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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

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) | Room/suite
2480 Fortune Drive

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

D Employer identification number
61-0444679

E Telephone number
(859) 233-4461

G Gross receipts $ 6,939,624

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
OUR MISSION IS POWERFUL UNITED WAY OF THE BLUEGRASS IMPROVES LIVES BY MOBILIZING THE CARING POWER OF COMMUNITIES (PLEASE SEE SCHEDULE O FOR CLARIFICATION OF COMPARISON BETWEEN PRIOR AND CURRENT YEAR FINANCIAL INFORMATION)

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**	25
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	25
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	94
6	Total number of volunteers (estimate if necessary)	**6**	725
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**	

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	440,886	5,465,764
9	Program service revenue (Part VIII, line 2g)	0	25,861
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	168,281	298,380
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	48,970	55,409
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	658,137	5,845,414
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	18,840	3,641,026
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)	701,300	1,524,460
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,021,832		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	466,975	1,007,895
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,187,115	6,173,381
19	Revenue less expenses Subtract line 18 from line 12	-528,978	-327,967

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	6,383,431	6,216,566
21	Total liabilities (Part X, line 26)	237,391	470,346
22	Net assets or fund balances Subtract line 21 from line 20	6,146,040	5,746,220

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

****** 2013-05-15
Signature of officer Date

WILLIAM W FARMER PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Rachel Spurlock | Date | Check if self-employed ☐ | Preparer's taxpayer identification number (see instructions) P00520729

Firm's name (or yours if self-employed), address, and ZIP + 4: CROWE HORWATH LLP
9600 Brownsboro Road
Suite 400
Louisville, KY 402411122

EIN ▶

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

OUR MISSION IS POWERFUL UNITED WAY OF THE BLUEGRASS IMPROVES LIVES BY MOBILIZING THE CARING POWER OF COMMUNITIES (CONTINUED IN 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 3,726,343 including grants of $ 3,173,160) (Revenue $ 25,861)

UNITED WAY'S COMMUNITY IMPACT FUND TACKLES COMMUNITY ISSUES THROUGH INNOVATIVE PROGRAMMING, DYNAMIC APPROACHES AND PROVEN STRATEGIES TO CREATE LASTING CHANGE IN CENTRAL KENTUCKY IN UNITED WAY'S PRIORITY AREAS - EDUCATION, INCOME AND HEALTH PARTNERING AGENCY PROPOSALS WERE EVALUATED, SCORED, REVIEWED AND VETTED BY COMMUNITY VOLUNTEERS AFTER BEING REVIEWED BY COMMUNITY EXPERTS IN EDUCATION, INCOME AND HEALTH $3 079 MILLION WAS INVESTED IN 146 PROGRAMS THROUGH 86 AGENCIES IN LONG-TERM SOLUTIONS THAT GET AT THE ROOT CAUSE OF COMMUNITY PROBLEMS IN THE PRIORITY AREAS PROGRAMS ARE FUNDED ON A THREE-YEAR GRANT CYCLE AND ARE ASSESSED MULTIPLE TIMES ANNUALLY

4b (Code) (Expenses $ 357,277 including grants of $ 172,665) (Revenue $)

BACK ON TRACK, AN ASSETS FOR INDEPENDENCE PROGRAM, IS MADE POSSIBLE FROM A FIVE-YEAR GRANT FROM THE OFFICE OF COMMUNITY SERVICE AT THE US DEPARTMENT OF HEALTH AND HUMAN SERVICES BACK ON TRACK ENABLES UP TO 425 LOW-INCOME INDIVIDUALS AND FAMILIES IN CENTRAL KENTUCKY TO ACCUMULATE RESOURCES FOR LONG-TERM STABILITY THROUGH A MATCHED SAVINGS PROGRAM CALLED INDIVIDUAL DEVELOPMENT ACCOUNTS (IDAS) LOW-INCOME WORKING ADULTS WHO QUALIFY CAN USE THEIR SAVINGS AND THE MATCH FOR ONE OF THREE ASSET ACQUISITIONS PURCHASING A FIRST HOME, STARTING A SMALL BUSINESS OR CONTINUING THEIR EDUCATION IN ADDITION, PARTICIPANTS ARE REQUIRED TO ATTEND TRAININGS AND PROGRAMS TO LEARN HOW TO BEST USE THE NEW ASSET AS OF JUNE 30, 2012 130 HAVE ENROLLED IN THE PROGRAM

4c (Code) (Expenses $ 244,079 including grants of $ 0) (Revenue $ 1,770)

UNITED WAY 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 ORGANIZATION, PROGRAM AND GOVERNMENT AGENCIES THAT CAN HELP THEM UNITED WAY 2-1-1 MAKES IT POSSIBLE FOR PEOPLE TO NAVIGATE THE COMPLEX AND EVER-GROWING MAZE OF HUMAN SERVICE AGENCIES AND PROGRAMS EASY ACCESS TO SERVICES ENCOURAGES PREVENTION AND FOSTERS SELF-SUFFICIENCY BETWEEN JULY 1, 2011 AND JUNE 30, 2012, UNITED WAY 2-1-1 ASSISTED 26,421 CALLERS

(Code) (Expenses $ 452,876 including grants of $ 295,201) (Revenue $ 53,639)

THE CENTRAL KENTUCKY ECONOMIC EMPOWERMENT PROJECT (CKEEP) IS A COALITION OF COMMUNITY AGENCIES AND VOLUNTEERS LED BY UNITED WAY OF THE BLUEGRASS CKEEP 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 FROM JANUARY - APRIL 2012, CKEEP PREPARED 3,481 STATE AND 3,875 FEDERAL TAX RETURNS AND HELPED FAMILIES CLAIM OVER $5 7 MILLION IN FEDERAL TAX RETURNS TRAILBLAZERS IS A PROGRAM THAT WORKS TO IMPROVE THE ACADEMIC AND PERSONAL DEVELOPMENT OF YOUTH IN ANDERSON, CLARK, SCOTT, AND WOODFORD COUNTIES MADE POSSIBLE BY A THREE-YEAR RETIRED SENIOR VOLUNTEER PROGRAM (RSVP) GRANT FROM THE CORPORATION FOR NATIONAL AND COMMUNITY SERVICE, THE PROGRAM RECRUITS RETIRED AND SENIOR VOLUNTEERS (AGE 55+) TO SERVE AS MENTORS AND TUTORS IN IN-SCHOOL AND OUT-OF-SCHOOL PROGRAMS WITH A GOAL OF 150 VOLUNTEERS, TRAILBLAZERS HAD 109 VOLUNTEERS WORKING IN THOSE COUNTIES BETWEEN JULY 1, 2011 AND JUNE 30, 2012 THE STEM (SCIENCE, TECHNOLOGY, EDUCATION, MATH) ACADEMY IS PART OF THE BLACK MALES WORKING (BMW) PROGRAM THE STEM ACADEMY EDUCATES, MOTIVATES AND ACTIVATES THE POTENTIAL FOR EXCELLENCE IN 60 SCHOOL-AGED AFRICAN AMERICAN MALES PARTICIPANTS RECEIVE STEM FOCUSED PROGRAMMING AS WELL AS A FOCUS ON DEVELOPING THE WHOLE CHILD - ACADEMIC, BEHAVIORAL, SOCIAL AND EMOTIONAL DEVELOPMENT ARE ALL PRIORITIES GET ON BOARD IS AN INITIATIVE TO TRAIN, RECRUIT, PLACE AND RETAIN UNDERREPRESENTED INDIVIDUALS ON NON-PROFIT BOARDS OF DIRECTORS IN CENTRAL KENTUCKY GET ON BOARD INCREASES DIVERSITY ON GOVERNING BOARDS THEREFORE STRENGTHENING EFFECTIVES AND BUILDING A STRONGER COMMUNITY THE ANNUAL CLASS MEETS FOR TEN WEEKS, IS FREE OF CHARGE AND IS BY APPLICATION ONLY 228 HAVE GRADUATED FROM THE PROGRAM SINCE ITS INCEPTION, 21 PARTICIPATED IN THE SPRING 2012 CLASS THE VOLUNTEER CENTER AT UNITED WAY OF THE BLUEGRASS LINKS VOLUNTEER GROUPS AND INDIVIDUALS WITH OPPORTUNITIES TO SERVE THE COMMUNITY THE VOLUNTEER CENTER IS COMMITTED TO EMPOWERING AGENCIES TO USE VOLUNTEERS EFFECTIVELY, ADVOCATING FOR VOLUNTEERISM AND INCREASING THE NUMBER OF VOLUNTEERS IN OUR COMMUNITY UNITED WAY OF THE BLUEGRASS IS COMMITTED TO ADVANCING AND PROMOTING EARLY CHILDHOOD EDUCATION THROUGH AGES AND STAGES (FREE SERVICE TO DETERMINE A CHILD'S APPROPRIATE DEVELOPMENTAL MILESTONES), COUNTDOWN TO KINDERGARTEN (A PROGRAM THAT BUILDS ENTHUSIASM FOR CHILDREN ENTERING KINDERGARTEN) AND BORN LEARNING (PROMOTING EARLY LEARNING OPPORTUNITIES FOR ALL CHILDREN) THE STEM (SCIENCE, TECHNOLOGY, ENGINEERING, MATH) 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 FOR 56 STUDENTS, OVERNIGHT 'LOCK-IN CHALLENGES' FOR 55 STUDENTS AND FRIDAY FAMILY NIGHTS FOR 77 FAMILIES 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

4d Other program services (Describe in Schedule O)

(Expenses $ 452,876 including grants of $ 295,201) (Revenue $ 53,639)

4e **Total program service expenses** ▶ $ 4,780,575

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, 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	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, 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	Yes	
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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II 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, Part 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*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
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.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	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 questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		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**	21		
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**	94			
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 or securities 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.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate 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 aggregate 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	25		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	25		
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	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ KY

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 made 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 made 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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GREGORY L DIXON BOARD CHAIR	4 00	X		X				0	0	0
(2) KATHY JAEGER TREASURER	4 00	X		X				0	0	0
(3) BARRY A STUMBO DIRECTOR	1 00	X						0	0	0
(4) CHARLES E REDWINE DIRECTOR	1 00	X						0	0	0
(5) CHERYL NORTON DIRECTOR	1 00	X						0	0	0
(6) CHRISTOPHER A THOMPSON DIRECTOR	1 00	X						0	0	0
(7) DAVID A WASH JR DIRECTOR	1 00	X						0	0	0
(8) DEBRA S MILLER DIRECTOR	1 00	X						0	0	0
(9) DR JAMES E CONNEELY DIRECTOR	1 00	X						0	0	0
(10) DR SIDNEY T GAMBILL DIRECTOR	1 00	X						0	0	0
(11) HARRY T RICHART III DIRECTOR-PAST BRD CHAIR	2 00	X						0	0	0
(12) JANET BEARD DIRECTOR	1 00	X						0	0	0
(13) KIMBERLY P WILSON DIRECTOR	1 00	X						0	0	0
(14) LANCE MANN DIRECTOR-AUDIT COMMITTEE CHAIR	2 00	X						0	0	0
(15) LINDA BALL DIRECTOR	1 00	X						0	0	0
(16) LU S YOUNG DIRECTOR	1 00	X						0	0	0
(17) MAYOR RUSSELL MEYER DIRECTOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MICHAEL S HOCKENSMITH DIRECTOR	1 00	X						0	0	0
(19) MICHELE D RIPLEY DIRECTOR	1 00	X						0	0	0
(20) PATRICK T BREWER DIRECTOR- COMMUNITY INVESTMENT CHAIR	1 00	X						0	0	0
(21) ROBERT A CLAYTON DIRECTOR	1 00	X						0	0	0
(22) ROBERT J KAIN DIRECTOR	1 00	X						0	0	0
(23) SARAH S GLENN DIRECTOR	1 00	X						0	0	0
(24) TYRONE D TYRA DIRECTOR	1 00	X						0	0	0
(25) WILLIAM H WILSON DIRECTOR	1 00	X						0	0	0
(26) VICKI SEALE VP FINANCE	50 00			X				57,421	0	8,401
(27) WILLIAM FARMER PRESIDENT/CEO - BRD SECRETARY	50 00			X				119,612	0	23,662

1b	**Sub-Total** . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . . ▶	177,033	0	32,063

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

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 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 44,946				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 5,420,818				
	g	Noncash contributions included in lines 1a-1f $ 362,889				
	h	**Total.** Add lines 1a-1f . . . . . ▶	5,465,764			
Program Service Revenue		Business Code				
	2a	OUTSIDE DESIGN AND ADMINISTRATION 561000	25,861	25,861		
	b					
	c					
	d					
	e					
	f	All other program service revenue	0	0	0	0
	g	**Total.** Add lines 2a–2f . . . . . ▶	25,861			
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	94,521			94,521
	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 1,284,939				
	b	Less cost or other basis and sales expenses 1,081,080				
	c	Gain or (loss) 203,859 / 0				
	d	Net gain or (loss) . . . . . ▶	203,859			203,859
Other Revenue	8a	Gross income from fundraising events (not including $ 44,946 of contributions reported on line 1c) See Part IV, line 18 . . . a 13,130				
	b	Less direct expenses . . . b 13,130				
	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	55,409	55,409		
	b					
	c					
	d	All other revenue	0	0	0	0
	e	**Total.** Add lines 11a–11d . . . . . ▶	55,409			
	12	**Total revenue.** See Instructions . . . ▶	5,845,414	81,270	0	298,380

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)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	3,641,026	3,641,026		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States 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	215,908	66,789	36,640	112,479
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	1,026,539	457,164	69,073	500,302
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	64,485	24,217	11,303	28,965
9	Other employee benefits	125,233	63,146	18,827	43,260
10	Payroll taxes	92,295	39,890	8,037	44,368
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	0			
c	Accounting	17,001		17,001	
d	Lobbying	0			
e	Professional fundraising *See Part IV, line 17*	0			
f	Investment management fees	35,236		35,236	
g	Other	346,401	208,995	13,419	123,987
12	Advertising and promotion	154,437	77,303	35,058	42,076
13	Office expenses	154,935	87,968	29,916	37,051
14	Information technology	0			
15	Royalties	0			
16	Occupancy	94,170	48,400	12,895	32,875
17	Travel	36,364	11,662	2,063	22,639
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	17,279	12,632	669	3,978
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	30,695	16,269	3,376	11,050
23	Insurance	11,618	4,034	5,253	2,331
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 SUBSCRIPTIONS	82,836	11,383	60,464	10,989
b	EQUIPMENT REPAIRS	10,740	2,954	4,933	2,853
c	BOARD/STAFF DEVELOPMENT	5,162	3,644	0	1,518
d					
e					
f	All other expenses	11,021	3,099	6,811	1,111
25	**Total functional expenses.** Add lines 1 through 24f	6,173,381	4,780,575	370,974	1,021,832
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		398,092	1	384,660
	2	Savings and temporary cash investments		647,620	2	150,836
	3	Pledges and grants receivable, net		1,913,947	3	1,912,178
	4	Accounts receivable, net		38,304	4	132,126
	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)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		8,740	9	10,331
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 314,976			
	b	Less accumulated depreciation	10b 269,915	46,183	10c	45,061
	11	Investments—publicly traded securities		3,293,533	11	3,347,354
	12	Investments—other securities See Part IV, line 11			12	0
	13	Investments—program-related See Part IV, line 11			13	0
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		37,012	15	234,020
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		6,383,431	16	6,216,566
Liabilities	17	Accounts payable and accrued expenses		94,534	17	102,518
	18	Grants payable		142,857	18	171,595
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		0	25	196,233
	26	**Total liabilities.** Add lines 17 through 25		237,391	26	470,346
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		5,873,826	27	5,491,276
	28	Temporarily restricted net assets		182,214	28	164,944
	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		6,146,040	33	5,746,220
	34	Total liabilities and net assets/fund balances		6,383,431	34	6,216,566

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	5,845,414
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,173,381
3	Revenue less expenses Subtract line 2 from line 1	3	-327,967
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	6,146,040
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-71,853
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	5,746,220

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	Yes	
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		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNITED WAY OF THE BLUEGRASS INC

Employer identification number
61-0444679

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

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

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

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

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

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

_____

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

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

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

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

9 ☐ An organization that normally receives (1) more than 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 IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	7,097,404	6,166,090	5,870,817	5,918,385	5,465,764	30,518,460
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	7,097,404	6,166,090	5,870,817	5,918,385	5,465,764	30,518,460
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,862,545
6 **Public Support.** Subtract line 5 from line 4						28,655,915

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	7,097,404	6,166,090	5,870,817	5,918,385	5,465,764	30,518,460
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	105,233	119,125	86,872	131,154	94,521	536,905
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	151,990	29,386	27,727	119,047	103,682	431,832
11 **Total support** (Add lines 7 through 10)						31,487,197

12	Gross receipts from related activities, etc (See instructions)	12	72,709

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 2011 (line 6 column (f) divided by line 11 column (f))	14	91 000 %
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15	97 310 %

16a **33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

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

Facts And Circumstances Test

Explanation

OTHER INCOME, SCHEDULE A, PART II, LINE 10, DESCRIPTION - OTHER INCOME, COLUMN A - 151990, COLUMN B - 29386, COLUMN C - 27727, COLUMN D - 119047, COLUMN E - 103682, COLUMN F - 431832,,

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

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	784,935	749,616	682,201	533,795	
b	Contributions				35,134	
c	Investment earnings or losses	11,695	35,319	95,415	137,272	
d	Grants or scholarships					
e	Other expenditures for facilities and programs	31,000		28,000	24,000	
f	Administrative expenses					
g	End of year balance	765,630	784,935	749,616	682,201	

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

- a Board designated or quasi-endowment ▶ 88 240 %
- b Permanent endowment ▶ 11 760 %
- c Term endowment ▶

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

		Yes	No
(i) unrelated organizations	3a(i)		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 Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				0
b Buildings				0
c Leasehold improvements		85,115	73,894	11,221
d Equipment		213,361	179,521	33,840
e Other		16,500	16,500	0
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				45,061

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
AMOUNTS DUE TO CENTRAL KENTUCKY COMBINED FEDERAL CAMPAIGN	196,233
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	196,233

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

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

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

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

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	UWBG IS EXEMPT FROM INCOME TAXES ON INCOME FROM RELATED ACTIVITIES UNDER SECTION 501(C)(3) OF THE U S INTERNAL REVENUE CODE AND CORRESPONDING STATE TAX LAW ACCORDINGLY, NO PROVISION HAS BEEN MADE FOR FEDERAL OR STATE INCOME TAXES ADDITIONALLY, UWBG HAS BEEN DETERMINED NOT TO BE A PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE INTERAL REVENUE CODE 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 YEAR ENDED JUNE 30, 2012, 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 2009

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNITED WAY OF THE BLUEGRASS INC

Employer identification number
61-0444679

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

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

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

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

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

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

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

		(a) Event #1 ANDERSON CITY GOLF OUTING (event type)	(b) Event #2 LEXMARK GOLF OUTING (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	15,686	42,390		58,076
	2 Less Charitable contributions	12,801	32,145		44,946
	3 Gross income (line 1 minus line 2)	2,885	10,245	0	13,130
Direct Expenses	4 Cash prizes				0
	5 Non-cash prizes				0
	6 Rent/facility costs				0
	7 Food and beverages				0
	8 Entertainment				0
	9 Other direct expenses	2,885	10,245		13,130
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(13,130)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				0

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

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

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	**13a**	
b	An outside facility	**13b**	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNITED WAY OF THE BLUEGRASS INC

Employer identification number
61-0444679

Part I General Information on Grants and Assistance

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

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

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

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 79

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

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 EXPLANATIONS ABOUT PROGRAM ACTIVITIES, OUTCOME RESULTS, AND CONTINUOUS LEARNING AND IMPROVEMENT ORGANIZATIONS THAT RECEIVE FUNDS MUST PASS A COMPLIANCE REVIEW 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 REVIEW DONE BY AN INDEPENDENT AND QUALIFIED CPA AND AN OPERATING BUDGET ALL INFORMATION IS REVIEWED BY VOLUNTEER COMMITTEES ON AN ANNUAL BASIS
Purpose of grant or assistance	Schedule I, Part II, Column H	EMPLOYMENT SOLUTIONS, INC, 61-1031382 ASSISTS PEOPLE WITH SIGNIFICANT EMPLOYMENT BARRIERS TO BECOME SELF-SUFFICIENT AND PROVIDES COMPANIES WITH EFFECTIVE WAYS TO MEET THEIR HUMAN RESOURCE NEEDS BUCKLEY WILDLIFE SANCTUARY, 13-1624102 PROTECT THE INTEGRITY OF THE SANCTUARY, ITS BIRDS, WILDLIFE AND HABITATS BY DEVELOPING AND EDUCATING YOUTH ON ENVIRONMENTAL ISSUES SCOTT COUNTIANS AGAINST DRUGS, 61-1102088 WORK WITH ESTABLISHED AGENCIES TO REDUCE AND/OR PREVENT SUBSTANCE ABUSE AND TO PROMOTE PREVENTION AND EDUCATION EFFORTS ADDRESSING SUBSTANCE ABUSE WITH A PRINCIPAL EMPHASIS ON YOUTH CHILD WELFARE FUND, 61-6001372 PROVIDES FINANCIAL ASSISTANCE FOR STUDENTS IN WOODFORD COUNTY WITH EYEGLASSES AND DENTAL CARE

Additional Data

Return to Form

Software ID: 11000230
Software Version: v2011.1.0
EIN: 61-0444679
Name: UNITED WAY OF THE BLUEGRASS INC

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ACCUTRAN INDUSTRIESPO BOX 352 PARIS,KY 40362	61-1048788	501(C)(3)	35,951				SHELTERED EMPLOYMENT
AIDS VOLUNTEERS INC263 N LIMESTONE LEXINGTON,KY 40507	61-1149457	501(C)(3)	44,615				HIV AIDS CLIENT SERVICES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN RED CROSS BLUEGRASS CHAPTER1450 NEWTOWN PIKE LEXINGTON,KY 40511	61-0444644	501(C)(3)	78,385				DISASTER RELIEF SERVICES
AMERICAN RED CROSS DANIEL BOONE CHAPTER 1405 EAST MAIN STREET RICHMOND,KY 40475	53-0196605	501(C)(3)	18,970				DISASTER RELIEF SERVICES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BIG BROTHERS BIG SISTERS OF THE BLUEGRASS 1122 OAK HILL DRIVE LEXINGTON, KY 40505	61-0523288	501(C)(3)	99,500				MENTORING
BLUE GRASS COUNCIL OF THE BLIND1093 SOUTH BROADWAY SUITE 1220 LEXINGTON, KY 40504	61-0971827	501(C)(3)	12,469				EDUCATION & SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BLUEGRASS COMMUNITY ACTION AGENCY PO BOX 738 FRANKFORT, KY 40602	61-0659583	501(C)(3)	162,770				SELF SUFFICIENCY
BLUEGRASS DOMESTIC VIOLENCE PROGRAMPO BOX 55190 LEXINGTON, KY 40555	20-1965942	501(C)(3)	102,000				DOMESTIC VIOLENCE PREVENTION & SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BLUEGRASS RAPE CRISIS CENTERPO BOX 1603 LEXINGTON,KY 40588	61-0916756	501(C)(3)	55,774				CRISIS COUNSELING & SUPPORT
BLUEGRASS REGIONAL MENTAL HEALTHMENTAL RETARDATION BOARD1351 NEWTOWN PIKE LEXINGTON,KY 40511	61-0723605	501(C)(3)	19,500				THERAPEUTIC REHABILITATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BLUEGRASS TECHNOLOGY CENTER961 BEASLEY STREET SUITE 103A LEXINGTON,KY 40509	61-1149378	501(C)(3)	32,944				COMPUTER EDUCATION & TEXTOLOGY
BLUEGRASS COMMUNITY & TECHNICAL COLLEGE FDTN INC 164 OPPORTUNITY WAY LEXINGTON,KY 40511	76-0826082	501(C)(3)	44,990				LITERACY TRAINING

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BOURBON COUNTY 4-H COUNCIL603 MILLERSBURG ROAD PARIS,KY 40361	61-1214093	501(C)(3)	5,500				YOUTH DEVELOPMENT
BOY SCOUTS OF AMERICA BLUEGRASS COUNCIL3473 YORKSHIRE MEDICAL PARK LEXINGTON,KY 40509	61-0444653	501(C)(3)	75,042				YOUTH DEVELOPMENT

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

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BUCKLEY WILDLIFE SANCTUARY1305 GERMANY ROAD FRANKFORT,KY 40601	13-1624102	501(C)(3)	5,000				PROTECT THE INTEGRITY OF THE SANCTUARY,ITS BIRDS,WILDLIFE AND HABITATS BY DEVELOPING AND EDUCATING YOUTH ON ENVIRONMENTAL ISSUES
CATHOLIC SOCIAL SERVICES BUREAU1310 WEST MAIN STREET LEXINGTON,KY 40508	61-1138597	501(C)(3)	40,222				COUNSELING SERVICES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CENTER FOR WOMEN CHILDREN AND FAMILIES530 NORTH LIMESTONE ST LEXINGTON,KY 40508	31-0904247	501(C)(3)	118,000				CRISIS CHILD CARE
CHECK POINT221 OREGON STREET GEORGETOWN,KY 40324	61-1152395	501(C)(3)	17,755				AFTERSCHOOL CHILD CARE

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

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CHILD CARE COUNCIL OF KENTUCKY INC1390 OLIVIA LANE LEXINGTON,KY 40511	31-1102545	501(C)(3)	121,647				CHILD CARE SUBSIDY PROGRAM
CHILD DEVELOPMENT CENTERS OF THE BLUEGRASS465 SPRINGHILL DRIVE LEXINGTON,KY 40503	61-0543367	501(C)(3)	72,837				EARLY CHILD CARE & EDUCATION

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

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CHILD WELFARE FUND830 TYRONE PIKE VERSAILLES,KY 40383	61-6001372	501(C)(3)	2,500				PROVIDES FINANCIAL ASSISTANCE FOR STUDENTS IN WOODFORD COUNTY WITH EYEGLASSES AND DENTAL CARE
CHILDREN'S ADVOCACY CENTERS OF THE BLUEGRASS183 WALTON AVE LEXINGTON,KY 40508	61-1221470	501(C)(3)	16,601				CHILD SEXUAL ABUSE MEDICAL CLINIC

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

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CHRYSALIS HOUSE 1589 HILL RISE DRIVE LEXINGTON,KY 40504	61-1012290	501(C)(3)	69,226				MAXWELL HOUSE-SUBSTANCE ABUSE SUPPORT
CLARK COUNTY ASSOCIATION FOR HANDICAPPED CITIZENSPO BOX 643 WINCHESTER,KY 40392	61-0670763	501(C)(3)	21,130				EARLY CHILD CARE & EDUCATION

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

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CLARK COUNTY CHILDREN'S COUNCILPO BOX 4192 WINCHESTER, KY 40392	61-1028432	501(C)(3)	22,000				AFTERSCHOOL CHILD CARE
CLARK COUNTY COMMUNITY SERVICESPO BOX 574 WINCHESTER, KY 40392	31-1005844	501(C)(3)	34,000				EMERGENCY SERVICES

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

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COMMUNITY ACTION COUNCIL PO BOX 11610 LEXINGTON,KY 40576	61-0650121	501(C)(3)	96,417				FOSTER GRANDPARENTS
CONSUMER CREDIT COUNSELING SERVICE OF THE MIDWEST2265 HARRODSBURG RD LEXINGTON,KY 40504	31-0731111	501(C)(3)	20,080				COMPREHENSIVE FINANCIAL COUNSELING

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

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DOMESTIC VIOLENCE PREVENTION BOARDLFUCG - 200 EAST MAIN STREET RM 328 LEXINGTON,KY 40507	61-0858140	501(C)(3)	9,194				DOMESTIC VIOLENCE PREVENTION EDUCATION
EMPLOYMENT SOLUTIONS INC 1165 CENTRE PARKWAY SUITE 120 LEXINGTON,KY 40517	61-1031382	501(C)(3)	23,387				ASSISTS PEOPLE WITH SIGNIFICANT EMPLOYMENT BARRIERS TO BECOME SELF-SUFFICIENT AND PROVIDES COMPANIES WITH EFFECTIVE WAYS TO MEET THEIR HUMAN RESOURCE NEEDS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FAITH IN ACTION ELDER OUTREACH INC1530 NICHOLASVILLE RD LEXINGTON,KY 40503	16-1753261	501(C)(3)	10,028				ELDER OUTREACH
FAMILY COUNSELING SERVICE (FCS)1393 TRENT BLVD BLDG2 LEXINGTON,KY 40517	61-0461737	501(C)(3)	70,652				COUNSELING & CLINICAL OUTPATIENT SERVICES

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

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FLORENCE CRITTENTON HOME & SERVICES519 WEST FOURTH STREET LEXINGTON, KY 40508	61-0449622	501(C)(3)	35,000				RESIDENTIAL MATERNITY TREATMENT
FOOTHILLS COMMUNITY ACTION PARTNERSHIP309 SPANGLER DRIVE RICHMOND, KY 40475	61-0650246	501(C)(3)	25,710				ADULT DAY CARE & EARLY CHILD CARE & EDUCATION

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

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GATEWAY CHILDREN'S SERVICES37 NORTH MAYSVILLE STREET MT STERLING,KY 40353	61-1033836	501(C)(3)	11,758				RESTRICTED YOUTH LIVING
GEORGETOWN CHILD DEVELOPMENT CENTER123 WEST CLINTON STREET GEORGETOWN,KY 40324	61-0722501	501(C)(3)	27,945				EARLY CHILD CARE & EDUCATION

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

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GEORGETOWN READINESS PRESCHOOL108 EAST COLLEGE STREET GEORGETOWN, KY 40324	61-0942669	501(C)(3)	31,475				PRESCHOOL CHILD CARE & EDUCATION
GIRL SCOUTS WILDERNESS ROAD COUNCIL2277 EXECUTIVE DRIVE LEXINGTON, KY 40505	61-0608104	501(C)(3)	94,917				YOUTH DEVELOPMENT

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

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GROWING TOGETHER PRESCHOOL INC 599 LIMA DRIVE LEXINGTON, KY 40511	61-1037940	501(C)(3)	105,000				EARLY CHILD CARE & EDUCATION
HOPE CENTERPO BOX 6 LEXINGTON, KY 40588	61-1107296	501(C)(3)	76,176				TRANSITIONAL LIVING - ALCOHOL & DRUG ABUSE RECOVERY PROGRAM

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

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HOPE MINISTRIES FOOD PANTRY3963 OLD FRANKFORT PIKE VERSAILLES,KY 40383	61-1264370	501(C)(3)	11,000				FOOD BANK - WOODFORD COUNTY
JESSAMINE COUNTY ADULT EDUCATION 501 EAST MAPLE STREET NICHOLASVILLE,KY 40356	61-6001337	501(C)(3)	5,000				ADULT LITERACY

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

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JUBILEE JOBS1450 N BROADWAY LEXINGTON, KY 40505	27-1058855	501(C)(3)	15,000				JOB PLACEMENT AND TRAINING
KIDNEY HEALTH ALLIANCE OF KENTUCKY1517 NICHOLASVILLE ROAD SUITE 203 LEXINGTON, KY 40503	23-7153964	501(C)(3)	12,379				EDUCATION & SUPPORT

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

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LEGAL AID OF THE BLUEGRASS104 EAST 7TH STREET COVINGTON,KY 41011	61-0913068	501(C)(3)	24,000				DOMESTIC VIOLENCE PREVENTION
LEXINGTON HEARING AND SPEECH CENTER 162 NORTH ASHLAND AVENUE LEXINGTON,KY 40502	61-0593951	501(C)(3)	105,000				AUDIOLOGY & EARLY LEARNING

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

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LEXINGTON-FAYETTE COUNTY HEALTH DEPARTMENT650 NEWTOWN PIKE LEXINGTON,KY 40508	61-0920825	LEXINGTON COUNTY	18,339				ADULT DAY CARE - CENTER FOR CREATIVE LIVING
M&M FOOD PANTRYPO BOX 1158 MT STERLING,KY 40353	61-1002569	501(C)(3)	13,000				EMERGENCY SHELTER

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

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MASH SERVICES OF THE BLUEGRASS 536 WEST THIRD STREET LEXINGTON,KY 40508	61-0926861	501(C)(3)	59,871				EMERGENCY SHELTER FOR TEENS
MONTGOMERY COUNTY 4-H106 EAST LOCUST STREET MT STERLING,KY 40353		501(C)(3)	5,000				YOUTH DEVELOPMENT

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

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MOREHEAD STATE UNIVERSITY-RETIRED SENIOR VOLUNTEER PROGRAM231 WATERFIELD HALL MOREHEAD,KY 40351	31-1003236	501(C)(3)	5,000				VOLUNTEER SERVICES - RETIRED SENIOR VOLUNTEER PROGRAM
NEW CITIES INSTITUTE INC-PARTNERSHIP FOR SUCCESSFUL SCHOOLS101 EAST VINE STREET LEXINGTON,KY 40507	61-1377132	501(C)(3)	26,600				ONE TO ONE PRACTICING READING WITH STUDENTS

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

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NURSING HOME OMBUDSMAN AGENCY OF THE BLUEGRASS1530 NICHOLASVILLE ROAD LEXINGTON,KY 40503	61-0996520	501(C)(3)	75,519				OMBUDSMAN/ NURSING HOME ADVOCACY
OPERATION HAPPINESSPO BOX 449 MT STERLING,KY 40353	61-1132894	501(C)(3)	5,000				HOLIDAY FOOD ASSISTANCE - CHRISTMAS BASKETS

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

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PARIS-BOURBON COUNTY YMCA 917 MAIN STREET PARIS,KY 40361	61-0676727	501(C)(3)	33,000				YOUTH RECREATIONAL ACTIVITIES
PATHWAYSPO BOX 790 ASHLAND,KY 41105	61-0661987	501(C)(3)	5,000				JOB PLACEMENT-DISABLED ADULTS

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

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POST CLINICPO BOX 336 MT STERLING,KY 40353	31-1515325	501(C)(3)	13,670				EMERGENCY MEDICATION FUND
PRICHARD COMMITTEE FOR ACADEMIC EXCELLENCEPO BOX 1658 LEXINGTON,KY 40588	61-1026214	501(C)(3)	25,000				AUTHENTIC PARENT ENGAGEMENT

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

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PROJECT READ MADISON COUNTY LITERACY COUNCILPO BOX 61 RICHMOND,KY 40476	61-1172599	501(C)(3)	13,000				ADULT LITERACY
REPAIRERS LEXINGTON180 EAST MAXWELL STREET LEXINGTON,KY 40508	61-1281620	501(C)(3)	11,625				YOUTH CENTER PROGRAMS

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

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THE ROAD TO HOME OWNERSHIP PO BOX 11422 LEXINGTON, KY 40509	20-5045534	501(C)(3)	9,147				FAIR HOUSING PRE-PURCHASE EDUCATION WORKSHOPS
SCOTT COUNTIANS AGAINST DRUGSPO BOX 456 GEORGETOWN, KY 40324	61-1102088	501(C)(3)	3,750				WORK WITH ESTABLISHED AGENCIES TO REDUCE AND/OR PREVENT SUBSTANCE ABUSE AND TO PROMOTE PREVENTION AND EDUCATION EFFORTS ADDRESSING SUBSTANCE ABUSE WITH A PRINCIPAL EMPHASIS ON YOUTH

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

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SCOTT UNITED MINISTRIES - AMEN HOUSEPO BOX 211 GEORGETOWN, KY 40324	61-1236411	501(C)(3)	20,655				A M E N HOUSE - EMERGENCY SERVICES
SHEPHERD'S HOUSE154 BONNIE BRAE DRIVE LEXINGTON, KY 40508	61-1105573	501(C)(3)	40,000				TRANSITIONAL LIVING

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SURGERY ON SUNDAY650 NEWTOWN PIKE 2ND FLOOR LEXINGTON,KY 40508	20-3187452	501(C)(3)	27,073				OUT PATIENT SURGERY SERVICES
TELFORD COMMUNITY CENTER YMCA 1100 EAST MAIN STREET RICHMOND,KY 40475	61-6000619	501(C)(3)	23,658				DAY CARE SERVICES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE COMMUNITY CENTER OF WILMORE-HIGH BRIDGEPO BOX 52 WILMORE,KY 40390	31-1020218	501(C)(3)	13,000				EMERGENCY SERVICES-BASIC SERVICES
THE SALVATION ARMY736 WEST MAIN STREET LEXINGTON,KY 40508	13-5562351	501(C)(3)	228,800				EMERGENCY SERVICES-BASIC SERVICES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE SALVATION ARMY-MADISON COUNTYPO BOX 1865 RICHMOND,KY 40476	58-0660607	501(C)(3)	23,000				EMERGENCY SHELTER
URBAN LEAGUE OF LEXINGTON-FAYETTE COUNTY 148 DEWEESE STREET LEXINGTON,KY 40507	61-6054655	501(C)(3)	79,826				MANUP - FATHERHOOD INITIATIVE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VIRGINIA PLACE ONE PARENT ONE CHILD FACILITY 1156 HORSEMANS LANE LEXINGTON,KY 40504	61-1080310	501(C)(3)	35,000				PRESCHOOL CHILD CARE & EDUCATION FOR SINGLE PARENT FAMILIES
VISUALLY IMPAIRED PRESCHOOL SERVICES161 BURT ROAD SUITE 4 LEXINGTON,KY 40503	61-1061973	501(C)(3)	60,025				EARLY CHILD CARE & EDUCATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WHITE HOUSE CLINICS401 HIGHLAND PARK DRIVE RICHMOND,KY 40475	61-8437831	501(C)(3)	4,000				CARE FOR THE UNINSURED
WOMAN'S CLUB COATS AND SHOES301 SOUTH MAIN STREET VERSAILLES,KY 40383	61-1035902	501(C)(3)	11,000				COATS $ SHOES FOR UNDERPRIVILEGED CHILDREN

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WOODFORD COUNTY 4-H COUNCIL184 BEASLEY DRIVE VERSAILLES,KY 40383	61-1040849	501(C)(3)	5,000				PROGRAM FUNDING
WOODFORD COUNTY PARKS AND RECREATION 275 BEASLEY DRIVE VERSAILLES,KY 40383	61-0664051	501(C)(3)	9,031				YOUTH SCHOLARSHIP PROGRAMS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WOODFORD COUNTY REPAIR AFFAIRPO BOX 1146 VERSAILLES,KY 40383	45-0522326	501(C)(3)	5,000				REPAIR HOMES FOR SENIOR CITIZENS
WOODFORD COUNTY THEATRICAL ARTS 275 BEASLEY DRIVE VERSAILLES,KY 40383	61-1143572	501(C)(3)	4,500				SUMMER THEATRE EDUCATION PROGRAM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YMCA OF CENTRAL KENTUCKY239 EAST HIGH STREET LEXINGTON,KY 40507	61-0444842	501(C)(3)	121,624				PRIME TIME AFTER SCHOOL PROGRAMS

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNITED WAY OF THE BLUEGRASS INC

Employer identification number
61-0444679

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▸ (MEDIA & ADVERTISING)	X	4	50,872	COST
26	Other ▸ (DONATIONS FOR ONLINE EBAY)	X	10	2,278	COST
27	Other ▸ (DONATIONS FOR CAMPAIGN)	X	14	305,459	COST
28	Other ▸ (ADMINISTRATION AND OPERATION DONATIONS)	X	5	4,280	COST

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

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

Part II

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

Identifier	Return Reference	Explanation
Number of contributions or items contributed	Schedule M, part I, column (b), Line other=MEDIA & ADVERTISING	
Number of contributions or items contributed	Schedule M, part I, column (b), Line other=DONATIONS FOR ONLINE EBAY	
Number of contributions or items contributed	Schedule M, part I, column (b), Line other=DONATIONS FOR CAMPAIGN	
Number of contributions or items contributed	Schedule M, part I, column (b), Line other=ADMINISTRATION AND OPERATION DONATIONS	

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNITED WAY OF THE BLUEGRASS INC

Employer identification number
61-0444679

Identifier	Return Reference	Explanation
COMPARISON OF CURRENT AND PRIOR YEAR FINANCIAL INFORMATION	FORM 990, PART I, LINE 1	UNITED WAY OF THE BLUEGRASS CHANGED THEIR ACCOUNTING PERIOD FROM YE 12/31 TO YE 6/30 TO BALANCE THEIR FUNDING CYCLE WITH THEIR REPORTING CYCLE DUE TO THIS CHANGE THE RETURN THAT WAS FILED FYE 6/30/2011 WAS A 6 MONTH SHORT PERIOD RETURN THE BEGINNING OF YEAR BALANCES REFLECT THOSE AMOUNTS REPORTED ON THE SHORT PERIOD RETURN CAUSING A LARGE FLUCTUATION BETWEEN THE BEGINNING OF YEAR AND END OF YEAR AMOUNTS

Identifier	Return Reference	Explanation
MISSION STATEMENT	FORM 990, PART III, LINE 1	(CONTINUED FROM LINE 1) UNITED WAY OF THE BLUEGRASS IS A LEADER AND MOTIVATOR OF CHANGE FOR LONG-TERM SOLUTIONS FOR OUR COMMUNITY THE COMMUNITY WAS BROUGHT TOGETHER TO DETERMINE THE NEEDS UNIQUE TO CENTRAL KENTUCKY AND CONSENSUS WAS REACHED ON HOW TO SOLVE THEM, BOTH SHORT-TERM AND LONG-TERM WE HAVE COMMITTED TO THREE FOCUS AREAS TO MEET THE NEEDS OF TODAY AND SOLVE THE PROBLEMS OF TOMORROW * EDUCATION * INCOME * HEALTH THIS CHANGE IN APPROACH HAS FOSTERED A GREAT DEAL OF COOPERATION AND INNOVATION IN THE COMMUNITY WE HAVE DEVELOPED SYSTEMS TO EVALUATE THE QUALITY AND SUCCESS OF THE PROGRAMS WE ARE FUNDING, SO YOU CAN BE ASSURED YOUR DOLLARS WILL HAVE THE MAXIMUM IMPACT ON YOUR COMMUNITY JOIN US AND INVEST IN YOUR COMMUNITY THROUGH THE UNITED WAY OF THE BLUEGRASS

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4E	THE BLUEGRASS COMMUNITY CONNECTOR PROJECT IDENTIFIED 144 INDIVIDUALS OR "CONNECTORS" IN CE NTRAL KENTUCKY CONNECTORS ARE PEOPLE WHO BRING OTHERS TOGETHER FOR THE COMMON GOOD BUT OF TEN DON'T ATTRACT MUCH PUBLIC ATTENTION THEY ARE GRASS-ROOTS DREAMERS AND ORGANIZERS WHO KNOW HOW TO ENGAGE THE RIGHT PEOPLE, GATHER THE RIGHT INFORMATION, CONNECT THE DOTS - AND GET THINGS DONE THE 144 IDENTIFIED CONNECTORS CAME FROM MORE THAN 5,000 NOMINATIONS THOS E CONNECTORS WERE CONNECTED WITH EACH OTHER, WHICH SHOULD NATURALLY INCREASE COMMUNICATION AND COOPERATION ACROSS CITY LIMITS AND COUNTY LINES UNITED WAY OF THE BLUEGRASS (UWBG) W ORKS COOPERATIVELY WITH BUSINESSES, VOLUNTEERS, INDIVIDUALS AND NON-PROFIT ORGANIZATIONS T O INVEST RESOURCES IN COMMUNITY-BASED PROBLEM SOLVING IN THE AREAS OF EDUCATION, INCOME (F INANCIAL STABILITY) AND HEALTH RESOURCES ARE USED TO COMBAT THE NEEDS OF TODAY AND ARE IN VESTED IN CREATIVE, INNOVATIVE COMMUNITY-BASED PROGRAMS VIA PARTNER AGENCIES OR LED-BY UNI TED WAY UNITED WAY EXISTS FOR ONE REASON TO HELP US COME TOGETHER AS A COMMUNITY TO IDEN TIFY AND ADDRESS THE ISSUES THAT TAKE ALL OF US WORKING TOGETHER TO SOLVE ISSUES LIKE MAK ING SURE CHILDREN ENTER SCHOOL READY TO LEARN AND THAT ALL PEOPLE HAVE ACCESS TO PRIMARY H EALTHCARE, 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 ORGANIZA TION IN OUR COMMUNITY THAT, WITH THE HELP OF COUNTLESS VOLUNTEERS AND COMMUNITY LEADERS, I DENTIFIES THE MOST PRESSING ISSUES IN OUR COMMUNITY, IDENTIFIES SOLUTIONS TO THE ROOT-CAUS ES OF THESE ISSUES, AND BRINGS TOGETHER THE RESOURCES TO MAKE THIS CHANGE EDUCATION - EDU CATION IS THE CORNERSTONE OF INDIVIDUAL AND COMMUNITY SUCCESS IT NOT ONLY BRINGS PEOPLE O UT OF POVERTY BUT ALSO ENSURES A COMMUNITY'S ECONOMIC PROSPERITY A WELL-EDUCATED WORKFORC E ATTRACTS WORLD-CLASS JOBS BUT ONLY WHEN WE WORK TOGETHER NEARLY 700 CENTRAL KENTUCKY T EENAGERS DROP OUT OF SCHOOL EACH YEAR - THAT'S TWO KIDS DROPPING OUT EVERY SINGLE DAY 1-I N-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 PROGRAM THIS CREATES MAJOR PROBLEMS FOR OUR COMMUNITY 20% OF TODAY'S WORKFORCE IS FUNCTIONALLY ILLITERATE CH ILD-CARE RELATED ABSENCES COST EMPLOYERS $3 BILLION A YEAR CENTRAL KENTUCKY DROPOUTS MORE THAN $182 MILLION IN LOST WAGES, TAXES AND PRODUCTIVITY OVER THEIR LIFETIMES THAT WE LOSE IN OUR COMMUNITY HOWEVER, UNITED WAY IS FIXING THIS BY BUILDING A SOLID FOUNDATION THROU GH EARLY LEARNING AND DEVELOPMENT, IMPROVING STUDENT ACHIEVEMENT, ENGAGING FAMILIES AND PR OVIDING PATHWAYS TO SUCCESSFUL CAREERS FROM PRESCHOOLERS TO HIGH SCHOOL STUDENTS, UNITED WAY IS WORKING TO ENSURE THAT THE NEXT GENERATION IS EQUIPPED WITH THE SKILLS TO SUCCEED I N SCHOOL AND IN LIFE OUR WORK IS DESIGNED TO INTERVENE EARLY TO PREVENT THE KINDS OF PROB LEMS 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 LEARNING SO OUR CH ILDREN ENTER KINDERGARTEN PREPARED FOR SCHOOL AND WE ARE WORKING TO MAKE SURE MORE OF OUR Y OUTH GRADUATE FROM HIGH SCHOOL WELL-PREPARED FOR THEIR FUTURE BUT WE CANNOT DO IT ALONE OUR GOAL IS TO BRING RESOURCES TOGETHER TO SUPPORT EFFORTS THAT ENHANCE CHILDREN'S SUCCES S WE GET PEOPLE EXCITED ABOUT PARTICIPATING IN THE EDUCATIONAL PROCESS AND, WE MOBILIZE A COMMUNITY TO HAVE HIGH EXPECTATIONS FOR OUR EDUCATIONAL SYSTEMS, AND ACCEPT NOTHING LESS INCOME - AS MANY AS ONE-THIRD OF WORKING AMERICANS DO NOT EARN ENOUGH MONEY TO MEET THEI R BASIC NEEDS WAGES HAVE NOT KEPT PACE WITH THE RISING COST OF HOUSING, HEALTHCARE, AND E DUCATION AND CURRENTLY, 40 MILLION AMERICANS ARE WORKING IN LOW-PAY ING JOBS WITHOUT BASIC HEALTH AND RETIREMENT BENEFITS RIGHT HERE IN THE BLUEGRASS, 21,485 CHILDREN LIVE IN POVER TY - ENOUGH TO FILL WHITAKER BANK BALLPARK THREE TIMES! 81,534 LOCAL ADULTS LIVE IN POVERT Y - ENOUGH TO FILL RUPP ARENA THREE AND A HALF TIMES! 1-IN-5 FAMILIES IN CENTRAL KENTUCKY DOESN'T MAKE ENOUGH MONEY TO BE SELF-SUFFICIENT ALMOST 74,000 PEOPLE IN CENTRAL KENTUCKY, OR 12 PERCENT OF THE POPULATION, ARE ON FOOD STAMPS NEARLY 4,000 HOUSEHOLDS RECEIVE SUBS IDIZED 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 UN ABLE TO AFFORD FAIR MARKET RENT WITH SUPPORT FROM THE COMMUNITY, UNITED WAY IS HELPING FA MILIES INCREASE THE MONEY THEY HAVE, MANAGE AND SAVE IT WELL, AND OBTAIN SIGNIFICANT ASSET S THAT WILL HELP WITH LONG-TERM FINANCIAL SECURITY FOR FAMILIES WALKING A FINANCIAL TIGHT ROPE, UNABLE TO SAVE FOR COLLEGE, A HOME, OR RETIREMENT, UNITED WAY IS HERE TO HELP TO AD DRESS THE OBSTACLES THAT PREVENT HARD WORKING FAMILIES FROM GETTING AHEAD FINANCIALLY, WE MAKE CERTAIN COMMUNITY-CHANGE STRATEGIES ARE IN PL

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4E	ACE TO HELP FAMILIES MEET THEIR BASIC NEEDS WHILE GAINING THE FINANCIAL CAPABILITY TO PLAN FOR, AND ACCOMPLISH, THEIR LONG-TERM FINANCIAL GOALS WE ARE COMMITTED TO HELPING INDIVID UALS AND FAMILIES IN OUR COMMUNITY ACHIEVE FINANCIAL STABILITY BY BRINGING TOGETHER COMMU NITY PARTNERS, WE HELP LOWER-INCOME INDIVIDUALS AND FAMILIES ACHIEVE FINANCIAL INDEPENDENC E BY PROVIDING THE SKILLS NECESSARY TO MAXIMIZE THEIR INCOME, BUILD SAVINGS AND GAIN ASSET S UNITED WAY PROVIDES BOTH AN IMMEDIATE RESPONSE BY EXPANDING THE AVAILABILITY OF EMERGEN CY BASIC NEEDS (FOOD, HEAT, SHELTER) IN OUR COMMUNITY AND PROVIDING SEAMLESS ACCESS TO ADD ITIONAL SERVICES THROUGH 2-1-1 UNITED WAY ALSO SUPPORTS LONG-TERM RECOVERY OF FAMILIES TH ROUGH INCREASING HOUSEHOLD INCOME, OBTAINING JOB SKILLS, PROVIDING FINANCIAL EDUCATION, GA INING, SUSTAINING AND PROTECTING ASSETS, AND ATTAINING FINANCIAL INDEPENDENCE HEALTH - UN FORTUNATELY, TOO MANY OF OUR NEIGHBORS LACK ACCESS TO BASIC HEALTH CARE - IN PARTICULAR PR EVENTIVE CARE WHICH CAN REDUCE THE INCIDENCE OF CHRONIC DISEASES LIKE DIABETES OR DIAGNOSE PROBLEMS EARLY AND INTERVENE TO PREVENT COSTLY COMPLICATIONS FROM CONDITIONS SUCH AS HIGH BLOOD PRESSURE WITH HEALTH CARE COSTS OUTPACING INFLATION AND GROWTH IN WAGES AND WITH M ANY CENTRAL KENTUCKIANS LIVING WITHOUT HEALTH INSURANCE, EVEN A MINOR HEALTH CRISIS CAN LE AD FAMILIES TO FINANCIAL RUIN 11,659 CHILDREN AND 121,183 ADULTS ARE WITHOUT HEALTH INSUR ANCE 96,350 CENTRAL KENTUCKIANS ARE OBESE 1-IN-4 PREGNANT WOMEN SMOKE DURING PREGNANCY 37% OF KENTUCKY'S CHILDREN ARE OVERWEIGHT 68% OF CENTRAL KENTUCKY'S POPULATION IS EITHER OBESE OR OVERWEIGHT UNITED WAY IS MAKING A DIFFERENCE THROUGH PREVENTIVE HEALTH FOR CHILD REN, HEALTHY LIVING FOR ADULTS AND SENIORS, AND ACCESS TO RESOURCES FOR A HEALTHY LIFE FR OM ACCESS TO HEALTH CARE TO NUTRITION AND FITNESS, UNITED WAY OF THE BLUEGRASS AND ITS PAR TNERS ARE TARGETING HEALTH ISSUES THAT NOT ONLY AFFECT INDIVIDUALS, BUT OUR ENTIRE COMMUNI TY

Identifier	Return Reference	Explanation
Delegate broad authority to a committee	Form 990, Part VI, Section A, Line 1a	THE CORPORATION SHALL HAVE AN EXECUTIVE COMMITTEE CONSISTING OF THE CHAIRMAN OF THE BOARD, CHAIRMAN ELECT OF THE BOARD, THE MOST IMMEDIATE PAST CHAIRMAN OF THE BOARD, TREASURER OF THE CORPORATION, LEGAL COUNCIL TO THE CORPORATION, CHAIRS OF THE OPERATIONS CABINET, RESOURCE DEVELOPMENT CABINET AND COMMUNITY INVESTMENTS CABINET, FIVE INDIVIDUALS APPOINTED BY THE CHAIRMAN OF THE BOARD WHICH INCLUDES, THE CURRENT YEAR CAMPAIGN CHAIR, CAMPAIGN CHAIR ELECT, MARKETING COMMITTEE CHAIR, AND TWO AT-LARGE MEMBERS SELECTED BY THE BOARD DEVELOPMENT COMMITTEE. THE SECRETARY OF THE CORPORATION SHALL SERVE AS SECRETARY TO THE EXECUTIVE COMMITTEE IN A NON-VOTING CAPACITY. WHEN THE BOARD IS NOT IN SESSION, THE EXECUTIVE COMMITTEE SHALL HAVE AND MAY EXERCISE ALL OF THE AUTHORITY OF THE BOARD, UNLESS OTHERWISE SPECIFIED IN THE RESOLUTION APPOINTING THE EXECUTIVE COMMITTEE. NEITHER THE EXECUTIVE COMMITTEE, NOR ANY OTHER COMMITTEE CREATED BY THE BOARD, SHALL HAVE THE AUTHORITY TO (A) AMEND, ALTER, OR REPEAL THESE BYLAWS, (B) APPOINT OR REMOVE ANY DIRECTOR OR OFFICER OF THE CORPORATION, (C) AMEND OR RESTATE THE ARTICLES, (D) ADOPT A PLAN OF MERGER OR CONSOLIDATION WITH ANOTHER CORPORATION, (E) AUTHORIZE THE SALE, LEASE, EXCHANGE, OR MORTGAGE OF ALL, OR SUBSTANTIALLY ALL, OF THE PROPERTY AND ASSETS OF THE CORPORATION, (F) AUTHORIZE THE VOLUNTARY DISSOLUTION OF THE CORPORATION OR ADOPT A PLAN FOR THE DISTRIBUTION OF THE ASSETS OF THE CORPORATION, OR (G) AMEND, ALTER, OR REPEAL ANY RESOLUTION OF THE BOARD

Identifier	Return Reference	Explanation
Review of form 990 by governing body	Form 990, Part VI, Section B, Line 11b	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 POTENTIAL 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
Process used to establish compensation of top management official	Form 990, Part VI, Section B, Line 15a	IN 2012 THE PRESIDENT/CEO WENT THROUGH A PERFORMANCE REVIEW THE EVALUATION WAS CONDUCTED BY THE PAST BOARD CHAIR, THE CURRENT BOARD CHAIR AND THE INCOMING BOARD CHAIR THE GROUP USED A UNITED WAY WORLDWIDE APPROVED EVALUATION PROCESS BASED ON ORGANIZATIONAL PERFORMANCE INDICATORS THE UNITED WAY WORLDWIDE HUMAN CAPITAL SURVEY WAS USED TO ASSURE COMPENSATION WAS INLINE WITH ORGANIZATIONS OF COMPARABLE SIZE AND COMMUNITY IMPACT RESULTS RECOMMENDATIONS WERE THEN PRESENTED TO THE BOARD OF DIRECTORS,PUT TO A BOARD VOTE APPROVED

Identifier	Return Reference	Explanation
Governing documents, conflict of interest policy and financial statements available to the public	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
Other changes in net assets or fund balances	Form 990, Part XI, Line 5	NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS - -221502, WRITE OFF OF UNCOLLECTIBLE PLEDGE RECEIVABLE - 149649,

Additional Data

Software ID: 11000230
Software Version: v2011.1.0
EIN: 61-0444679
Name: UNITED WAY OF THE BLUEGRASS INC

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

4d. Other program services

(Code) (Expenses $ 452,876 including grants of $ 295,201) (Revenue $ 53,639)

THE CENTRAL KENTUCKY ECONOMIC EMPOWERMENT PROJECT (CKEEP) IS A COALITION OF COMMUNITY AGENCIES AND VOLUNTEERS LED BY UNITED WAY OF THE BLUEGRASS CKEEP 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 FROM JANUARY - APRIL 2012, CKEEP PREPARED 3,481 STATE AND 3,875 FEDERAL TAX RETURNS AND HELPED FAMILIES CLAIM OVER $5 7 MILLION IN FEDERAL TAX RETURNS TRAILBLAZERS IS A PROGRAM THAT WORKS TO IMPROVE THE ACADEMIC AND PERSONAL DEVELOPMENT OF YOUTH IN ANDERSON, CLARK, SCOTT, AND WOODFORD COUNTIES MADE POSSIBLE BY A THREE-YEAR RETIRED SENIOR VOLUNTEER PROGRAM (RSVP) GRANT FROM THE CORPORATION FOR NATIONAL AND COMMUNITY SERVICE, THE PROGRAM RECRUITS RETIRED AND SENIOR VOLUNTEERS (AGE 55+) TO SERVE AS MENTORS AND TUTORS IN IN-SCHOOL AND OUT-OF-SCHOOL PROGRAMS WITH A GOAL OF 150 VOLUNTEERS, TRAILBLAZERS HAD 109 VOLUNTEERS WORKING IN THOSE COUNTIES BETWEEN JULY 1, 2011 AND JUNE 30, 2012 THE STEM (SCIENCE, TECHNOLOGY, EDUCATION, MATH) ACADEMY IS PART OF THE BLACK MALES WORKING (BMW) PROGRAM THE STEM ACADEMY EDUCATES, MOTIVATES AND ACTIVATES THE POTENTIAL FOR EXCELLENCE IN 60 SCHOOL-AGED AFRICAN AMERICAN MALES PARTICIPANTS RECEIVE STEM FOCUSED PROGRAMMING AS WELL AS A FOCUS ON DEVELOPING THE WHOLE CHILD - ACADEMIC, BEHAVIORAL, SOCIAL AND EMOTIONAL DEVELOPMENT ARE ALL PRIORITIES GET ON BOARD IS AN INITIATIVE TO TRAIN, RECRUIT, PLACE AND RETAIN UNDERREPRESENTED INDIVIDUALS ON NON-PROFIT BOARDS OF DIRECTORS IN CENTRAL KENTUCKY GET ON BOARD INCREASES DIVERSITY ON GOVERNING BOARDS THEREFORE STRENGTHENING EFFECTIVES AND BUILDING A STRONGER COMMUNITY THE ANNUAL CLASS MEETS FOR TEN WEEKS, IS FREE OF CHARGE AND IS BY APPLICATION ONLY 228 HAVE GRADUATED FROM THE PROGRAM SINCE ITS INCEPTION, 21 PARTICIPATED IN THE SPRING 2012 CLASS THE VOLUNTEER CENTER AT UNITED WAY OF THE BLUEGRASS LINKS VOLUNTEER GROUPS AND INDIVIDUALS WITH OPPORTUNITIES TO SERVE THE COMMUNITY THE VOLUNTEER CENTER IS COMMITTED TO EMPOWERING AGENCIES TO USE VOLUNTEERS EFFECTIVELY, ADVOCATING FOR VOLUNTEERISM AND INCREASING THE NUMBER OF VOLUNTEERS IN OUR COMMUNITY UNITED WAY OF THE BLUEGRASS IS COMMITTED TO ADVANCING AND PROMOTING EARLY CHILDHOOD EDUCATION THROUGH AGES AND STAGES (FREE SERVICE TO DETERMINE A CHILD'S APPROPRIATE DEVELOPMENTAL MILESTONES), COUNTDOWN TO KINDERGARTEN (A PROGRAM THAT BUILDS ENTHUSIASM FOR CHILDREN ENTERING KINDERGARTEN) AND BORN LEARNING (PROMOTING EARLY LEARNING OPPORTUNITIES FOR ALL CHILDREN) THE STEM (SCIENCE, TECHNOLOGY, ENGINEERING, MATH) 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 FOR 56 STUDENTS, OVERNIGHT 'LOCK-IN CHALLENGES' FOR 55 STUDENTS AND FRIDAY FAMILY NIGHTS FOR 77 FAMILIES 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