



Public Disclosure Copy

This public disclosure copy is being provided to the organization pursuant to Section 6104(e).

Tax-exempt organizations are required to make a copy of the annual information return, e.g., Forms 990, 990-EZ, 990-PF, as well as Forms 990-T and 4720, if applicable, available for public inspection and to provide copies of such forms to individuals or organizations that request copies. The public inspection requirement applies to all required schedules and attachments of the annual information return. Most commonly, the public inspection copy redacts contributor information such as name and address from public record. The public inspection rules apply to annual information returns filed for the last three years. Failure to comply with disclosure requirements can result in an enforcement action by the IRS.

Where Must Information Be Provided?

Generally, an organization must make its documents available for public inspection at any location where it has three or more employees. If the only services provided at the site are in furtherance of exempt purposes and the site does not serve as an office for management staff, the documents are not required to be made available there. As an alternative to providing copies, an organization may provide access to these forms through the organization's website. The website must provide instructions for downloading the document(s). The information on the website must be in such a format that it may be accessed, downloaded, viewed, or printed in the same format as the actual documents. An organization would need to make the web address available to the general public.

How Quickly Must Organizations Reply?

Requests for copies can be made in person or in writing. When requests are made in person, the copies must generally be provided on the same business day. There are provisions for delays due to unusual circumstances. However, in no event may the period of delay exceed five business days. Unusual circumstances include times when those staff that are capable of fulfilling a request are absent. Requested copies generally must be mailed within 30 days from the date of the receipt of the written request. However, if the organization requires advance payment of a reasonable fee for copying and postage, it may provide the copies within 30 days from the date it receives payment rather than the date of the original request.

For more information about the IRS' public disclosure requirements, please visit:

<https://www.irs.gov/charities-non-profits/exempt-organization-public-disclosure-and-availability-requirements>

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



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Return of Organization Exempt From Income Tax

2022

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

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

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2022 calendar year, or tax year beginning and ending

Form header section containing organization name (HONORABLE ORDER OF KENTUCKY COLONELS INC), EIN (61-0485432), address (943 S. 1ST ST, LOUISVILLE, KY 40203), principal officer (SHERRY CROSE), and tax-exempt status (501(c)(3)).

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, member counts, revenue breakdown, and asset/liability totals.

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.

Signature block containing officer signature (SHERRY CROSE), preparer signature (JEFF SMITH), and firm information (FORVIS, LLP).

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)

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

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
	HONORABLE ORDER OF KENTUCKY COLONELS INC	61-0485432
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	943 S. 1ST ST	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	LOUISVILLE, KY 40203	

Enter the Return Code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

- The books are in the care of ▶ GERARD KAUFFMANN
943 S. FIRST STREET LOUISVILLE KY 40203
Telephone No. ▶ 502 266-6264 Fax No. ▶

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 2022 or
▶ tax year beginning _____, 20____, and ending _____, 20____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	NONE
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	NONE
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	NONE

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

4a (Code:) (Expenses \$ 4,778,786. including grants of \$ 4,606,399.) (Revenue \$ 145,295.)

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

SEE SCHEDULE O FOR ADDITIONAL INFORMATION.

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

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

4d Other program services (Describe on Schedule O.)

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

4e Total program service expenses 4,778,786.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 10		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
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)? . .		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
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?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . .		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
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?		
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? 13a Note: See the instructions for additional information the organization must report on Schedule O.		
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?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see the instructions and file Form 4720, Schedule N.		X
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		X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? 17 If "Yes," complete Form 6069.		

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (16), 1b (16), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed KY, VA,
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
GERARD KAUFFMANN 943 S. FIRST STREET LOUISVILLE, KY 40203

502-266-6264

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SHERRY CROSE EXECUTIVE DIRECTOR	40.00 NONE			X				192,037.	NONE	3,761.
(2) GERARD KAUFFMANN DIRECTOR OF FINANCE	20.00 NONE			X				76,253.	NONE	NONE
(3) ALEX LYTTLE TRUSTEE	0.50 NONE	X						NONE	NONE	NONE
(4) FRED MINNICK TRUSTEE	0.50 NONE	X						NONE	NONE	NONE
(5) GARY BOSCHERT COMMANDING GENERAL	0.50 NONE	X		X				NONE	NONE	NONE
(6) HAL SULLIVAN TRUSTEE	0.50 NONE	X						NONE	NONE	NONE
(7) BRIAN RIENDEAU TRUSTEE	0.50 NONE	X						NONE	NONE	NONE
(8) JEFF L KENNEDY TRUSTEE	0.50 NONE	X						NONE	NONE	NONE
(9) JIM ROGERS TREASURER	0.50 NONE	X		X				NONE	NONE	NONE
(10) KEVIN DOYLE TRUSTEE	0.50 NONE	X						NONE	NONE	NONE
(11) LYNN ASHTON TRUSTEE	0.50 NONE	X						NONE	NONE	NONE
(12) MOLLY SUTHERLAND TRUSTEE	0.50 NONE	X						NONE	NONE	NONE
(13) NICK ISING ADJUTANT GENERAL	0.50 NONE	X		X				NONE	NONE	NONE
(14) RICK HOBGOOD TRUSTEE	0.50 NONE	X						NONE	NONE	NONE

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) TAD MYRE SECRETARY	0.50 NONE	X		X				NONE	NONE	NONE
(16) MARIA BRAMAN TRUSTEE	0.50 NONE	X						NONE	NONE	NONE
(17) MARY VITALE TRUSTEE	0.50 NONE	X						NONE	NONE	NONE
(18) DEBORAH WILLIAMS TRUSTEE	0.50 NONE	X						NONE	NONE	NONE
1b Sub-total							268,290.	NONE	3,761.	
c Total from continuation sheets to Part VII, Section A							NONE	NONE	NONE	
d Total (add lines 1b and 1c)							268,290.	NONE	3,761.	

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CURRENT 360 1324 E WASHINGTON ST LOUISVILLE, KY 40206	MARKETING	317,887.

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

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions) . .	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	5,213,335.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 62,922.				
	h	Total. Add lines 1a-1f			5,213,335.			
Program Service Revenue	2a	EVENT REVENUE	Business Code					
			900099	145,295.	145,295.			
	b							
	c							
	d							
	e							
	g	Total. Add lines 2a-2f			145,295.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		306,808.			306,808.	
	4	Income from investment of tax-exempt bond proceeds .		NONE				
	5	Royalties		NONE				
	6a	Gross rents	(i) Real	(ii) Personal				
			6a					
			6b					
	c	Rental income or (loss)	NONE	NONE				
	d	Net rental income or (loss)			NONE			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			7a	411,851.				
			7b	499,781.				
	c	Gain or (loss)	7c	-87,930.				
	d	Net gain or (loss)			-87,930.		-87,930.	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		NONE				
			8a					
8b								
c	Net income or (loss) from fundraising events			NONE				
9a	Gross income from gaming activities. See Part IV, line 19		NONE					
		9a						
		9b						
c	Net income or (loss) from gaming activities			NONE				
10a	Gross sales of inventory, less returns and allowances		NONE					
		10a						
		10b						
c	Net income or (loss) from sales of inventory			NONE				
Miscellaneous Revenue	11a	LICENSE PLATE INCOME	Business Code					
			900099	57,861.			57,861.	
	b	OTHER INCOME	900099	30,592.			30,592.	
	c							
	e	Total. Add lines 11a-11d			88,453.			
12	Total revenue. See instructions			5,665,961.	145,295.		307,331.	

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) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,606,399.	4,606,399.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	NONE			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	278,185.	61,201.	96,530.	120,454.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	281,211.	61,866.	97,580.	121,765.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	18,434.	4,055.	7,982.	6,397.
9 Other employee benefits	32,443.	7,137.	11,258.	14,048.
10 Payroll taxes	41,075.	9,037.	14,253.	17,785.
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	13,754.		13,754.	
c Accounting	25,675.		25,675.	
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	1,625.		1,625.	
12 Advertising and promotion	433,497.		6,825.	426,672.
13 Office expenses	101,268.	2,625.	17,539.	81,104.
14 Information technology	28,746.	1,725.	15,810.	11,211.
15 Royalties	NONE			
16 Occupancy	34,612.	3,461.	17,306.	13,845.
17 Travel	30,040.	10,013.	10,014.	10,013.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	NONE			
20 Interest	25,595.	1,536.	14,077.	9,982.
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	47,799.	2,868.	26,289.	18,642.
23 Insurance	13,538.	1,354.	6,769.	5,415.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a GRANT ADMINISTRATION	4,888.	4,888.		
b EVENT EXPENSE	153,707.			153,707.
c CREDIT CARD COMMISSIONS	43,812.			43,812.
d SERVICE AGREEMENTS	18,720.		13,291.	5,429.
e All other expenses	26,724.	621.	23,086.	3,017.
25 Total functional expenses. Add lines 1 through 24e	6,261,747.	4,778,786.	419,663.	1,063,298.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	619,864.	1	1,959,034.
	2 Savings and temporary cash investments	3,022,955.	2	992,162.
	3 Pledges and grants receivable, net	NONE	3	NONE
	4 Accounts receivable, net	204,308.	4	109,131.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	5	NONE
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
	7 Notes and loans receivable, net	NONE	7	NONE
	8 Inventories for sale or use	NONE	8	5,552.
	9 Prepaid expenses and deferred charges	29,687.	9	41,960.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,285,323.		
	b Less: accumulated depreciation	10b 179,714.		
		1,153,408.	10c	1,105,609.
	11 Investments - publicly traded securities	20,883,025.	11	17,982,538.
	12 Investments - other securities. See Part IV, line 11	NONE	12	NONE
	13 Investments - program-related. See Part IV, line 11	NONE	13	NONE
	14 Intangible assets	NONE	14	NONE
15 Other assets. See Part IV, line 11	806,801.	15	638,309.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	26,720,048.	16	22,834,295.	
Liabilities	17 Accounts payable and accrued expenses	50,288.	17	101,852.
	18 Grants payable	NONE	18	78,771.
	19 Deferred revenue	NONE	19	NONE
	20 Tax-exempt bond liabilities	NONE	20	NONE
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	22	NONE
	23 Secured mortgages and notes payable to unrelated third parties	551,488.	23	531,301.
	24 Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	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	NONE	25	NONE
	26 Total liabilities. Add lines 17 through 25	601,776.	26	711,924.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/>			
	27 Net assets without donor restrictions	25,311,471.	27	19,990,984.
	28 Net assets with donor restrictions	806,801.	28	2,131,387.
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input type="checkbox"/>			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	26,118,272.	32	22,122,371.
33 Total liabilities and net assets/fund balances	26,720,048.	33	22,834,295.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,665,961.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,261,747.
3	Revenue less expenses. Subtract line 2 from line 1	3	-595,786.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	26,118,272.
5	Net unrealized gains (losses) on investments	5	-3,211,863.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-188,252.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	22,122,371.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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

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

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

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

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

Schedule A (Form 990) 2022

JSA
2E1210 1.000

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (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

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, 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); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2021 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2022. 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 - 2021. 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 - 2022. 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 - 2021. 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,088,553.	2,159,725.	2,129,782.	5,835,966.	5,213,335.	17,427,361.
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	94,825.	113,794.		117,712.	145,295.	471,626.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						NONE
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
5 The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
6 Total. Add lines 1 through 5	2,183,378.	2,273,519.	2,129,782.	5,953,678.	5,358,630.	17,898,987.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	20,003.	10,100.	20,081.	52,635.	49,580.	152,399.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						NONE
c Add lines 7a and 7b.	20,003.	10,100.	20,081.	52,635.	49,580.	152,399.
8 Public support. (Subtract line 7c from line 6.)						17,746,588.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6.	2,183,378.	2,273,519.	2,129,782.	5,953,678.	5,358,630.	17,898,987.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	407,656.	422,425.	309,669.	363,202.	306,808.	1,809,760.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						NONE
c Add lines 10a and 10b	407,656.	422,425.	309,669.	363,202.	306,808.	1,809,760.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						NONE
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	46,482.	57,110.	48,259.	68,531.	88,453.	308,835.
13 Total support. (Add lines 9, 10c, 11, and 12.)	2,637,516.	2,753,054.	2,487,710.	6,385,411.	5,753,891.	20,017,582.
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	88.65%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	86.45%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)),	17	9.04%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	11.47%

19a 33 1/3% support tests - 2022. 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 - 2021. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

		Yes	No
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 on lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described on line 11a above?		
c	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
e	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
c	Excess from 2020			
d	Excess from 2021			
e	Excess from 2022			

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

HONORABLE ORDER OF KENTUCKY COLONELS INC

61-0485432

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

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for aggregate values, 5-6 for donor information with Yes/No checkboxes.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Rows 1-8 for conservation details, 9 for reporting information.

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

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

Table with 3 columns: Line number, Description, and Amount. Rows 1a-1b for collection reporting, 2 for financial gain reporting.

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

Schedule D (Form 990) 2022

JSA 2E1268 1.000

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|-----------|
| c Beginning balance | 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 on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	21,689,826.	18,480,248.	18,940,443.	16,446,295.	17,442,685.
b Contributions	93,187.	120,659.	19,606.	16,657.	282,997.
c Net investment earnings, gains, and losses	-3,162,165.	3,929,919.	2,170,199.	3,885,672.	-574,832.
d Grants or scholarships					
e Other expenditures for facilities and programs		841,000.	2,650,000.	1,408,181.	704,555.
f Administrative expenses					
g End of year balance	18,620,848.	21,689,826.	18,480,248.	18,940,443.	16,446,295.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 88.0000 %
 - b Permanent endowment 4.0000 %
 - c Term endowment 8.0000 %
- 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 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii) Related organizations | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		1,100,023.	88,199.	1,011,824.
c Leasehold improvements				
d Equipment		80,141.	58,345.	21,796.
e Other		105,159.	33,170.	71,989.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,105,609.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2:

INCOME TAXES

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

SCHEDULE D, PART V, LINE 4

INTENDED USE OF ENDOWMENT FUNDS

TO SUPPORT THE ORGANIZATION'S PROGRAM AND GENERAL OPERATIONS.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

HONORABLE ORDER OF KENTUCKY COLONELS INC

Employer identification number

61-0485432

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ADVENTURESERVE MINISTRIES PO BOX 127 WILMORE, KY 40390	58-1475965	501(C)(3)	10,000.				GENERAL SUPPORT
(2) ALLEY CAT ADVOCATES 3524 NEWBURG ROAD LOUISVILLE, KY 40218	61-1343210	501(C)(3)	13,000.				GENERAL SUPPORT
(3) AMEN HOUSE, INC. PO BOX 211 GEORGETOWN, KY 40324	61-1236411	501(C)(3)	20,000.				GENERAL SUPPORT
(4) ANDERSON COUNTY BACKPACK BUDDIES 1014 MAC ST LAWRENCEBURG, KY 40342	37-1609278	501(C)(3)	9,000.				GENERAL SUPPORT
(5) APPALACHIAN CENTER FOR THE ARTS KAATK1564@YAHOO.COM PIKEVILLE, KY 41501	81-4316682	501(C)(3)	12,000.				GENERAL SUPPORT
(6) APPALACHIAN CITIZENS LAW CENTER INC 317 MAIN ST WHITESBURG, KY 41858	61-1401589	501(C)(3)	10,000.				EASTERN KENTUCKY FLO
(7) APPALACHIAN HORSE CENTER OF KENTUCKY, DBA A P.O. BOX 1451 HINDMAN, KY 41822	61-1805193	501(C)(3)	9,500.				GENERAL SUPPORT
(8) APPALSHOP, INC. 91 MADISON AVE. WHITESBURG, KY 41858	61-0890210	501(C)(3)	15,000.				EASTERN KENTUCKY FLO
(9) ARH FOUNDATION FOR HEALTHIER COMMUNITIES P.O. BOX 8086 LEXINGTON, KY 40515	20-4840007	501(C)(3)	10,000.				EASTERN KENTUCKY FLO
(10) BARREN RIVER AREA CHILD ADVOCACY CENTER 103 E. 12TH STREET BOWLING GREEN, KY 42101	61-1337449	501(C)(3)	7,642.				GENERAL SUPPORT
(11) BEACON HOUSE AFTERCARE PROGRAM, INC. 963 SOUTH 2ND STREET LOUISVILLE, KY 40203	31-1497608	501(C)(3)	9,999.				GENERAL SUPPORT
(12) BEATTYVILLE HOUSING AND DEVELOPMENT CORPORA 65 EAST MAIN STREET BEATTYVILLE, KY 41311	61-1254002	501(C)(3)	9,999.				GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 255

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

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

Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
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HONORABLE ORDER OF KENTUCKY COLONELS INC

61-0485432

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BEHRINGER-CRAWFORD MUSEUM 1600 MONTAGUE ROAD - DEVOU PARK	61-0964379	501(C)(3)	6,411.				GENERAL SUPPORT
(2) BIG BROTHERS BIG SISTERS OF KENTUCKIANA 1519 GARDINER LANE, SUITE B	61-6057859	501(C)(3)	18,000.				GENERAL SUPPORT
(3) BIG BROTHERS BIG SISTERS OF THE BLUEGRASS, 181 WEST LOWRY LANE LEXINGTON, KY 40503	61-0523288	501(C)(3)	8,137.				GENERAL SUPPORT
(4) BILL AND BETSY SCHEBEN CARE CENTER, THE 31 SPIRAL DRIVE FLORENCE, KY 41042	45-1447370	501(C)(3)	12,945.				GENERAL SUPPORT
(5) BLUE GRASS FARMS CHARITIES, INC. 2339 SANDERSVILLE ROAD LEXINGTON, KY 40511	20-0374962	501(C)(3)	8,436.				GENERAL SUPPORT
(6) BLUEGRASS CENTER FOR AUTISM 9810 BLUEGRASS PARKWAY LOUISVILLE, KY 40299	27-2279128	501(C)(3)	10,000.				GENERAL SUPPORT
(7) BLUEGRASS GREENSOURCE 835 NATIONAL AVENUE LEXINGTON, KY 40502	61-1395175	501(C)(3)	7,790.				GENERAL SUPPORT
(8) BLUEGRASS YOUTH BALLET 442 SOUTHLAND DR. LEXINGTON, KY 40503	47-0925708	501(C)(3)	7,188.				GENERAL SUPPORT
(9) BOYS & GIRLS CLUB OF KENTUCKIANA 3900 CRITTENDEN DRIVE LOUISVILLE, KY 40209	61-0568789	501(C)(3)	9,065.				GENERAL SUPPORT
(10) BOYS AND GIRLS HAVEN 2301 GOLDSMITH LANE LOUISVILLE, KY 40218	61-0479621	501(C)(3)	17,073.				GENERAL SUPPORT
(11) BRIGHTON CENTER, INC. P.O. BOX 325 NEWPORT, KY 41072	61-0673886	501(C)(3)	8,890.				GENERAL SUPPORT
(12) BROWNSBORO CONSERVATION COUNCIL, INC. DBA B P.O. BOX 516 CRESTWOOD, KY 40014	26-0718033	501(C)(3)	6,500.				GENERAL SUPPORT

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

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

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Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
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Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CAMP GRAVES 15030 STATE ROUTE 45 SOUTH	87-4671920	501(C)(3)	25,000.				WESTERN KENTUCKY TOR
(2) CASA OF THE BLUEGRASS PO BOX 45 DANVILLE, KY 40423	26-1841458	501(C)(3)	8,255.				GENERAL SUPPORT
(3) CASA, INC. (DBA CASA OF THE RIVER REGION) 982 EASTERN PARKWAY LOUISVILLE, KY 40217	61-1066568	501(C)(3)	13,034.				GENERAL SUPPORT
(4) CATHOLIC CHARITIES LOUISVILLE 2911 SOUTH FOURTH STREET	61-1239600	501(C)(3)	15,000.				GENERAL SUPPORT
(5) CATHOLIC DIOCESE OF LEXINGTON 1310 WEST MAIN ST LEXINGTON, KY 40508	61-1132894	501(C)(3)	8,400.				GENERAL SUPPORT
(6) CEDAR LAKE FOUNDATION 9505 WILLIAMSBURG PLAZA	61-1093278	501(C)(3)	12,500.				GENERAL SUPPORT
(7) CENTRAL KENTUCKY RIDING FOR HOPE P.O. BOX 13155 LEXINGTON, KY 40583	31-1024505	501(C)(3)	9,500.				GENERAL SUPPORT
(8) CHALLENGER LEARNING CENTER OF KENTUCKY P.O. BOX 2064 HAZARD, KY 41702	31-1492348	501(C)(3)	6,655.				GENERAL SUPPORT
(9) CHILD DEVELOPMENT CENTER OF THE BLUEGRASS 290 ALUMNI DRIVE LEXINGTON, KY 40503	61-0543367	501(C)(3)	9,944.				GENERAL SUPPORT
(10) CHILD WATCH COUNSELING & ADVOCACY CENTER, I P.O. BOX 1262 PADUCAH, KY 42002	61-1105299	501(C)(3)	6,860.				GENERAL SUPPORT
(11) CHILDREN'S HOME OF NORTHERN KENTUCKY 200 HOME ROAD COVINGTON, KY 41011	23-7068704	501(C)(3)	50,000.				GENERAL SUPPORT
(12) CHOICES, INC. 419 SO. SHELBY STREET LOUISVILLE, KY 40202	61-1208995	501(C)(3)	5,200.				EMERGENCY GRANT

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

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

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Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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OMB No. 1545-0047

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HONORABLE ORDER OF KENTUCKY COLONELS INC

61-0485432

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CHOOSEWELL COMMUNITIES PO BOX 2906 LOUISVILLE, KY 40201	47-2822055	501(C)(3)	9,942.				GENERAL SUPPORT
(2) CHRISTIAN AID MINISTRIES PO BOX 360 BERLIN, OH 44610	34-1344364	501(C)(3)	10,000.				EASTERN KENTUCKY FLO
(3) CHRISTIAN APPALACHIAN PROJECT 2528 PALUMBO DRIVE LEXINGTON, KY 40509	61-0661137	501(C)(3)	25,000.				EASTERN KENTUCKY FLO
(4) CHRISTIAN CARE COMMUNITIES 12710 TOWNEPARK WAY LOUISVILLE, KY 40243	61-0445828	501(C)(3)	9,697.				GENERAL SUPPORT
(5) CHRYSALIS HOUSE, INC. 1589 HILL RISE DRIVE LEXINGTON, KY 40504	61-1012290	501(C)(3)	15,000.				GENERAL SUPPORT
(6) CLARK COUNTY COMMUNITY SERVICES INC. 30 TAYLOR AVENUE WINCHESTER, KY 40391	31-1005844	501(C)(3)	8,000.				GENERAL SUPPORT
(7) CLIFF HAGAN BOYS AND GIRLS CLUB 3415 BUCKLAND SQUARE OWENSBORO, KY 42301	61-0663746	501(C)(3)	6,930.				GENERAL SUPPORT
(8) COALITION FOR THE HOMELESS 1300 S. FOURTH ST SUITE 250	61-1118307	501(C)(3)	9,140.				GENERAL SUPPORT
(9) COMMUNITY DENTAL CLINIC 2811 NEW HARTFORD ROAD, SUITE A	26-2343126	501(C)(3)	6,400.				GENERAL SUPPORT
(10) COMMUNITY INSPIRED LEXINGTON 348 EAST MAIN STREET LEXINGTON, KY 40507	45-2543064	501(C)(3)	6,408.				GENERAL SUPPORT
(11) COMMUNITY VENTURES CORPORATION 1450 N. BROADWAY LEXINGTON, KY 40505	31-1064807	501(C)(3)	9,145.				GENERAL SUPPORT
(12) CONRAD-CALDWELL HOUSE MUSEUM 1402 SAINT JAMES COURT LOUISVILLE, KY 40208	61-1138330	501(C)(3)	9,850.				GENERAL SUPPORT

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

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

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Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

HONORABLE ORDER OF KENTUCKY COLONELS INC

61-0485432

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) COVINGTON LADIES HOME 702 GARRARD STREET COVINGTON, KY 41011	61-0461759	501(C)(3)	6,799.				GENERAL SUPPORT
(2) CRANE HOUSE 1244 S. THIRD STREET LOUISVILLE, KY 40203	61-1107169	501(C)(3)	25,000.				GENERAL SUPPORT
(3) CREASEY MAHAN NATURE PRESERVE INC. 12501 HARMONY LANDING ROAD GOSHEN, KY 40026	31-0908496	501(C)(3)	10,868.				GENERAL SUPPORT
(4) CREATIVE MONTESSORI SCHOOL 3220 LEXINGTON ROAD NICHOLASVILLE, KY 40356	31-1503444	501(C)(3)	15,317.				GENERAL SUPPORT
(5) CROSSROADS MISSIONS 3231 RUCKREIGEL PARKWAY	62-1555740	501(C)(3)	25,000.				WESTERN KENTUCKY TOR
(6) DARE TO CARE FOOD BANK 5803 FERN VALLEY ROAD LOUISVILLE, KY 40228	23-7345952	501(C)(3)	7,000.				GENERAL SUPPORT
(7) DAY SPRING, INC. 3430 DAY SPRING CT LOUISVILLE, KY 40213	61-1273310	501(C)(3)	15,000.				GENERAL SUPPORT
(8) DISABLED AMERICAN VETERANS (DAV) CHAPTER 11 PO BOX 204 BENTON, KY 42025	61-6052620	501(C)(3)	7,000.				WESTERN KENTUCKY TOR
(9) DOVES OF GATEWAY PO BOX 1012 MOREHEAD, KY 40351	61-1234891	501(C)(3)	11,953.				GENERAL SUPPORT
(10) DOWN SYNDROME OF LOUISVILLE 5001 SOUTH HURSTBOURNE PARKWAY	61-1214126	501(C)(3)	13,998.				GENERAL SUPPORT
(11) DREAMS WITH WINGS 1579 BARDSTOWN ROAD LOUISVILLE, KY 40205	61-1371540	501(C)(3)	6,372.				GENERAL SUPPORT
(12) DRESS FOR SUCCESS LOUISVILLE 913 E. MAIN STREET #101B	61-1383568	501(C)(3)	7,316.				GENERAL SUPPORT

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Schedule I (Form 990) 2022

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(1) ECHO (EXPLOITED CHILDREN'S HELP ORGANIZATIO 1411 ALGONQUIN PARKWAY LOUISVILLE, KY 40210	31-1094281	501(C)(3)	6,973.				GENERAL SUPPORT
(2) ELIZABETH'S VILLAGE 107 N. COURT ST. GEORGETOWN, KY 40324	45-5610177	501(C)(3)	14,436.				GENERAL SUPPORT
(3) ENERGY CONSERVATION ASSOCIATES, INC. DBA PR 800 S. PRESTON ST. SUITE 110	61-1000873	501(C)(3)	8,088.				GENERAL SUPPORT
(4) EPILEPSY FOUNDATION OF KENTUCKIANA KOSAIR CHARITIES CENTRE	61-1314540	501(C)(3)	9,928.				GENERAL SUPPORT
(5) EXODUS FAMILY MINISTRIES 6501 BETHANY LANE LOUISVILLE, KY 40272	47-1318039	501(C)(3)	9,999.				GENERAL SUPPORT
(6) EXPLORIUM OF LEXINGTON 440 W. SHORT ST. LEXINGTON, KY 40507	61-1183278	501(C)(3)	9,230.				GENERAL SUPPORT
(7) FAITH COMMUNITY PHARMACY INC. 601 WASHINGTON AVENUE NEWPORT, KY 41071	61-1378914	501(C)(3)	7,563.				GENERAL SUPPORT
(8) FAMILY ENRICHMENT CENTER 1133 ADAMS STREET BOWLING GREEN, KY 42101	61-0956466	501(C)(3)	26,882.				GENERAL SUPPORT
(9) FAMILY SCHOLAR HOUSE 403 REG SMITH CIRCLE LOUISVILLE, KY 40208	61-1285124	501(C)(3)	11,564.				GENERAL SUPPORT
(10) FELIX GRUNDY STIDGER HISTORICAL PRESERVATIO 45 HIDDEN VALLEY DR FISHERVILLE, KY 40023	20-4606638	501(C)(3)	13,000.				GENERAL SUPPORT
(11) FISHER HOUSE FOUNDATION, INC. 12300 TWINBROOK PKWY ROCKVILLE, MD 20852	11-3158401	501(C)(3)	9,109.				GENERAL SUPPORT
(12) FOUNDATION FOR AFFORDABLE HOUSING 169 DEWEESE STREET LEXINGTON, KY 40507	61-1192747	501(C)(3)	16,033.				GENERAL SUPPORT

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(1) FOUNDATION FOR APPALACHIAN KENTUCKY INC 420 MAIN ST HAZARD, KY 41701	61-1329396	501(C)(3)	50,000.				EASTERN KENTUCKY FLO
(2) FRANCISCAN SHELTER HOUSE, DBA FRANCISCAN KI 748 SOUTH PRESTON ST. LOUISVILLE, KY 40203	61-1081045	501(C)(3)	10,039.				GENERAL SUPPORT
(3) FRANKLIN COUNTY COUNCIL ON AGING, INC. 202 MEDICAL HEIGHTS DR. FRANKFORT, KY 40601	61-6041002	501(C)(3)	25,000.				EMERGENCY GRANT
(4) FRANKLIN COUNTY WOMEN AND FAMILY SHELTER 303 EAST THIRD STREET FRANKFORT, KY 40601	75-3170363	501(C)(3)	8,012.				GENERAL SUPPORT
(5) FRIENDS OF EASTERN CEMETERY PO BOX 6484 LOUISVILLE, KY 40206	46-4278446	501(C)(3)	40,800.				GENERAL SUPPORT
(6) FRIENDS OF THE HOLT HOME, INC. P.O. BOX 704 HARDINSBURG, KY 40143	46-1440550	501(C)(3)	6,900.				GENERAL SUPPORT
(7) FRIENDS SCHOOL 901 BRECKENRIDGE LANE LOUISVILLE, KY 40207	61-1213141	501(C)(3)	5,805.				GENERAL SUPPORT
(8) GATEWAY CHILDREN'S SERVICES 37 NORTH MAYSVILLE MOUNT STERLING, KY 40353	61-1033836	501(C)(3)	8,762.				GENERAL SUPPORT
(9) GATEWAY REGIONAL ARTS CENTER 101 E. MAIN ST. MT. STERLING, KY 40353	61-1224757	501(C)(3)	15,713.				GENERAL SUPPORT
(10) GIRL SCOUTS OF KENTUCKIANA 2115 LEXINGTON ROAD LOUISVILLE, KY 40206	61-0444698	501(C)(3)	10,000.				GENERAL SUPPORT
(11) GOD'S PANTRY FOOD BANK 1685 JAGGIE FOX WAY LEXINGTON, KY 40511	31-0979404	501(C)(3)	7,500.				GENERAL SUPPORT
(12) GREEN RIVER REGIONAL RAPE VICTIM SERVICES, 1716 SCHERM RD OWENSBORO KY 42301	61-1142457	501(C)(3)	22,354.				GENERAL SUPPORT

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(1) HABITAT FOR HUMANITY OF HENDERSON, KY INC. P.O. BOX 1071 HENDERSON, KY 42419	61-1191876	501(C)(3)	12,000.				GENERAL SUPPORT
(2) HAND IN HAND MINISTRIES 518 N. 26TH STREET LOUISVILLE, KY 40212	61-1352889	501(C)(3)	6,547.				GENERAL SUPPORT
(3) HAPPY FEET EQUALS LEARNING FEET, INC. 1020 STATE ROUTE 56 EAST	45-5231361	501(C)(3)	15,000.				EASTERN KENTUCKY FLO
(4) HARBOR HOUSE PO BOX 58219 LOUISVILLE, KY 40268	61-1216323	501(C)(3)	20,000.				GENERAL SUPPORT
(5) HARLAN COUNTY BOYS AND GIRLS CLUB 1 POSITIVE PLACE HARLAN, KY 40831	31-1793599	501(C)(3)	21,909.				GENERAL SUPPORT
(6) HAVE A HEART FOUNDATION 310 E BROADWAY LOUISVILLE, KY 40202	26-1433114	501(C)(3)	11,296.				GENERAL SUPPORT
(7) HAVEN CARE CENTER 464 S. 4TH STREET DANVILLE, KY 40422	61-1210413	501(C)(3)	5,694.				GENERAL SUPPORT
(8) HELPING HANDS OF GREENUP COUNTY 412 MAIN STREET GREENUP, KY 41144	61-1301990	501(C)(3)	25,000.				GENERAL SUPPORT
(9) HENRY HOSEA HOUSE 901 YORK STREET NEWPORT, KY 41071	61-1212528	501(C)(3)	6,388.				GENERAL SUPPORT
(10) HIGHLAND COMMUNITY MINISTRIES 1228 E BRECKINRIDGE ST LOUISVILLE, KY 40204	61-0708776	501(C)(3)	10,000.				GENERAL SUPPORT
(11) HIGHPOINT CHARITABLE SERVICES 424 EAST MAIN STREET LA GRANGE, KY 40031	46-4284885	501(C)(3)	10,000.				GENERAL SUPPORT
(12) HILLCREST-BRUCE MISSION 1819 ELOISE STREET ASHLAND, KY 41101	61-1032568	501(C)(3)	18,000.				GENERAL SUPPORT

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(1) HINDMAN SETTLEMENT SCHOOL 51 CENTER STREET HINDMAN, KY 41822	61-0447248	501(C)(3)	21,402.				EASTERN KENTUCKY FLO
(2) HISTORIC RUSSELLVILLE INC DBA SEEK MUSEUM P O BOX 116 RUSSELLVILLE, KY 42276	31-1043155	501(C)(3)	14,173.				GENERAL SUPPORT
(3) HONOR FLIGHT P.O. BOX 991364 LOUISVILLE, KY 40269	26-2237257	501(C)(3)	10,000.				GENERAL SUPPORT
(4) HOPE 2 ALL 307 MOSE RAGER BLVD DRAKESBORO, KY 42337	20-8274332	501(C)(3)	25,000.				EMERGENCY GRANT
(5) HOPE'S PLACE 1100 GREENUP AVE ASHLAND, KY 41101	31-1501089	501(C)(3)	6,000.				GENERAL SUPPORT
(6) HOPKINS COUNTY LONG TERM RECOVERY GROUP PO BOX 130 DAWSON SPRINGS, KY 42408	20-4499208	501(C)(3)	20,500.				WESTERN KENTUCKY TOR
(7) HOSPICE CARE PLUS 208 KIDD DRIVE BERE A, KY 40403	31-1038258	501(C)(3)	15,000.				GENERAL SUPPORT
(8) HOTEL INC 1005 BOATLANDING ROAD	31-1021948	501(C)(3)	15,000.				WESTERN KENTUCKY TOR
(9) HOUSE OF HOPE 1157 DIXIE HIGHWAY LOUISVILLE, KY 40210	51-0475765	501(C)(3)	11,047.				GENERAL SUPPORT
(10) HOUSE OF RUTH 607 E. ST. CATHERINE STREET	61-1231355	501(C)(3)	9,800.				GENERAL SUPPORT
(11) HOUSING DEVELOPMENT ALLIANCE 2871 NORTH MAIN STREET HAZARD, KY 41701	61-1253346	501(C)(3)	26,850.				EASTERN KENTUCKY FLO
(12) HOUSING ORIENTED MINISTRIES ESTABLISHED FOR 65 BENTLEY AVENUE WHITESBURG, KY 41858	61-1060053	501(C)(3)	51,545.				TORNADO RELIEF, FLOO

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(1) INTERNATIONAL BOOK PROJECT 1440 DELAWARE AVE LEXINGTON, KY 40505	61-6039627	501(C)(3)	9,453.				GENERAL SUPPORT
(2) ISAIAH HOUSE RECOVERY CENTER 2084 MAIN STREET WILLISBURG, KY 40078	26-2961334	501(C)(3)	8,750.				GENERAL SUPPORT
(3) JEWISH FAMILY AND CAREER SERVICES OF LOUISV PO BOX 32578 LOUISVILLE, KY 40232	61-0444704	501(C)(3)	9,560.				GENERAL SUPPORT
(4) JOSEPHINE SCULPTURE PARK 3355 LAWRENCEBURG RD FRANKFORT, KY 40601	27-0686281	501(C)(3)	10,999.				GENERAL SUPPORT
(5) JUNIOR ACHIEVEMENT OF THE BLUEGRASS 2420 SPURR ROAD, STE 150	61-0606480	501(C)(3)	10,500.				GENERAL SUPPORT
(6) KCTCS 300 N MAIN ST VERSAILLES, KY 40383	61-1351918	501(C)(3)	100,000.				GENERAL SUPPORT
(7) KENTUCKY ASSOCIATION FOR ACADEMIC COMPETITI 113 CONSUMER LN FRANKFORT, KY 40601	61-1087843	501(C)(3)	10,000.				GENERAL SUPPORT
(8) KENTUCKY EQUINE HUMANE CENTER P.O. BOX 910124 LEXINGTON, KY 40591	20-5883736	501(C)(3)	30,000.				GENERAL SUPPORT
(9) KENTUCKY HABITAT FOR HUMANITY 330 N. HUBBARDS LANE #3	61-1267867	501(C)(3)	250,000.				WESTERN KENTUCKY TOR
(10) KENTUCKY HARVEST 7705 NATIONAL TURNPIKE LOUISVILLE, KY 40214	61-1135269	501(C)(3)	10,000.				GENERAL SUPPORT
(11) KENTUCKY HUMANITIES COUNCIL, INC. 206 E. MAXWELL STREET LEXINGTON, KY 40508	31-0981031	501(C)(3)	12,944.				GENERAL SUPPORT
(12) KENTUCKY LIONS EYE FOUNDATION 301 E MUHAMMAD ALI BLVD	61-0516171	501(C)(3)	16,890.				GENERAL SUPPORT

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(1) KENTUCKY MOUNTAIN BIKE ASSOCIATION - KYMBA P.O. BOX 8105 LEXINGTON, KY 40533	61-1259069	501(C)(3)	5,078.				GENERAL SUPPORT
(2) KENTUCKY NURSES FOUNDATION 305 TOWNEPARK CIRCLE #100	31-0915644	501(C)(3)	10,000.				EASTERN KENTUCKY FLO
(3) KENTUCKY RIVER CHILD ADVOCACY CENTER, INC. 465 CEDAR ST. HAZARD, KY 41701	61-1367930	501(C)(3)	20,000.				GENERAL SUPPORT
(4) KENTUCKY RIVER COMMUNITY CARE, INC. PO BOX 794 JACKSON, KY 41339	31-0965230	501(C)(3)	17,017.				GENERAL SUPPORT
(5) KENTUCKY RIVER FOOTHILLS DEVELOPMENT COUNCI 309 SPANGLER DRIVE RICHMOND, KY 40475	61-0650246	501(C)(3)	14,215.				GENERAL SUPPORT
(6) KENTUCKY SCIENCE CENTER 727 W MAIN STREET LOUISVILLE, KY 40202	31-1005850	501(C)(3)	15,000.				GENERAL SUPPORT
(7) KENTUCKY UNITED METHODIST HOMES FOR CHILDRE 1115 ASHGROVE RD NICHOLASVILLE, KY 40356	61-0458375	501(C)(3)	10,639.				GENERAL SUPPORT
(8) KENTUCKY VETERINARY MEDICAL ASSOCIATION FOU 108 CONSUMER LANE FRANKFORT, KY 40601	61-1166362	501(C)(3)	17,000.				EASTERN KENTUCKY FLO
(9) KIDNEY HEALTH ALLIANCE OF KENTUCKY 1517 NICHOLASVILLE RD LEXINGTON, KY 40503	23-7153964	501(C)(3)	5,217.				GENERAL SUPPORT
(10) KVC BEHAVIORAL HEALTHCARE KENTUCKY, INC. 2250 THUNDERSTICK DR., STE. 1104	27-0795565	501(C)(3)	15,000.				GENERAL SUPPORT
(11) KY LIONS EYE BANK 10160 LINN STATION ROAD	81-4274526	501(C)(3)	6,569.				GENERAL SUPPORT
(12) LEARNING GROVE INC 333 MADISON AVENUE COVINGTON, KY 41011	31-0910787	501(C)(3)	17,973.				GENERAL SUPPORT

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) LEEDS CENTER FOR THE ARTS 37 N MAIN ST. WINCHESTER, KY 40391	61-1105067	501(C)(3)	9,600.				GENERAL SUPPORT
(2) LEXINGTON RESCUE MISSION P.O. BOX 1050 LEXINGTON, KY 40588	61-1387338	501(C)(3)	5,697.				GENERAL SUPPORT
(3) LIFE ADVENTURE CENTER 570 MILNER ROAD VERSAILLES, KY 40383	61-0461733	501(C)(3)	12,348.				GENERAL SUPPORT
(4) LIFE LEARNING CENTER 20 WEST 18TH STREET COVINGTON, KY 41011	20-3454261	501(C)(3)	9,999.				GENERAL SUPPORT
(5) LINCOLN FOUNDATION 4322 BISHOP LANE LOUISVILLE, KY 40218	61-0449631	501(C)(3)	7,000.				GENERAL SUPPORT
(6) LINCOLN HERITAGE COUNCIL BSA 12001 SYCAMORE STATION PLACE	61-0445839	501(C)(3)	14,400.				GENERAL SUPPORT
(7) LITTLE COLONEL PLAYERS, INC. P.O. BOX 532 PEWEE VALLEY, KY 40056	23-7414346	501(C)(3)	9,490.				GENERAL SUPPORT
(8) LIVING LANDS & WATERS RESTORATION ORGANIZAT 17624 RTE 84 N EAST MOLINE, IL 61244	36-4244353	501(C)(3)	25,000.				WESTERN KENTUCKY TOR
(9) LOGAN COUNTY GOOD SAMARITAN PO BOX 1602 RUSSELLVILLE, KY 42276	61-1307117	501(C)(3)	21,198.				GENERAL SUPPORT
(10) LOTT'S CREEK COMMUNITY SCHOOL INC 5837 LOTT'S CREEK ROAD HAZARD, KY 41701	61-0482965	501(C)(3)	30,000.				EASTERN KENTUCKY FLO
(11) LOTUS PO BOX 8506 PADUCAH, KY 42002	61-1107734	501(C)(3)	40,000.				WESTERN KENTUCKY TOR
(12) LOUISVILLE CENTRAL COMMUNITY CENTERS 1300 W. MUHAMMAD ALI BLVD	61-0590743	501(C)(3)	9,990.				GENERAL SUPPORT

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Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

2022

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Name of the organization

HONORABLE ORDER OF KENTUCKY COLONELS INC

Employer identification number

61-0485432

Part I General Information on Grants and Assistance

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(1) LOUISVILLE GROWS 1641 PORTLAND AVENUE LOUISVILLE, KY 40203	27-0959401	501(C)(3)	9,400.				GENERAL SUPPORT
(2) LOUISVILLE LEOPARD PERCUSSIONISTS P.O. BOX 3291 LOUISVILLE, KY 40201	11-3676556	501(C)(3)	19,485.				GENERAL SUPPORT
(3) LOUISVILLE OLMSTED PARKS CONSERVANCY, INC. 1299 TREVILIAN WAY LOUISVILLE, KY 40213	61-1196368	501(C)(3)	15,000.				GENERAL SUPPORT
(4) LOUISVILLE PRIDE FOUNDATION PO BOX 4341 LOUISVILLE, KY 40204	47-1945331	501(C)(3)	5,138.				GENERAL SUPPORT
(5) LOUISVILLE STORY PROGRAM 851 S. 4TH STREET LOUISVILLE, KY 40203	47-5237414	501(C)(3)	5,200.				GENERAL SUPPORT
(6) LOUISVILLE VISUAL ART 1538 LYTLE ST LOUISVILLE, KY 40203	61-0492348	501(C)(3)	9,998.				GENERAL SUPPORT
(7) MAGOFFIN COUNTY SENIOR CITIZENS, INC. P.O. BOX 888 SALYERSVILLE, KY 41465	61-1161769	501(C)(3)	12,106.				GENERAL SUPPORT
(8) MARKET HOUSE THEATRE 132 MARKET HOUSE SQUARE PADUCAH, KY 42001	31-0994059	501(C)(3)	27,099.				GENERAL SUPPORT
(9) MARYHURST, INC. 1015 DORSEY LANE LOUISVILLE, KY 40223	31-1542209	501(C)(3)	20,000.				GENERAL SUPPORT
(10) MASONIC HOMES OF KENTUCKY, INC. 330 MASONIC HOME DR. MASONIC HOME, KY 40041	61-0458374	501(C)(3)	12,000.				GENERAL SUPPORT
(11) MASTER PROVISIONS 7725 FOUNDATION DRIVE FLORENCE, KY 41042	61-1262540	501(C)(3)	9,870.				GENERAL SUPPORT
(12) MAYFIELD GRAVES LONG TERM RECOVERY GROUP PO BOX 7 PADUCAH, KY 42002	61-1304905	501(C)(3)	100,000.				WESTERN KENTUCKY TOR

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(1) MAYFIELD LIONS CLUB CHARITABLE FOUNDATION I PO BOX 5070 MAYFIELD, KY 42066	27-0963390	501(C)(3)	120,000.				WESTERN KENTUCKY TOR
(2) MCDOWELL HOUSE MUSEUM 125 S. SECOND ST. DANVILLE, KY 40422	61-1147962	501(C)(3)	9,000.				GENERAL SUPPORT
(3) MEMORIAL HOSPITAL INC. DBA ADVENTHEALTH MAN 210 MARIE LANGDON DRIVE	61-0594620	501(C)(3)	15,000.				GENERAL SUPPORT
(4) MEREDITH-DUNN SCHOOL 3023 MELBOURNE AVE LOUISVILLE, KY 40220	23-7339248	501(C)(3)	8,000.				GENERAL SUPPORT
(5) MERRYMAN HOUSE DOMESTIC CRISIS CENTER P.O. BOX 98 PADUCAH, KY 42002	61-0974637	501(C)(3)	8,500.				GENERAL SUPPORT
(6) MOM'S CLOSET RESOURCE CENTER, INC. DBA SPARC 11921 BRINLEY AVE LOUISVILLE, KY 40243	32-0049180	501(C)(3)	10,000.				GENERAL SUPPORT
(7) MOREHEAD GATEWAY HELPING HANDS FOOD BANK P.O. BOX 316 MOREHEAD, KY 40351	27-1346551	501(C)(3)	8,000.				GENERAL SUPPORT
(8) MUHLENBERG COUNTY LONG TERM DISASTER RECOVER PO BOX 1025 CENTRAL CITY, KY 42330	26-3683333	501(C)(3)	150,000.				WESTERN KENTUCKY TOR
(9) MUHLENBERG COUNTY OPPORTUNITY CENTER 615 OPPORTUNITY WAY GREENVILLE, KY 42345	61-0665523	501(C)(3)	9,095.				GENERAL SUPPORT
(10) NATALIE'S SISTERS PO BOX 2074 LEXINGTON, KY 40588	47-3817463	501(C)(3)	9,157.				GENERAL SUPPORT
(11) NAZARETH HOMES FOUNDATION INC. 2000 NEWBURG RD LOUISVILLE, KY 40205	83-2123072	501(C)(3)	20,000.				GENERAL SUPPORT
(12) NEIGHBORHOOD HOUSE 201 N. 25TH STREET LOUISVILLE, KY 40212	61-0445842	501(C)(3)	9,500.				GENERAL SUPPORT

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(1) NEW DAY RANCH, INC. 14838 ROSENSTIEL RD., VERONA, KY 41092	27-4722366	501(C)(3)	12,530.				GENERAL SUPPORT
(2) NEW DIRECTIONS HOUSING CORPORATION 1617 MAPLE STREET LOUISVILLE, KY 40210	61-0715630	501(C)(3)	59,987.				EMERGENCY GRANT
(3) NEW EYES FOR THE NEEDY 549 MILLBURN AVE SHORT HILLS, NJ 07078	22-1539720	501(C)(3)	9,982.				GENERAL SUPPORT
(4) NEW ROOTS, INC 1800 PORTLAND AVENUE LOUISVILLE, KY 40203	27-0700459	501(C)(3)	8,000.				GENERAL SUPPORT
(5) NEWSONG COUNSELING CENTER 425 N. MAYSVILLE STREET	46-5120174	501(C)(3)	15,516.				GENERAL SUPPORT
(6) NORTHERN KENTUCKY CHILDREN'S ADVOCACY CENTE 4890 HOUSTON ROAD FLORENCE, KY 41042	26-3272297	501(C)(3)	13,812.				GENERAL SUPPORT
(7) NORTHERN KENTUCKY COMMUNITY ACTION COMMISSI 717 MADISON AVE COVINGTON, KY 41011	61-0667805	501(C)(3)	9,015.				GENERAL SUPPORT
(8) NOTRE DAME URBAN EDUCATION CENTER 14 EAST 8TH STREET COVINGTON, KY 41011	27-0205323	501(C)(3)	9,200.				GENERAL SUPPORT
(9) OPPORTUNITY CENTER OF OWENSBORO P.O. BOX 1833 OWENSBORO, KY 42302	61-0539889	501(C)(3)	7,500.				GENERAL SUPPORT
(10) OPPORTUNITY FOR WORK AND LEARNING 650 KENNEDY ROAD LEXINGTON, KY 40511	61-0593023	501(C)(3)	8,768.				GENERAL SUPPORT
(11) OUR LADY OF LOURDES CATHOLIC CHURCH 4029 FREDERICA STREET OWENSBORO, KY 42303	61-0570011	501(C)(3)	6,500.				GENERAL SUPPORT
(12) OWENSBORO AREA SHELTER, INFORMATION & SERVI PO BOX 315 OWENSBORO, KY 42302	61-0995748	501(C)(3)	8,500.				GENERAL SUPPORT

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(1) OWENSBORO FAMILY YMCA 900 KENTUCKY PARKWAY OWENSBORO, KY 42301	61-0561344	501(C)(3)	20,000.				GENERAL SUPPORT
(2) PADUCAH SYMPHONY ORCHESTRA 222 KENTUCKY AVE., STE 10 PADUCAH, KY 42003	61-0965156	501(C)(3)	6,000.				GENERAL SUPPORT
(3) PARKS ALLIANCE OF LOUISVILLE PO BOX 5755 LOUISVILLE, KY 40255	20-4372292	501(C)(3)	8,550.				GENERAL SUPPORT
(4) PARTNERSHIP HOUSING P.O. BOX 236 BOONEVILLE, KY 41314	61-1486773	501(C)(3)	46,588.				FLOOD RELIEF, EMERGE
(5) PASSIONIST EARTH AND SPIRIT CENTER 1924 NEWBURG ROAD LOUISVILLE, KY 40205	26-2962715	501(C)(3)	8,000.				GENERAL SUPPORT
(6) PENNYRILE RESOURCE CONSERVATION & DEVELOPME P.O. BOX 41 HOPKINSVILLE, KY 42241	61-1179675	501(C)(3)	8,744.				GENERAL SUPPORT
(7) PEOPLE'S SELF HELP HOUSING 307 KY 59 VANCEBURG, KY 41179	61-0999804	501(C)(3)	6,700.				EMERGENCY GRANT
(8) PETERSON-DUMESNIL HOUSE FOUNDATION 301 S. PETERSON AVENUE LOUISVILLE, KY 40206	31-1036389	501(C)(3)	14,813.				GENERAL SUPPORT
(9) PHOENIX RISING OF LEXINGTON 4201 VERSAILLES RD. LEXINGTON, KY 40510	81-3470585	501(C)(3)	6,375.				GENERAL SUPPORT
(10) PILLAR 7408 HIGHWAY 329 CRESTWOOD, KY 40014	61-1159539	501(C)(3)	30,500.				GENERAL SUPPORT
(11) PINE MOUNTAIN SETTLEMENT SCHOOL 36 HIGHWAY 510 BLEDSOE, KY 40810	61-0444789	501(C)(3)	9,108.				GENERAL SUPPORT
(12) PRICHARD COMMITTEE FOR ACADEMIC EXCELLENCE 2285 EXECUTIVE DRIVE LEXINGTON, KY 40505	61-1026214	501(C)(3)	7,891.				GENERAL SUPPORT

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(1) PROJECT C.A.M.P. INC. DBA THE CENTER FOR CO 1501 BURNLEY ROAD SCOTTSVILLE, KY 42164	20-1789905	501(C)(3)	6,485.				GENERAL SUPPORT
(2) RADIOLEX (LEGAL: LEXINGTON COMMUNITY RADIO) PO BOX 526 LEXINGTON, KY 40588	36-4662643	501(C)(3)	5,998.				GENERAL SUPPORT
(3) REDWOOD SCHOOL AND REHABILITATION CENTER, I 71 ORPHANAGE ROAD FORT MITCHELL, KY 41017	61-6013702	501(C)(3)	7,785.				GENERAL SUPPORT
(4) REFUGE CLINIC 2349 RICHMOND ROAD SUITE 220	37-1547506	501(C)(3)	14,992.				GENERAL SUPPORT
(5) REFUGE FOR WOMEN 342 WALLER AVE. STE D LEXINGTON, KY 40504	26-4388243	501(C)(3)	6,775.				GENERAL SUPPORT
(6) RELEVANT CHURCH 3425 OAK ST PADUCAH, KY 42003	45-5006113	501(C)(3)	210,000.				WESTERN KENTUCKY TOR
(7) REVIVE MINISTRIES INC. 111 COCONUT GROVE DRIVE	46-5546340	501(C)(3)	12,500.				GENERAL SUPPORT
(8) SAFE HARBOR OF NORTHEAST KENTUCKY 3700 LANDSDOWNE DRIVE ASHLAND, KY 41105	61-1155742	501(C)(3)	15,000.				GENERAL SUPPORT
(9) SAFY OF KY 1169 EASTERN PKWY SUITE 3364	26-1641642	501(C)(3)	8,846.				GENERAL SUPPORT
(10) SECRETARIAT CENTER 4155 WALT ROBERTSON RD LEXINGTON, KY 40511	45-3536475	501(C)(3)	7,500.				GENERAL SUPPORT
(11) SEEDLEAF 501 W. SIXTH STREET, SUITE 250	45-0582109	501(C)(3)	6,016.				GENERAL SUPPORT
(12) SEVEN COUNTIES SERVICES 10101 LINN STATION ROAD	31-0939757	501(C)(3)	16,176.				GENERAL SUPPORT

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(1) SHAKER VILLAGE OF PLEASANT HILL 3501 LEXINGTON RD HARRODSBURG, KY 40330	61-0592561	501(C)(3)	8,000.				GENERAL SUPPORT
(2) SIMON HOUSE, INC. 231 EAST MAIN STREET FRANKFORT, KY 40601	61-1118813	501(C)(3)	15,000.				GENERAL SUPPORT
(3) SOCIETY OF ST. VINCENT DE PAUL, COUNCIL OF 1015-C S. PRESTON STREET	61-0727110	501(C)(3)	12,000.				GENERAL SUPPORT
(4) SOCIETY OF ST. VINCENT DE PAUL, COUNCIL OF 2655 CRESCENT SPRINGS ROAD	32-0350542	501(C)(3)	9,988.				GENERAL SUPPORT
(5) SOS INTERNATIONAL INC. 1500 ARLINGTON AVENUE LOUISVILLE, KY 40206	27-2624272	501(C)(3)	10,000.				EASTERN KENTUCKY FLO
(6) SOS INTERNATIONAL INC. 1500 ARLINGTON AVENUE LOUISVILLE, KY 40206	27-2624272	501(C)(3)	7,690.				GENERAL SUPPORT
(7) SOUTH CENTRAL KENTUCKY KIDS ON THE BLOCK 958 COLLETT AVE. SUITE 100	61-1164527	501(C)(3)	8,433.				GENERAL SUPPORT
(8) ST. JAMES AME CHURCH 419 SOUTH 8TH STREET MAYFIELD, KY 42066	36-3011946	501(C)(3)	100,000.				WESTERN KENTUCKY TOR
(9) ST. JOHN CENTER 700 EAST MUHAMMAD ALI BLVD	61-1135907	501(C)(3)	9,963.				GENERAL SUPPORT
(10) ST. JOSEPH CHILDREN'S HOME 2823 FRANKFORT AVE LOUISVILLE, KY 40206	61-0475286	501(C)(3)	10,000.				GENERAL SUPPORT
(11) ST. VINCENT MISSION, INC. 6369 HWY. 404 DAVID, KY 41616	61-0961940	501(C)(3)	7,154.				GENERAL SUPPORT
(12) STAGEONE FAMILY THEATRE 315 W MARKET ST, STE 2S	61-0466715	501(C)(3)	16,854.				GENERAL SUPPORT

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(1) STEPSTONE FAMILY AND YOUTH SERVICES 11216 PROFESSIONAL PARK DRIVE	11-1111111	501(C)(3)	10,000.				WESTERN KENTUCKY TOR
(2) STUFF THE BUS OF SOUTHERN KENTUCKY FOUNDATI PO BOX 10348 BOWLING GREEN, KY 42102	82-2385050	501(C)(3)	10,000.				WESTERN KENTUCKY TOR
(3) SUNRISE CHILDREN'S SERVICES, INC. 300 HOPE STREET MT. WASHINGTON, KY 40047	61-0597273	501(C)(3)	7,450.				GENERAL SUPPORT
(4) TEAM KENTUCKY FUND 1015 DISPATCHERS WAY LA GRANGE, KY 40031		501(C)(3)	25,000.				EASTERN KENTUCKY FLO
(5) THE BERRY CENTER 111 S MAIN ST NEW CASTLE, KY 40050	80-0721644	501(C)(3)	53,500.				TORNADO RELIEF, FLOO
(6) THE BRIDGE TO RECOVERY 1745 THE BRIDGE ROAD	23-7428389	501(C)(3)	9,255.				GENERAL SUPPORT
(7) THE CABBAGE PATCH SETTLEMENT HOUSE 1413 S. 6TH STREET LOUISVILLE, KY 40208	61-0458359	501(C)(3)	14,000.				GENERAL SUPPORT
(8) THE CARE CLOSET 801 YORK STREET NEWPORT, KY 41071	81-1803478	501(C)(3)	9,500.				GENERAL SUPPORT
(9) THE CENTER FOR ADDICTION RECOVERY OF HENDER 56 NORTH MCKINLEY STREET	45-4300454	501(C)(3)	20,000.				GENERAL SUPPORT
(10) THE CENTER FOR WOMEN AND FAMILIES PO BOX 2048 LOUISVILLE, KY 40201	61-0444846	501(C)(3)	67,800.				GENERAL SUPPORT
(11) THE DE PAUL SCHOOL 1925 DUKER AVE LOUISVILLE, KY 40205	61-0711082	501(C)(3)	7,400.				GENERAL SUPPORT
(12) THE DREAM FACTORY, INC. 410 W. CHESTNUT ST. LOUISVILLE, KY 40202	31-1009812	501(C)(3)	6,000.				GENERAL SUPPORT

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

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

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

Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

HONORABLE ORDER OF KENTUCKY COLONELS INC

61-0485432

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) THE HEARING & SPEECH CENTER 350 HENRY CLAY BLVD. LEXINGTON, KY 40502	61-0593951	501(C)(3)	6,364.				GENERAL SUPPORT
(2) THE LITTLE LOOMHOUSE 328 KENWOOD HILL ROAD LOUISVILLE, KY 40214	61-0961553	501(C)(3)	10,000.				GENERAL SUPPORT
(3) THE MARY E. WHARTON NATURE SANCTUARY AT FLO P. O. BOX 21723 LEXINGTON, KY 40522	61-1149642	501(C)(3)	5,642.				GENERAL SUPPORT
(4) THE MUSEUM OF THE CITY OF FRANKFORT, INC DB 325 ANN STREET FRANKFORT, KY 40601	20-2380273	501(C)(3)	6,660.				GENERAL SUPPORT
(5) THE NEST 530 N. LIMESTONE STREET LEXINGTON, KY 40508	31-0904247	501(C)(3)	8,668.				GENERAL SUPPORT
(6) THE PATTON MUSEUM FOUNDATION PO BOX 25 FORT KNOX, KY 40121	61-0623420	501(C)(3)	5,397.				GENERAL SUPPORT
(7) THE VICTORY GARDENS INC. 2353 FORDS FERRY ROAD MARION, KY 42064	47-2394794	501(C)(3)	17,897.				EMERGENCY GRANT
(8) THE WEST END TOKEN CLUB 708 SOUTH 16TH STREET LOUISVILLE, KY 40210	56-2524652	501(C)(3)	9,311.				GENERAL SUPPORT
(9) TREES LEXINGTON P.O. BOX 1046 LEXINGTON, KY 40588	82-1288472	501(C)(3)	7,000.				GENERAL SUPPORT
(10) UNION COUNTY HAPPY PACK, INC. PO BOX 718 MORGANFIELD, KY 42437	27-0525187	501(C)(3)	6,780.				GENERAL SUPPORT
(11) UNITED METHODIST MOUNTAIN MISSION 891 HIGHWAY 30 WEST JACKSON, KY 41339	61-0659448	501(C)(3)	17,325.				EASTERN KENTUCKY FLO
(12) UNITED WAY OF SOUTHERN KENTUCKY 1110 COLLEGE STREET KY	61-0590564	501(C)(3)	25,000.				WESTERN KENTUCKY TOR

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

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

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

Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization

HONORABLE ORDER OF KENTUCKY COLONELS INC

Employer identification number

61-0485432

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UPPER TOWN HERITAGE FOUNDATION 724 OSCAR CROSS AVE PADUCAH, KY 42003	61-1349331	501(C)(3)	11,446.				EMERGENCY GRANT
(2) USA CARES 11760 COMMONWEALTH DRIVE	05-0588761	501(C)(3)	14,000.				GENERAL SUPPORT
(3) WALDEN SCHOOL 4238 WESTPORT ROAD LOUISVILLE, KY 40207	61-0883146	501(C)(3)	15,000.				GENERAL SUPPORT
(4) WATCH, INC. 702 MAIN STREET MURRAY, KY 42071	61-0719760	501(C)(3)	5,740.				GENERAL SUPPORT
(5) WATER WITH BLESSINGS 1902 CAMPUS PLACE LOUISVILLE, KY 40299	37-1639872	501(C)(3)	22,000.				EASTERN KENTUCKY FLO
(6) WEDNESDAY'S CHILD PO BOX 34228 LOUISVILLE, KY 40232	61-1026757	501(C)(3)	12,500.				GENERAL SUPPORT
(7) WELCOME HOUSE OF NORTHERN KENTUCKY 205 WEST PIKE STREET COVINGTON, KY 41011	61-1020382	501(C)(3)	14,077.				GENERAL SUPPORT
(8) WELLSPRING, INC. PO BOX 1927 LOUISVILLE, KY 40201	31-1020023	501(C)(3)	20,023.				GENERAL SUPPORT
(9) WESLEY MANOR RETIREMENT COMMUNITY INC. 5012 EAST MANSLICK RD. LOUISVILLE, KY 40219	61-0561689	501(C)(3)	7,564.				GENERAL SUPPORT
(10) WEST LOUISVILLE PERFORMING ARTS ACADEMY PO BOX 11035-0035 LOUISVILLE, KY 40251	61-1181511	501(C)(3)	15,000.				EMERGENCY GRANT
(11) WESTCARE KENTUCKY, INC. 10057 ELKHORN CREEK ASHCAMP, KY 41512	20-2080016	501(C)(3)	9,523.				GENERAL SUPPORT
(12) WINNERS CIRCLE ROBOTICS PO BOX 22104 LOUISVILLE, KY 40252	46-5624957	501(C)(3)	9,876.				GENERAL SUPPORT

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

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

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

Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

HONORABLE ORDER OF KENTUCKY COLONELS INC

Employer identification number

61-0485432

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) WORLD CENTRAL KITCHEN, INC. 200 MASSACHUSETTS AVE NW	27-3521132	501(C)(3)	10,000.				EASTERN KENTUCKY FLO
(2) YEW DELL BOTANICAL GARDENS 6220 OLD LAGRANGE ROAD CRESTWOOD, KY 40014	61-1390688	501(C)(3)	6,000.				GENERAL SUPPORT
(3) YMCA OF GREATER LOUISVILLE 545 S. 2ND ST. LOUISVILLE, KY 40202	61-0444843	501(C)(3)	15,000.				GENERAL SUPPORT
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

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

Schedule I (Form 990) 2022

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

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

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

SCHEDULE I, PART I, LINE 2:

PROCEDURES FOR MONITORING USE OF GRANT FUNDS

FUNDS ARE DISTRIBUTED TO GRANTEEES WITH GRANT AUTHORIZATION LETTERS. ALL

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

FUNDING.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

HONORABLE ORDER OF KENTUCKY COLONELS INC

Employer identification number

61-0485432

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

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

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

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

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

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

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

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
SHERRY CROSE 1 EXECUTIVE DIRECTOR	(i)	192,037.	NONE	NONE	3,761.	NONE	195,798.	NONE
	(ii)							
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

HONORABLE ORDER OF KENTUCKY COLONELS INC

Employer identification number

61-0485432

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (SEE SUPP PAGE)		690.	62,922.	
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2022

JSA

2E1298 1.000

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
SHIPPING SUPPLI	X	1	7,802.	COST
WHISKEY BOTTLES	X	689	55,120.	FMV
TOTALS		690.	62,922.	

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2022

▶ Attach to Form 990 or 990-EZ.

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

HONORABLE ORDER OF KENTUCKY COLONELS INC

61-0485432

FORM 990, PART III, LINE 4A

PROGRAM SERVICE ACCOMPLISHMENTS

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

IN 2022, HOKC GRANTED \$4,606,398 TO 255 ORGANIZATIONS WHO SERVED 3.8
MILLION INDIVIDUALS IN THE STATE OF KENTUCKY. SINCE HOKC BEGAN AS A
501(C)(3)ORGANIZATION, CLOSE TO \$58 MILLION DOLLARS HAS BEEN AWARDED.

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

REVIEW OF FORM 990

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

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

MONITORING COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY

ALL TRUSTEES, OFFICERS, AND STAFF OF THE HOKC ARE REQUIRED TO ANNUALLY
SUBMIT A LIST OF ORGANIZATIONS WITH WHOM HE/SHE MAY HAVE A RELATIONSHIP.
THAT LISTING IS COMPARED TO A LISTING OF ORGANIZATIONS WITH WHOM THE HOKC

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2022

▶ Attach to Form 990 or 990-EZ.

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization

Employer identification number

HONORABLE ORDER OF KENTUCKY COLONELS INC

61-0485432

HAS BUSINESS TRANSACTIONS AND THOSE WHO HAVE APPLIED TO US FOR GRANTS. NO TRUSTEE OR OFFICER WITH SUCH RELATIONSHIP IS PERMITTED TO PARTICIPATE IN, OR ADVISE ON, ANY POSSIBLE INTERACTION BETWEEN THE HONORABLE ORDER AND THAT ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 15

PROCESS FOR DETERMINING COMPENSATION

THE HONORABLE ORDER ANNUALLY RECEIVES COMPENSATION REPORTS FROM APPROXIMATELY 200 KENTUCKY-BASED NON-PROFIT ORGANIZATIONS. THIS INFORMATION IS REVIEWED BY THE COMPENSATION COMMITTEE. AFTER EVALUATING A NUMBER OF FACTORS, INCLUDING EXPERIENCE, LENGTH OF SERVICE AND ABILITY AS WELL AS COMPARABLE SALARY LEVELS IN OTHER ORGANIZATIONS, THE COMMITTEE PREPARES RECOMMENDED COMPENSATION REPORTS AND SUBMITS ITS RECOMMENDATIONS FOR HOKC EMPLOYEE COMPENSATION TO THE FULL BOARD OF TRUSTEES FOR APPROVAL. SHERRY CROSE, IN CONSULTATION WITH THE EXECUTIVE COMMITTEE, PERFORMED A COMPENSATION REVIEW IN 2021.

FORM 990, PART VI, SECTION C, LINE 19

MAKING DOCUMENTS AVAILABLE TO THE PUBLIC

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

FORM 990, PART XI, LINE 9

OTHER CHANGES

CHANGE IN BENEFICIAL INTEREST IN THIRD PARTY TRUST \$(168,492)

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

HONORABLE ORDER OF KENTUCKY COLONELS INC

61-0485432

ADJUSTMENT FOR KCC ACTIVITY (19,763)

ROUNDING 3

TOTAL CHANGES \$(188,252)

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

HONORABLE ORDER OF KENTUCKY COLONELS INC

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

61-0485432

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

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

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

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

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

Schedule R (Form 990) 2022

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) KENTUCKY COLONELS COLLECTIBLES, INC. 61-1124733 943 SOUTH FIRST STREET LOUISVILLE, KY 40203	NOVELTY	KY	HOKC	C	-19,935.	27,693.	100.0000	X	
(2) CHARITABLE LEAD TRUST	INVESTMENT	KY	N/A	T	NONE	NONE	NONE		X
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1) KENTUCKY COLONELS COLLECTIBLES, INC	D	679,418.	COST
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

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

Part VII Supplemental Information

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

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

2022

Department of the Treasury
Internal Revenue Service

For calendar year 2022 or other tax year beginning _____, 2022, and ending _____, 20____

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection
for 501(c)(3)
Organizations Only

A <input type="checkbox"/> Check box if address changed.		Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) HONORABLE ORDER OF KENTUCKY COLONELS INC	D Employer identification number 61-0485432
B Exempt under section <input checked="" type="checkbox"/> 501(C)(3) <input type="checkbox"/> 408(e) 220(e) <input type="checkbox"/> 408A 530(a) <input type="checkbox"/> 529(a) 529A	Print or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 943 S. FIRST STREET	E Group exemption number (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code LOUISVILLE, KY 40203	
		C Book value of all assets at end of year 22834295.	F <input type="checkbox"/> Check box if an amended return.
G Check organization type	<input checked="" type="checkbox"/> 501(c) corporation	<input type="checkbox"/> 501(c) trust	<input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university
H Check if filing only to	<input type="checkbox"/> Claim credit from Form 8941	<input type="checkbox"/> Claim a refund shown on Form 2439	
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/>			
J Enter the number of attached Schedules A (Form 990-T) _____			
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation _____			
L The books are in care of GERARD KAUFFMANN Telephone number 502-266-6264 943 S. FIRST STREET LOUISVILLE, KY 40203			

Part I Total Unrelated Business Taxable Income

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

Part II Tax Computation

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

For Paperwork Reduction Act Notice, see instructions.

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

► **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
	HONORABLE ORDER OF KENTUCKY COLONELS INC	61-0485432
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	943 S. 1ST ST	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	LOUISVILLE, KY 40203	

Enter the Return Code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

- The books are in the care of ► GERARD KAUFFMANN
943 S. FIRST STREET LOUISVILLE KY 40203
Telephone No. ► 502 266-6264 Fax No. ►

- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ► . If it is for part of the group, check this box ► and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year 2022 or
 ► tax year beginning _____, 20____, and ending _____, 20____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	NONE
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	NONE
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	NONE

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a			
b Other credits (see instructions)	1b			
c General business credit. Attach Form 3800 (see instructions)	1c			
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d			
e Total credits. Add lines 1a through 1d	1e			
2 Subtract line 1e from Part II, line 7	2			NONE
3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3			
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4			NONE
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5			
6a Payments: A 2021 overpayment credited to 2022	6a			
b 2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b			
c Tax deposited with Form 8868	6c			
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d			
e Backup withholding (see instructions)	6e			
f Credit for small employer health insurance premiums (attach Form 8941)	6f			
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total	6g			
7 Total payments. Add lines 6a through 6g	7			
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached. <input type="checkbox"/>	8			
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9			NONE
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid.	10			
11 Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded	11			

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

1 At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here _____	Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____		
4 Enter available pre-2018 NOL carryovers here \$ _____ . Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
Business Activity Code	Available post-2017 NOL carryover	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
6a Did the organization change its method of accounting? (see instructions)		
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1122? If "No," explain in Part V.		

Part V Supplemental Information

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

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	SHERRY CROSE Signature of officer	05/15/2023 Date	EXECUTIVE DIRECTOR Title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JEFF SMITH	CPA	08/08/2023		P00289876
	Firm's name FORVIS, LLP	Firm's EIN 44-0160260		Phone no. 615-988-3600	
Firm's address 1222 DEMONBREUN STREET, SUITE 950, NASHVILLE, TN 3					