575	144,466
13 Office expenses	127,260	34,186	24,858	68,216
14 Information technology				
15 Royalties				
16 Occupancy	55,516	3,330	30,534	21,652
17 Travel	4,634	2,734	417	1,483
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	7,285	437	4,007	2,841
23 Insurance	5,514	331	3,033	2,150
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 ROMP EXPENSE	101,318			101,318
b CREDIT CARD COMMISION	22,880			22,880
c MISCELLANEOUS	18,344	552	17,058	734
d RECRUITING EXPENSE	665		665	
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	2,992,313	2,123,134	338,259	530,920
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 or note to any line in this Part IX . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	455,224	1	166,726
	2	Savings and temporary cash investments	10,269	2	18,089
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	685,099	4	663,783
	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		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 129,962			
	b	Less accumulated depreciation — 10b: 77,672	58,331	10c	52,290
	11	Investments—publicly traded securities	16,860,943	11	15,917,053
	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	620,503	15	529,243
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	18,690,369	16	17,347,184
Liabilities	17	Accounts payable and accrued expenses	131,912	17	69,343
	18	Grants payable		18	
	19	Deferred revenue		19	
	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	131,912	26	69,343
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	17,976,715	27	16,748,599
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets	581,742	29	529,242
		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	18,558,457	33	17,277,841
	34	Total liabilities and net assets/fund balances	18,690,369	34	17,347,184

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,953,193
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,992,313
3	Revenue less expenses Subtract line 2 from line 1	3	-39,120
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	18,558,457
5	Net unrealized gains (losses) on investments	5	-1,187,204
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	-54,292
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	17,277,841

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ 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		No
	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		

Additional Data

Software ID:

Software Version:

EIN: 61-0485432

Name: HONORABLE ORDER OF KENTUCKY COLONELS INC

Form 990 (2018)

Form 990, Part III, Line 4a:

THE HONORABLE ORDER OF KENTUCKY COLONELS, INC (HOKC) GRANTS MONEY TO 501(C)(3) ENTITIES THAT DEMONSTRATE A NEED THAT OTHERWISE CANNOT BE MET AND THAT WILL ENHANCE OR EXTEND THEIR CHARITABLE OR EDUCATIONAL ACTIVITIES IN 2018, HOKC GRANTED $2 MILLION TO 233 ORGANIZATIONS WHO SERVED 3 8 MILLION INDIVIDUALS IN THE STATE OF KENTUCKY ONE OF HOKC'S GRANTEES IS THE KENTUCKY COMMUNITY AND TECHNICAL COLLEGE SYSTEM HOKC SUPPORTS A SCHOLARSHIP TO ADDRESS A TARGET MARKET OF SINGLE WORKING PARENTS WITH CHILDREN UNDER THE AGE OF 12 TOO FREQUENTLY , THESE FAMILIES ARE CAUGHT IN A DOWNWARD SPIRAL THAT EFFECTS GENERATIONS UNSKILLED AND SOMEWHAT LACKING IN EDUCATION, THE PARENT IS UNABLE TO PROVIDE A SUITABLE, NURTURING HOME ENVIRONMENT FOR THEIR CHILDREN THAT MOST OF US WOULD DEEM APPROPRIATE THIS SCHOLARSHIP IS THE BETTER LIFE SCHOLARSHIP AND HOKC HAS AWARDED OVER $1,000,000 IN COLLEGE FUNDING SINCE HOKC BEGAN A 501(C)(3) ORGANIZATION, CLOSE TO $50 MILLION DOLLARS HAS BEEN AWARDED

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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.**

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
HONORABLE ORDER OF KENTUCKY COLONELS INC

Employer identification number
61-0485432

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170 (b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____

10 ☑ An organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

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

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170 (b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
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)2014	(b)2015	(c)2016	(d)2017	(e)2018	(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 VI)						
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 section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2017 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2018.** 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—2017.** 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—2018.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2017.** 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 VI 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	1,946,590	1,910,635	1,828,377	1,880,498	2,088,553	9,654,653
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	150,980	146,160	110,615	111,160	94,825	613,740
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	2,097,570	2,056,795	1,938,992	1,991,658	2,183,378	10,268,393
7a Amounts included on lines 1, 2, and 3 received from disqualified persons					20,003	20,003
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b					20,003	20,003
8 **Public support.** (Subtract line 7c from line 6)						10,248,390

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	2,097,570	2,056,795	1,938,992	1,991,658	2,183,378	10,268,393
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	399,935	684,930	647,393	410,995	407,656	2,550,909
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	399,935	684,930	647,393	410,995	407,656	2,550,909
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 VI)				24,010	46,482	70,492
13 **Total support.** (Add lines 9, 10c, 11, and 12)	2,497,505	2,741,725	2,586,385	2,426,663	2,637,516	12,889,794

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	79 510 %
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	81 180 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2018** (line 10c, column (f) divided by line 13, column (f))	17	19 790 %
18	Investment income percentage from **2017** Schedule A, Part III, line 17	18	18 640 %

19a **331/3% support tests—2018.** 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—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

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

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

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

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

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

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2018**	**(iii) Distributable Amount for 2018**
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2019.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 61-0485432

Name: HONORABLE ORDER OF KENTUCKY COLONELS INC

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

Facts And Circumstances Test

Return Reference	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," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
HONORABLE ORDER OF KENTUCKY COLONELS INC

Employer identification number
61-0485432

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

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ 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" on 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 7/25/06, 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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ 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" on 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) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on 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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

		Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table	
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, for escrow or custodial account liability? . . . ☐ Yes ☐ No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	17,442,685	14,679,543	13,889,080	13,775,020	12,791,382
b Contributions	282,997	869,152	159,745	56,403	
c Net investment earnings, gains, and losses	-574,832	2,221,005	1,171,908	555,784	1,271,669
d Grants or scholarships					
e Other expenditures for facilities and programs	704,555	327,015	541,190	498,127	288,031
f Administrative expenses					
g End of year balance	16,446,295	17,442,685	14,679,543	13,889,080	13,775,020

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ 3 220 %
- b Permanent endowment ▶ 96 780 %
- c Temporarily restricted endowment ▶

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

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

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" on 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.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		129,962	77,672	52,290
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				52,290

Part VII **Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(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		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 61-0485432

Name: HONORABLE ORDER OF KENTUCKY COLONELS INC

Supplemental Information

Return Reference	Explanation
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) ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS IN CLUDED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS THE ORDER RECOGNIZES UNCERTA IN INCOME TAX POSITIONS USING THE "MORE-LIKELY-THAN-NOT" APPROACH AS DEFINED IN THE ASC N O LIABILITY FOR UNCERTAIN TAX POSITIONS HAS BEEN RECORDED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS

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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," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
HONORABLE ORDER OF KENTUCKY COLONELS INC

Employer identification number
61-0485432

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 162

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
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

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ACTION MINISTRIES 4375 BORON DRIVE COVINGTON, KY 41015	61-1330212	501 (C)(3)	6,000				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
ADVENTURESERVE MINISTRIES PO BOX 127 WILMORE, KY 40390	58-1475965	501 (C)(3)	15,000				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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AMERICAN RED CROSS- KENTUCKY REGION 510 E CHESTNUT ST LEXINGTON, KY 40202	53-0196605	501 (C)(3)	10,000				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
AMERICANA WORLD COMMUNITY CENTER 4801 SOUTHSIDE DRIVE LOUISVILLE, KY 40214	61-1251306	501 (C)(3)	18,000				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ANDERSON COUNTY BACKPACK BUDDIES 1048 EAGLE LAKE DRIVE LAWRENCEBURG, KY 40342	37-1609278	501 (C)(3)	6,000				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
BAPTIST HEALTH FOUNDATION PADUCAH 2501 KENTUCKY AVE PADUCAH, KY 42003	26-4057759	501 (C)(3)	5,491				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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BEACON HOUSE 963 S 2ND STREET LOUISVILLE, KY 40203	31-1497608	501 (C)(3)	14,400				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
BEATTYVILLE HOUSING AND DEVELOPMENT CORPORATION 65 E MAIN ST BEATTYVILLE, KY 41311	61-1254002	501 (C)(3)	12,400				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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BIG BROTHERS BIG SISTERS OF THE BLUEGRASS 436 GEORGETOWN STREET LEXINGTON, KY 40508	61-0523288	501 (C)(3)	6,317				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
BILL AND BETSY SCHEBEN CARE CENTER THE 31 SPIRAL DRIVE FLORENCE, KY 41042	45-1447370	501 (C)(3)	7,500				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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BLUEGRASS CARE NAVIGATORS 2312 ALEXANDRIA DRIVE LEXINGTON, KY 40504	61-0978097	501 (C)(3)	11,786				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
BLUEGRASS CENTER FOR AUTISM 9810 BLUEGRASS PARKWAY LOUISVILLE, KY 40299	27-2279128	501 (C)(3)	12,359				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

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BOYS AND GIRLS CLUBS OF KENTUCKIANA 3900 CRITTENDEN DRIVE LOUISVILLE, KY 40209	61-0568789	501 (C)(3)	14,750				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
BRIGHT LIFE FARMS 10200 FARMERSVILLE ROAD PRINCETON, KY 42445	61-1352930	501 (C)(3)	6,250				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

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BRIGHTON CENTER PO BOX 325 NEWPORT, KY 41072	67-0673886	501 (C)(3)	9,389				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
CABBAGE PATCH SETTLEMENT HOUSE THE 1413 S 6TH ST LOUISVILLE, KY 40217	61-0458359	501 (C)(3)	10,000				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CAMP HORSIN' AROUND 1159 CLAUNCH ROAD PERRYVILLE, KY 40468	76-0714967	501 (C)(3)	10,612				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
CARE MISSION 11093 ALEXANDRIA PIKE ALEXANDRIA, KY 41001	30-0208925	501 (C)(3)	7,500				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CARING PLACE THE PO BOX 945 LEBANON, KY 40033	61-1242828	501 (C)(3)	7,762				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
CATHEDRAL DOMAIN THE 800 HWY 1746 IRVINE, KY 40336	61-0536772	501 (C)(3)	9,082				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

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CATHOLIC CHARITIES OF LOUISVILLE 2911 SOUTH 4TH STREET LOUISVILLE, KY 40202	61-1239600	501 (C)(3)	6,948				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
CAVE HILL HERITAGE FOUNDATION 701 BAXTER AVE LOUISVILLE, KY 40204	56-2498254	501 (C)(3)	20,000				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

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CEDAR LAKE 9505 WILLIAMSBURG PLAZA SUITE 200 LOUISVILLE, KY 40222	61-1247246	501 (C)(3)	11,100				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
CENTER FOR COURAGEOUS KIDS THE 1501 BURNLEY ROAD SCOTTSVILLE, KY 42164	20-1789905	501 (C)(3)	15,430				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

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CENTER FOR WOMEN AND FAMILIES THE PO BOX 2048 LOUISVILLE, KY 40201	61-0444846	501 (C)(3)	12,197				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
CENTRAL KENTUCKY RIDING FOR HOPE PO BOX 13155 LEXINGTON, KY 40583	31-1024505	501 (C)(3)	10,375				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

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CHALLENGER LEARNING CENTER OF KENTUCKY PO BOX 2064 HAZARD, KY 41702	31-1492348	501 (C)(3)	5,764				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
CHILD DEVELOPMENT CENTER OF THE BLUEGRASS 290 ALUMNI DRIVE LEXINGTON, KY 40503	61-0543367	501 (C)(3)	5,047				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

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CHILDREN'S HOME OF NORTHERN KENTUCKY 200 HOME ROAD DEVOU PARK COVINGTON, KY 41011	23-7068704	501 (C)(3)	22,773				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
CHOICE 3715 BARDSTOWN ROAD SUITE 303 LOUISVILLE, KY 40218	61-1143413	501 (C)(3)	7,020				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

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CHRISTIAN APPALACHIAN PROJECT 2528 PALUMBO DRIVE LEXINGTON, KY 40509	61-0661137	501 (C)(3)	10,760				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
CHRISTIAN CARE COMMUNITIES 12710 TOWNEPARK WAY STE 1000 LOUISVILLE, KY 40243	61-0445828	501 (C)(3)	6,352				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

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CHRYSALIS HOUSE 1589 HILL RISE DRIVE LEXINGTON, KY 40504	61-1012290	501 (C)(3)	9,639				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
CINCYSMILES FOUNDATION 635 W 7TH ST STE 309 CINCINNATI, OH 45203	31-0537044	501 (C)(3)	9,037				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

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CLARK COUNTY COMMUNITY SERVICES PO BOX 574 WINCHESTER, KY 40392	31-1005844	501 (C)(3)	5,460				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
CLARK COUNTY HOMELESS COALITION PO BOX 4692 WINCHESTER, KY 40392	27-1281819	501 (C)(3)	6,503				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

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COALITION FOR THE HOMELESS 1300 S 4TH ST STE 250 LOUISVILLE, KY 40208	61-1118307	501 (C)(3)	25,000				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
COALITION TO SALUTE AMERICA'S HEROES 552 FORT EVANS ROAD SUITE 300 LEESBURG, VA 20176	52-1351773	501 (C)(3)	10,000				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

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COMMON GOOD CDC 1015 N LIMESTONE ST LEXINGTON, KY 40505	45-3950421	501 (C)(3)	9,256				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
COMMUNITY ACTION COUNCIL PO BOX 11610 LEXINGTON, KY 40576	61-0650121	501 (C)(3)	14,913				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

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COMMUNITY COORDINATED CHILD CARE 1215 S THIRD STREET LOUISVILLE, KY 40203	23-7160437	501 (C)(3)	18,137				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
CREASEY MAHAN NATURE PRESERVE 12501 HARMONY LANDING ROAD GOSHEN, KY 40026	31-0908496	501 (C)(3)	11,775				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

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DARE TO CARE PO BOX 35458 LOUISVILLE, KY 40228	23-7345952	501 (C)(3)	10,200				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
DAVID SCHOOL THE PO BOX 220 DAVID, KY 41616	31-0889471	501 (C)(3)	7,036				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

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DCCH CENTER FOR CHILDREN AND FAMILIES 75 ORPHANAGE ROAD FORT MITCHELL, KY 41017	61-0463943	501 (C)(3)	7,500				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
DOVES OF GATEWAY PO BOX 1012 MOREHEAD, KY 40351	61-1234891	501 (C)(3)	13,532				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

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DRESS FOR SUCCESS 913 E MAIN STREET STE 101B LOUISVILLE, KY 40206	61-1383568	501 (C)(3)	8,253				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
EASTERN STAR HOME 923 EASTERN STAR COURT LOUISVILLE, KY 40204	61-0467267	501 (C)(3)	8,700				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

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ECHO 1411 ALGONQUIN PARKWAY LOUISVILLE, KY 40210	31-1094281	501 (C)(3)	8,560				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
EMERGENCY COMMUNITY FOOD PANTRY OF FRANKLIN COUNTY PO BOX 48 FRANKFORT, KY 40601	31-1047022	501 (C)(3)	7,097				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

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EPILEPSY FOUNDATION OF KENTUCKIANA KOSAIR CHARITIES CENTRE 982 EASTERN PARKWAY LOUISVILLE, KY 40217	61-1314540	501 (C)(3)	9,227				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
EXPLORIUM OF LEXINGTON 440 WEST SHORT STREET LEXINGTON, KY 40513	61-1183278	501 (C)(3)	12,085				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

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FAMILY SERVICE SOCIETY 827 JOE CLIFTON DR PADUCAH, KY 42001	61-0461408	501 (C)(3)	15,700				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
FATHER BRADLEY SHELTER FOR WOMEN AND CHILDREN PO BOX 1617 HENDERSON, KY 42419	61-1335313	501 (C)(3)	5,192				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

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FEEDING AMERICA KENTUCKY'S HEARTLAND PO BOX 821 ELIZABETHTOWN, KY 42701	61-1043635	501 (C)(3)	7,780				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
FILSON HISTORICAL SOCIETY 1310 S 3RD ST LOUISVILLE, KY 40208	61-0444690	501 (C)(3)	8,453				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

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FOODCHAIN 501 S 6TH ST LEXINGTON, KY 40508	45-4088193	501 (C)(3)	9,532				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
FOUNDATION FOR AFFORDABLE HOUSING 169 DEWEESE STREET LEXINGTON, KY 40507	61-1192747	501 (C)(3)	15,803				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

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FRANCISCAN KITCHEN 748 S PRESTON STREET LOUISVILLE, KY 40203	61-1081045	501 (C)(3)	5,055				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
FRANKLIN COUNTY WOMEN AND FAMILY SHELTER 303 EAST THIRD STREET FRANKFORT, KY 40601	75-3170363	501 (C)(3)	5,983				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

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FRIENDS OF EASTERN CEMETERY PO BOX 6484 LOUISVILLE, KY 40206	46-4278446	501 (C)(3)	5,275				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
FRIENDS OF LAND BETWEEN THE LAKES 345 MAINTENANCE ROAD GOLDEN POND, KY 42211	31-1086145	501 (C)(3)	7,500				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GARDEN CLUB OF KENTUCKY 2015 LONE OAK ROAD PADUCAH, KY 42003	61-1446930	501 (C)(3)	8,900				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
GATEWAY CHILDREN'S ADVOCACY CENTER 310 E MAIN STREET MOREHEAD, KY 40351	61-1365649	501 (C)(3)	6,500				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GIRL SCOUTS OF KENTUCKY'S WILDERNESS ROAD 2277 EXECUTIVE DRIVE LEXINGTON, KY 40505	61-0608104	501 (C)(3)	6,470				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
GOD'S PANTRY FOOD BANK 1685 JAGGIE FOX WAY LEXINGTON, KY 40511	31-0979404	501 (C)(3)	9,751				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

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GRAYSON COUNTY ALLIANCE PO BOX 57 LEITCHFIELD, KY 42755	61-1379449	501 (C)(3)	5,931				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
HAND IN HAND MINISTRIES 518 N 26TH STREET LOUISVILLE, KY 40212	61-1352889	501 (C)(3)	20,000				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HAPPY FEET 1020 ST RT 56 E MORGANFIELD, KY 42437	45-5231363	501 (C)(3)	15,000				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
HARBOR HOUSE OF LOUISVILLE 2231 LOWERS HUNTERS TRACE LOUISVILLE, KY 40216	61-1216323	501 (C)(3)	21,147				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HARLAN COUNTY BOYS AND GIRLS CLUB 1 POSITIVE PLACE HARLAN, KY 40831	31-1793599	501 (C)(3)	16,246				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
THE HEALING PLACE 1020 W MARKET STREET LOUISVILLE, KY 40202	61-1164775	501 (C)(3)	10,400				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HEUSER HEARING AND LANGUAGE ACADEMY 111 E KENTUCKY ST LOUISVILLE, KY 40203	61-0492369	501 (C)(3)	11,278				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
HIGHLANDS COMMUNITY CAMPUS 1228 E BRECKINRIDGE ST LOUISVILLE, KY 40204	46-3404273	501 (C)(3)	5,788				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HINDMAN SETTLEMENT SCHOOL PO BOX 844 HINDMAN, KY 41822	61-0447248	501 (C)(3)	7,916				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
HONOR FLIGHT OF THE BLUEGRASS PO BOX 991364 LOUISVILLE, KY 40269	26-2237257	501 (C)(3)	10,000				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HOPE HEALTH CLINIC 1025 SANIBEL WAY SUITE E LAGRANGE, KY 40031	46-5509958	501 (C)(3)	5,480				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
HOUSE OF RUTH 607 E ST CATHERINE STREET LOUISVILLE, KY 40203	61-1231355	501 (C)(3)	13,444				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

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ISAIAH HOUSE PO BOX 188 WILLISBURG, KY 40078	26-2961334	501 (C)(3)	15,075				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
JESSE STUART FOUNDATION PO BOX 669 ASHLAND, KY 41102	61-0959617	501 (C)(3)	7,000				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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JOSEPHINE SCULPTURE PARK 3355 LAWRENCEBURG ROAD FRANKFORT, KY 40601	27-0686281	501 (C)(3)	8,552				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
JUNIOR ACHIEVEMENT 2420 SPURR ROAD 150 LEXINGTON, KY 40511	84-1267604	501 (C)(3)	14,850				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

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KCTCS 300 N MAIN STREET VERSAILLES, KY 40383	61-1351918	501 (C)(3)	80,000				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
KENTUCKIANA CHILDREN'S CENTER 1810 BROWNSBORO ROAD LOUISVILLE, KY 40206	61-6014488	501 (C)(3)	7,731				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

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KENTUCKY ASSOCIATION FOR ACADEMIC COMPETITION 113 CONSUMER LANE FRANKFORT, KY 40601	61-1087843	501 (C)(3)	10,000				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
KENTUCKY COALITION AGAINST DOMESTIC VIOLENCE 111 DARBY SHIRE CIRCLE FRANKFORT, KY 40601	61-1110432	501 (C)(3)	7,454				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

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KENTUCKY HUMANITIES 206 E MAXWELL STREET LEXINGTON, KY 40508	31-0981031	501 (C)(3)	13,998				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
KENTUCKY RIVER COMMUNITY CARE PO BOX 794 JACKSON, KY 41339	31-0965230	501 (C)(3)	14,111				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

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KENTUCKY SHAKESPEARE 323 W BROADWAY STE 401 LOUISVILLE, KY 40202	61-6036654	501 (C)(3)	12,000				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
KIDS CANCER ALLIANCE PO BOX 24337 LOUISVILLE, KY 40224	61-1256743	501 (C)(3)	6,430				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

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KIDS CENTER FOR PEDIATRIC THERAPIES PO BOX 17630 LOUISVILLE, KY 40217	61-0492378	501 (C)(3)	9,430				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
LEADERSHIP LOUISVILLE CENTER 707 W MAIN ST LOUISVILLE, KY 40202	31-0958491	501 (C)(3)	12,989				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

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LIFE ADVENTURE CENTER 570 MILNER ROAD VERSAILLES, KY 40383	61-0461733	501 (C)(3)	9,844				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
LIGHTHOUSE MINISTRIES THE PO BOX 54494 LEXINGTON, KY 40555	52-2137309	501 (C)(3)	10,000				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

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LINCOLN HERITAGE COUNCIL BOY SCOUTS OF AMERICA 12001 SYCAMORE STATION PLACE LOUISVILLE, KY 40299	61-0445839	501 (C)(3)	14,794				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
LITTLE COLONEL PLAYERS PO BOX 532 PEWEE VALLEY, KY 40056	23-7414346	501 (C)(3)	11,166				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

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LITTLE LOOMHOUSE THE PO BOX 9124 LOUISVILLE, KY 40209	61-0961553	501 (C)(3)	7,990				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
LITTLE SISTERS OF THE POOR 15 AUDUBON PLAZA DRIVE LOUISVILLE, KY 40217	61-0487466	501 (C)(3)	17,472				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

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LIVING ARTS AND SCIENCE CENTER 362 N MARTIN LUTHER KING BLVD LEXINGTON, KY 40508	61-0675663	501 (C)(3)	8,256				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
LORD'S LEGACY LIFE MINISTRIES 251 EAST BRANNON ROAD NICHOLASVILLE, KY 40356	20-3916433	501 (C)(3)	15,000				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

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LOUISVILLE CENTRAL COMMUNITY CENTERS 1300 W MUHAMMAD ALI BLVD LOUISVILLE, KY 40203	61-0590743	501 (C)(3)	10,688				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
LOURDES 1530 LONE OAK ROAD PADUCAH, KY 42003	61-0600313	501 (C)(3)	5,062				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

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MADONNA HOUSE OF NORTHERN KENTUCKY 25 ORPHANAGE ROAD FT MITCHELL, KY 41017	31-1136862	501 (C)(3)	5,128				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
MARCUM & WALLACE HOSPITAL 60 MERCY COURT IRVINE, KY 40336	61-0927491	501 (C)(3)	15,000				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

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MARSHALL COUNTY ARTS COMMISSION 1202 ELM STREET BENTON, KY 42025	20-0208078	501 (C)(3)	5,135				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
MARYHURST 1015 DORSEY LANE LOUISVILLE, KY 40223	31-1542209	501 (C)(3)	16,526				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

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MASTER PROVISIONS 7725 FOUNDATION DRIVE FLORENCE, KY 41042	61-1262540	501 (C)(3)	7,521				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
MERRYMAN HOUSE DOMESTIC CRISIS CENTER PO BOX 98 PADUCAH, KY 42002	61-0974637	501 (C)(3)	9,277				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

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MISSION HOPE FOR KIDS PO BOX 6385 ELIZABETHTOWN, KY 42702	45-3975991	501 (C)(3)	15,000				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
MOREHEAD GATEWAY HELPING HANDS FOOD BANK PO BOX 316 MOREHEAD, KY 40351	27-1346551	501 (C)(3)	7,500				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

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MOUNTAIN COMPREHENSIVE CARE CENTER 104 S FRONT AVE PRESTONBURG, KY 41653	61-0663787	501 (C)(3)	8,138				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
MUHLENBERG COMMUNITY THEATRE PO BOX 76 GREENVILLE, KY 42345	31-1087760	501 (C)(3)	15,000				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

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NEIGHBORHOOD HOUSE 201 N 25TH STREET LOUISVILLE, KY 40212	61-0445842	501 (C)(3)	9,650				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
NEW PATHWAYS FOR CHILDREN PO BOX 10 MELBER, KY 42069	61-1297776	501 (C)(3)	11,000				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

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OPPORTUNITY FOR WORK AND LEARNING 650 KENNEDY ROAD LEXINGTON, KY 40511	61-0593023	501 (C)(3)	11,625				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
OWENSBORO HEALTH FOUNDATION PO BOX 22505 OWENSBORO, KY 42304	61-1251763	501 (C)(3)	9,800				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

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PADUCAH LIFELINE MINISTRIES PO BOX 7652 PADUCAH, KY 42002	20-0801622	501 (C)(3)	11,823				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
PARKLANDS OF FLOYDS FORK THE 471 W MAIN ST STE 202 LOUISVILLE, KY 40202	20-1780317	501 (C)(3)	15,000				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

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PARTNERSHIP HOUSING PO BOX 997 BOONEVILLE, KY 41314	61-1486773	501 (C)(3)	6,704				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
PAWS WITH PURPOSE PO BOX 5458 LOUISVILLE, KY 40255	20-0681397	501 (C)(3)	5,598				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

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PENNYRILE RC&D AREA COUNCIL PO BOX 41 HOPKINSVILLE, KY 42241	61-1179675	501 (C)(3)	8,300				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
POST CLINIC THE PO BOX 550 MOUNT STERLING, KY 40353	31-1515325	501 (C)(3)	20,400				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

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PREVENT CHILD ABUSE KENTUCKY 801 CORPORATE DRIVE SUITE 120 LEXINGTON, KY 40503	61-1111813	501 (C)(3)	9,752				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
PRODIGAL MINISTRIES PO BOX 1484 CRESTWOOD, KY 40014	61-1275040	501 (C)(3)	8,675				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

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PROJECT WARM 1252 SOUTH SHELBY STREET LOUISVILLE, KY 40203	61-1000873	501 (C)(3)	6,848				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
RAPTOR REHABILITATION OF KENTUCKY PO BOX 206186 LOUISVILLE, KY 40250	61-1193464	501 (C)(3)	7,910				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

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RIVER DISCOVERY CENTER 117 SOUTH WATER STREET PADUCAH, KY 42001	61-1315396	501 (C)(3)	11,185				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
ROCKCASTLE REGIONAL PO BOX 1310 MT VERNON, KY 40456	61-0523304	501 (C)(3)	9,250				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

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SAFE HARBOR OF NORTHEAST KENTUCKY PO BOX 2163 ASHLAND, KY 41105	61-1155742	501 (C)(3)	15,000				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
SAFY OF KY (SPECIALIZED ALTERNATIVES FOR FAMILY AND YOUTH OF KENTUCKY) 4010 DUPONT CIRCLE STE 379 LOUISVILLE, KY 40207	34-1600251	501 (C)(3)	5,251				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

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(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SAINT JOSEPH HOSPITAL FOUNDATION 701 BOB OLINK DRIVE SUITE 200 LEXINGTON, KY 40504	61-1159649	501 (C)(3)	11,068				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
SALVATION ARMY LOUISVILLE AREA COMMAND THE PO BOX 1149 LOUISVILLE, KY 40201	58-0660607	501 (C)(3)	13,380				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SCHUHMANN SOCIAL SERVICE CENTER 639 S SHELBY ST LOUISVILLE, KY 40202	61-0339189	501 (C)(3)	6,000				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
SEEDLEAF 501 W 6TH ST SUITE 250 LEXINGTON, KY 40508	45-0582109	501 (C)(3)	16,803				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SENIORCARE EXPERTS 145 THIERMAN LANE LOUISVILLE, KY 40207	61-0860265	501 (C)(3)	12,000				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
SHELBY COUNTY COMMUNITY THEATRE 801 MAIN STREET SHELBYVILLE, KY 40065	31-0916464	501 (C)(3)	5,539				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SOCIETY OF ST VINCENT DE PAUL COUNCIL OF NORTHERN KENTUCKY 2655 CRESCENT SPRINGS ROAD COVINGTON, KY 41017	32-0350542	501 (C)(3)	8,820				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
SOUTHWEST CENTER 8009 TERRY ROAD LOUISVILLE, KY 40258	61-1016175	501 (C)(3)	20,000				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SPECIAL OLYMPICS OF KENTUCKY 105 LAKEVIEW COURT FRANKFORT, KY 40601	61-0954571	501 (C)(3)	11,100				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
ST JOHN CENTER 700 EAST MUHAMMAD ALI BLVD LOUISVILLE, KY 40202	61-1135907	501 (C)(3)	7,500				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST VINCENT MISSION PO BOX 232 DAVID, KY 41616	61-0961940	501 (C)(3)	8,337				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
STAGEONE FAMILY THEATRE 315 W MARKET ST STE 2S LOUISVILLE, KY 40202	61-0466715	501 (C)(3)	7,428				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUNRISE CHILDREN'S SERVICES PO BOX 1429 MT WASHINGTON, KY 40047	61-0597273	501 (C)(3)	5,181				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
SUPPLIES OVER SEAS 1500 ARLINGTON AVENUE LOUISVILLE, KY 40206	27-2624272	501 (C)(3)	10,000				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SURGERY ON SUNDAY 533 WALLER AVE LEXINGTON, KY 40504	20-3187452	501 (C)(3)	15,900				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
USA CARES 11760 COMMONWEALTH DRIVE LOUISVILLE, KY 40299	05-0588761	501 (C)(3)	10,000				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VETERANS MEMORIAL PARK OF KENTUCKY PO BOX 46 PEWEE VALLEY, KY 40046	32-0295296	501 (C)(3)	8,696				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
WATCH 702 MAIN STREET MURRAY, KY 42071	61-0719760	501 (C)(3)	9,696				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WATERSHED WATCH IN KENTUCKY PO BOX 1156 BENTON, KY 42025	27-0802275	501 (C)(3)	10,309				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
WAYSIDE CHRISTIAN MISSION AND HOTEL LOUISVILLE PO BOX 7249 LOUISVILLE, KY 40257	61-0667139	501 (C)(3)	14,100				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WELL OF LEXINGTON THE 110 E 3RD ST LEXINGTON, KY 40508	61-1367567	501 (C)(3)	9,498				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
WELLSPRING 225 W BRECKINRIDGE STREET LOUISVILLE, KY 40203	31-1020023	501 (C)(3)	22,316				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WESLEY MANOR RETIREMENT COMMUNITY 5012 EAST MANSLICK ROAD LOUISVILLE, KY 40219	61-0561689	501 (C)(3)	8,185				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
WEST END SCHOOL 3628 VIRGINIA AVE LOUISVILLE, KY 40211	04-3798878	501 (C)(3)	11,100				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WILDERNESS TRACE CHILD DEVELOPMENT CENTER 409 N STEWARTS LANE DANVILLE, KY 40422	61-1230722	501 (C)(3)	16,696				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
WINNER'S CIRCLE ROBO JOCKEYS PO BOX 22104 LOUISVILLE, KY 40252	45-5624957	501 (C)(3)	6,952				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WOMEN'S CRISIS CENTER 3580 HARGRAVE DR HEBRON, KY 41048	61-0908752	501 (C)(3)	11,263				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
WORKWELL INDUSTRIES 3401 JEWELL AVE LOUISVILLE, KY 40212	61-0956156	501 (C)(3)	10,000				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YMCA OF CENTRAL KENTUCKY 381 WEST LOUDON AVE LEXINGTON, KY 40508	61-0444842	501 (C)(3)	8,375				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
YMCA OF GREATER LOUISVILLE 545 S 2ND ST LOUISVILLE, KY 40202	61-0444843	501 (C)(3)	15,000				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YOUTHBUILD LOUISVILLE PO BOX 638 LOUISVILLE, KY 40201	61-1374470	501 (C)(3)	6,380				TO FURTHER THE ORGANIZATION'S CHARITABLE PROGRAMS
ZOOM GROUP 1904 EMBASSY SQUARE BLVD LOUISVILLE, KY 40299	61-1101882	501 (C)(3)	10,000				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" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
HONORABLE ORDER OF KENTUCKY COLONELS INC

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 on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax 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 directors, trustees, officers, including 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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on 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" on 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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that 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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SHERRY CROSE EXECUTIVE DIRECTOR	(i)	147,650	0	0	6,750	9,836	164,236	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 4A	PURSUANT TO A WRITTEN AGREEMENT, HONORABLE ORDER OF KENTUCKY COLONELS AGREED TO PAY LINDA BOONE 52 WEEKS OF SALARY BEGINNING AFTER HER EMPLOYMENT WAS SEVERED ON 2/7/2017 FOR THE YEAR ENDING 12/31/2018, LINDA BOONE WAS PAID, IN ACCORDANCE WITH THE AGREEMENT, $8,386 IN SEVERANCE PAYMENTS

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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 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
HONORABLE ORDER OF KENTUCKY COLONELS INC

Employer identification number
61-0485432

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	THERE IS A FAMILY RELATIONSHIP BETWEEN TRUSTEE JIM LINDSEY AND TRUSTEE KEVIN DOYLE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	SHERRY CROSE, THE EXECUTIVE DIRECTOR, MARY ANN HUNT, THE TREASURER, AND THE FINANCE COMMIT TEE OF THE BOARD OF TRUSTEES REVIEW THE FORM 990 IN DETAIL AND COPIES OF THE FORM 990 ARE PROVIDED TO THE BOARD PRIOR TO FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ALL TRUSTEES, OFFICERS, AND STAFF OF THE HOKC ARE REQUIRED TO ANNUALLY SUBMIT A LIST OF OR GANIZATIONS WITH WHOM HE/SHE MAY HAVE A RELATIONSHIP THAT LISTING IS COMPARED TO A LISTIN G 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 PARTICIP ATE IN, OR ADVISE ON, ANY POSSIBLE INTERACTION BETWEEN THE HONORABLE ORDER AND THAT ORGANI ZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 COMMITTE E AFTER EVALUATING A NUMBER OF FACTORS, INCLUDING EXPERIENCE, LENGTH OF SERVICE, AND ABIL ITY, AS WELL AS COMPARABLE SALARY LEVELS IN OTHER ORGANIZATIONS, THE COMMITTEE PREPARES RE COMMENDED COMPENSATION REPORTS AND SUBMITS ITS RECOMMENDATIONS FOR HOKC EMPLOYEE COMPENSAT ION TO THE FULL BOARD OF TRUSTEES FOR APPROVAL

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THESE DOCUMENTS ARE AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN BENEFICIAL INTEREST IN THIRD PARTY TRUST -52,500 AUDIT ADJUSTMENT -1,792

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THERE HAVE BEEN NO CHANGES FROM PRIOR YEAR

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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" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
HONORABLE ORDER OF KENTUCKY COLONELS INC

Employer identification number
61-0485432

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

(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" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)KENTUCKY COLONELS COLLECTIBLES INC 1717 ALLIANT AVE SUITE 14 LOUISVILLE, KY 40299 61-1124733	NOVELTY	KY	HONORABLE ORDER OF KENTUCKY COLONELS INC	C	-15,818	49,857	100 000 %	Yes	
(2)CHARITABLE LEAD TRUST (1)	INVESTMENT	KY	N/A						No

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

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

		Yes	No
1 During the tax year, did the 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		No
o Sharing of paid employees with related organization(s)	1o		No
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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)KENTUCKY COLONELS COLLECTIBLES INC	D	625,632	COST

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) 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

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation