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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 **and ending** JUN 30, 2009

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
HEART OF KENTUCKY UNITED WAY, INC.

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
P.O. BOX 748

City or town, state or country, and ZIP + 4
DANVILLE, KY 40423-0748

D Employer identification number
23-7166092

E Telephone number
(859) 236-7080

G Gross receipts $ 1,190,640.

F Name and address of principal officer: JANIE PASS
SAME AS C ABOVE

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.UWKY.ORG/AGENCIES/HOK.HTM

K Type of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1972 **M** State of legal domicile KY

Part I Summary

1 Briefly describe the organization's mission or most significant activities: THE MISSION OF HEART OF KENTUCKY UNITED WAY IS TO PROVIDE THE BEST WAY FOR THE COMMUNITY TO INVEST IN

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5	Total number of employees (Part V, line 2a)	5	5
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,292,210.	1,175,504.
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	54,883.	21,789.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<6,653.>
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,347,093.	1,190,640.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	911,500.	944,934.
14	Benefits paid to or for members (Part IX, column (A), line 4)	4,750.	
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	221,570.	234,793.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 105,190.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	132,906.	105,947.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,270,726.	1,285,674.
19	Revenue less expenses. Subtract line 18 from line 12	76,367.	<95,034.>

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	1,814,335.	1,573,479.
21	Total liabilities (Part X, line 26)	504,746.	441,971.
22	Net assets or fund balances. Subtract line 21 from line 20	1,309,589.	1,131,508.

SCANNED APR 16 2010

RECEIVED MAR 29 2010 OGDEN UT

Part II Signature Block

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

Sign Here

▶ Janie B Pass — Signature of officer — Date ▶ V 3/23/10

▶ JANIE PASS, DIRECTOR — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ William A Tilley CPA — Date 3/17/10 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions) P00527851

Firm's name (or yours if self-employed), address, and ZIP + 4
▶ RICHARDSON, PENNINGTON & SKINNER, PSC
513 SOUTH SECOND STREET
LOUISVILLE, KENTUCKY 40202-9639

EIN ▶

Phone no ▶ (502)583-9587

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:
THE HEART OF KENTUCKY UNITED WAY, INC'S GENERAL PURPOSE IS TO BE A LEADER IN BRINGING TOGETHER THE RESOURCES TO BUILD A STRONGER, MORE CARING COMMUNITY.

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses $ 261,500. including grants of $) (Revenue $)
FINANCIAL STABILITY:
1. EIN 61-0458751 FAMILY SERVICES ASSOCIATION
2. EIN 61-1189896 HABITAT FOR HUMANITY: MERCER COUNTY
3. EIN 62-1419758 HABITAT FOR HUMANITY: BOYLE COUNTY
4. EIN 61-0668572 LEGAL AID OF THE BLUEGRASS/NORTHERN KY
5. EIN 61-0659583 BLUE GRASS COMMUNITY ACTION PARTNERSHIP-SENIOR COMPANION PROGRAM
6. EIN 61-0659583 BLUE GRASS COMMUNITY ACTION PARTNERSHIP-MERCER CO SELF SUFFICIENCY PROGRAM
7. EIN 61-0452065 THE SALVATION ARMY
8. EIN 61-0449605 AMERICAN RED CROSS: DANIEL BOONE CHAPTER
9. EIN 61-0449603 AMERICAN RED CROSS: CENTRAL KENTUCKY CHAPTER

4b (Code:) (Expenses $ 258,250. including grants of $) (Revenue $)
EDUCATION:
1. EIN 61-0523288 BIG BROTHERS BIG SISTERS
2. EIN 31-1151536 BOYLE COUNTY 4H
3. EIN 61-1101391 GERRARD COUNTY 4H
4. EIN 26-1414479 LINCOLN COUNTY 4H
5. EIN 61-1318412 MERCER COUNTY 4H
6. EIN 61-1110606 DANVILLE/BOYLE COUNTY LITERACY PROGRAM
7. EIN 61-1250863 DANVILLE LEARNING DISABILITIES ASSOCIATION
8. EIN 61-0659010 MERCER COUNTY ADULT EDUCATION & LEARNING CENTER
9. EIN 61-0608104 GIRL SCOUTS OF KENTUCKY: WILDERNESS ROAD COUNCIL
10.EIN 61-1230722 WILDERNESS TRACE CHILD DEVELOPMENT CENTER
11.EIN 26-3668416 CENTRO LATINO

4c (Code:) (Expenses $ 440,250. including grants of $) (Revenue $)
HEALTH:
1. EIN 61-0916756 BLUEGRASS RAPE CRISIS CENTER
2. EIN 23-7153964 KIDNEY HEALTH ALLIANCE OF KENTUCKY
3. EIN 61-1155205 MERCER COUNTY LITTLE LEAGUE
4. EIN 61-0996520 NURSING HOME OMBUDSMAN AGENCY
5. EIN 61-1024933 WILDERNESS TRACE YMCA
6. EIN 61-0723605 RECOVERY CENTER-BLUEGRASS REGIONAL MENTAL HEALTH/RETARDATION BOARD, INC.
7. EIN 36-4558176 REGAIN, INC.
8. EIN 61-0597273 SUNRISE CHILDREN'S SERVICES-SANDERS CRISIS STABILIZATION CENTER
9. EIN 61-1229333 HOPE CLINIC AND PHARMACY

4d Other program services. (Describe in Schedule O.)
(Expenses $ 116,354. including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 1,076,354. *(Must equal Part IX, Line 25, column (B))*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b-24d and complete Schedule K. If "No", go to question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	28b		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		X
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	5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		X
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter: N/A				
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: N/A				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b			

Part VI Governance, Management, and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	1a 17		
b	Enter the number of voting members that are independent	1b 17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	11		X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
a	The organization's CEO, Executive Director, or top management official?	15a	X	
b	Other officers or key employees of the organization?	15b	X	
	Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

HEART OF KENTUCKY UNITED WAY - (859) 238-6986
P.O. BOX 748, DANVILLE, KY 40423

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
GREG CAUDILL CAMPAIGN CHAIR		X						0.	0.	0.
JOHN WINKLER PRESIDENT		X						0.	0.	0.
JOHN TRISLER VICE PRESIDENT		X						0.	0.	0.
JANIE PASS SECRETARY	40.00	X						64,409.	0.	0.
JOHN RODES TREASURER		X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								64,409.	0.	0.

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 0

		Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		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? *If "Yes," complete Schedule J for such individual*		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*		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. NONE

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a 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	1175504.			
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f	▶	1,175,504.			
Program Service Revenue		Business Code				
	2 a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f	▶				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	21,789.	21,789.		
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
		(i) Real	(ii) Personal			
	6 a Gross Rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	▶				
		(i) Securities	(ii) Other			
	7 a Gross amount from sales of assets other than inventory					
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)	▶				
	8 a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events	▶				
	9 a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
	10 a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
	Miscellaneous Revenue	Business Code				
	11 a					
	b					
	c					
	d All other revenue		<6,653.>	<6,653.>		
	e **Total.** Add lines 11a-11d	▶	<6,653.>			
	12 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	▶	1,190,640.	15,136.	0.	0.

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S. See Part IV, line 21	944,934.	944,934.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	173,809.	75,838.	45,066.	52,905.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	47,045.	12,702.	18,818.	15,525.
10 Payroll taxes	13,939.	711.	13,228.	
11 Fees for services (non-employees):				
a Management				
b Legal	4,950.	1,196.	1,548.	2,206.
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	2,452.		2,452.	
g Other				
12 Advertising and promotion	393.	343.		50.
13 Office expenses	24,116.	5,922.	2,787.	15,407.
14 Information technology				
15 Royalties				
16 Occupancy	3,600.	2,520.	468.	612.
17 Travel	5,390.	2,653.	952.	1,785.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	17,546.	6,532.	5,995.	5,019.
23 Insurance				
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a MEMBERSHIP DUES	17,832.	4,695.	8,400.	4,737.
b DAY OF CARING	12,330.	12,330.		
c COMPUTER AND TECH SUPPO	7,449.	1,428.	1,774.	4,247.
d UTILITIES	4,059.	1,984.	907.	1,168.
e REPAIRS & MAINTENANCE	2,887.	1,335.	754.	798.
f All other expenses	2,943.	1,231.	981.	731.
25 Total functional expenses. Add lines 1 through 24f	1,285,674.	1,076,354.	104,130.	105,190.
26 Joint Costs Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		100.	1	100.
	2	Savings and temporary cash investments		233,823.	2	180,222.
	3	Pledges and grants receivable, net		475,756.	3	428,502.
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		3,500.	9	4,043.
	10a	Land, buildings, and equipment: cost basis	10a 370,095.			
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	10b 133,956.	253,686.	10c	236,139.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11		793,523.	12	686,128.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		53,947.	15	38,345.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,814,335.	16	1,573,479.
Liabilities	17	Accounts payable and accrued expenses		72,958.	17	53,479.
	18	Grants payable			18	
	19	Deferred revenue		14,364.	19	39,620.
	20	Tax-exempt bond liabilities			20	
	21	Escrow account liability. Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable			24	
	25	Other liabilities. Complete Part X of Schedule D		417,424.	25	348,872.
	26	**Total liabilities.** Add lines 17 through 25		504,746.	26	441,971.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,278,707.	27	1,094,941.
	28	Temporarily restricted net assets		30,882.	28	36,567.
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,309,589.	33	1,131,508.
	34	Total liabilities and net assets/fund balances		1,814,335.	34	1,573,479.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits?	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
HEART OF KENTUCKY UNITED WAY, INC.	23-7166092

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: (Please check only **one** organization.)

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

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

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

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

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

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

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

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete the Part III.)

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

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

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

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

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

h Provide the following information about the organizations the organization supports.

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1010169.	947,447.	1016727.	1292210.	1175504.	5442057.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 - 3	1010169.	947,447.	1016727.	1292210.	1175504.	5442057.
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						5442057.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	1010169.	947,447.	1016727.	1292210.	1175504.	5442057.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	12,173.	14,602.	43,788.	39,219.	21,789.	131,571.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						5573628.

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	97.64 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	97.92 %

16a **33 1/3% support test - 2008.** 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 - 2007.** 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 - 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

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

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a **33 1/3% support tests - 2008.** 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 - 2007.** 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 ▶ ☐

Schedule D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

HEART OF KENTUCKY UNITED WAY, INC.

Employer identification number

23-7166092

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of certified historic structure

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

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

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ _____%
b Permanent endowment ▶ _____%
c Term endowment ▶ _____%

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings		193,221.	41,019.	152,202.
c Leasehold improvements		119,048.	38,640.	80,408.
d Equipment		57,826.	54,297.	3,529.
e Other				
Total. Add lines 1a-1e. *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				236,139.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
INVESTMENTS	686,128.	END-OF-YEAR MARKET VALUE
Total. (Col (b) should equal Form 990, Part X, col (B) line 12) ▶	686,128.	

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

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

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

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

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

(a) Description of liability	(b) Amount
Federal income taxes	
DUE TO AGENCIES	348,872.
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	348,872.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,190,640.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,285,674.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<95,034.>
4	Net unrealized gains (losses) on investments	4	<83,047.>
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	<83,047.>
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	<178,081.>

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

1	Total revenue, gains, and other support per audited financial statements			1	1,107,593.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	<83,047.>		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	<83,047.>
3	Subtract line **2e** from line **1**			3	1,190,640.
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total revenue. Add lines **3** and **4c**. (This should equal Form 990, Part I, line 12.)			5	1,190,640.

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

1	Total expenses and losses per audited financial statements			1	1,285,674.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0.
3	Subtract line **2e** from line **1**			3	1,285,674.
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total expenses. Add lines **3** and **4c**. (This should equal Form 990, Part I, line 18.)			5	1,285,674.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

SCHEDULE O (Form 990)	Supplemental Information to Form 990	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.	2008 Open to Public Inspection

Name of the organization: HEART OF KENTUCKY UNITED WAY, INC.

Employer identification number: 23-7166092

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CARING FOR ONE ANOTHER.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS

10.EIN 31-0988104 HERITAGE HOSPICE: TRANSITIONS PROGRAM

11.EIN 26-1841458 CASA: COURT APPOINTED SPECIAL ADVOCATE AT WOODLAWN

12.EIN 61-0888740 DANVILLE/BOYLE COUNTY CITIZENS, INC.

13.EIN 61-0659583 BLUEGRASS COMMUNITY ACTION PARTNERSHIP-MERCER COUNTY ADULT DAY CARE

14.EIN 61-0659583 BLUEGRASS COMMUNITY ACTION PARTNERSHIP-MERCER COUNTY SENIOR CITIZENS

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

16TH ANNUAL DAY OF CARING:

IN SEPTEMBER 2009, HEART OF KENTUCKY UNITED WAY (HKUW) HELD IT'S 16TH ANNUAL DAY OF CARING, A 1-DAY EVENT THAT ENGAGED ALMOST 600 VOLUNTEERS IN COMMUNITY SERVICE PROJECTS AT OVER 51 SITES IN BOYLE, GARRARD, LINCOLN, AND MERCER COUNTIES. DAY OF CARING'S PURPOSE IS TO DEMONSTRATE THE YEAR-ROUND IMPACT OF UNITED WAY'S WORK AS AN ADVOCATE FOR CHANGE, AND HOW HKUW IS ADVANCING THE COMMON GOOD. THIS EVENT IS A VISIBLE TOOL THAT RAISES AWARENESS OF LOCAL NEEDS AND THE SERVICES AVAILABLE TO COMMUNITIES THROUGH HEART OF KENTUCKY UNITED WAY INVOLVEMENT.

DAY OF CARING PROVIDES FREE VOLUNTEER LABOR TO NON-PROFIT ORGANIZATIONS AND THE PEOPLE THEY SERVE. PROJECTS VARY FROM, BUT ARE NOT LIMITED TO: HOME REPAIRS, CLEANING & YARD WORK; BUILDING WHEELCHAIR RAMPS FOR LOW

INCOME HOMEOWNERS; ADDRESSING ENVIRONMENTAL CONCERNS THROUGH TRASH PICKUP AT HERRINGTON LAKE (LOCAL DRINKING WATER SOURCE) AND OTHER CLEAN-UP PROJECTS AT PUBLIC SITES. VOLUNTEERS GET TO "WET THEIR FEET" THROUGH MENTORING AT RISK CHILDREN AND INTERACTION WITH ISOLATED ELDERLY PEOPLE IN THEIR HOMES AND NURSING HOMES.

DAY OF CARING IS A VISIBLE, HANDS-ON EXPERIENCE THAT DEMONSTRATES THE MEASURABLE IMPACT OF LOCAL HEALTH AND HUMAN SERVICE PROGRAMS ON THE LIVES OF PEOPLE WHO LIVE AND WORK THERE.
EXPENSES $ 116354. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

FORM 990, PART VI, SECTION A, LINE 10: THE FINANCE COMMITTEE REVIEWS THE RETURN BEFORE IT IS PASSED TO THE BOARD FOR OVERALL APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY THE ORGANIZATION COLLECTS SIGNED "CONFLICT OF INTEREST" STATEMENTS FROM ALL BOARD MEMBERS, STAFF AND ANY NEW MEMBER WHEN SERVICE BEGINS DURING THE YEAR. BOARD MEMBERS DO NOT DISCUSS OR VOTE ON ANY BUSINESS THAT IS OR COULD POTENTIALLY BE VIEWED AS A CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15: EXECUTIVE DIRECTOR HAS A WRITTEN EVALUATION WHICH IS CONDUCTED BY THE PERSONNEL COMMITTEE CHAIR, PRESIDENT & CAMPAIGN CHAIR. THESE THREE MAKE RECOMMENDATIONS TO THE FINANCE COMMITTEE,WHICH IS RESPONSIBLE FOR THE ANNUAL BUDGET & FINANCE, AND EITHER APPROVES OR REJECTS THE RECOMMENDATION. FINANCE RECOMMENDS SALARIES TO EXECUTIVE COMMITTEE &, IF APPROVED, THE ENTIRE BOARD OF DIRECTORS MUST VOTE

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: HEART OF KENTUCKY UNITED WAY, INC.

Employer identification number: 23-7166092

ON SALARIES OF ALL EMPLOYEES FOR THE ANNUAL BUDGET PROCESS. WHAT IS NOW CALLED THE HUMAN CAPITAL STUDY FROM UNITED WAY OF AMERICA HAS BEEN USED FOR COMPARISON, BUT EXECUTIVE DIRECTOR REFUSED SALARY INCREASE FOR 2009 AND NO EMPLOYEE RECIEVED A SALARY INCREASE IN 2010.

FORM 990, PART VI, SECTION C, LINE 19: PROVIDED UPON REQUEST.

Heart of Kentucky United Way
Grants & Allocations
6/30/2009

Agency	Amount paid
American Red Cross	$ 30,000
Big Brother/ Big Sisters	70,000
Bluegrass Domestic Abuse Center	20,000
Bluegrass Rape Crises Center	8,500
BGCAP Inc- Senior Citizens	19,000
BGCAP Inc-Self	15,000
BGCAP Inc- Mercer Adult	5,000
Boyle County 4-H Club	19,500
Boyle County Habitat	5,000
Centro Latino	15,000
Danville Learning	3,375
Danville-Boyle Co	17,000
Danville-Boyle Co Services	72,500
Family Services	30,000
Garrard Country 4-H Club	13,000
Girl Scouts of KY	10,000
Heritage Hospices	35,000
Hope Pharmacy	50,000
Kidney Health Alliance	6,000
Northern Kentucky	10,000
Lincoln County Senior	56,500
Mercer County Adult Ed	1,750
Mercer County Habitat	15,000
Mercer County Little League	1,750
Mercer County Senior	40,000
Mercer County 4-H Club	15,000
Nursing Home	24,000
Recovery Center	20,000
Regain, Inc	4,000
Sanders Crisis	20,000
S.P.A N.	3,500
Salvation Army	95,809
Wilderness Trace	169,000
Unity House	3,000
CASA	20,000
Lincoln County 4-H	1,750
	$ 944,934

SCHEDULE O (Form 990)

Heart of Kentucky United Way supports programs and services delivered by area health and human service non-profit organizations to residents of Boyle, Garrard, Lincoln and Mercer counties. Each organization becomes a HKUW Community Partner through a Community Investment review process that is completed by trained volunteers.

HEALTH: IMPROVING PEOPLE'S HEALTH AND WELL BEING

1. Partner: **Bluegrass Rape Crisis Center (BRCC)**
   A. Outputs
      1. Crisis Intervention Counseling: 550 individuals received services from 24 hr crisis line and 100 received face to face crisis counseling.
      2. Advocacy: 250 individuals received medical or legal advocacy & were provided info about BRCC services.
      3. Therapy: 30 individuals received therapy.
   B. Outcomes
      1. Crisis Intervention Counseling: 75% of those receiving counseling will maintain or improve their ability to manage symptoms and their support systems.
      2. Advocacy: 75% of those receiving services reported that "as a result of receiving services from the rape crisis center, I know my rights."
      3. Therapy: 60% of those receiving therapy services reported that they experienced a lessening of panic attacks & sleep disturbances. During a 12 month period, 60% maintained or improved on Global Assessment of Functioning.

2. Partner: **Kidney Health Alliance of Kentucky (KHAK)**
   A. Outputs
      1. Basic Needs & Crisis Services: Approximately 100 individuals in the HKUW service area received monthly nutritional supplements, emergency financial assistance, or benefited from patient support activities.
      2. Development Services: Approximately 500 individuals had opportunities for kidney health screenings, employer sponsored screening programs, to receive info on early detection and awareness, and the importance of organ donation.
   B. Outcomes
      1. Patients with ESRD (end stage renal disease) live healthier, longer lives through support and nutritional intervention programs. Patients with CKD (chronic kidney disease) remain active and productive if ESRD is delayed or avoided.
      2. Over $3,000 yearly is saved in dialysis and related treatment costs when 1 case of ESRD is avoided with early detection and intervention.

3. Partner: **Mercer County Little League**
   A. Outputs
      Approximately 500 boys and girls ages 5-16 participated in community baseball and softball Little League programs regardless of ability to play or pay.
   B. Outcomes

Youth participants gained: self esteem & confidence, learned teamwork & sportsmanship, increased physical skills, improved behavior and physical fitness

4. Partner. **Nursing Home Ombudsman Agency (NHOA)**
   A. Outputs
      NHOA served over 1000 individuals through regular visits to nursing homes, monitoring facilities, investigating & resolving complaints, giving support to residents and their families & sponsoring community education events. NHOA also provided training sessions and technical support for nursing home staff.
   B. Outcomes
      Consumers can rely on NHOA as a partner in providing quality care, to monitor residents' care and advocate for their rights and needs. Working for lasting community change at the state & national levels, NHOA serves as a policy maker improving the lives of nursing home residents & quality of nursing home facilities.

5. Partner: **Wilderness Trace YMCA**
   A. Outputs
      249 children in 8 licensed After School Child Care sites were cared for in safe, stable, nurturing environments.
   B. Outcomes
      Children in After School Child Care learned the importance of healthy behaviors and healthy eating habits. As a result, parents reported their children engaged in more activity at home and made better choices re snacks.

      **Additionally, the YMCA provides the following healthy activities for approximately 3000 boys and girls preschool thru middle/high school years: swim lessons, preschool sports, middle/high school basketball, volleyball, flag football, soccer, and summer day camp

6. Partner: **Recovery Center (Bluegrass Regional Mental Health/Mental Retardation Board, Inc.)**
   A. Outputs from Intensive Outpatient Treatment for Substance Abuse & Dependence
      Approximately 287 clients received: group therapy, after care treatment, clinical assessment, individual & family therapy, and educational program materials.
   B. Outcomes from Intensive Outpatient Treatment for Substance Abuse & Dependence
      Participating clients learned: the importance of abstinence, coping strategies to prevent relapse, effective family coping skills, the importance of the 12 step program. Longer term clients who achieve the goals of the program will maintain a lifestyle of abstinence and recovery in the 12 step program.

7. Partner: **Regain, Inc.** (a community based outpatient cardiac rehabilitation program)
   A. Outputs
      Approximately 65 patients without insurance benefited from HKUW funds through assessment of risk factors, individual education/counseling plan, exercise therapy, mentoring, collaboration w/physicians and referrals to community groups for resources.
   B. Outcomes
      These 65 patients gained control of and showed improvement in resolving their symptoms; increased exercise tolerance; improved quality of life and psychological well being; increased knowledge of heart disease & how to take better care of themselves; assistance with return to work of appropriate.

8 Partner: **Sunrise Children's Services -Sanders Crisis Stabilization Center of Sunrise Children's Services**

A. Outputs

Sanders provides a therapeutic alternative to hospitalization or incarceration when a child's mental health or behavior is at a crisis point, putting them in danger of immediate self harm or harm to others. Children in residence receive screening & assessment with treatment plans which include counseling (individual/group/family), education, psychiatric consultation and/or medication management, plus recreational activities and education.

B. Outcomes

As a result of Sanders services, 197 children were able to have their symptoms reduced and could return home with recommended follow up and community resources available.

9. Partner: **Hope Clinic and Pharmacy**

A. Outputs

After screening and approval, 284 low income clients without insurance were enrolled, all of whom received medications from the Hope Pharmacy or through the Pharmacy Assistance Program (PAP) for one or more of 117 daily medications. 97 were discharged. Client satisfaction rated 95% from 10/07 -9/08. Client visits by client staff totaled over 1000.

B. Outcomes

Reduction of Emergency Room visits. Access to primary health care, specialists, and medication. Improved quality of health care & management of medical crises. Chronic conditions addressed. Lifestyle modification made. Personal responsibility for health care occurred. Preventative care. Wellness and healthy life style.

10. Partner: **Heritage Hospice: Transitions Program**

A. Outputs

Over 1000 home, hospital, and nursing home visits including phone calls to clients, families & caregivers made, as well as contacts to health care providers and community resources.

B. Outcomes

Over 200 Transitions clients have an individual Plan of Care which includes regular visits and calls from staff & volunteers for support and assistance. Through collaboration and communication among clients & providers, clients experience consistent/appropriate health care. Clients experience increased independence & control through greater access to community services, as well as social contacts & assistance with household tasks.

11. Partner: **CASA (Court Appointed Special Advocate) at Woodlawn**

A. Outputs

1. 25 highly trained, dedicated group of child advocacy volunteers
2. 40 referrals from court system
3. 80 matches of children with a child advocate volunteer
4. Community awareness programs for Boyle & Mercer Counties

B. Outcomes

1. Children referred by the court system are matched with a child advocate volunteer
2 Children are less likely to re-enter the Family Court System as a result of CASA
3 Children are more likely to be placed in a permanent home as a result of CASA
4. Family court judges are able to make well-informed decisions regarding the safety & future of the children they protect as a result of CASA

12. Partner **Danville/Boyle County Senior Citizens, Inc.**
    A Outputs
        1. 48 clients in Adult Day Care Social & Health Model
        2 Doctor appointments made by ADC Director for 25% of clients
        3. 25 primary caregivers receive respite services
        4. 338 monthly lunches
        5. 262 monthly breakfasts
        6. 296 monthly snacks
        7. Yearly training for ADC staff (CPR, First Aid, Blood Born Pathogens, etc.)

    B. Outcomes
        1. Clients experience changes in attitudes, motor skills, and over all health condition
        2. Clients gain improved mental and physical well being
        3. Clients are able to live longer in their homes & stay out of nursing homes longer
        4. Caregivers receive time away from the constant care of frail, confused family member
        5. Caregivers are able to work more steadily due to respite services

13. Partner: **BGCAP (Blue Grass Community Action Partnership): Mercer County Adult Day Care**
    A. Outputs
        1. 5, 346 hours of social respite provided
        2. 15, 972 hours of Alzheimer respite provided
        3. 8 clients received medical services
        4. 551 breakfasts served
        5. 1067 lunches served
        6. 1034 snacks served
    B. Outcomes
        1. Clients and caregivers lives will be enhanced and/or maintained
        2. Clients' nutritional status will be established and/or maintained
        3. Clients' health care needs are established and/or maintained
        4. Clients' mental health improved due to group & individual social activities
        5. Clients able to remain at home as long as possible, avoiding unnecessary early nursing home placement

14. Partner: **BGCAP Mercer County Senior Citizens**
    A. Outputs
        1. 7,138 total congregate meals served
        2. 5,946 home delivered meals provided
        3. 430 & 300 shelf meals provided
        4. 10, 085 trips provided for shopping, personal errands, & doctor appointments.
        5. 8562 Homecare hours provided
    B. Outcomes
        1. Participants benefit from hot, healthy meals at the center
        2. Participants enjoy social & educational activities at the center
        3. Clients remain healthy and active
        4. Clients at home receive balanced meals
        5. Homecare clients receive assistance with daily living activities
        6. Clients are able to access needed transportation

7. Clients receive the necessary support to help them remain independent & self sufficient as possible, avoiding premature nursing home placement

EDUCATION: HELPING CHILDREN, YOUTH, & ADULTS ACHIEVE THEIR POTENTIAL

1. Partner: **Big Brothers Big Sisters (BBBS)**
   - A. Outputs: School Programs
     1. 32 client & family intakes, orientation, and empower sessions
     2. 46 volunteer intakes, orientation, and empower sessions
     3. 68 children matched with a school based mentor
     4. 2856 volunteer hours mentoring children
     5. 170 individual care management services
     6. 12 agency & community sponsored activities for children and/or matches provided
   - B. Outcomes: School Programs
     a. Improved self confidence
     b. Ability to express feelings
     c. Develop decision making skills
     d. Ability to access community & school resources
     e. Improved academic performance & school preparedness
     f. Trust in role models
     g. Improved relationships with family, peers, & other adults
     h. Respect for others
     i. Ability to avoid delinquent/destructive behavior

   - A. Outputs: Core/Community Program
     1. 35 client orientation, client & family intakes, and empower sessions
     2. 57 volunteer orientation, intakes, and empower sessions
     3. 96 children matched with a big brother or big sister
     4. 22,464 volunteer hours mentoring
     5. 253 individuals receiving care management services
     6. 12 agency and community sponsored activities for children & matches provided
   - B. Outcomes: Core Community Program
     1. Improved attitude toward school
     2. Improved academics and attendance
     3. Developed confidence and self esteem
     4. Increased interests and hobbies
     5. Overall improved relationships with peers, family, and other adults
     6. Positive sense of the future

2. & 3. PARTNERS: **Boyle County 4H** & **Garrard County 4H**

   - A. Boyle Outputs: Camping
     1. 61 youth (9-13) attend summer camp
     2. 11 teens (14-17) serve as camp leaders
     3. 9 adults serve as camp leaders
     4. 160 youth and 30 adults attend Environmental Camp

A. Garrard Outputs: Camping
   1. 13 Junior Counselors (14-17)
   2 76 youth (9-13) attend summer camp

B. Boyle & Garrard Outcomes: Camping
   1. Learn cooperative living, working and recreational skills
   2. Learn good sportsmanship
   3. Develop social & interpersonal skills
   4. Learn personal independence & leadership skills
   5. Develop basic skills in many fields (swimming, canoeing, fishing, dancing, food preparation)
   6 Increased self confidence & self esteem
   7. Demonstrate mastery of new skills

A. Outputs: School Clubs & Enrichment Programs
   BOYLE:
   1. 565 youth participate in monthly club meetings and club elections
   2. 104 youth serve in club leadership roles
   3. 1100 youth participate in nutrition programs
   4. 1000 youth participate in Reality Store
   5. 20 youth participate in local APES (American Private Enterprise System)

   GARRARD:
   1. 210 8th graders participate in Reality Store
   2. 105 5th graders participate in Dollars & Sense Program
   3. 764 participate in school clubs
   4. 19 4H council members
   5. 410 4H club members

B. Outcomes: Boyle & Garrard: School Clubs & Enrichment Programs
   1. Learn roles of various club offices, how the election process works & characteristics of good leaders
   2. Learn how to conduct & participate in meetings
   3. Learn basic practical living skills and environmental science
   4. Learn basic natural resources, consumer science, & practical living skills
   5. Learn our economic system & personal finances
   6. Learn the 5 food groups, the My Pyramid, and the role of physical activity in maintaining health
   7. Identify healthy foods and make better lifestyle choices
   8. Are financially savvy, realize the effects of debt, able to make smart financial decisions and understand that good grades lead to higher income jobs
   9. Gain greater knowledge of the economic system & business practices and how to prepare for the work force

A. Outputs: 4H Projects
   BOYLE:
   1. 90 participate in project work

2 410 projects at Boyle County Fair
3. 43 entered projects at Area, State, & National competition
4 12 record books submitted for competition (6th grade)
5. 23 earned money with projects for re-investment in projects or their education

GARRARD.
1. 65 entries in Garrard County Fair
2. 41 entries in KY State Fair

B. Outcomes: Boyle and Garrard: 4H Projects
1. Master skills to create or identify something, to judge one thing against another, or learn information on which to be tested
2. Learn to document their work, keep financial records, reflect on skills learned, and write personal essays to submit record books
3. Learn how to raise and care for livestock and raise/exhibit/ market animals
4. Learn how to financially benefit from project work
5. Can evaluate and weigh the good/bad in an array of choices

Boyle County 4H: Competitive Opportunities
A. Outputs
1. 240 youth give demonstrations or speeches
2. 10 compete in judging contests
3. 25 compete in livestock shows
4. 15 compete in horse shows & events
5. 4 compete in poultry and rabbit shows
6. 24 compete in shoots
7. 42 exhibit projects in "Gloversville" (elementary)
8. 8 compete with record books

B. Outcomes
1. Learn skills to participate in projects
2. Learn to handle firearms safely and accurately
3. Learn how to speak clearly and confidently in public
4. Learn how to build or make items to enter in competition or to use at home
5. Learn how to raise, exhibit and train livestock & companion animals for competition
6. Learn how to be good sports

4. PARTNER: **MERCER COUNTY 4H**
Leadership Development/Volunteerism/ Personal Development
A. Outputs
1 60 4H youth volunteer their time/talents to non-profit groups
2. 18 4H council members meet by monthly to make recommendations and plan for upcoming 4H events
3. 76 high school students serve as 4H school leaders
4. 63 4H campers
5. 13 Junior Counselors
6. 21 4H Day Campers
7. 10 Clover bud youth

B. Outcomes
1 Learn & build leadership skills
2. Learn social & interpersonal skills
3 Serve as role models
4. Learn cooperative living & working
5. Develop ability to work together as a group
6. Practice responsibility, fairness and honesty
7. Recognize the challenge of life on their own and are confident of their abilities to be independent adults
8. Will be contributing individuals in their home and community
9. Learn about personal independence
10. Demonstrate practical living skills & mastery of skills

4H ACTIVITIES, PROJECTS, EVENTS

A. Outputs
1. 494 projects at Mercer County Fair
2. 247 entries in Pumpkin Day
3. 412 participate in 4H Project Workshop

B. Outcomes
1. Learn & build leadership skills
2. Share ideas & talents
3. Serve as role models
4. Learn how to raise and care for livestock, horses, poultry, rabbits
5. Improve the quality of their work to increase the profits they receive
6. Are confident in their abilities to master new skills

SCHOOL ENRICHMENT

A. Outputs
1. 1393 participate in monthly club meetings and elections
2. 28 teen participants in APES (American Private Enterprise System)
3. 395 5th graders participate in Earth Day
4. 286 3rd graders participate in Dollars/Sense program
5. 110 4th graders participate in Healthy Kids Day
6. 6 classroom conduct Chick Incubation

B. Outcomes
1. Learn to conduct and participate in club meetings
2. Learn consumer science, practical living skills & environmental science
3. Learn about finances, economics, & to prepare for the workforce
4. Learn about agriculture: its impact and opportunities
5. Learn healthy lifestyles

5. PARTNER: **LINCOLN COUNTY 4H**

4H ACTIVITIES, PROJECTS, & EVENTS

A. Outputs
1. 348 4H projects at the Lincoln County Fair
2 9.youth participated in the County Ham Project
3. 39 adults/teens volunteer their time to teach project workshops

4 150 4H youth participate in project workshops throughout the year
5 194 youth, parents, & volunteers attended the 4H Achievement Banquet

B. Outcomes
1 Learn how to build & make projects for competition or for use at home
2 Learn & build leadership skills
3 Serve as role models
4 Learn how to document their work & keep financial records
5. Learn how to raise & care for livestock, horses, poultry & rabbits
6 Improve quality of their work to increase profits they receive
7.

PERSONAL DEVELOPMENT

A. Outputs
1. 65 youth as campers at overnight 4H camp
2. 4 4H teens serve as junior counselors
3. 4 4H teens & 10 adults completed 24 hrs. of instructional training
4. 74 youth participated in communications events
5. 155 youth attended 4H Day Camp
6. 12 youth volunteers served as day camp leaders

B. Outcomes
1. Demonstrate mastery of skills
2. Develop the ability to work together as a group to accomplish goals
3. Gain social skills through interacting with peers & adults
4. Demonstrate they can live, work, & have fun cooperatively
5. Practice responsibility, respect, fairness & honesty
6. Learn self motivation & self regulation
7. Serve as role models
8. Learn social, interpersonal & leadership skill

LEADERSHIP DEVELOPMENT

A. Outputs
1. 24 4H council members meet bi-monthly to make recommendations & plan for 4H events
2. 10 4H council committees meet annually
3. Clover bud Club & Livestock Club meet monthly
4. Teens participate as delegates to Issues Conference, Teen Conference, Teen Retreat, Teen summit & Exchange Trips

B. Outcomes
1. Learn & build leadership skills
2. Develop the ability to work as a group
3. Serve as role models
4. Learn to care for animals
5. Learn how to conduct & participate in club meetings
6 Participate in community service activities

SCHOOL ENRICHMENT

A. Outputs
1 120 youth participate in monthly school 4H club meeting & elections
2. 62 children conduct Chick Incubation

3. 1900 youth participate in Windowsill Gardening Project
4 702 youth participate in Reality Store
5. 360 3rd graders attend Adventures in Agriculture
6 50 youth give classroom demonstrations
7 350 6th graders do Dollars & Sense simulation
8 170 youth undergo Internet Safety Training

B. Outcomes
1. Learn to conduct & participate in club meetings & elections
2. Learn basic consumer science, practical living, environmental science & plant science skills
3. Learn the costs and responsibilities of being independent
4. Learn about finances, economics and prepare for the workforce
5. Learn healthy lifestyles
6. Take necessary steps to protect themselves online

6. PARTNER: **Danville Boyle County Literacy Program**

A. Outputs
1. 141 clients served in Literacy & ESL (English as a Second Language) programs
2. Individual interviews, assessments, development of a Student Educational Plan completed
3. Individuals receive instruction 2 hrs. a day/2 days a week
4. Individuals receive one-on- one tutoring

B. Outcomes
1. Increased self confidence & self esteem
2. Success in the following areas:
   a. Obtaining GED
   b. Passing Citizenship Test
   c. Passing Drivers Test & getting license
   d. Gaining employment
   e. Going to post secondary education

7. PARTNER: **Danville Learning Disabilities Association (DLDA)**

A. Outputs
1. 18 clients (children & youth) served through Advocacy
2. 135 students participated in Community Art Show

B. Outcomes
1. Parents become better educated & cope more effectively
2. Children's social skills improve & they feel more successful
3. Increased understanding & cooperation between parents & teachers
4. Enhanced artistic talents of art show participants
5. Learn poise and experience success thru art show participation & receive financial rewards when their work sells

8. PARTNER: **Mercer County Adult Education**

A. Outputs
1 251 students enrolled (enrollment goal met)

2. Performance goal percentages in ABE (Adult Basic Education) & ESL (English Second Language) met
3. Center meets Mercer County target for GED attainment

B. Outcomes
1. Students obtain GED (General Education Diploma)
2. Students learn English as a Second Language
3 Students set and achieve personal goals
4. Recognize the importance of setting other educational goal

9 PARTNER: **Girl Scouts of Kentucky, Wilderness Road Council**

A. Outputs
1. 1,054 girls served
2. 167 adults served
3. 202 hours of training to volunteers
4. 1,050 hours of community service
5. 435 participants in the Cookie Program
6. $5,142 in direct financial assistance to girls

B. Outcomes
1. Girls develop positive values: 86% of leaders observed positive behavior changes
2. Girls gain practical life skills: 90% of leaders reported girls tried new activities; 84% of leaders reported girls can demonstrate what they have learned to others; 85% of leaders reported that girls showed increased confidence
3. Girls promote cooperation & team building: 99% of leaders reported that girls worked together as a team & 67% of leaders reported that girls interacted with other girls of different backgrounds
4. Girls participate in service projects: 81% of leaders reported that girls participated in a service project
5. Girls earned leadership awards: 82% of leaders reported that girls in their troops were provided leadership opportunities; 2.3% or 199 girls in grades 4-12 earned Girl Scouting's highest leadership awards

10. PARTNER: **Wilderness Trace Child Development Center**

A. Outputs
1. Individual evaluations of children completed
2. Team collaboration on behalf of children occurred
3. Development of individual education plans(IEP) & individual family support plan(IFSP)
4. Family education & training offered
5. Family support and advocacy provided
6. Early Intervention provided
7. Home visits/Day care visits made
8. Classes held at the child development center
9. Collaboration with First Steps

B. Outcomes
1. Children benefit from individual & group plans
2. Children receive regular therapy at home, day care, or the center
3. Children demonstrate progress toward appropriate verbal, motor, & social skills
4. Children receiving early intervention services will attain desired outcomes through strategies outlined in individual education plan and family support plan

5. Children receiving early intervention services have greater potential to integrate into a typical classroom in public school
6. Children receiving early intervention services will attain a higher quality of life

11. PARTNER **Centro Latino**
    A. Outputs
        1. Interpreters for clients provided
        2 Educational services provided
        3. Access to pediatric clinic with interpreters
        4. Training/conferences attended
        5. Information for better understanding of health issues disseminated
        6. 20 Latino kids in summer program
        7. Weekly ESL classes for 25 adults
        8 Workshops for 27 people on understanding laws, navigating court system
    B. Outcomes
        1 Clients access medical and educational services
        2. Clients receive information (medical & educational)
        3. Clients access interpreter services
        4. Clients gain trust in medical establishment & live a healthier lifestyle
        5. Clients make educational improvements
        6. Families benefit from summer activities
        7. Increased knowledge of English
        8. Improved sense of belonging

FINANCIAL STABILITY: PROMOTING FINANCIAL STABILITY AND INDEPENDENCE

1. Partner: **Family Services Association**
    A. Outputs for Client Initiatives Program
        1. 122 clients performed the following: signed up for commodities and/or Angel Tree, met with Vocational Rehab, attended a Money Management class or Comp Care completed an Employment Application, took a Community Education Class, signed up for KY Caregivers, started a case plan with Protection & Permanency, and/or participated in community service projects
    B. Outputs for Client Assistance Program
        1. 850 clients received payments for the following: shelter, natural gas, electric, or water service, food, medication, alternative heat, and other emergency needs
    C. Outcomes for Client Initiatives & Assistance Program
        1. Client's basic needs for shelter, essential services, food and medication are met
        2. Clients are made aware of long term goals that need to be in place to be self-sufficient
        3. Clients demonstrate an on going increase in financial stability
        4. Clients show a willingness to make a positive change in their lives
        5. Clients learn about and are able to access community services that can improve their lives and help them be more stable
        6 Clients gain emotional support and reassurance from person providing assistance

2. PARTNER. **Habitat for Humanity: Mercer County**
    A Outputs
        1. 8 applications reviewed
        2 3 home visits made

3. 2 families chosen
4. 750 sweat equity hours invested
5. 2900 + volunteer hours worked
6. $20,000 goods & services received
7. * 11 families (45 people) in homes at end of 2008

B. Outcomes
1. Families have sturdy, safe homes and sense of beginnings
2. Families have achieved financial & ownership skills
3. Families feel part of a community
4. Families have a strong sense of accomplishment and gratitude
5 Community gains responsible, tax-paying citizens

3. PARTNER: **Habitat for Humanity: Boyle County**

A. Outputs
1. # of houses built
2. # of families served
3. # of applications reviewed and home visits made
4. # of homeowner training sessions held
5. # of mentoring families
6. # of volunteers & volunteers hours serving the community
7. # of agencies, churches, businesses working in partnership with Habitat

4. PARTNER: **Legal Aid of the Bluegrass/ Northern KY Legal Aid Society**

A. Outputs
1. Clients served
2. Protective orders, final orders for divorce, custody, etc. secured
3. Court appearances
4. Enrollments for benefits performed
5. Documents prepared
6. Networking with other service providers

B. Outcomes
1. Victims/Survivors & their families are aware of their rights to protection
2. Elderly & disabled will be aware of public benefits for which they are eligible
3. Victims/Survivors & their families take steps toward regaining safety & self-sufficiency
4. Elderly & disabled will take steps toward public benefit eligibility & self-determination
5. Clients served will be safe and healthy and will have the medical care , prescription drugs or documents they need

5. PARTNER: **BGCAP (Blue Grass Community Action Partnership) : Senior Companion Program**

A. Outputs
1. 73 primary caregivers received respite services
2. 107 frail elderly received assistance with personal grooming, light housekeeping, & meals
3. 40 volunteers provided 20 hours per week companionship & socialization to the frail elderly
4. 560 errands run for homebound elderly
5. 48 hours of training given to volunteers
6. 430 escorts of frail elderly to appointments

B Outcomes

1. Clients receive home assistance with daily living tasks
2 Clients receive social support
3. Clients are more functional and self sufficient in their homes as a result of services
4 Clients are able to avoid premature or unnecessary institutionalization
5 Caregivers receive respite
6. Volunteers (who are seniors themselves on a fixed income) receive a stipend for their services which enables them to be more financially secure

6. PARTNER: **BGCAP (Blue Grass Community Action Partnership: Self Sufficiency Program (Mercer County)**

A. Outputs

1. Over 1000 individuals served with Winter Care funds
2. 854 households served under LIHEAP (Low Income Home Energy Assistance Program)
3. Referrals made to other agencies in a collaborative effort to assist individuals in need

B. Outcomes

1. Clients gain emergency/crisis assistance
2. Clients gain knowledge of community resources through referrals
3. Clients in crisis gain housing stability & employment stability
4. Clients learn about other community resources

7. PARTNER: **The Salvation Army**

A. Outputs

1. 13,429 individuals received Social Services assistance
2. 4,474 individuals received Christmas assistance
3. 475 individuals received a Thanksgiving meal
4. 74 youth attended camp
5. 8,425 participated in Adult Programs
6. 486 individuals attended Older Adult Programs
7. 6,851 participated in Youth Programs
8. 1,194 people participated in the Bate wood Education Program
9. 812 took part in Youth Music Classes
10. 3,568 people visited
11. 11, 699 volunteer hours

B. Outcomes

1. Crisis needs of clients are met
2. Clients receive encouragement and counseling
3. Families are able to celebrate Christmas & Thanksgiving
4. Youth benefit from camp experience and are in a safe, caring environment
5. Youth receive help with school work
6. Adults and children are fed
7. Nursing home residents and shut ins are visited

8. PARTNER: **American Red Cross: Daniel Boone Chapter (Lincoln/Garrard Counties)**

A. Outputs

1. 17 families in Lincoln/Garrard Counties received assistance in crisis situations due to fire, flooding, and tornadoes
2. Disaster preparedness TV public service announcements made

3. Disaster brochures distributed to Lincoln/Garrard County residents

B. Outcomes

1. Clients' immediate basic needs are met
2. Clients expressed satisfaction with assistance and services received
3. Clients experienced a reduction in stress and anxiety
4. Clients demonstrated ability to deal with crisis as a result of services received

9 PARTNER. **American Red Cross: Central Kentucky Chapter (Boyle & Mercer Counties)**

A. Outputs

1. Appropriate data transmitted to the Pentagon for communication with individual service personnel in times of family emergencies
2. 9 Health & safety training courses offered to individuals and/or companies
3. Emergency shelter and vouchers for food, clothing, and medicine provided to disaster victims
4. Alternate sources of additional assistance provided, as needed, for longer term survival, including help with rent
5. Food and refreshments provided at the scene of a disaster to emergency personnel and victims

B. Outcomes

1. Service personnel are able to appropriately respond to the emergency; families are consoled by service person's awareness and/or presence
2. Trainees learn skills and are able to demonstrate them, personally & professionally
3. Disaster victims have initial needs met and are in a better position to cope with the results of the disaster

****Bluegrass Domestic Violence Program** and **Lincoln County Senior Citizens** not listed due to their Multi Year Funded Status. **Unity House** did not submit an application for the 2009 year and data on **SPAN** not included due to incomplete information at the time of submission.

Form **8868**
(Rev April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization	**Employer identification number**
	HEART OF KENTUCKY UNITED WAY, INC.	23-7166092
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 458	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions DANVILLE, KY 40423-0458	

Check type of return to be filed (file a separate application for each return).

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

HEART OF KENTUCKY UNITED WAY

- The books are in the care of ▶ P.O. BOX 458 - DANVILLE, KY 40423
  Telephone No. ▶ (859) 238-6986 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 EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [ ] calendar year ____ or
▶ [X] tax year beginning JUL 1, 2008, and ending JUN 30, 2009.

2 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions.	3a	$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$
c	**Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print	Name of Exempt Organization		Employer identification number
File by the extended due date for filing the return See instructions	HEART OF KENTUCKY UNITED WAY, INC.		23-7166092
	Number, street, and room or suite no. If a P O. box, see instructions. P.O. BOX 748		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DANVILLE, KY 40423-0748		

Check type of return to be filed (File a separate application for each return):

[X] Form 990 [ ] Form 990-EZ [ ] Form 990-T (sec 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870
[ ] Form 990-BL [ ] Form 990-PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

HEART OF KENTUCKY UNITED WAY

- The books are in the care of ▶ P.O. BOX 748 - DANVILLE, KY 40423

Telephone No. ▶ (859) 238-6986 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 EINs of all members the extension is for

4 I request an additional 3-month extension of time until MAY 15, 2010

5 For calendar year _____, or other tax year beginning JUL 1, 2008 , and ending JUN 30, 2009

6 If this tax year is for less than 12 months, check reason. [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$	
b	If this application is for Form 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 and any amount paid previously with Form 8868.	8b	$	
c	**Balance Due.** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$	N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Title ▶ DIRECTOR Date ▶ 2/11/10

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05-26-09