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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

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

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

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

C Name of organization
UNITED WAY OF THE BLUEGRASS INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
2480 FORTUNE DRIVE

City or town, state or country, and ZIP + 4
LEXINGTON, KY 40509

D Employer identification number
61-0444679

E Telephone number
(859) 233-4461

G Gross receipts $ 6,798,231

F Name and address of principal officer
WILLIAM W FARMER PRESIDENT
2480 FORTUNE DRIVE
LEXINGTON, KY 40509

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 UWBG ORG

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

L Year of formation 1955

M State of legal domicile KY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
UNITED WAY OF THE BLUEGRASS IMPROVES LIVES BY MOBILIZING THE CARING POWER OF COMMUNITIES

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	56
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	55
5	Total number of employees (Part V, line 2a)	5	39
6	Total number of volunteers (estimate if necessary)	6	1,520
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	6,166,090	5,870,817
9	Program service revenue (Part VIII, line 2g)	61,297	43,861
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-39,031	149,248
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	29,386	27,727
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,217,742	6,091,653
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,581,141	4,475,613
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,523,684	1,295,085
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 718,239		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	883,972	854,045
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	6,988,797	6,624,743
19	Revenue less expenses Subtract line 18 from line 12	-771,055	-533,090

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	9,744,430	9,432,829
21	Total liabilities (Part X, line 26)	3,029,830	2,772,405
22	Net assets or fund balances Subtract line 21 from line 20	6,714,600	6,660,424

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

****** | 2010-11-15
Signature of officer | Date

WILLIAM W FARMER President
Type or print name and title

Paid Preparer's Use Only

Preparer's signature		Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4	CROWE HORWATH LLP 144 North Broadway Lexington, KY 40507	EIN ▶	Phone no ▶ (859) 252-6738

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

UNITED WAY IS IMPROVING THE LIVES OF ALL CENTRAL KENTUCKIANS BY CREATING OPPORTUNITIES FOR A BETTER LIFE FOR ALL OUR FOCUS IS ON EDUCATION, INCOME AND HEALTH, BECAUSE THESE ARE THE BUILDING BLOCKS FOR A GOOD QUALITY OF LIFE SEE SCHEDULE O

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

4a (Code) (Expenses $ 4,585,368 including grants of $ 4,199,994) (Revenue $)

THE COMMUNITY IMPACT FUND IS THE MOST EFFECTIVE WAY TO INVEST IN INNOVATIVE PROGRAMS AND PROVEN STRATEGIES WITH A SINGLE UNDESIGNATED CONTRIBUTION AND PROVIDES INVESTMENT IN UNITED WAY'S PRIORITY AREAS EDUCATION, INCOME AND HEALTH EDUCATION, INCOME AND HEALTH ARE THE BUILDING BLOCKS FOR A GOOD LIFE - A QUALITY EDUCATION THAT LEADS TO A STABLE JOB, ENOUGH INCOME TO SUPPORT A FAMILY THROUGH RETIREMENT AND GOOD HEALTH UNITED WAY OF THE BLUEGRASS COMBINES DONOR CONTRIBUTIONS WITH OTHERS TO INVEST IN DYNAMIC APPROACHES AND PROVEN PROGRAMS AND INITIATIVES TO CREATE LASTING CHANGE IN CENTRAL KENTUCKY UNITED WAY'S DIRECT KNOWLEDGE OF COMMUNITY NEEDS, ITS ABILITY TO IDENTIFY THE MOST EFFECTIVE AGENCY AND COMMUNITY PARTNERS ALONG WITH ITS REGIONAL, VOLUNTEER DECISION-MAKERS ENSURE THAT DONOR INVESTMENTS WILL MAKE A REAL AND LASTING DIFFERENCE UNITED WAY EXISTS FOR ONE REASON TO HELP US COME TOGETHER AS A COMMUNITY TO IDENTIFY AND ADDRESS THE ISSUES THAT TAKE ALL OF US WORKING TOGETHER TO SOLVE ISSUES LIKE MAKING SURE CHILDREN ENTER SCHOOL READY TO LEARN AND THAT ALL PEOPLE HAVE ACCESS TO PRIMARY HEALTHCARE, CROSS LINES OF RACE, GENDER, GEOGRAPHY, FAITH AND ECONOMIC STATUS AND CAN ONLY BE ADDRESSED WITH A COLLECTIVE COMMUNITY FOCUS AND ACTION UNITED WAY IS THE ONLY ORGANIZATION IN OUR COMMUNITY THAT, WITH THE HELP OF COUNTLESS VOLUNTEERS AND COMMUNITY LEADERS, IDENTIFIES THE MOST PRESSING ISSUES IN OUR COMMUNITY, IDENTIFIES SOLUTIONS TO THE ROOT-CAUSES OF THESE ISSUES, AND BRINGS TOGETHER THE RESOURCES TO MAKE THIS CHANGE

4b (Code) (Expenses $ 229,338 including grants of $) (Revenue $ 15,000)

UNITED WAY 2-1-1 EVERY DAY, SOMEONE SOMEWHERE IN CENTRAL KENTUCKY NEEDS TO FIND ESSENTIAL COMMUNITY SERVICES - AN AFTER SCHOOL PROGRAM, A FOOD BANK, OR WHERE TO SECURE CARE FOR AN AGING PARENT MANY FACE THESE CHALLENGES, BUT DON'T ALWAYS KNOW WHERE TO TURN FOR HELP WITH THE SUPPORT OF ORGANIZATIONS THAT PROVIDE HEALTH AND HUMAN SERVICES THROUGHOUT THE BLUEGRASS, UNITED WAY 2-1-1 IS THERE TO HELP 2-1-1 IS AN EASY-TO-REMEMBER PHONE NUMBER THAT MAKES A CRITICAL CONNECTION BETWEEN INDIVIDUALS AND FAMILIES SEEKING SERVICES OR VOLUNTEER OPPORTUNITIES AND THE APPROPRIATE COMMUNITY-BASED ORGANIZATIONS AND GOVERNMENT AGENCIES 2-1-1 MAKES IT POSSIBLE FOR PEOPLE TO NAVIGATE THE COMPLEX AND EVER-GROWING MAZE OF HUMAN SERVICE AGENCIES AND PROGRAMS BY MAKING SERVICES EASIER TO ACCESS, 2-1-1 ENCOURAGES PREVENTION AND FOSTERS SELF-SUFFICIENCY DURING 2009, THE UNITED WAY 2-1-1 PROGRAM ASSISTED APPROXIMATELY 20,015 CALLERS

4c (Code) (Expenses $ 150,557 including grants of $ 17,498) (Revenue $ 43,616)

UNITED WAY SUCCESS BY 6 IS AN EARLY CHILDHOOD INITIATIVE THAT WORKS TO ENSURE THAT ALL CHILDREN FROM BIRTH TO AGE 6 HAVE THE POSITIVE AND ENRICHING EXPERIENCES NECESSARY TO BEGIN SCHOOL PREPARED TO SUCCEED THROUGH DATA TRACKING, ADVOCACY, PUBLIC AWARENESS, AND NEIGHBORHOOD BASED PROGRAMS, SUCCESS BY 6 COLLABORATES WITH IT'S PARTNERS TO POSITIVELY IMPACT COMMUNITY INDICATORS THAT LEAD TO SCHOOL READINESS HIGHLIGHTS OF THE INITIATIVE INCLUDE EDUCATING AND INVOLVING PARENTS AS THE MOST IMPORTANT DETERMINANTS OF A CHILDS SUCCESS, IMPROVING THE QUALITY OF AND ACCESS TO DAYCARE, IMPROVING THE OVERALL SYSTEM THROUGH EDUCATION, CROSS SECTOR LEADERSHIP AND PARTNERSHIS, EQUIPPING PARENTS AND CAREGIVERS WITH BORN LEARNING TOOLS TO PROMOTE EVERYDAY MOMENTS AS LEARNING MOMENTS, AND PROVIDING AGE-APPROPRIATE BOOKS EACH MONTH AT NO CHARGE TO THE CHILD OR CAREGIVER FROM BIRTH THROUGH 5 IN PARTNERSHIP WITH DOLLYWOOD IMAGINATION LIBRARY

4d Other program services (Describe in Schedule O)

(Expenses $ 492,958 including grants of $ 258,121) (Revenue $ 12,972)

4e **Total program service expenses** ▶ $ 5,458,221

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
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 similar funds or 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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	● Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	● Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? **Yes** / **No** *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* — 12A: No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

				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	11		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	39		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See 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			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .	7g			No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			No
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . .	1a 56		
b	Enter the number of voting members that are independent . .	1b 55		
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," 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 ▶ KY

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you 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 See Additional Data Table

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

JILL JOHNSON
2400 READING ROAD
CINCINNATI, OH 45202
(513) 762-7100

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

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

☐ Check this box if the organization did not compensate any current or former 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			
See add'l data										

1b Total . . . . . ▶	172,514	0	14,861

2 Total number of individuals (including but not limited to those listed above) 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*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 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	1a	Federated campaigns	1a 5,006,305				
	b	Membership dues	1b 0				
	c	Fundraising events	1c 0				
	d	Related organizations	1d 0				
	e	Government grants (contributions)	1e 0				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 864,512				
	g	Noncash contributions included in lines 1a-1f $ 846,098					
	h	**Total.** Add lines 1a-1f		5,870,817			
Program Service Revenue			Business Code				
	2a	OUTSIDE DESIGNATION ADMINISTRATIVE FEES		43,861	43,861	0	0
	b			0	0	0	0
	c			0	0	0	0
	d			0	0	0	0
	e			0	0	0	0
	f	All other program service revenue		0	0	0	0
	g	**Total.** Add lines 2a–2f		43,861			
	3	Investment income (including dividends, interest and other similar amounts)		86,872	0	0	86,872
	4	Income from investment of tax-exempt bond proceeds		0	0	0	0
	5	Royalties		0	0	0	0
			(i) Real / (ii) Personal				
	6a	Gross Rents	0 / 0				
	b	Less rental expenses	0 / 0				
	c	Rental income or (loss)	0 / 0				
	d	Net rental income or (loss)		0	0	0	0
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	752,787 / 0				
	b	Less cost or other basis and sales expenses	690,411 / 0				
	c	Gain or (loss)	62,376 / 0				
	d	Net gain or (loss)		62,376	0	0	62,376
Other Revenue	8a	Gross income from fundraising events (not including $ 26,536 of contributions reported on line 1c) See Part IV, line 18	a 16,167				
	b	Less direct expenses	b 16,167				
	c	Net income or (loss) from fundraising events		0	0	0	0
	9a	Gross income from gaming activities See Part IV, line 19	a 0				
	b	Less direct expenses	b 0				
	c	Net income or (loss) from gaming activities		0	0	0	0
	10a	Gross sales of inventory, less returns and allowances	a 0				
	b	Less cost of goods sold	b 0				
	c	Net income or (loss) from sales of inventory		0	0	0	0
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS		27,727	27,727	0	0
	b			0	0	0	0
	c			0	0	0	0
	d	All other revenue		0	0	0	0
	e	**Total.** Add lines 11a–11d		27,727			
	12	**Total revenue.** See Instructions		6,091,653	71,588	0	149,248

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	4,475,613	4,475,613		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0	0		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	187,375	34,963	106,416	45,996
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	12,976	12,976	0	0
7 Other salaries and wages	829,054	384,699	96,630	347,725
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0	0	0	0
9 Other employee benefits	185,137	92,840	29,818	62,479
10 Payroll taxes	80,543	34,347	14,605	31,591
11 Fees for services (non-employees)				
a Management	0	0	0	0
b Legal	0	0	0	0
c Accounting	31,130	7,637	23,493	0
d Lobbying	0	0	0	0
e Professional fundraising *See Part IV, line 17*	0			0
f Investment management fees	30,279	0	30,279	0
g Other	167,380	84,311	0	83,069
12 Advertising and promotion	88,465	23,463	21,310	43,692
13 Office expenses	161,741	128,978	8,800	23,963
14 Information technology	0	0	0	0
15 Royalties	0	0	0	0
16 Occupancy	95,714	56,048	9,466	30,200
17 Travel	24,897	4,328	1,017	19,552
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	13,869	1,772	10,671	1,426
20 Interest	0	0	0	0
21 Payments to affiliates	67,682	0	67,682	0
22 Depreciation, depletion, and amortization	30,924	16,390	4,329	10,205
23 Insurance	11,857	3,797	5,344	2,716
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 MISCELLANEOUS	86,460	73,225	13,167	68
b DUES AND SUBSCRIPTIONS	30,377	17,192	2,905	10,280
c EQUIPMENT REPAIRS	10,525	4,917	2,321	3,287
d BOARD/STAFF DEVELOPMENT	2,745	725	30	1,990
e	0	0	0	0
f All other expenses	0	0	0	0
25 **Total functional expenses.** Add lines 1 through 24f	6,624,743	5,458,221	448,283	718,239
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	0	0	0	0

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		830,841	1	706,755
	2	Savings and temporary cash investments		1,515,671	2	623,969
	3	Pledges and grants receivable, net		5,361,421	3	4,723,364
	4	Accounts receivable, net		50,585	4	28,320
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	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		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		73,251	8	0
	9	Prepaid expenses and deferred charges		13,723	9	5,753
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 299,167			
	b	Less accumulated depreciation	10b 213,724	116,367	10c	85,443
	11	Investments—publicly traded securities		1,424,714	11	2,821,636
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		357,857	15	437,589
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		9,744,430	16	9,432,829
Liabilities	17	Accounts payable and accrued expenses		64,569	17	55,997
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities Complete Part X of Schedule D		2,965,261	25	2,716,408
	26	**Total liabilities.** Add lines 17 through 25		3,029,830	26	2,772,405
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		6,595,389	27	6,523,142
	28	Temporarily restricted net assets		29,211	28	47,282
	29	Permanently restricted net assets		90,000	29	90,000
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		0	30	0
	31	Paid-in or capital surplus, or land, building or equipment fund		0	31	0
	32	Retained earnings, endowment, accumulated income, or other funds		0	32	0
	33	Total net assets or fund balances		6,714,600	33	6,660,424
	34	Total liabilities and net assets/fund balances		9,744,430	34	9,432,829

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
UNITED WAY OF THE BLUEGRASS INC

Employer identification number
61-0444679

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

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

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

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

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

_____

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

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

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

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

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - 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 the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? 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 IRC 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	7,131,840	6,859,836	7,097,404	6,166,090	5,870,817	33,125,987
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 **Total.** Add lines 1 through 3	7,131,840	6,859,836	7,097,404	6,166,090	5,870,817	33,125,987
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)						1,619,729
6 **Public Support.** Subtract line 5 from line 4						31,506,258

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	7,131,840	94,076	7,097,404	6,166,090	5,870,817	33,125,987
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	94,076	105,233	119,125	86,872	405,306
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	15,089	16,695	151,990	29,386	27,727	240,887
11 **Total support** (Add lines 7 through 10)						33,772,180

12 Gross receipts from related activities, etc (See instructions)	12	0

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	93 291 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	94 48 %

16a **33 1/3% support test—2009.** 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—2008.** If the organization did not check the 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—2009.** 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—2008.** 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 IRC 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 through 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 $5,000 or 1% of the amount on line 13 for the year						
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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** 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—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Explanation
OTHER INCOME, SCHEDULE A, PART II, SPECIAL EVENTS 2005 - 15,089 2006 - 16,695 2007 - 151,990 2008 - 29,386 2009 - 27,727 TOTAL - 240,887,

Additional Data

Software ID:
Software Version:
EIN: 61-0444679
Name: UNITED WAY OF THE BLUEGRASS INC

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
KATHY JAEGER TREASURER	4	X		X				0	0	0
SARAH MILLS INTERIM PRESIDENT/DIRECTOR	13	X		X				25,513	0	0
HARRY RICHART III CHAIRMAN OF THE BOARD	4	X		X				0	0	0
MARASKESHIA SMITH DIRECTOR	1	X						0	0	0
STU SILBERMAN DIRECTOR	1	X						0	0	0
WILLIAM WILSON DIRECTOR	1	X						0	0	0
JOHN COLE II DIRECTOR	1	X						0	0	0
JOHN TAYLOR DIRECTOR	1	X						0	0	0
KATHERINE LOVE DIRECTOR	1	X						0	0	0
OWEN CROPPER DIRECTOR	1	X						0	0	0
BETTY SPRINGATE DIRECTOR	1	X						0	0	0
HAROLD KING DIRECTOR	1	X						0	0	0
DEANDRE MITCHELL DIRECTOR	1	X						0	0	0
LU YOUNG DIRECTOR	1	X						0	0	0
WILLIAM ALVERSON DIRECTOR	1	X						0	0	0
KIMBERLY WILSON DIRECTOR	1	X						0	0	0
CLIFF FELTHAM DIRECTOR	1	X						0	0	0
GREGORY DIXON DIRECTOR	1	X						0	0	0
HERBERT MILLER JR DIRECTOR	1	X						0	0	0
REED POLK DIRECTOR	1	X						0	0	0
NINA EISNER DIRECTOR	1	X						0	0	0
GINNY RAMSEY DIRECTOR	1	X						0	0	0
CONNIE JOINER DIRECTOR	1	X						0	0	0
ROBERT LINDSEY DIRECTOR	1	X						0	0	0
HARVEY COGGIN DIRECTOR	1	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
PATRICK BREWER DIRECTOR	1	X						0	0	0
LINDA BALL DIRECTOR	1	X						0	0	0
TYRONE TYRA DIRECTOR	1	X						0	0	0
DEBRA MILLER DIRECTOR	1	X						0	0	0
DANIEL CASTLE DIRECTOR	1	X						0	0	0
WILLIAM WILSON DIRECTOR	1	X						0	0	0
TOM BRANNOCK DIRECTOR	1	X						0	0	0
D SCOTT NEAL DIRECTOR	1	X						0	0	0
MITCH BARNHART DIRECTOR	1	X						0	0	0
CARYL PFEIFFER DIRECTOR	1	X						0	0	0
TODD GAMBILL DIRECTOR	1	X						0	0	0
MICHELE RIPLEY DIRECTOR	1	X						0	0	0
MECHEALLE HANKS DIRECTOR	1	X						0	0	0
MICHAEL SUTTON DIRECTOR	1	X						0	0	0
STEPHEN GRAY DIRECTOR	1	X						0	0	0
BARRY STUMBO DIRECTOR	1	X						0	0	0
RON MOSSOTTI DIRECTOR	1	X						0	0	0
THOMAS PRATHER DIRECTOR	1	X						0	0	0
RODNEY JACKSON DIRECTOR	1	X						0	0	0
RUSSELL MEYER DIRECTOR	1	X						0	0	0
JAMES CONNEELY DIRECTOR	1	X						0	0	0
ROBERT WILLIAMS DIRECTOR	1	X						0	0	0
LYLE HANNA DIRECTOR	1	X						0	0	0
TIM BACH DIRECTOR	1	X						0	0	0
MICHAEL HOCKENSMITH DIRECTOR	1	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
ANNE NASH DIRECTOR	1	X						0	0	0
HARVIE WILKINSON DIRECTOR	1	X						0	0	0
ALAN STEIN DIRECTOR	1	X						0	0	0
SUSAN LANCHO DIRECTOR	1	X						0	0	0
DENISE MCCLELLAND DIRECTOR	1	X						0	0	0
RICK MUSIC DIRECTOR	1	X						0	0	0
SARAH GLENN DIRECTOR	1	X						0	0	0
KELLY KNIGHT DIRECTOR	1	X						0	0	0
MELINDA KARNS DIRECTOR	1	X						0	0	0
LINDA RUMPKE DIRECTOR	1	X						0	0	0
ROBERT CLAYTON DIRECTOR	1	X						0	0	0
DAVID BURKE DIRECTOR	1	X						0	0	0
LAURA VOSS DIRECTOR	1	X						0	0	0
PAULA HANSON DIRECTOR	1	X						0	0	0
MARLENE HELM DIRECTOR	1	X						0	0	0
ERNIE RICHARDSON DIRECTOR	1	X						0	0	0
GUY HUGELET DIRECTOR	1	X						0	0	0
BILL FARMER PRESIDENT EOY/SECRETARY	55			X				42,538	0	3,265
KATHY PLOMIN PAST PRESIDENT/CPO	35			X				53,910	0	2,845
VICKI SEALE DIRECTOR OF FINANCE	70			X				50,553	0	8,751

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
OUTSIDE DESIGNATION ADMINISTRATIVE FEES		43,861	43,861	0	0
		0	0	0	0
		0	0	0	0
		0	0	0	0
		0	0	0	0

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
MISCELLANEOUS	86,460	73,225	13,167	68
DUES AND SUBSCRIPTIONS	30,377	17,192	2,905	10,280
EQUIPMENT REPAIRS	10,525	4,917	2,321	3,287
BOARD/STAFF DEVELOPMENT	2,745	725	30	1,990
	0	0	0	0

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
UNITED WAY OF THE BLUEGRASS INC

Employer identification number
61-0444679

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 for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

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

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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 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 Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

b If "Yes," explain the arrangement in Part 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 the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	533,795	605,470			
b Contributions	35,134	10,000			
c Investment earnings or losses	137,272	-51,675			
d Grants or scholarships					
e Other expenditures for facilities and programs	24,000	30,000			
f Administrative expenses					
g End of year balance	682,201	533,795			

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

- a Board designated or quasi-endowment ▶ 86 81 %
- b Permanent endowment ▶ 13 19 %
- c Term endowment ▶ 0 %

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" 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) Accumulated depreciation	(d) Book value
1a Land	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	0	78,155	54,007	24,148
d Equipment	0	221,012	159,717	61,295
e Other	0	0	0	0
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				85,443

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		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) 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.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
ALLOCATIONS PAYABLE	2,315,847
DUE FOR CENTERAL KY CAMPAIGN	400,561
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	2,716,408

2. Fin 48 Footnote 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	6,091,653
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,624,743
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-533,090
4	Net unrealized gains (losses) on investments	4	478,914
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	0
9	Total adjustments (net) Add lines 4 - 8	9	478,914
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-54,176

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	6,696,051
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	478,914		
b	Donated services and use of facilities	2b	155,763		
c	Recoveries of prior year grants	2c	0		
d	Other (Describe in Part XIV)	2d	0		
e	Add lines **2a** through **2d**			2e	634,677
3	Subtract line **2e** from line **1**			3	6,061,374
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	30,279		
b	Other (Describe in Part XIV)	4b	0		
c	Add lines **4a** and **4b**			4c	30,279
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	6,091,653

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

1	Total expenses and losses per audited financial statements			1	6,750,227
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	155,763		
b	Prior year adjustments	2b	0		
c	Other losses	2c	0		
d	Other (Describe in Part XIV)	2d	0		
e	Add lines **2a** through **2d**			2e	155,763
3	Subtract line **2e** from line **1**			3	6,594,464
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	30,279		
b	Other (Describe in Part XIV)	4b	0		
c	Add lines **4a** and **4b**			4c	30,279
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	6,624,743

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 Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Intended uses of endowment funds	Schedule D, Part V, Line 4	PURPOSE OF INVESTMENT POLICY THE INVESTMENT POLICY OF THE UNITED WAY OF THE BLUEGRASS IS TO PROVIDE OBJECTIVES, OVER-SIGHT AND GUIDELINES FOR RESPONSIBLE ASSET GROWTH OF ENDOWMENT FUNDS OF UWBG INVESTMENT FUND(S) OBJECTIVES THROUGH THE USE OF OUTSIDE PROFESSIONAL MANAGEMENT, THE PRIMARY OBJECTIVES ARE THREE-FOLD AND LISTED IN THE ORDER OF PRIORITY 1) LONG TERM GROWTH THE ENDOWMENT FUND IS SET-UP TO RECEIVE GIFTS FROM WILLS, INSURANCE POLICIES, MEMORIALS, BEQUESTS, ETC THE LONG-TERM GOAL OF THE ENDOWMENT ACCOUNT IS FOR IT TO GROW TO A POINT IN WHICH THE INTEREST EARNINGS COULD SUPPORT 100% OF UWBG'S OPERATIONS 2) LIQUIDITY THE ORGANIZATION'S ENDOWMENT ACCOUNT INVESTMENT PORTFOLIO REQUIRES MINIMAL LIQUIDATION TO MEET OPERATING REQUIREMENTS AT THIS TIME 3) RETURN ON INVESTMENT THE INVESTMENT PORTFOLIO SHALL BE DESIGNED WITH THE OBJECTIVE OF ATTAINING A MAXIMUM RATE OF RETURN WHILE REMAINING WITHIN THE RISK PARAMETERS DESCRIBED IN THIS POLICY SPENDING POLICY THE SPENDING POLICY DETERMINED EACH YEAR BY THE BOARD OF DIRECTORS WILL BE BASED ON THE TOTAL RETURN OF THE ASSETS INVESTED IN THE ENDOWMENT FUND (INCOME PLUS CAPITAL APPRECIATION) AND WILL BE DETERMINED AS FOLLOWS "A PERCENTAGE OF THE TOTAL MARKET VALUE OF THE ENDOWMENT FUND BASED ON A THREE YEAR ROLLING AVERAGE OF TOTAL ENDOWMENT FUND MARKET VALUE THE MARKET VALUE WILL BE BASED ON THE 12/31 BALANCE EACH YEAR THE PERCENTAGE DETERMINED EACH YEAR WILL RANGE BETWEEN 0% AND 5% OF THAT THREE YEAR ROLLING AVERAGE " THE FUNDS WILL USED TO SUPPLEMENT ON-GOING BUDGETARY NEEDS AS DETERMINED BY THE BOARD OF DIRECTORS
FIN 48 footnote	Schedule D, Part X, Line 2	UWBG ADOPTED THE GUIDANCE ISSUED BY THE FASB WITH RESPECT TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AS OF JANUARY 1, 2009 A TAX POSITION IS RECOGNIZED AS A BENEFIT ONLY IF IT IS "MORE LIKELY THAN NOT" THAT THE TAX POSITION WOULD BE SUSTAINED IN A TAX EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO OCCUR THE AMOUNT RECOGNIZED IS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED ON EXAMINATION FOR TAX POSITIONS NOT MEETING THE "MORE LIKELY THAN NOT" TEST, NO TAX BENEFIT WILL BE RECORDED THE ADOPTION HAD NO EFFECT ON UWBG'S FINANCIAL STATEMENTS

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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
UNITED WAY OF THE BLUEGRASS INC

Employer identification number
61-0444679

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and e-mail solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 LEXMARK GOLF SCRAMBLE (event type)	(b) Event #2 ANDERSON COUNTY GOLF OUTING (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	30,172	8,251		38,423
	2 Less Charitable contributions	18,807	5,607		24,414
	3 Gross income (line 1 minus line 2)	11,365	2,644		14,009
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	11,365	2,644		14,009
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				14,009
	11 Net income summary Combine lines 3, column d, and line 10 ▶				0

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1, column d, and line 7 ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	**13a**		
b	An outside facility	**13b**		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	**15a**		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____			
c	If "Yes," enter name and address			
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ $ _____			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	**17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
UNITED WAY OF THE BLUEGRASS INC

Employer identification number
61-0444679

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 75

3 Enter total number of other organizations . . . ▶ 1

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Procedures for monitoring use of grant funds	Schedule I, Part I, Line 2	GRANTEES UTILIZE AN ONLINE TOOL FOR REPORTING TO PROVIDE DATA ON OUTCOME RESULTS AND CLIENT DEMOGRAPHICS THEY FURTHER PROVIDE NARRATIVE EXPLAINATIONS ABOUT PROGRAM ACTIVITIES, OUTCOME RESULTS, AND CONTINUOUS LEARNING AND IMPROVEMENT ORGANIZATIONS THAT RECEIVE FUNDS MUST PASS A COMPLIANCE REVEIW BY PROVIDING THE FOLLOWING INFORMATION CURRENT IRS DOCUMENTATION OF EXEMPT STATUS, A COPY OF THEIR CURRENT FORM 990, A CURRENT COPY OF AN AUDIT OR FINANCIAL REVEIW DONE BY AN INDEPENDENT AND QUALIFIED CPA AND AN OPERATING BUDGET ALL INFORMATION IS REVEIWED BY VOLUTEER COMMITTEES ON AN ANNUAL BASIS

Additional Data Return to Form

Software ID: 09000329
Software Version: v2009.2.0
EIN: 61-0444679
Name: UNITED WAY OF THE BLUEGRASS INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACCUTRAN INDUSTRIES PO BOX 352 PARIS,KY 40362	61-1048788	501 (C)(3)	44,568				SHELTERED EMPLOYMENT
AIDS VOLUNTEERS INC 263 N LIMESTONE LEXINGTON,KY 40507	61-1149457	501 (C)(3)	61,849				HIV AIDS CLIENT SERVICES
AMERICAN RED CROSS BLUEGRASS CHAPTER1450 NEWTOWN PIKE LEXINGTON,KY 40511	61-0444644	501 (C)(3)	87,227				DISASTER RELIEF SERVICES
AMERICAN RED CROSS DANIEL BOONE CHAPTER 1405 EAST MAIN STREET RICHMOND,KY 40475	53-0196605	501 (C)(3)	21,830				DISASTER RELIEF SERVICES
BEREA HEALTH MINISTRY RURAL HEALTH CLINIC132 MINI MALL DR BEREA,KY 40403	38-3658052	501 (C)(3)	12,370				PRIMARY HEALTH & HEALTH PROMOTION
BIG BROTHERS BIG SISTERS OF THE BLUEGRASS1122 OAK HILL DRIVE LEXINGTON,KY 40505	61-0523288	501 (C)(3)	171,850				MENTORING
BLUE GRASS COUNCIL OF THE BLIND1093 SOUTH BROADWAY SUITE 1220 LEXINGTON,KY 40504	61-0971827	501 (C)(3)	13,139				EDUCATION & SUPPORT
BLUEGRASS COMMUNITY ACTION AGENCYPO BOX 738 FRANKFORT,KY 40602	61-0659583	501 (C)(3)	176,793				SELF SUFFICIENCY
BLUEGRASS DOMESTIC VIOLENCE PROGRAMPO BOX 55190 LEXINGTON,KY 40555	20-1965942	501 (C)(3)	99,974	38,267	FMV &OTHER	HOUSEHOLD GOODS & CLOTHING / 32 TEMPURPEDIC MATTRESSES	DOMESTIC VIOLENCE PREVENTION & SUPPORT
BLUEGRASS RAPE CRISIS CENTERPO BOX 1603 LEXINGTON,KY 40588	61-0916756	501 (C)(3)	75,502				CRISIS COUNSELING & SUPPORT

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

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BLUEGRASS REGIONAL MENTAL HEALTHMENTAL RETARDATION BOARD1351 NEWTOWN PIKE LEXINGTON,KY 40511	61-0723605	501 (C)(3)	13,629	13,475	FMV	TEMPUR-PEDIC MATTRESSES	THERAPEUTIC REHABILITATION
BLUEGRASS TECHNOLOGY CENTER961 BEASLEY STREET STE 103A LEXINGTON,KY 40509	61-1149378	501 (C)(3)	45,235				COMPUTER EDUCATION & TEXTOLOGY
BOURBON COUNTY 4-H COUNCIL603 MILLERSBURG ROAD PARIS,KY 40361	61-1214093	501 (C)(3)	5,048				YOUTH DEVELOPMENT
BOY SCOUTS OF AMERICA BLUEGRASS COUNCIL3473 YORKSHIRE MEDICAL PARK LEXINGTON,KY 40509	61-0444653	501 (C)(3)	93,029				YOUTH DEVELOPMENT
CAMARGO-JEFFERSONVILLE SENIOR CITIZENS225 HIGHWAY 213 JEFFERSONVILLE,KY 40337	31-0996182	501 (C)(3)	5,457				SENIOR CITIZENS CENTER
CASA OF MADISON COUNTY1219-B LEXINGTON RD RICHMOND,KY 40475	61-1314979	501 (C)(3)	4,548				SUPPORT VOLUNTEERS FOR COURT APPOINTED CHILD ADVOCATES
CATHOLIC SOCIAL SERVICES BUREAU1310 WEST MAIN STREET LEXINGTON,KY 40508	61-1138597	501 (C)(3)	61,121				COUNSELING SERVICES
CENTER FOR WOMEN CHILDREN AND FAMILIES 530 NORTH LIMESTONE ST LEXINGTON,KY 40508	31-0904247	501 (C)(3)	150,076				CRISIS CHILD CARE
CHECK POINT221 OREGON STREET GEORGETOWN,KY 40324	61-1152395	501 (C)(3)	22,011				AFTERSCHOOL CHILD CARE
CHILD DEVELOPMENT CENTERS OF THE BLUEGRASS465 SPRINGHILL DRIVE LEXINGTON,KY 40503	61-0543367	501 (C)(3)	99,960				EARLY CHILD CARE & EDUCATION

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

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CHILDREN'S ADVOCACY CENTERS OF THE BLUEGRASS183 WALTON AVE LEXINGTON,KY 40508	61-1221470	501 (C)(3)	22,739				CHILD SEXUAL ABUSE MEDICAL CLINIC
CHRISTIAN APPALACHIA PROJECT2610 PALUMBO DRIVE LEXINGTON,KY 40509	61-0661137	501 (C)(3)		39,360	OTHER	HOUSEHOLD GOODS / CLOTHING /OFFICE SUPPLIES	HELP POVERTY AREAS OF APPALACHIA
CHRYSALIS HOUSE1589 HILL RISE DRIVE LEXINGTON,KY 40504	61-1012290	501 (C)(3)	63,669	62,425	FMV	TEMPUR-PEDIC MATTRESSES	MAXWELL HOUSE-SUBSTANCE ABUSE SUPPORT
CLARK COUNTY ASSOCIATION FOR HANDICAPPED CITIZENS PO BOX 643 WINCHESTER,KY 40392	61-0670763	501 (C)(3)	26,195				EARLY CHILD CARE & EDUCATION
CLARK COUNTY CHILDREN'S COUNCILPO BOX 4192 WINCHESTER,KY 40392	61-1028432	501 (C)(3)	16,645				AFTERSCHOOL CHILD CARE
CLARK COUNTY COMMUNITY SERVICESPO BOX 574 WINCHESTER,KY 40392	31-1005844	501 (C)(3)	35,564				EMERGENCY SERVICES
COMMUNITY ACTION COUNCILPO BOX 11610 LEXINGTON,KY 40576	61-0650121	501 (C)(3)	9,778	12,175	FMV	TEMPUR-PEDIC MATTRESSES	FOSTER GRANDPARENTS
DOMESTIC VIOLENCE PREVENTION BOARD LFUCG - 200 EAST MAIN STREET RM 328 LEXINGTON,KY 40507	61-0858140	501 (C)(3)	10,005				DOMESTIC VIOLENCE PREVENTION EDUCATION
FAITH IN ACTION ELDER OUTREACH INC1530 NICHOLASVILLE RD LEXINGTON,KY 40503	16-1753261	501 (C)(3)	13,643				ELDER OUTREACH
FAMILY COUNSELING SERVICE (FCS)1393 TRENT BLVD BLDG2 LEXINGTON,KY 40517	61-0461737	501 (C)(3)	98,231				COUNSELING & CLINICAL OUTPATIENT SERVICES

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

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FLORENCE CRITTENTON HOME & SERVICES519 WEST FOURTH STREET LEXINGTON,KY 40508	61-0449622	501 (C)(3)	48,208	2,270	FMV	TEMPUR-PEDIC MATTRESSES	RESIDENTIAL MATERNITY TREATMENT
FOOTHILLS COMMUNITY ACTION PARTNERSHIP309 SPANGLER DRIVE RICHMOND,KY 40475	61-0650246	501 (C)(3)	39,182	116,848	FMV / OTHER	HOUSEHOLD GOODS, TEMPUR-PEDIC MATTRESSES	ADULT DAY CARE
GATEWAY CHILDREN'S SERVICES37 NORTH MAYSVILLE STREET MT STERLING,KY 40353	61-1033836	501 (C)(3)	14,553	4,540	FMV	TEMPUR-PEDIC MATTRESSES	RESTRICTED YOUTH LIVING
GEORGETOWN CHILD DEVELOPMENT CENTER 123 WEST CLINTON STREET GEORGETOWN,KY 40324	61-0722501	501 (C)(3)	30,925				EARLY CHILD CARE & EDUCATION
GEORGETOWN READINESS PRESCHOOL108 EAST COLLEGE STREET GEORGETOWN,KY 40324	61-0942669	501 (C)(3)	39,020				PRESCHOOL CHILD CARE & EDUCATION
GIRL SCOUTS WILDERNESS ROAD COUNCIL2277 EXECUTIVE DRIVE LEXINGTON,KY 40505	61-0608104	501 (C)(3)	113,821				YOUTH DEVELOPMENT
GROWING TOGETHER PRESCHOOL INC599 LIMA DRIVE LEXINGTON,KY 40511	61-1037940	501 (C)(3)	124,608	13,059	OTHER	OFFICE SUPPLIES	EARLY CHILD CARE & EDUCATION
HOPE CENTERPO BOX 6 LEXINGTON,KY 40588	61-1107296	501 (C)(3)	104,599	205,895	FMV / OTHER	HOUSEHOLD GOODS, TEMPUR-PEDIC MATTRESSES	TRANSITIONAL LIVING -ALCOHOL & DRUG ABUSE RECOVERY PROGRAM
HOPE MINISTRIES FOOD PANTRY3963 OLD FRANKFORT PIKE VERSAILLES,KY 40383	61-1264370	501 (C)(3)	11,754				FOOD BANK - WOODFORD COUNTY
HOSPICE CARE PLUS INC 208 KIDD DRIVE BEREA,KY 40403	31-1038258	501 (C)(3)		7,090	OTHER	HOUSEHOLD GOODS & CLOTHING	HOSPICE CARE FOR NURSING HOME PATIENTS

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JESSAMINE COUNTY ADULT EDUCATION501 EAST MAPLE STREET NICHOLASVILLE, KY 40356	61-6001337	501 (C)(3)	4,548				ADULT LITERACY
KIDNEY HEALTH ALLIANCE OF KENTUCKY1517 NICHOLASVILLE ROAD SUITE 203 LEXINGTON, KY 40503	23-7153964	501 (C)(3)	17,078				EDUCATION & SUPPORT
LEGAL AID OF THE BLUEGRASS104 EAST 7TH STREET COVINGTON, KY 41011	61-0913068	501 (C)(3)	25,332				DOMESTIC VIOLENCE PREVENTION
LEXINGTON HEARING AND SPEECH CENTER162 NORTH ASHLAND AVENUE LEXINGTON, KY 40502	61-0593951	501 (C)(3)	116,593				AUDIOLOGY
LEXINGTON-FAYETTE COUNTY HEALTH DEPARTMENT650 NEWTOWN PIKE LEXINGTON, KY 40508	61-0920825	501 (C)(3)	25,467				ADULT DAY CARE - CENTER FOR CREATIVE LIVING
M&M FOOD PANTRYPO BOX 1158 MT STERLING, KY 40353	61-1002569	501 (C)(3)	13,643				EMERGENCY SHELTER
MASH SERVICES OF THE BLUEGRASS536 WEST THIRD STREET LEXINGTON, KY 40508	61-0926861	501 (C)(3)	50,026	11,350	FMV	TEMPUR-PEDIC MATTRESSES	EMERGENCY SHELTER FOR TEENS
MANCHESTER CENTERPO BOX 1020 LEXINGTON, KY 40588	61-0449636	501 (C)(3)	115,513				PRESCHOOL CARE
MAXWELL STREET PRESBRYTERIAN CHURCH 180 E MAXWELL STREET LEXINGTON, KY 40508	61-0444775	501 (C)(3)		34,573	OTHER	CLOTHING, HOUSEHOLD GOODS, OFFICE SUPPLIES	EMERGENCY SHELTER, TRANSITIONAL LIVING, SELF-SUFFICIENCY, ELDER ASSISTANCE, CLOTHING BANK
MONTGOMERY COUNTY SENIOR CITIZENS302 WEST MAIN ST MT STERLING, KY 40353	61-0941325	501 (C)(3)	8,186				SENIOR CITIZENS CENTER

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MOREHEAD STATE UNIVERSITY-RETIRED SENIOR VOLUNTEER PROGRAM231 WATERFIELD HALL MOREHEAD,KY 40351	31-1003236	501 (C)(3)	4,093				VOLUNTEER SERVICES - RETIRED SENIOR VOLUNTEER PROGRAM
MOVEABLE FEASTPO BOX 367 LEXINGTON,KY 40588	31-1604759	501 (C)(3)	9,134				MEAL DELIVERIES TO HOME BOUND CLIENTS
NURSING HOME OMBUDSMAN AGENCY OF THE BLUEGRASS1530 NICHOLASVILLE ROAD LEXINGTON,KY 40503	61-0996520	501 (C)(3)	92,023				OMBUDSMAN/ NURSING HOME ADVOCACY
OPERATION HAPPINESSPO BOX 449 MT STERLING,KY 40353	61-1132894	501 (C)(4)	7,276				HOLIDAY FOOD ASSISTANCE - CHRISTMAS BASKETS
PARIS-BOURBON COUNTY YMCA917 MAIN STREET PARIS,KY 40361	61-0676727	501 (C)(3)	31,834				YOUTH RECREATIONAL ACTIVITIES
PATHWAYSPO BOX 790 ASHLAND,KY 41105	61-0661987	501 (C)(3)	7,504	5,793	OTHER	CLOTHING & HOUSEHOLD GOODS	JOB PLACEMENT-DISABLED ADULTS
POST CLINICPO BOX 336 MT STERLING,KY 40353	31-1515325	501 (C)(3)	16,371				EMERGENCY MEDICATION FUND
PROJECT READ MADISON COUNTY LITERACY COUNCILPO BOX 61 RICHMOND,KY 40476	61-1172599	501 (C)(3)	13,643				ADULT LITERACY
REPAIR AFFAIR OF WOODFORD COUNTYPO BOX 1146 VERSAILLES,KY 40383	45-0522326	501 (C)(3)	5,912				REPAIRS HOMES FOR SENIOR CITIZENS
REPAIRERS LEXINGTON 180 EAST MAXWELL STREET LEXINGTON,KY 40508	61-1281620	501 (C)(3)	13,643				YOUTH CENTER PROGRAMS

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

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SCOTT UNITED MINISTRIES - AMEN HOUSEPO BOX 211 GEORGETOWN,KY 40324	61-1236411	501 (C)(3)	22,733				A M E N HOUSE - EMERGENCY SERVICES
SHEPHERD'S HOUSE154 BONNIE BRAE DRIVE LEXINGTON,KY 40508	61-1105573	501 (C)(3)	41,839				TRANSITIONAL LIVING
SURGERY ON SUNDAY650 NEWTOWN PIKE 2ND FLOOR LEXINGTON,KY 40508	20-3187452	501 (C)(3)	36,837				OUT PATIENT SURGERY SERVICES
TELFORD COMMUNITY CENTER YMCA1100 EAST MAIN STREET RICHMOND,KY 40475	61-6000619	501 (C)(3)	33,653				DAY CARE SERVICES
THE COMMUNITY CENTER OF WILMORE-HIGH BRIDGEPO BOX 52 WILMORE,KY 40390	31-1020218	501 (C)(3)	13,188				EMERGENCY SERVICES-BASIC SERVICES
THE SALVATION ARMY736 WEST MAIN STREET LEXINGTON,KY 40508	13-5562351	501 (C)(3)	313,015	27,726	FMV	TEMPUR-PEDIC MATTRESSES	EMERGENCY SERVICES-BASIC SERVICES
THE SALVATION ARMY-MADISON COUNTYPO BOX 1865 RICHMOND,KY 40476	58-0660607	501 (C)(3)	19,373	3,912	OTHER	CLOTHING & HOUSEHOLD GOODS	EMERGENCY SHELTER
URBAN LEAGUE OF LEXINGTON-FAYETTE COUNTY148 DEWEESE STREET LEXINGTON,KY 40507	61-6054655	501 (C)(3)	98,958				MANUP - FATHERHOOD INITIATIVE
VIRGINIA PLACE ONE PARENT ONE CHILD FACILITY1156 HORSEMANS LANE LEXINGTON,KY 40504	61-1080310	501 (C)(3)	45,478				PRESCHOOL CHILD CARE & EDUCATION FOR SINGLE PARENT FAMILIES
VISUALLY IMPAIRED PRESCHOOL SERVICES161 BURT ROAD SUITE 4 LEXINGTON,KY 40503	61-1061973	501 (C)(3)	16,371				EARLY CHILD CARE & EDUCATION

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WHITE HOUSE CLINICS 401 HIGHLAND PARK DRIVE RICHMOND,KY 40475	61-8437831	501 (C)(3)	8,641				CARE FOR THE UNINSURED
WOMAN'S CLUB COATS AND SHOES301 SOUTH MAIN STREET VERSAILLES,KY 40383	61-1035902	501 (C)(3)	10,915				COATS $ SHOES FOR UNDERPRIVILEGED CHILDREN
WOODFORD COUNTY 4-H COUNCIL184 BEASLEY DRIVE VERSAILLES,KY 40383	61-1040849	501 (C)(3)	4,547				PROGRAM FUNDING
WOODFORD COUNTY PARKS AND RECREATION 275 BEASLEY DRIVE VERSAILLES,KY 40383	61-0664051	501 (C)(3)	9,095				YOUTH SCHOLARSHIP PROGRAMS
WOODFORD COUNTY THEATRICAL ARTS275 BEASLEY DRIVE VERSAILLES,KY 40383	61-1143572	501 (C)(3)	7,276				SUMMER THEATRE EDUCATION PROGRAM
YMCA OF CENTRAL KENTUCKY239 EAST HIGH STREET LEXINGTON,KY 40507	61-0444842	501 (C)(3)	156,668				PRIME TIME AFTER SCHOOL PROGRAMS

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
UNITED WAY OF THE BLUEGRASS INC

Employer identification number
61-0444679

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No

Total . . . . . ▶ $

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
TOWNSEND A MILLER	SON OF HERBERT MILLER, JR DIRECTOR	12,976	COMPENSATION		No

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2009

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Name of the organization
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Employer identification number
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Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	14	54,145	MARKET VALUE
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (398 TEMPUR-PEDIC MATTRESSES)	X	1	483,000	DONOR VALUE
26	Other ▶ (20,000 VOUCHERS THAT CAN BE REDEEMED FOR ADMISSION TO BASEBALL GAMES)	X	1	280,000	DONOR VALUE
27	Other ▶ (MISC ITEMS FOR SPECIAL EVENT BENEFIT CAMPAIGN)	X		27,168	DONOR VALUE
28	Other ▶ (PRINTERS)	X		1,785	DONOR VALUE

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . | 29 | 0

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

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
Third parties used to solicit, process, or sell noncash contributions	Schedule M, Part I, Line 32a	THE ORGANIZATION MAY UTILIZE A THIRD-PARTY INVESTMENT MANAGER TO SELL STOCK, NONCASH CONTRIBUTIONS, RECEIVED FROM ITS DONORS IN ACCORDANCE WITH THE ORGANIZATION'S INVESTMENT POLICY

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

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Name of the organization
UNITED WAY OF THE BLUEGRASS INC

Employer identification number
61-0444679

Identifier	Return Reference	Explanation
Description of other program services	Form 990, Part III, Line 4d	VOLUNTEER CENTER THE VOLUNTEER CENTER AT UNITED WAY IS COMMITTED TO LINKING VOLUNTEER GROUPS AND INDIVIDUALS WITH OPPORTUNITIES TO SERVE THE COMMUNITY, EMPOWERING AGENCIES TO USE VOLUNTEERS EFFECTIVELY, ADVOCATING FOR VOLUNTEERISM AND INCREASING THE NUMBER OF VOLUNTEERS INVOLVED IN THE COMMUNITY OUR VOLUNTEER MATCHING TOOL LINKS THOSE WHO NEED HELP WITH THOSE WHO CAN HELP WE ENCOURAGE COMMUNITY VOLUNTEERS TO SHARE THEIR TIME, ENERGY AND TALENTS WITHIN OUR COMMUNITY EXTREME COMMUNITY MAKEOVER EXTREME COMMUNITY MAKEOVER IS A TWO-DAY RENOVATION PROJECT FOCUSING ON VOLUNTEER WORK TO IMPROVE LOCAL NONPROFIT AGENCIES FOLLOWING THE TREND IN REALITY TELEVISION, UNITED WAY'S EXTREME COMMUNITY MAKEOVER PROJECT RECRUITS TEAMS TO RAISE THE FUNDS AND RESOURCES TO RENOVATE ROOMS IN LOCAL NONPROFIT AGENCIES AS THESE AGENCIES SPEND THEIR LIMITED BUDGET ON PROGRAMS THAT IMPACT THEIR CLIENTS AND THE COMMUNITY, RENOVATION PROJECTS ARE OFTEN FORGONE THROUGH EXTREME COMMUNITY MAKEOVER, VOLUNTEER TEAMS BRING THEIR TIME, TALENTS AND CREATIVITY IN BUILDING A BETTER COMMUNITY CENTRAL KENTUCKY VOLUNTEER AWARDS WE SAY THANK YOU TO A VOLUNTEERS EACH YEAR BY ASKING THE COMMUNITY TO NOMINATE EXCEPTIONAL VOLUNTEERS FOR A CENTRAL KENTUCKY VOLUNTEER AWARD THE CENTRAL KENTUCKY VOLUNTEER AWARDS WERE PRESENTED BY UNITED WAY OF THE BLUEGRASS FOR THE 25TH YEAR IN APRIL DURING NATIONAL VOLUNTEER WEEK AND RECOGNIZED OUR OUTSTANDING COMMUNITY VOLUNTEERS THE AWARDS WERE CREATED TO HONOR VOLUNTEERS IN CENTRAL KENTUCKY (ANDERSON, BOURBON, CLARK, FAYETTE, JESSAMINE, MADISON, MONTGOMERY, SCOTT AND WOODFORD COUNTIES) FOR SIGNIFICANT HANDS-ON, DIRECT HUMAN SERVICE, RATHER THAN VOLUNTEERS SERVING IN OFFICIAL OR POLICY-MAKING POSITIONS TO BE ELIGIBLE, NOMINEES HAD TO HAVE PERFORMED VOLUNTEER ACTIVITIES FOR NONPROFIT ORGANIZATIONS AIMED AT IMPROVING OR PROMOTING THE GENERAL WELFARE OF THE COMMUNITY DURING 2009 BORN LEARNING CHILDREN ARE CONSTANTLY LEARNING, RIGHT FROM BIRTH BORN LEARNING IS A PUBLIC ENGAGEMENT CAMPAIGN THAT HELPS PARENTS, GRANDPARENTS AND CAREGIVERS EXPLORE WAYS TO TURN EVERYDAY MOMENTS INTO FUN LEARNING OPPORTUNITIES AND IT'S EASY - AND FUN! GET ON BOARD GET ON BOARD IS AN INITIATIVE TO TRAIN, RECRUIT, PLACE AND RETAIN UNDERREPRESENTED PEOPLE ON NONPROFIT BOARDS OF DIRECTORS IN CENTRAL KENTUCKY GET ON BOARD IS STRENGTHENING THE COMMUNITY BY INCREASING DIVERSITY ON NONPROFIT GOVERNING BOARDS FOR GREATER BOARD EFFECTIVENESS WHICH WILL ULTIMATELY BUILD A STRONGER COMMUNITY PARTICIPANTS COMPLETE A TRAINING PROGRAM THAT TEACHES BOARD GOVERNANCE AND OTHER NECESSARY SKILLS FOR EFFECTIVE LEADERSHIP CLASSES MEET WEEKLY FOR TEN WEEKS THERE IS NO COST FOR PARTICIPANTS GET ON BOARD SEEKS APPLICANTS WHO FEEL UNDERREPRESENTED ON NONPROFIT BOARDS OF DIRECTORS THOSE SEEKING COMMUNITY INVOLVEMENT ON A LEADERSHIP LEVEL ARE URGED TO APPLY GET ON BOARD IS A COLLABORATION OF UNITED WAY OF THE BLUEGRASS, NATIONAL CONFERENCE FOR COMMUNITY AND JUSTICE AND URBAN LEAGUE OF LEXINGTON-FAYETTE COUNTY
Review of form 990 by governing body	Form 990, Part VI, Section B, Line 11A	AN ELECTRONIC COPY OF THE ORGANIZATION'S FINAL FORM 990 (INCLUDING REQUIRED SCHEDULES) WAS PROVIDED TO EACH VOTING MEMBER OF THE ORGANIZATION'S FINANCE COMMITTEE PRIOR TO FILING WITH THE IRS ON NOVEMBER 10TH, 2010, THE GOVERNING BODY REVIEWED THE FORM 990 AS ULTIMATELY FILED WITH THE IRS THIS REVIEW INCLUDED A PRESENTATION BY THE ORGANIZATION'S TAX PREPARER TO THE FINANCE/AUDIT COMMITTEE TO HIGHLIGHT THE SIGNIFICANT AREAS ON THE REDESIGNED FORM 990 AND SUPPLEMENTAL SCHEDULES
Conflict of interest policy	Form 990, Part VI, Section B, Line 12c	THE CODE OF ETHICS AND CONFLICTS OF INTEREST AGREEMENT IS ISSUED, REVIEWED AND SIGNED ANNUALLY BY UNITED WAY OF THE BLUEGRASS STAFF, VOLUNTEERS AND ITS REPRESENTATIVES THESE INDIVIDUALS ARE REQUIRED TO SIGN, ACKNOWLEDGE, AND DISCLOSE ANY KNOWN OR POTENIAL CONFLICTS OF INTEREST THESE STATEMENTS ARE REVIEWED BY THE BOARD OF DIRECTORS AND ANY PROPOSED CONFLICT IS CONTINUALLY MONITORED IF THERE IS A CONFLICT IDENTIFIED, THAT PERSON IS REMOVED FROM DELIBERATIONS AND DECISIONS REGARDING ANY TRANSACTION WHERE A CONFLICT MAY EXIST
Process used to establish compensation of top management official	Form 990, Part VI, Section B, Line 15a	IN OCTOBER OF 2009 A NEW PRESIDENT WAS HIRED COMPENSATION FOR THE NEW PRESIDENT WAS REVIEWED AND APPROVED BY INDEPENDENT MEMBERS OF THE GOVERNING BODY DURING THIS PROCESS, THESE MEMBERS MADE A RECOMMENDATION TO THE GOVERNING BODY AS TO THE HIRING SALARY FOR APPROVAL THE ORGANIZATION USED A HUMAN CAPITAL SURVEY PROVIDED BY UNITED WAY OF AMERICA TO DETERMINE THE COMPENSATION WAS COMPARABLE TO OTHER SIMILAR TYPE ORGANIZATIONS THE NEW PRESIDENT WAS HIRED AT THE RECOMMEDNED COMPENSATION
Public Disclosure	Form 990, Part VI, Section C, Line 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST
OFFICER COMPENSATION	FORM 990, PART VII	SARA MILLS WAS A PRESIDENT FOR HALF OF THE CALENDAR YEAR WORKING 20 HOURS PER WEEK AND WAS A DIRECTOR THE OTHER HALF OF THE CALENDAR YEAR WORKING 1 HOUR PER WEEK WHICH AVERAGES TO 13 PER WEEK OVER THE YEAR
MISSION STATEMENT	FORM 990, PART III, LINE 1	WE RECRUIT THE PEOPLE AND ORGANIZATIONS FROM ALL ACROSS THE COMMUNITY WHO BRING THE PASSION, EXPERTISE AND RESOURCES NEEDED TO GET THINGS DONE EVERYONE DESERVES OPPORTUNITIES TO HAVE A GOOD LIFE A QUALITY EDUCATION THAT LEADS TO A STABLE JOB, ENOUGH INCOME TO SUPPORT A FAMILY THROUGH RETIREMENT, AND GOOD HEALTH THAT'S WHY UNITED WAY'S WORK IS FOCUSED ON THE BUILDING BLOCKS FOR A GOOD LIFE EDUCATION - HELPING CHILDREN AND YOUTH ACHIEVE THEIR POTENTIAL INCOME - PROMOTING FINANCIAL STABILITY AND INDEPENDENCE HEALTH - IMPROVING PEOPLE'S HEALTH ADVANCING THE COMMON GOOD IS LESS ABOUT HELPING ONE PERSON AT A TIME AND MORE ABOUT CHANGING SYSTEMS TO HELP ALL OF US WE ARE ALL CONNECTED AND INTERDEPENDENT WE ALL WIN WHEN A CHILD SUCCEEDS IN SCHOOL, WHEN FAMILIES ARE FINANCIALLY STABLE, WHEN PEOPLE ARE HEALTHY UNITED WAY'S GOAL IS TO MEET THE NEEDS OF TODAY WHILE REDUCING THE NEEDS OF TOMORROW IT'S ABOUT HELPING FAMILIES IN CRISIS NOW WHILE CREATING LONG-LASTING CHANGES BY ADDRESSING THE UNDERLYING CAUSES TO PREVENT PROBLEMS BEFORE THEY BEGIN LIVING UNITED MEANS BEING A PART OF THE CHANGE IT TAKES EVERYONE IN THE COMMUNITY WORKING TOGETHER TO CREATE A BRIGHTER FUTURE GIVE ADVOCATE VOLUNTEER LIVE UNITED