See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493136039792

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2011 and ending 06-30-2011

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

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) 2480 Fortune Drive | Room/suite

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 $ 1,093,991

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) ☐ 501(c) ( ) ◀ (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 individuals employed in calendar year 2010 (Part V, line 2a)	**5**	34
6	Total number of volunteers (estimate if necessary)	**6**	687
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	5,477,499	440,886
	9 Program service revenue (Part VIII, line 2g)	3,275	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	182,301	168,281
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	55,747	48,970
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,718,822	658,137
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,873,591	18,840
	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)	1,313,663	701,300
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶370,134		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	808,578	466,975
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	5,995,832	1,187,115
	19 Revenue less expenses Subtract line 18 from line 12	-277,010	-528,978

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	9,084,354	6,383,431
	21 Total liabilities (Part X, line 26)	2,408,957	237,391
	22 Net assets or fund balances Subtract line 21 from line 20	6,675,397	6,146,040

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

****** | 2012-05-15
Signature of officer | Date

WILLIAM W FARMER PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶☐	PTIN
Firm's name ▶ CROWE HORWATH LLP				Firm's EIN ▶
Firm's address ▶ 9600 Brownsboro Road Suite 400 Louisville, KY 402411122				Phone no ▶ (502) 326-3996

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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 $ 239,444 including grants of $) (Revenue $)

THE COMMUNITY IMPACT 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 THESE 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 (CONTINUED IN SCHEDULE O)

4b (Code) (Expenses $ 125,730 including grants of $) (Revenue $ 720)

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 1/1/2011- 6/30/2011, THE UNITED WAY 2-1-1 PROGRAM ASSISTED APPROXIMATELY 13,636 CALLERS

4c (Code) (Expenses $ 47,189 including grants of $) (Revenue $ 170)

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 (CONTINUED IN SCHEDULE O)

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses $ 177,031 including grants of $ 18,840) (Revenue $ 48,080)

4e **Total program service expenses** ▶ $ 589,394

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
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	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		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, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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 lines 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 (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, 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)?	**35**		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ **Yes** ☑ **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

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	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	34		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		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 receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	56		
b	Enter the number of voting members included in line 1a, above, who 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 governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	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		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," 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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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 Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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 Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								0	0	0

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 or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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

(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				
	b Membership dues	1b				
	c Fundraising events	1c 1,230				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 439,656				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f		440,886			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue		0	0	0	0
	g **Total.** Add lines 2a–2f		0			
	3 Investment income (including dividends, interest and other similar amounts)		33,076			33,076
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0			
		(i) Real / (ii) Personal				
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)	0 / 0				
	d Net rental income or (loss)		0			
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	569,939				
	b Less cost or other basis and sales expenses	434,734				
	c Gain or (loss)	135,205 / 0				
	d Net gain or (loss)		135,205			135,205
Other Revenue	8a Gross income from fundraising events (not including $ 1,230 of contributions reported on line 1c) See Part IV, line 18	a 1,120				
	b Less direct expenses	b 1,120				
	c Net income or (loss) from fundraising events		0			0
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities		0			
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory		0			
	Miscellaneous Revenue	Business Code				
	11a MISCELLANEOUS	900099	48,970	48,970		
	b					
	c					
	d All other revenue		0	0	0	0
	e **Total.** Add lines 11a–11d		48,970			
	12 **Total revenue.** See Instructions		658,137	48,970	0	168,281

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	18,840	18,840		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	103,066	31,177	31,636	40,253
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	13,053	13,053		
7	Other salaries and wages	435,115	215,758	54,380	164,977
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	34,634	14,475	9,564	10,595
9	Other employee benefits	69,428	31,687	17,852	19,889
10	Payroll taxes	46,004	22,192	6,134	17,678
a	Fees for services (non-employees) Management	0			
b	Legal	0			
c	Accounting	30,000	829	29,171	
d	Lobbying	0			
e	Professional fundraising services *See Part IV, line 17*	0			
f	Investment management fees	18,891		18,891	
g	Other	134,162	92,435		41,727
12	Advertising and promotion	45,473	16,104	13,225	16,144
13	Office expenses	92,154	68,281	8,152	15,721
14	Information technology	0			
15	Royalties	0			
16	Occupancy	40,442	23,928	261	16,253
17	Travel	11,097	4,630	719	5,748
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	12,392	5,703	175	6,514
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	16,656	8,828	1,832	5,996
23	Insurance	6,319	954	4,705	660
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	DUES AND SUBSCRIPTION	51,294	16,504	29,901	4,889
b	EQUIPMENT REPAIRS	4,450	2,221	989	1,240
c	BOARD/STAFF DEVELOPMENT	3,635	1,785		1,850
d					
e					
f	All other expenses	10	10	0	0
25	**Total functional expenses.** Add lines 1 through 24f	1,187,115	589,394	227,587	370,134
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	0			

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		861,167	1	398,092
	2	Savings and temporary cash investments		472,256	2	647,620
	3	Pledges and grants receivable, net		3,954,504	3	1,913,947
	4	Accounts receivable, net		50,528	4	38,304
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		0	8	
	9	Prepaid expenses and deferred charges		6,375	9	8,740
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 305,090			
	b	Less accumulated depreciation	10b 258,907	62,839	10c	46,183
	11	Investments—publicly traded securities		3,297,490	11	3,293,533
	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			14	
	15	Other assets See Part IV, line 11		379,195	15	37,012
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		9,084,354	16	6,383,431
Liabilities	17	Accounts payable and accrued expenses		88,726	17	94,534
	18	Grants payable		1,978,693	18	142,857
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		341,538	25	0
	26	**Total liabilities.** Add lines 17 through 25		2,408,957	26	237,391
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		6,493,457	27	5,873,826
	28	Temporarily restricted net assets		91,940	28	182,214
	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			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		6,675,397	33	6,146,040
	34	Total liabilities and net assets/fund balances		9,084,354	34	6,383,431

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	658,137
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,187,115
3	Revenue less expenses Subtract line 2 from line 1	3	-528,978
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	6,675,397
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-379
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	6,146,040

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		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 separate basis, consolidated 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		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493136039792

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

2010

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 described in **section 170(b)(1)(A)(i).**

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

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

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

_____

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

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

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

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

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

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - 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 Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	6,859,836	7,097,404	6,166,090	5,870,817	5,918,385	31,912,532
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	6,859,836	7,097,404	6,166,090	5,870,817	5,918,385	31,912,532
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						31,912,532

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	6,859,836	7,097,404	6,166,090	5,870,817	5,918,385	31,912,532
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	94,076	105,233	119,125	86,872	131,154	536,460
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	16,695	151,990	29,386	27,727	119,047	344,845
11 **Total support** (Add lines 7 through 10)						32,793,837

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

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	**14**	97 310 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	**15**	93 291 %

16a **33 1/3% support test—2010.** 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—2009.** 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—2010.** 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—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(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)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(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 section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	**15**	
16	Public support percentage from 2009 Schedule A, Part III, line 15	**16**	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	**17**	
18	Investment income percentage from **2009** Schedule A, Part III, line 17	**18**	

19a **33 1/3% support tests—2010.** 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—2009.** 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Explanation
OTHER INCOME, SCHEDULE A, PART II, SPECIAL EVENTS 2006 - 16,695 2007 - 151,990 2008 - 29,386 2009 - 27,727 2010 - 48,970 TOTAL - 274,768,

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493136039792

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

2010

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	749,616	682,201	533,795		
b Contributions		0	35,134		
c Investment earnings or losses	35,319	95,415	137,272		
d Grants or scholarships		0			
e Other expenditures for facilities and programs		28,000	24,000		
f Administrative expenses					
g End of year balance	784,935	749,616	682,201		

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

- a Board designated or quasi-endowment ▶ 88 530 %
- b Permanent endowment ▶ 11 470 %
- 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
b Buildings				0
c Leasehold improvements		78,155	69,639	8,516
d Equipment		226,935	189,268	37,667
e Other				0
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				46,183

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) 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
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	0

2. Fin 48 (ASC 740) 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 (ASC740)

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	658,137
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,187,115
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-528,978
4	Net unrealized gains (losses) on investments	4	-379
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	0
9	Total adjustments (net) Add lines 4 - 8	9	-379
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-529,357

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	638,867
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-379		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	0		
e	Add lines **2a** through **2d**			2e	-379
3	Subtract line **2e** from line **1**			3	639,246
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	18,891		
b	Other (Describe in Part XIV)	4b	0		
c	Add lines **4a** and **4b**			4c	18,891
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	658,137

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

1	Total expenses and losses per audited financial statements			1	1,168,224
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	0		
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	1,168,224
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	18,891		
b	Other (Describe in Part XIV)	4b	0		
c	Add lines **4a** and **4b**			4c	18,891
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	1,187,115

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 (ASC 740) footnote	Schedule D, Part X, Line 2	CURRENT ACCOUNTING STANDARDS REQUIRE UWBG TO DISCLOSE THE AMOUNT OF POTENTIAL BENEFIT OR OBLIGATION TO BE REALIZED AS A RESULT OF AN EXAMINATION PERFORMED BY A TAXING AUTHORITY UWBG RECOGNIZES INTEREST AND/OR PENALTIES RELATED TO INCOME TAX MATTERS IN INCOME TAX EXPENSE FOR THE SIX MONTHS ENDED JUNE 30, 2011, MANAGEMENT HAS DETERMINED THAT UWBG DOES NOT HAVE ANY TAX POSITIONS THAT RESULT IN ANY UNCERTAINTIES REGARDING THE POSSIBLE IMPACT ON UWBG'S FINANCIAL STATEMENTS UWBG DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS TO SIGNIFICANTLY CHANGE IN THE NEXT 12 MONTHS UWBG IS NO LONGER SUBJECT TO EXAMINATION BY TAXING AUTHORITIES FOR YEARS BEFORE 2008

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493136039792

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

2010

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. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (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
(1) TCSC-TEAM COLORADO CAMP-MIDWAY COLLEGE486 STOCKHAVEN DRIVE LEXINGTON,KY 40505	80-0739889		13,500				WORK WITH A TEEN RUNAWAY SHELTER

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 0

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493136039792

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

2010

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	(c) Corrected? 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	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) 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
(1) TOWNSEND A MILLER	SON OF HERBERT MILLER, JR DIRECTOR	13,053	COMPENSATION		No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493136039792

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
UNITED WAY OF THE BLUEGRASS INC

Employer identification number
61-0444679

Identifier	Return Reference	Explanation
New program services	Form 990, Part III, Line 2	THE STEM INFUSION PROGRAM IN MADISON COUNTY IS SUPPORTED THROUGH A PARTNERSHIP WITH UNITED WAY OF THE BLUEGRASS AND MADISON COUNTY SCHOOLS WITH FUNDING FROM THE AMERICAN HONDA FOUNDATION THE PROGRAM BUILDS AWARENESS, INTEREST AND SUPPORT FOR STUDENTS' PURSUIT OF STEM RELATED CAREERS THROUGH OUT-OF-CLASSROOM OPPORTUNITIES FOR FUN, RELEVANT, HANDS-ON LEARNING STEM INFUSION PROVIDES A NUMBER OF OPPORTUNITIES FOR MADISON COUNTY MIDDLE SCHOOL STUDENTS DURING THE SUMMER AND SCHOOL YEAR THIS INCLUDES SUMMER CAMPS, OVERNIGHT 'LOCK-IN CHALLENGES' AND FRIDAY FAMILY NIGHTS STUDENTS ALSO EXPERIENCE REAL-WORLD APPLICATIONS OF STEM THROUGH VISITING LOCAL CORPORATIONS SPECIALIZING IN RELATED WORK, JOB SHADOWING OPPORTUNITIES AND A STEM FOCUSED CAREER FAIR THE CENTRAL KENTUCKY ECONOMIC EMPOWERMENT PROJECT (CKEEP) IS A COALITION OF COMMUNITY AGENCIES AND VOLUNTEERS, LED BY UNITED WAY OF THE BLUEGRASS, THAT PROVIDES FREE TAX PREPARATION TO LOW-INCOME FAMILIES, RAISES AWARENESS ABOUT THE EARNED INCOME TAX CREDIT AND HELPS FAMILIES BUILD ASSETS CKEEP IS A VOLUNTEER INCOME TAX ASSISTANCE (VITA) PROGRAM AND WORKS IN PARTNERSHIP WITH THE IRS TO ENSURE HIGH QUALITY WORK UNITED WAY OF THE BLUEGRASS PROVIDES TRAINING TO OVER ONE HUNDRED COMMUNITY VOLUNTEERS TO PROVIDE FREE TAX PREPARATION TO FAMILIES WITH AN ANNUAL HOUSEHOLD INCOME OF $50,000 OR LESS FROM JANUARY THROUGH APRIL OF 2012, CKEEP PREPARED OVER 3,800 TAX RETURNS AND HELPED FAMILIES CLAIM OVER $5 7 MILLION IN FEDERAL TAX RETURNS

Identifier	Return Reference	Explanation
Description of other program services	Form 990, Part III, Line 4d	STEM ACADEMY - BMW THE STEM ACADEMY EDUCATES, MOTIVATES AND ACTIVATES THE POTENTIAL FOR E XCELLENCE IN AFRICAN AMERICAN MALES THE PROGRAM IS BUILT ON THE BELIEF THAT BY INVESTING IN THE LIVES OF OUR YOUNG AFRICAN AMERICAN MALES, WE CAN MAKE A DIFFERENCE IN OUR COMMUNIT IES AND PREPARE A GENERATION FOR A BETTER AND BRIGHTER FUTURE ACADEMY PARTICIPANTS MEET E VERY SATURDAY, RECEIVING SESSIONS FOCUSED ON SCIENCE, TECHNOLOGY, ENGINEERING AND MATH (ST EM) SPECIAL ATTENTION IS GIVEN TO DEVELOPING THE WHOLE CHILD- THEIR ACADEMIC, BEHAVIORAL, SOCIAL AND EMOTIONAL DEVELOPMENT IS TOP PRIORITY EXPECTATIONS FOR ACADEMY STUDENTS ARE H IGH THEY MUST ATTEND SATURDAY STEM ACADEMY EACH WEEK, MAINTAIN A 2 5 GRADE POINT AVERAGE AND MUST SHOW CONSTANT IMPROVEMENTS IN GRADES AND BEHAVIOR, LIMIT TV AND VIDEO GAME USAGE TO ONE HOUR PER NIGHT, READ 60 MINUTES EACH DAY OR ONE BOOK A WEEK, TURN IN ALL HOMEWORK A ND CLASSROOM ASSIGNMENTS PROMPTLY, PARTICIPATE IN COMMUNITY SERVICE, ATTEND SCHOOL REGULAR LY AND ON TIME, BE GROOMED DAILY AND MAINTAIN GOOD CONDUCT AT HOME, SCHOOL AND IN THE COMM UNITY IN THE PAST YEAR, 53% OF PARTICIPANTS HAVE RECORDED A 3 0 GRADE POINT AVERAGE OR BE TTER, AND 85% HAVE BEEN FREE OF DISCIPLINE ACTION STUDENTS HAVE SUCCESSFULLY ENGAGED IN A N EDUCATION TRACK THAT LENDS ITSELF TO ACCOMPLISHMENT IN POST SECONDARY EDUCATION AFI 5 Y EAR FEDERAL GRANT - ASSETS FOR INDEPENDENCE / BACK ON TRACK UNITED WAY OF THE BLUEGRASS W AS ONE OF THIRTY-THREE NON-PROFITS NATIONWIDE TO RECEIVE AN ASSETS FOR INDEPENDENCE (AFI) GRANT FROM THE OFFICE OF COMMUNITY SERVICE AT THE U S DEPARTMENT OF HEALTH AND HUMAN SERV ICES THROUGH THIS GRANT, UNITED WAY OF THE BLUEGRASS ALONG WITH PARTNERING ORGANIZATIONS OPERATES BACK ON TRACK BACK ON TRACK ENABLES UP TO 425 LOW-INCOME INDIVIDUALS AND FAMILIE S IN CENTRAL KENTUCKY TO ACCUMULATE RESOURCES FOR LONG-TERM STABILITY THROUGH THE USE OF M ATCHED SAVINGS ACCOUNTS CALLED INDIVIDUAL DEVELOPMENT ACCOUNTS (IDAS) INDIVIDUALS WHO QUA LIFY WILL BE REQUIRED TO ATTEND MULTIPLE TRAININGS AND PROGRAMS, SUCH AS FINANCIAL LITERAC Y COURSES, IN ORDER TO RECEIVE THE FUNDING DOLLARS AFTER REACHING THEIR SAVINGS GOAL, PAR TICIPANTS WILL BE ABLE TO USE THEIR IDA SAVINGS FOR ONE OF THREE ASSET ACQUISITIONS PURCH ASING A FIRST HOME, STARTING A SMALL BUSINESS, OR CONTINUING THEIR EDUCATION PARTICIPATIO N IN THE PROGRAM IS RESTRICTED TO LOW-INCOME WORKING ADULTS A CLIENT IS ELIGIBLE TO PARTI CIPATE IN THE BACK ON TRACK PROGRAM, IF THE HOUSEHOLD INCOME IS LESS THAN TWICE THE FEDERA L POVERTY LEVEL FOR A GIVEN FAMILY SIZE. OVER 150 PEOPLE HAVE ENROLLED IN THE PROGRAM RSV P - 3 YEAR FEDERAL GRANT TRAILBLAZERS UNITED WAY OF THE BLUEGRASS RECEIVED A 3 YEAR $275, 000 FEDERAL GRANT FROM THE CORPORATION FOR NATIONAL & COMMUNITY SERVICE THROUGH THEIR RETI RED AND SENIOR VOLUNTEER PROGRAM TO IMPLEMENT THE TRAILBLAZERS PROGRAM IN ANDERSON, CLARK, SCOTT, AND WOODFORD COUNTIES THE GRANT WILL BE USED TO STRENGTHEN COMMUNITIES IN THE ARE A OF CHILDHOOD EDUCATION AND PROVIDE CHILDREN WITH ACADEMIC AND PERSONAL YOUTH DEVELOPMENT BY ENGAGING VOLUNTEERS AS MENTORS AND TUTORS FOR ACADEMICALLY AT RISK SCHOOL AGE CHILDREN THE THREE YEAR RETIRED SENIOR VOLUNTEER PROGRAMS (RSVP) GRANT WILL PROVIDE FOR THE RECRU ITMENT, TRAINING, AND PLACEMENT OF 300 SENIOR VOLUNTEERS IN CENTRAL KENTUCKY TRAILBLAZER VOLUNTEERS WILL BE MATCHED THROUGH PARTNERSHIPS CREATED WITH SCHOOL DISTRICTS, AFTER-SCHOO L PROGRAMS, AND ENRICHMENT PROGRAMS UNITED WAY WILL SERVE AS CONNECTION POINTS TO YOUTH I N NEED THE PROGRAM WILL TARGET INDIVIDUALS 55+ WHO SUPPORT THE SUCCESS OF EDUCATION IN YO UTH TODAY VOLUNTEER CENTER - THE VOLUNTEER CENTER AT UNITED WAY IS COMMITTED TO LINKING V OLUNTEER GROUPS AND INDIVIDUALS WITH OPPORTUNITIES TO SERVE THE COMMUNITY, EMPOWERING AGEN CIES 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, ENERG Y AND TALENTS WITHIN OUR COMMUNITY CENTRAL KENTUCKY VOLUNTEER AWARDS - WE SAY THANK YOU T O 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 26TH YEAR IN APRIL DURING NATIONAL VOLUNTEER WEEK AND RECOGNIZED OUR OUTSTANDING COMMUNITY VOLUNTEERS THE AWARDS WERE CREATED TO HONOR VOLUNTEE RS 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 PRO MOTING THE GENERAL WELFARE OF THE COMMUNITY DURING 2011 BORN LEARNING - CHILDREN ARE CONS TANTLY LEARNING, RIGHT FROM BIRTH BORN LEARNING I

Identifier	Return Reference	Explanation
Description of other program services	Form 990, Part III, Line 4d	S A PUBLIC ENGAGEMENT CAMPAIGN THAT HELPS PARENTS, GRANDPARENTS AND CAREGIVERS EXPLORE WAY S TO TURN EVERY DAY MOMENTS INTO FUN LEARNING OPPORTUNITIES AND IT'S EASY - AND FUN! A BOR N LEARNING TRAIL WAS ADDED AT WILLIAM WELLS BROWN ELEMENTARY SCHOOL IN LEXINGTON THE TRAI L FEATURES SEVERAL ACTIVITY AREAS SUITED FOR EARLY LEARNING AND INTERACTION GET ON BOARD - GET ON BOARD IS AN INITIATIVE TO TRAIN, RECRUIT, PLACE AND RETAIN UNDERREPRESENTED PEOPL E 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 EFFECTIV ENESS WHICH WILL ULTIMATELY BUILD A STRONGER COMMUNITY PARTICIPANTS COMPLETE A TRAINING P ROGRAM 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 A PPLICANTS WHO FEEL UNDERREPRESENTED ON NONPROFIT BOARDS OF DIRECTORS THOSE SEEKING COMMUN ITY 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 LE AGUE OF LEXINGTON-FAYETTE COUNTY UNITED WAY EXISTS FOR ONE REASON TO HELP US COME TOGETH ER 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 ECON OMIC 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 S OLUTIONS TO THE ROOT-CAUSES OF THESE ISSUES, AND BRINGS TOGETHER THE RESOURCES TO MAKE THI S CHANGE

Identifier	Return Reference	Explanation
PROGRAM SERVICE DESCRIPTION	FORM 990, PART III, LINE 4A	(CONTINUED FROM PART III) 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.

Identifier	Return Reference	Explanation
PROGRAM SERVICE DESCRIPTION	FORM 990, PART III, LINE 4C	CONTINUED FROM PART III UNITED WAY EXISTS FOR ONE REASON TO HELP US COME TOGETHER AS A C OMMUNITY 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 ACC ESS TO PRIMARY HEALTHCARE, CROSS LINES OF RACE, GENDER, GEOGRAPHY, FAITH AND ECONOMIC STAT US AND CAN ONLY BE ADDRESSED WITH A COLLECTIVE COMMUNITY FOCUS AND ACTION UNITED WAY IS T HE ONLY ORGANIZATION IN OUR COMMUNITY THAT, WITH THE HELP OF COUNTLESS VOLUNTEERS AND COMM UNITY 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. EDUCATION - EDUCATION IS THE CORNERSTONE OF INDIVIDUAL AND COMMUNITY SUCCESS IT NOT ONLY BRINGS PEOPLE OUT OF POVERTY BUT ALSO ENSURES A COMMUNITY'S ECONOMIC PROSPERITY A WELL-E DUCATED WORKFORCE ATTRACTS WORLD-CLASS JOBS BUT ONLY WHEN WE WORK TOGETHER NEARLY 700 CE NTRAL KENTUCKY TEENAGERS DROP OUT OF SCHOOL EACH YEAR - THAT'S TWO KIDS DROPPING OUT EVERY SINGLE DAY 1-IN-4 ELEMENTARY SCHOOL STUDENTS ARE NOT READING AT PROFICIENT LEVELS IN THE BLUEGRASS ONLY 22% OF LOCAL AREA CHILD CARE CENTERS ARE PARTICIPATING IN THE STARS PROGR AM THIS CREATES MAJOR PROBLEMS FOR OUR COMMUNITY 20% OF TODAY'S WORKFORCE IS FUNCTIONALL Y ILLITERATE. CHILD-CARE RELATED ABSENCES COST EMPLOYERS $3 BILLION A YEAR CENTRAL KENTUC KY DROPOUTS MORE THAN $182 MILLION IN LOST WAGES, TAXES AND PRODUCTIVITY OVER THEIR LIFETI MES THAT WE LOSE IN OUR COMMUNITY HOWEVER, UNITED WAY IS FIXING THIS BY BUILDING A SOLID FOUNDATION THROUGH EARLY LEARNING AND DEVELOPMENT, IMPROVING STUDENT ACHIEVEMENT, ENGAGING FAMILIES AND PROVIDING PATHWAYS TO SUCCESSFUL CAREERS FROM PRESCHOOLERS TO HIGH SCHOOL S TUDENTS, UNITED WAY IS WORKING TO ENSURE THAT THE NEXT GENERATION IS EQUIPPED WITH THE SKI LLS TO SUCCEED IN SCHOOL AND IN LIFE. OUR WORK IS DESIGNED TO INTERVENE EARLY TO PREVENT T HE KINDS OF PROBLEMS THAT CAUSE CHILDREN TO FAIL AND TO PROVIDE THE RESOURCES NECESSARY TO ENCOURAGE OUR Y OUTH TO REMAIN PRODUCTIVE AND ENGAGED WE ARE WORKING TO MAXIMIZE EARLY LE ARNING SO OUR CHILDREN ENTER KINDERGARTEN PREPARED FOR SCHOOL AND WE ARE WORKING TO MAKE S URE MORE OF OUR Y OUTH GRADUATE FROM HIGH SCHOOL WELL-PREPARED FOR THEIR FUTURE. BUT WE CAN NOT DO IT ALONE. OUR GOAL IS TO BRING RESOURCES TOGETHER TO SUPPORT EFFORTS THAT ENHANCE C HILDREN'S SUCCESS WE GET PEOPLE EXCITED ABOUT PARTICIPATING IN THE EDUCATIONAL PROCESS A ND, WE MOBILIZE A COMMUNITY TO HAVE HIGH EXPECTATIONS FOR OUR EDUCATIONAL SYSTEMS, AND ACC EPT NOTHING LESS INCOME - AS MANY AS ONE-THIRD OF WORKING AMERICANS DO NOT EARN ENOUGH MO NEY TO MEET THEIR BASIC NEEDS WAGES HAVE NOT KEPT PACE WITH THE RISING COST OF HOUSING, H EALTHCARE, AND EDUCATION AND CURRENTLY, 40 MILLION AMERICANS ARE WORKING IN LOW-PAY ING JOB S WITHOUT BASIC HEALTH AND RETIREMENT BENEFITS RIGHT HERE IN THE BLUEGRASS, 21,485 CHILDR EN LIVE IN POVERTY - ENOUGH TO FILL WHITAKER BANK BALLPARK THREE TIMES! 81,534 LOCAL ADULT S LIVE IN POVERTY - ENOUGH TO FILL RUPP ARENA THREE AND A HALF TIMES! 1-IN-5 FAMILIES IN C ENTRAL KENTUCKY DOESN'T MAKE ENOUGH MONEY TO BE SELF-SUFFICIENT ALMOST 74,000 PEOPLE IN C ENTRAL KENTUCKY, OR 12 PERCENT OF THE POPULATION, ARE ON FOOD STAMPS NEARLY 4,000 HOUSEHO LDS RECEIVE SUBSIDIZED HOUSING IN FAYETTE COUNTY ALONE. KENTUCKY RANKS 48TH IN THE NATION IN POVERTY RATE, 43RD IN BANKRUPTCY RATE, AND 39TH IN NET WORTH 45% OF RENTERS IN CENTRAL KENTUCKY ARE UNABLE TO AFFORD FAIR MARKET RENT WITH SUPPORT FROM THE COMMUNITY, UNITED W AY IS HELPING FAMILIES INCREASE THE MONEY THEY HAVE, MANAGE AND SAVE IT WELL, AND OBTAIN S IGNIFICANT ASSETS THAT WILL HELP WITH LONG-TERM FINANCIAL SECURITY FOR FAMILIES WALKING A FINANCIAL TIGHTROPE, UNABLE TO SAVE FOR COLLEGE, A HOME, OR RETIREMENT, UNITED WAY IS HER E TO HELP TO ADDRESS THE OBSTACLES THAT PREVENT HARD WORKING FAMILIES FROM GETTING AHEAD FINANCIALLY, WE MAKE CERTAIN COMMUNITY-CHANGE STRATEGIES ARE IN PLACE TO HELP FAMILIES MEE T THEIR BASIC NEEDS WHILE GAINING THE FINANCIAL CAPABILITY TO PLAN FOR, AND ACCOMPLISH, TH EIR LONG-TERM FINANCIAL GOALS WE ARE COMMITTED TO HELPING INDIVIDUALS AND FAMILIES IN OUR COMMUNITY ACHIEVE FINANCIAL STABILITY BY BRINGING TOGETHER COMMUNITY PARTNERS, WE HELP L OWER-INCOME INDIVIDUALS AND FAMILIES ACHIEVE FINANCIAL INDEPENDENCE BY PROVIDING THE SKILL S NECESSARY TO MAXIMIZE THEIR INCOME, BUILD SAVINGS AND GAIN ASSETS UNITED WAY PROVIDES B OTH AN IMMEDIATE RESPONSE BY EXPANDING THE AVAILABILITY OF EMERGENCY BASIC NEEDS (FOOD, HE AT, SHELTER) IN OUR COMMUNITY AND PROVIDING SEAMLESS ACCESS TO ADDITIONAL SERVICES THROUGH 2-1-1 UNITED WAY ALSO SUPPORTS LONG-TERM RECOVERY OF FAMILIES THROUGH INCREASING HOUSEHO LD INCOME, OBTAINING JOB SKILLS, PROVIDING FINANCIAL EDUCATION, GAINING, SUSTAINING AND PR OTECTING ASSETS, AND ATTAINING FINANCIAL INDEPENDENCE. HEALTH - UNFORTUNATELY, TOO MANY OF OUR NEIGHBORS LACK ACCESS TO BASIC HEALTH CARE -

Identifier	Return Reference	Explanation
PROGRAM SERVICE DESCRIPTION	FORM 990, PART III, LINE 4C	IN PARTICULAR PREVENTIVE CARE WHICH CAN REDUCE THE INCIDENCE OF CHRONIC DISEASES LIKE DIAB ETES OR DIAGNOSE PROBLEMS EARLY AND INTERVENE TO PREVENT COSTLY COMPLICATIONS FROM CONDITI ONS SUCH AS HIGH BLOOD PRESSURE. WITH HEALTH CARE COSTS OUTPACING INFLATION AND GROWTH IN WAGES AND WITH MANY CENTRAL KENTUCKIANS LIVING WITHOUT HEALTH INSURANCE, EVEN A MINOR HEAL TH CRISIS CAN LEAD FAMILIES TO FINANCIAL RUIN 11,659 CHILDREN AND 121,183 ADULTS ARE WITH OUT HEALTH INSURANCE. 96,350 CENTRAL KENTUCKIANS ARE OBESE. 1-IN-4 PREGNANT WOMEN SMOKE DU RING PREGNANCY 37% OF KENTUCKY'S CHILDREN ARE OVERWEIGHT 68% OF CENTRAL KENTUCKY'S POPUL ATION IS EITHER OBESE OR OVERWEIGHT UNITED WAY IS MAKING A DIFFERENCE THROUGH PREVENTIVE HEALTH FOR CHILDREN, HEALTHY LIVING FOR ADULTS AND SENIORS, AND ACCESS TO RESOURCES FOR A HEALTHY LIFE. FROM ACCESS TO HEALTH CARE TO NUTRITION AND FITNESS, UNITED WAY OF THE BLUEG RASS AND ITS PARTNERS ARE TARGETING HEALTH ISSUES THAT NOT ONLY AFFECT INDIVIDUALS, BUT OU R ENTIRE COMMUNITY

Identifier	Return Reference	Explanation
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 GOVERNING BODY PRIOR TO FILING WITH THE IRS

Identifier	Return Reference	Explanation
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

Identifier	Return Reference	Explanation
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

Identifier	Return Reference	Explanation
PROCESS USED TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	FORM 990, PART VI, SECTION B, LINE 15A	A REVIEW OF THE PRESIDENT WAS NOT CONDUCTED IN THE SHORT PERIOD OF JANUARY 1-JUNE 30, 2011 AND THE COMPENSATION HAS NOT CHANGED SINCE OCTOBER OF 2009 A PERFORMANCE REVIEW IS SCHEDULED FOR JUNE 2012 AT WHICH TIME THE PAST, PRESENT AND INCOMING BOARD CHAIRS WILL CONDUCT A PERFORMANCE EVALUATION AND INTERVIEW AND THEN, IF DEEMED APPROPRIATE, WILL MAKE COMPENSATION CHANGE RECOMMENDATIONS TO THE BOARD OF DIRECTORS FOR APPROVAL

Identifier	Return Reference	Explanation
Other changes in net assets or fund balances	Form 990, Part XI, Line 5	NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS - -379,

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 177,031 including grants of $ 18,840) (Revenue $ 48,080)

STEM ACADEMY - BMW THE STEM ACADEMY EDUCATES, MOTIVATES AND ACTIVATES THE POTENTIAL FOR EXCELLENCE IN AFRICAN AMERICAN MALES THE PROGRAM IS BUILT ON THE BELIEF THAT BY INVESTING IN THE LIVES OF OUR YOUNG AFRICAN AMERICAN MALES, WE CAN MAKE A DIFFERENCE IN OUR COMMUNITIES AND PREPARE A GENERATION FOR A BETTER AND BRIGHTER FUTURE ACADEMY PARTICIPANTS MEET EVERY SATURDAY, RECEIVING SESSIONS FOCUSED ON SCIENCE, TECHNOLOGY, ENGINEERING AND MATH (STEM) SPECIAL ATTENTION IS GIVEN TO DEVELOPING THE WHOLE CHILD- THEIR ACADEMIC, BEHAVIORAL, SOCIAL AND EMOTIONAL DEVELOPMENT IS TOP PRIORITY EXPECTATIONS FOR ACADEMY STUDENTS ARE HIGH THEY MUST ATTEND SATURDAY STEM ACADEMY EACH WEEK, MAINTAIN A 2 5 GRADE POINT AVERAGE AND MUST SHOW CONSTANT IMPROVEMENTS IN GRADES AND BEHAVIOR, LIMIT TV AND VIDEO GAME USAGE TO ONE HOUR PER NIGHT, READ 60 MINUTES EACH DAY OR ONE BOOK A WEEK, TURN IN ALL HOMEWORK AND CLASSROOM ASSIGNMENTS PROMPTLY, PARTICIPATE IN COMMUNITY SERVICE, ATTEND SCHOOL REGULARLY AND ON TIME, BE GROOMED DAILY AND MAINTAIN GOOD CONDUCT AT HOME, SCHOOL AND IN THE COMMUNITY IN THE PAST YEAR, 53% OF PARTICIPANTS HAVE RECORDED A 3 0 GRADE POINT AVERAGE OR BETTER, AND 85% HAVE BEEN FREE OF DISCIPLINE ACTION STUDENTS HAVE SUCCESSFULLY ENGAGED IN AN EDUCATION TRACK THAT LENDS ITSELF TO ACCOMPLISHMENT IN POST SECONDARY EDUCATION

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

AFI 5 YEAR FEDERAL GRANT - ASSETS FOR INDEPENDENCE / BACK ON TRACK UNITED WAY OF THE BLUEGRASS WAS ONE OF THIRTY-THREE NON-PROFITS NATIONWIDE TO RECEIVE AN ASSETS FOR INDEPENDENCE (AFI) GRANT FROM THE OFFICE OF COMMUNITY SERVICE AT THE U S DEPARTMENT OF HEALTH AND HUMAN SERVICES THROUGH THIS GRANT, UNITED WAY OF THE BLUEGRASS ALONG WITH PARTNERING ORGANIZATIONS OPERATES BACK ON TRACK BACK ON TRACK ENABLES UP TO 425 LOW-INCOME INDIVIDUALS AND FAMILIES IN CENTRAL KENTUCKY TO ACCUMULATE RESOURCES FOR LONG-TERM STABILITY THROUGH THE USE OF MATCHED SAVINGS ACCOUNTS CALLED INDIVIDUAL DEVELOPMENT ACCOUNTS (IDAS) INDIVIDUALS WHO QUALIFY WILL BE REQUIRED TO ATTEND MULTIPLE TRAININGS AND PROGRAMS, SUCH AS FINANCIAL LITERACY COURSES, IN ORDER TO RECEIVE THE FUNDING DOLLARS AFTER REACHING THEIR SAVINGS GOAL, PARTICIPANTS WILL BE ABLE TO USE THEIR IDA SAVINGS FOR ONE OF THREE ASSET ACQUISITIONS PURCHASING A FIRST HOME, STARTING A SMALL BUSINESS, OR CONTINUING THEIR EDUCATION PARTICIPATION IN THE PROGRAM IS RESTRICTED TO LOW-INCOME WORKING ADULTS A CLIENT IS ELIGIBLE TO PARTICIPATE IN THE BACK ON TRACK PROGRAM, IF THE HOUSEHOLD INCOME IS LESS THAN TWICE THE FEDERAL POVERTY LEVEL FOR A GIVEN FAMILY SIZE OVER 150 PEOPLE HAVE ENROLLED IN THE PROGRAM

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

RSVP - 3 YEAR FEDERAL GRANT TRAILBLAZERS UNITED WAY OF THE BLUEGRASS RECEIVED A 3 YEAR $275,000 FEDERAL GRANT FROM THE CORPORATION FOR NATIONAL & COMMUNITY SERVICE THROUGH THEIR RETIRED AND SENIOR VOLUNTEER PROGRAM TO IMPLEMENT THE TRAILBLAZERS PROGRAM IN ANDERSON, CLARK, SCOTT, AND WOODFORD COUNTIES THE GRANT WILL BE USED TO STRENGTHEN COMMUNITIES IN THE AREA OF CHILDHOOD EDUCATION AND PROVIDE CHILDREN WITH ACADEMIC AND PERSONAL YOUTH DEVELOPMENT BY ENGAGING VOLUNTEERS AS MENTORS AND TUTORS FOR ACADEMICALLY AT RISK SCHOOL AGE CHILDREN THE THREE YEAR RETIRED SENIOR VOLUNTEER PROGRAMS (RSVP) GRANT WILL PROVIDE FOR THE RECRUITMENT, TRAINING, AND PLACEMENT OF 300 SENIOR VOLUNTEERS IN CENTRAL KENTUCKY TRAILBLAZER VOLUNTEERS WILL BE MATCHED THROUGH PARTNERSHIPS CREATED WITH SCHOOL DISTRICTS, AFTER-SCHOOL PROGRAMS, AND ENRICHMENT PROGRAMS UNITED WAY WILL SERVE AS CONNECTION POINTS TO YOUTH IN NEED THE PROGRAM WILL TARGET INDIVIDUALS 55+ WHO SUPPORT THE SUCCESS OF EDUCATION IN YOUTH TODAY

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

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 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 26TH 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 2011

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

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! A BORN LEARNING TRAIL WAS ADDED AT WILLIAM WELLS BROWN ELEMENTARY SCHOOL IN LEXINGTON THE TRAIL FEATURES SEVERAL ACTIVITY AREAS SUITED FOR EARLY LEARNING AND INTERACTION

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

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

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

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

Additional Data

Software ID: 10000128
Software Version: v2010.1.0
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			
MARASKESHIA SMITH DIRECTOR	1	X						0	0	0
KATHY JAEGER TREASURER	4	X		X				0	0	0
STU SILBERMAN 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
PATRICK BREWER DIRECTOR	1	X						0	0	0
LINDA BALL DIRECTOR	1	X						0	0	0
TYRONE TYRA 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			
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
BILL FARMER PRESIDENT EOY/SECRETARY	55			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
SARAH MILLS 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
ANNE NASH 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			
HARVIE WILKINSON DIRECTOR	1	X						0	0	0
ALAN STEIN DIRECTOR	1	X						0	0	0
SUSAN LANCHO DIRECTOR	1	X						0	0	0
VICKI SEALE DIRECTOR OF FINANCE	70			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
HARRY RICHART III CHAIRMAN OF THE BOARD	4	X		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