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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

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning **JUL 1, 2012** and ending **JUN 30, 2013****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

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

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
118 N. THIRD STREETCity, town, or post office, state, and ZIP code
DANVILLE, KY 40422**F** Name and address of principal officer: **STEPHANIE BLEVINS**
SAME AS C ABOVE**D** Employer identification number**23-7166092****E** Telephone number**(859) 238-6986****G** Gross receipts \$ **1,142,652.****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.UNKY.ORG/AGENCIES/HOK.HTM****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1972** **M** State of legal domicile: **KY****Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE MISSION OF HEART OF KENTUCKY UNITED WAY IS TO MOBILIZE PEOPLE TO GIVE, ADVOCATE, AND VOLUNTEER,		
	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)	20	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	20	
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	
	6 Total number of volunteers (estimate if necessary)	0	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0.	
b Net unrelated business taxable income from Form 990-T, line 34	0.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,145,653.	1,115,790.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,915.	17,082.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,004.	9,780.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,165,572.	1,142,652.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	835,361.	819,306.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	259,393.	310,185.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 135,255.	0.	0.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	152,181.	145,833.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,246,935.	1,275,324.	
19 Revenue less expenses. Subtract line 18 from line 12	<81,363.>	<132,672.>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,544,823.	1,481,762.
	22 Net assets or fund balances. Subtract line 21 from line 20	480,354.	531,433.
		1,064,469.	950,329.

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 ▶ **STEPHANIE BLEVINS, SECRETARY**
 Signature of officer: *Stephanie Blevins* Date: **5/14/14**
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: **WILLIAM TALLEY** Preparer's signature: *William Talley CPA* Date: **5/13/14** Check ☐ self-employed PTIN: **P00527851**
 Firm's name: **RICHARDSON, PENNINGTON & SKINNER, PSC** Firm's EIN: **61-1100033**
 Firm's address: **513 SOUTH SECOND STREET**
LOUISVILLE, KY 40202-9639 Phone no.: **(502) 583-9587**

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

232001 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2012)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

SCANNED JUN 27 2014

0423235246 JUN 18 2014

91,16,17

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Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☒ **X**

- 1 Briefly describe the organization's mission:

HEART OF KENTUCKY UNITED WAY ADVANCES THE COMMON GOOD BY CREATING OPPORTUNITIES FOR A BETTER LIFE FOR ALL.

- 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 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 \$ 175,183. Including grants of \$) (Revenue \$)
INCOME/FINANCIAL STABILITY:

1. EIN 61-0458751 FAMILY SERVICES ASSOCIATION
2. EIN 61-1189896 HABITAT FOR HUMANITY: MERCER COUNTY
3. EIN 61-0659010 MERCER ADULT EDUCATION CENTER
4. EIN 61-0659583 BLUEGRASS COMMUNITY ACTION PARTNERSHIP
5. EIN 62-1419758 BOYLE CO. HABITAT FOR HUMANITY
6. EIN 31-1151536 BOYLE CO. 4-H COUNCIL, INC.
7. EIN 62-1387136 FORT LOGAN CO-OP MINISTRIES
8. EIN 20-1965942 GREEN HOUSE 17
9. EIN 76-0826082 KCTC FOUNDATION/BUEGRASS COMMUNITY & TECHNICAL COLLEGE
10. EIN 61-0668572 NORTHERN KENTUCKY LEGAL AID SOCIETY

4b (Code:) (Expenses \$ 213,836. Including grants of \$) (Revenue \$)
EDUCATION:

1. EIN 61-0523288 BIG BROTHERS BIG SISTERS
2. EIN 31-1151536 BOYLE COUNTY 4H
3. EIN 61-1101391 GARRARD COUNTY 4H
4. EIN 26-1414479 LINCOLN COUNTY 4H
5. EIN 61-1318412 MERCER COUNTY 4H
6. EIN 61-1230722 WILDERNESS TRACE CHILD DEVELOPMENT CENTER
7. EIN 26-3668416 CENTRO LATINO
8. EIN 61-0452065 THE SALVATION ARMY
9. EIN 76-0826082 KCTC FOUNDATION/BUEGRASS COMMUNITY & TECHNICAL COLLEGE
10. EIN 61-1024933 WILDERNESS TRACE FAMILY YMCA

4c (Code:) (Expenses \$ 430,287. Including grants of \$) (Revenue \$)
HEALTH:

1. EIN 61-0916756 BLUEGRASS RAPE CRISIS CENTER
2. EIN 23-7153964 KIDNEY HEALTH ALLIANCE OF KENTUCKY
3. EIN 61-0996520 NURSING HOME OMBUDSMAN AGENCY
4. EIN 61-0597273 SUNRISE CHILDREN'S SERVICES-SANDERS CRISIS STABILIZATION CENTER
5. EIN 31-0988104 HERITAGE HOSPICE: TRANSITIONS PROGRAM
6. EIN 26-1841458 CASA: COURT APPOINTED SPECIAL ADVOCATE AT WOODLAWN
7. EIN 61-0888740 DANVILLE/BOYLE COUNTY SENIORS, INC.
8. EIN 61-0659583 BLUEGRASS COMMUNITY ACTION PARTNERSHIP-MERCER COUNTY ADULT DAY CARE
9. EIN 61-0659583 BLUEGRASS COMMUNITY ACTION PARTNERSHIP-GARRARD &

- 4d Other program services (Describe in Schedule O.)

(Expenses \$ 161,731. Including grants of \$ 819,306.) (Revenue \$)

4e Total program service expenses 981,037.

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
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		X
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		X
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		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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		X
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		X
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, line 10? If "Yes," complete Schedule D, Part VI	X	
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	X	
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		X
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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
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	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
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 and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
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		X
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		X
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		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
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		X
23 Did the organization answer "Yes" to Part VII, Section A, line 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		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		X
25b 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		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
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):		
28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b If "Yes" to line 35a, 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		
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		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	0	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	5	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: See 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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to 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 as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c	Enter the amount of reserves on hand	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response to any question in this Part VI ☒ **X****Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	20			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b Enter the number of voting members included in line 1a, above, who are independent		20		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
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	X
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	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
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	X

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	X
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	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
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	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
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	X
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 **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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 during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **HEART OF KENTUCKY UNITED WAY - (859) 238-6986**
118 N. THIRD STREET, DANVILLE, KY 40422

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DALE KIHLMAN CAMPAIGNE CHAIR	0.00	X		X				0.	0.	0.
(2) JOHN RODES TREASURER	0.00	X		X				0.	0.	0.
(3) JANIE PASS SECRETARY	50.00	X		X				66,341.	0.	0.
(4) VICKI DARNELL PRESIDENT	0.00	X		X				0.	0.	0.
(5) MIKE ANGOLIA MEMBER	0.00	X						0.	0.	0.
(6) J.H. ATKINS MEMBER	0.00	X						0.	0.	0.
(7) CLAY ALBRIGHT MEMBER	0.00	X						0.	0.	0.
(8) DR. CARMEN COLEMAN MEMBER	0.00	X						0.	0.	0.
(9) JEFF HOGUE MEMBER	0.00	X						0.	0.	0.
(10) AMY ISOLA MEMBER	0.00	X						0.	0.	0.
(11) NATHAN MICK MEMBER	0.00	X						0.	0.	0.
(12) KATHY MILES MEMBER	0.00	X						0.	0.	0.
(13) ANDREA MILLER MEMBER	0.00	X						0.	0.	0.
(14) VICTORIA REED VICE PRESIDENT	0.00	X		X				0.	0.	0.
(15) JO ANN RICE MEMBER	0.00	X						0.	0.	0.
(16) DR. AARON ROWLAND MEMBER	0.00	X						0.	0.	0.
(17) JOHN NELSON MEMBER	0.00	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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) PAIGE DYCHE STEVENS MEMBER	0.00	X						0.	0.	0.
(19) JOHN TRISLER MEMBER	0.00	X						0.	0.	0.
(20) ALLEN WHITE MEMBER	0.00	X						0.	0.	0.
1b Sub-total								66,341.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								66,341.	0.	0.

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 **0**

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**

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**

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**

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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 RevenueCheck if Schedule O contains a response to any question in this Part VIII ☐

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,115,790.			
	g Noncash contributions included in lines 1a-1f \$				
	h Total. Add lines 1a-1f	1,115,790.			
Program Service Revenue	2 a	Business Code			
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		17,082.		17,082.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	6 a Gross rents	(i) Real (ii) Personal			
	b Less: rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other			
	b Less: cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)				
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a			
	b Less: direct expenses	b			
	c Net income or (loss) from fundraising events				
	9 a Gross income from gaming activities. See Part IV, line 19	a			
	b Less: direct expenses	b			
	c Net income or (loss) from gaming activities				
	10 a Gross sales of inventory, less returns and allowances	a			
	b Less: cost of goods sold	b			
	c Net income or (loss) from sales of inventory				
Miscellaneous Revenue		Business Code			
11 a					
b					
c					
d All other revenue	900099	9,780.	9,780.		
e Total. Add lines 11a-11d		9,780.			
12 Total revenue. See instructions.		1,142,652.	9,780.	0.	17,082.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response 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	819,306.	819,306.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	237,233.	83,767.	82,865.	70,601.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	54,470.	19,233.	19,027.	16,210.
10 Payroll taxes	18,482.	6,526.	6,456.	5,500.
11 Fees for services (non-employees):				
a Management				
b Legal	5,000.	1,766.	1,746.	1,488.
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	3,993.	1,410.	1,395.	1,188.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	365.	129.	127.	109.
13 Office expenses	35,065.	12,382.	12,248.	10,435.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	8,134.	2,872.	2,841.	2,421.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	19,915.	7,032.	6,956.	5,927.
23 Insurance	3,768.	1,700.	1,214.	854.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DAY OF ACTION	29,631.	10,463.	10,350.	8,818.
b MEMBERSHIP DUES	19,138.	6,758.	6,685.	5,695.
c COMPUTER AND TECH SUPPO	10,225.	3,610.	3,572.	3,043.
d UTILITIES	3,470.	1,566.	1,118.	786.
e All other expenses	7,129.	2,517.	2,432.	2,180.
25 Total functional expenses. Add lines 1 through 24e	1,275,324.	981,037.	159,032.	135,255.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response to any question in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	100.	1	
	2 Savings and temporary cash investments	193,878.	2	94,400.
	3 Pledges and grants receivable, net	358,311.	3	359,849.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	18,629.	9	8,330.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 381,358.		
	b Less: accumulated depreciation	10b 176,475.	10c	204,883.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	705,478.	12	741,204.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	59,579.	15	73,096.
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,544,823.	16	1,481,762.	
Liabilities	17 Accounts payable and accrued expenses	87,520.	17	106,424.
	18 Grants payable		18	
	19 Deferred revenue	10,211.	19	14,344.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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	382,623.	25	410,665.
	26 Total liabilities. Add lines 17 through 25	480,354.	26	531,433.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	913,820.	27	803,361.
	28 Temporarily restricted net assets	8,296.	28	4,615.
	29 Permanently restricted net assets	142,353.	29	142,353.
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	1,064,469.	33	950,329.	
34 Total liabilities and net assets/fund balances	1,544,823.	34	1,481,762.	

Form 990 (2012)

Part XI Reconciliation of Net AssetsCheck 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	1,142,652.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,275,324.
3	Revenue less expenses. Subtract line 2 from line 1	3	<132,672.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,064,469.
5	Net unrealized gains (losses) on investments	5	18,532.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	950,329.

Part XII Financial Statements and ReportingCheck 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b If "Yes," did the organization undergo the required audit or audits? 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	

Form 990 (2012)

Department of the Treasury
Internal Revenue Service

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

2012

Open to Public Inspection

Name of the organization

HEART OF KENTUCKY UNITED WAY, INC.

Employer identification number

23-7166092

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____

(ii) A family member of a person described in (i) above? _____

(iii) A 35% controlled entity of a person described in (i) or (ii) above? _____

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

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

Schedule A (Form 990 or 990-EZ) 2012

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1175504.	1253730.	1024923.	1145653.	1115790.	5715600.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1175504.	1253730.	1024923.	1145653.	1115790.	5715600.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						5715600.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	1175504.	1253730.	1024923.	1145653.	1115790.	5715600.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	21,789.	19,691.	19,261.	17,915.	17,082.	95,738.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						5811338.
12 Gross receipts from related activities, etc. (see Instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	98.35	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	98.04	%
16a 33 1/3% support test - 2012. 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 - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			☐
17a 10% -facts-and-circumstances test - 2012. 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 - 2011. 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			☐

Schedule A (Form 990 or 990-EZ) 2012

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. 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 - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2012
Open to Public
Inspection

Name of the organization

HEART OF KENTUCKY UNITED WAY, INC.

Employer identification number

23-7166092

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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 education)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

2 Complete lines 2a through 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 Tax 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, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) 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 acquisition, 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 XIII.

- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table:

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

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

- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☐ %
 b Permanent endowment ☐ %
 c Temporarily restricted endowment ☐ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

- 4 Describe in Part XIII 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				
b Buildings		193,221.	60,323.	132,898.
c Leasehold Improvements		119,048.	62,449.	56,599.
d Equipment		69,089.	53,703.	15,386.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				204,883.

Schedule D (Form 990) 2012

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		
(3) Other		
(A) INVESTMENTS	741,204.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	741,204.	

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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must 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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must 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) Book value
(1) Federal income taxes	
(2) DUE TO AGENCIES	410,650.
(3) WFD HUDSON ELLIS GRANT	15.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	410,665.

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

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

1	Total revenue, gains, and other support per audited financial statements		1	1,161,184.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a	18,532.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	18,532.	
3	Subtract line 2e from line 1	3	1,142,652.	
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 XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,142,652.	

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

1	Total expenses and losses per audited financial statements		1	1,275,324.
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 XIII.)	2d		
e	Add lines 2a through 2d	2e	0.	
3	Subtract line 2e from line 1	3	1,275,324.	
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 XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,275,324.	

Part XIII 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, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2: THE ORGANIZATION IS A TAX-EXEMPT ORGANIZATION AS

DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE) AND IS GENERALLY EXEMPT FROM INCOME TAXES PURSUANT TO SECTION 501(A) OF THE CODE. THE ORGANIZATION ASSESSES UNCERTAIN TAX POSITIONS AND DETERMINED THAT THERE WERE NO SUCH POSITIONS THAT HAVE A MATERIAL EFFECT ON THE FINANCIAL STATEMENTS.

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

2012

Open to Public
Inspection

Name of the organization

HEART OF KENTUCKY UNITED WAY, INC.

Employer identification number
23-7166092

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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	61-0449605		38,783.	0.			DISASTER RELIEF & PREPARATION, INCLUDING AID TO VICTIMS OF SINGLE FAMILY FIRES.
BIG BROTHERS/BIG SISTERS	61-0523288		38,883.	0.			ONE ON ONE SCHOOL MENTORING AND PAIRING OF BIG BROTHERS & BIG SISTERS WITH SELECTED RESIDENTIAL & NON-RESIDENTIAL PROGRAMS FOR FEMALE VICTIMS OF DOMESTIC VIOLENCE & THEIR PROVIDES SUPPORT, VICTIM ADVOCATE & INFORMATION TO VICTIMS OF RAPE AND/OR SEXUAL ASSAULT, THEIR SERVES SENIORS AT HOME, GARRARD & MERCER ADULT DAY CARE PROVIDES SUPERVISION, MEDICAL PROGRAMS TO DEVELOP LIFE & LEADERSHIP SKILLS, SCHOOL CLUBS, COMPETITIVE ACTIVITIES, CAMP,
BLUEGRASS ORG	61-0723605		16,948.	0.			
BLUEGRASS RAPE CRISIS CENTER	61-0916756		9,041.	0.			
GREEN HOUSE 17	20-1965942		21,498.	0.			
BOYLE COUNTY 4H	31-1151536		12,948.	0.			

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

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

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2012)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
BOYLE COUNTY HABITAT FOR HUMANITY	62-1419758		3,750.	0.			AFFORDABLE HOUSING FOR FIRST TIME HOME OWNERS FROM QUALIFIED LOW-INCOME FAMILIES; WORKS TO PROVIDES INTERPRETING SERVICES TO MEDICAL APPOINTMENTS AND OM-CALL SERVICES FOR HEALTH PROVIDES HOMECARE & PERSONAL SERVICES TO SENIOR CITIZENS, INCLUDING MEALS.
CENTRO LATINO	26-3668416		11,702.	0.			INDIVIDUAL ASSESSMENT FOR PARTICIPANTS, GED TESTING, ELS CLASSES, ADULT LITERACY & SHORT TERM ASSISTANCE FOR BASIC LIVING EXPENSES TO LOW-INCOME RESIDENTS IN BOYLE COUNTY;
DANVILLE BOYLE CO SENIORS	61-0888740		35,035.	0.			PROGRAMS TO DEVELOP LIFE & LEADERSHIP SKILLS, SCHOOL CLUBS, COMPETITIVE ACTIVITIES, CAMP, SUPPORT FOR LOCAL TROOPS, LEADERSHIP TRAINING FOR ADULT VOLUNTEERS, MATERIALS & SUPPLIES FOR PROVIDES INFORMATION, EDUCATION, REFERRALS, COUNSELING & SUPPORT THROUGH PROFESSIONAL CASE PROVIDES ACCESS TO HEALTH CARE SERVICES FOR THE UNINSURED & LOW-INCOME POPULATION WITH CHRONIC
KCTC FOUNDATION	76-0826082		14,250.	0.			
FAMILY SERVICES ASSN OF BOYLE COUNTY - DANVILLE, KY 40422	61-0458751		26,750.	0.			
GAREARD COUNTY 4H	61-1101391		7,852.	0.			
CHILDRENS ADVOCACY CENTER	61-1221470		2,502.	0.			
HERITAGE HOSPICES	31-0988104		25,946.	0.			
HOPE PHARMACY & COMMUNITY CLINIC	61-1229333		0.	0.			

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
KIDNEY HEALTH ALLIANCE OF KENTUCKY	23-7153964		5,700.	0.			ASSISTS KIDNEY DISEASE PATIENTS & THEIR FAMILIES STRUGGLING WITH DIALYSIS. MAKES AVAILABLE NUTRITION HIGH QUALITY LEGAL ASSISTANCE TO LOW INCOME INDIVIDUALS THROUGH DIRECT REPRESENTATION, PROVIDES HOMECARE & PERSONAL SERVICES TO SENIOR CITIZENS, INCLUDING MEALS,
LEGAL AID OF THE BLUEGRASS	61-0668572		12,998.	0.			ASSISTS KIDNEY DISEASE PATIENTS & THEIR FAMILIES STRUGGLING WITH DIALYSIS. MAKES AVAILABLE NUTRITION HIGH QUALITY LEGAL ASSISTANCE TO LOW INCOME INDIVIDUALS THROUGH DIRECT REPRESENTATION, PROVIDES HOMECARE & PERSONAL SERVICES TO SENIOR CITIZENS, INCLUDING MEALS,
LINCOLN COUNTY SENIOR CITIZENS CENTER - DANVILLE, KY 40422	61-0913274		60,450.	0.			ASSISTS KIDNEY DISEASE PATIENTS & THEIR FAMILIES STRUGGLING WITH DIALYSIS. MAKES AVAILABLE NUTRITION HIGH QUALITY LEGAL ASSISTANCE TO LOW INCOME INDIVIDUALS THROUGH DIRECT REPRESENTATION, PROVIDES HOMECARE & PERSONAL SERVICES TO SENIOR CITIZENS, INCLUDING MEALS,
MERCER COUNTY HABITAT FOR HUMANITY	61-1189896		0.	0.			ASSISTS KIDNEY DISEASE PATIENTS & THEIR FAMILIES STRUGGLING WITH DIALYSIS. MAKES AVAILABLE NUTRITION HIGH QUALITY LEGAL ASSISTANCE TO LOW INCOME INDIVIDUALS THROUGH DIRECT REPRESENTATION, PROVIDES HOMECARE & PERSONAL SERVICES TO SENIOR CITIZENS, INCLUDING MEALS,
BGCAP MERCER & GARRARD COUNTY SENIOR CITIZENS - DANVILLE, KY 40422	61-0659583		125,201.	0.			ASSISTS KIDNEY DISEASE PATIENTS & THEIR FAMILIES STRUGGLING WITH DIALYSIS. MAKES AVAILABLE NUTRITION HIGH QUALITY LEGAL ASSISTANCE TO LOW INCOME INDIVIDUALS THROUGH DIRECT REPRESENTATION, PROVIDES HOMECARE & PERSONAL SERVICES TO SENIOR CITIZENS, INCLUDING MEALS,
MERCER COUNTY 4 H	61-1318412		13,398.	0.			ASSISTS KIDNEY DISEASE PATIENTS & THEIR FAMILIES STRUGGLING WITH DIALYSIS. MAKES AVAILABLE NUTRITION HIGH QUALITY LEGAL ASSISTANCE TO LOW INCOME INDIVIDUALS THROUGH DIRECT REPRESENTATION, PROVIDES HOMECARE & PERSONAL SERVICES TO SENIOR CITIZENS, INCLUDING MEALS,
NURSING HOME OMBUDSMAN	61-0996520		13,560.	0.			ASSISTS KIDNEY DISEASE PATIENTS & THEIR FAMILIES STRUGGLING WITH DIALYSIS. MAKES AVAILABLE NUTRITION HIGH QUALITY LEGAL ASSISTANCE TO LOW INCOME INDIVIDUALS THROUGH DIRECT REPRESENTATION, PROVIDES HOMECARE & PERSONAL SERVICES TO SENIOR CITIZENS, INCLUDING MEALS,
RECOVERY CENTER	61-0723605		0.	0.			ASSISTS KIDNEY DISEASE PATIENTS & THEIR FAMILIES STRUGGLING WITH DIALYSIS. MAKES AVAILABLE NUTRITION HIGH QUALITY LEGAL ASSISTANCE TO LOW INCOME INDIVIDUALS THROUGH DIRECT REPRESENTATION, PROVIDES HOMECARE & PERSONAL SERVICES TO SENIOR CITIZENS, INCLUDING MEALS,
SALVATION ARMY	61-0452065		50,000.	0.			ASSISTS KIDNEY DISEASE PATIENTS & THEIR FAMILIES STRUGGLING WITH DIALYSIS. MAKES AVAILABLE NUTRITION HIGH QUALITY LEGAL ASSISTANCE TO LOW INCOME INDIVIDUALS THROUGH DIRECT REPRESENTATION, PROVIDES HOMECARE & PERSONAL SERVICES TO SENIOR CITIZENS, INCLUDING MEALS,

Schedule I (Form 990)

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
WILDERNESS TRACE CHILD DEVELOPMENT CENTER - DANVILLE, KY 40422	61-1230722		89,552.	0.			EARLY INTERVENTION SERVICES FOR INFANTS, TODDLERS & PRESCHOOLERS WITH TRAINS VOLUNTEERS WHO SERVE AS COURT APPOINTED SPECIAL ADVOCATES REPRESENTING ABUSED & PROGRAMS TO DEVELOP LIFE & LEADERSHIP SKILLS, SCHOOL CLUBS, COMPETITIVE ACTIVITIES, CAMP,
CASA AT WOODLAWN	26-1841458		23,448.	0.			COMMUNITY FOOD BANK FOR LOW INCOME LINCOLN COUNTY RESIDENTS.
LINCOLN COUNTY 4H	26-1414479		10,196.	0.			RESIDENTIAL PSYCHIATRIC TREATMENT FACILITY FOR CHILDREN AND YOUTH. PROVIDES AFFORDABLE AFTER SCHOOL PROGRAM AND HEALTH AND FITNESS YOUTH PROGRAMS.
FORT LOGAN MINISTRIES	62-1387136		750.	0.			
SUNRISE CHILDREN'S SERVICES	61-0597273		21,448.	0.			
WILDERNESS TRACE YMCA	61-1024933		53,223.	0.			
EPHRAIM MCDOWELL HEALTH FOUNDATION	61-1229333		43,448.	0.			
HABITAT FOR HUMANITY	61-1189896		11,098.	0.			
AMERICAN RED CROSS	61-0449603		6,948.	0.			

Schedule I (Form 990)

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.** **Part III can be duplicated if additional space is needed.** **23-166092** **Page 2**

[illegible]

Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.
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PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: BIG BROTHERS/BIG SISTERS

(H) PURPOSE OF GRANT OR ASSISTANCE: ONE ON ONE SCHOOL MENTORING AND

PAIRING OF BIG BROTHERS & BIG SISTERS WITH SELECTED BOYS & GIRLS , AGES

6-13, WHO ARE FROM PRIMARILY SINGLE PARENT HOMES IN BOYLE, MERCER &

LINCOLN COUNTIES.

NAME OF ORGANIZATION OR GOVERNMENT: BLUEGRASS ORG

(H) PURPOSE OF GRANT OR ASSISTANCE: RESIDENTIAL & NON-RESIDENTIAL

Part IV Supplemental Information

PROGRAMS FOR FEMALE VICTIMS OF DOMESTIC VIOLENCE & THEIR FAMILIES
INCLUDING AGENCY ADVOCACY, FINANCIAL LITERACY, SUPPORT GROUPS, CASE
MANAGEMENT, SAFETY PLANNING, CHILDREN'S PROGRAMS, COUNSELING & EDUCATION.

NAME OF ORGANIZATION OR GOVERNMENT: BLUEGRASS RAPE CRISIS CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES SUPPORT, VICTIM ADVOCATE &
INFORMATION TO VICTIMS OF RAPE AND/OR SEXUAL ASSAULT, THEIR FAMILIES &
FRIENDS. PROVIDES SAFETY EDUCATION TO CHILDREN AND DATE RAPE INFORMATION
TO TEENAGERS.

NAME OF ORGANIZATION OR GOVERNMENT: GREEN HOUSE 17

(H) PURPOSE OF GRANT OR ASSISTANCE: SERVES SENIORS AT HOME, GARRARD &
MERCER ADULT DAY CARE PROVIDES SUPERVISION, MEDICAL OVERSIGHT AND
ACTIVITIES FOR ADULTS WITH ALZHEIMER'S/DEMENTIA/DEVELOPMENTAL
DISABILITIES

NAME OF ORGANIZATION OR GOVERNMENT: BOYLE COUNTY 4H

(H) PURPOSE OF GRANT OR ASSISTANCE: PROGRAMS TO DEVELOP LIFE &
LEADERSHIP SKILLS, SCHOOL CLUBS, COMPETITIVE ACTIVITIES, CAMP, COMMUNITY
SERVICE, STATE FAIR EXHIBITS & PROJECTS FOR YOUTH AGES 9-19.

NAME OF ORGANIZATION OR GOVERNMENT: BOYLE COUNTY HABITAT FOR HUMANITY

(H) PURPOSE OF GRANT OR ASSISTANCE: AFFORDABLE HOUSING FOR FIRST TIME
HOME OWNERS FROM QUALIFIED LOW-INCOME FAMILIES; WORKS TO ELIMINATE
SUB-STANDARD HOUSING.

NAME OF ORGANIZATION OR GOVERNMENT: CENTRO LATINO

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES INTERPRETING SERVICES TO

Part IV Supplemental Information

MEDICAL APPOINTMENTS AND ON-CALL SERVICES FOR HEALTH RELATED ISSUES.

OFFERS TRANSPORTATION TO SPECIAL MEDICAL SERVICES ON A LIMITED BASES.

NAME OF ORGANIZATION OR GOVERNMENT: DANVILLE BOYLE CO SENIORS

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES HOMECARE & PERSONAL SERVICES TO SENIOR CITIZENS, INCLUDING MEALS, TRANSPORTATION, WELLNESS CARE & RECREATIONAL & REFERRAL SERVICES. ADULT DAY CARE PROGRAMS ARE ALSO AVAILABLE FOR SENIORS WITH SPECIAL NEEDS.

NAME OF ORGANIZATION OR GOVERNMENT: KCTC FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: INDIVIDUAL ASSESSMENT FOR PARTICIPANTS, GED TESTING, ELS CLASSES, ADULT LITERACY & TUTORING.

NAME OF ORGANIZATION OR GOVERNMENT: GARRARD COUNTY 4H

(H) PURPOSE OF GRANT OR ASSISTANCE: PROGRAMS TO DEVELOP LIFE & LEADERSHIP SKILLS, SCHOOL CLUBS, COMPETITIVE ACTIVITIES, CAMP, COMMUNITY SERVICE, STATE FAIR EXHIBITS & PROJECTS FOR YOUTH AGES 9-19.

NAME OF ORGANIZATION OR GOVERNMENT: CHILDRENS ADVOCACY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR LOCAL TROOPS, LEADERSHIP TRAINING FOR ADULT VOLUNTEERS, MATERIALS & SUPPLIES FOR PROGRAMS PROVIDED TO GIRLS.

NAME OF ORGANIZATION OR GOVERNMENT: HERITAGE HOSPICES

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES INFORMATION, EDUCATION, REFERRALS, COUNSELING & SUPPORT THROUGH PROFESSIONAL CASE MANAGEMENT & VOLUNTEER SERVICES TO INDIVIDUALS EXPERIENCING A LIFE-LIMITING ILLNESS.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: HOPE PHARMACY & COMMUNITY CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES ACCESS TO HEALTH CARE

SERVICES FOR THE UNINSURED & LOW-INCOME POPULATION WITH CHRONIC DISEASES

THROUGH A COLLABORATION OF EPHRAIM MCDOWELL HEALTH, THE SALVATION ARMY &

HEART OF KENTUCKY UNITED WAY.

NAME OF ORGANIZATION OR GOVERNMENT: KIDNEY HEALTH ALLIANCE OF KENTUCKY

(H) PURPOSE OF GRANT OR ASSISTANCE: ASSISTS KIDNEY DISEASE PATIENTS &

THEIR FAMILIES STRUGGLING WITH DIALYSIS. MAKES AVAILABLE NUTRITION

SUPPLEMENTS FOR DIALYSIS PATIENTS. PROVIDES KIDNEY HEALTH SCREENINGS TO

RAISE AWARENESS & EARLY DETECTIONS OF CHRONIC KIDNEY DISEASE.

NAME OF ORGANIZATION OR GOVERNMENT: LEGAL AID OF THE BLUEGRASS

(H) PURPOSE OF GRANT OR ASSISTANCE: HIGH QUALITY LEGAL ASSISTANCE TO LOW

INCOME INDIVIDUALS THROUGH DIRECT REPRESENTATION, EDUCATION, ADVICE &

ADVOCACY.

NAME OF ORGANIZATION OR GOVERNMENT: LINCOLN COUNTY SENIOR CITIZENS CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES HOMECARE & PERSONAL

SERVICES TO SENIOR CITIZENS, INCLUDING MEALS, TRANSPORTATION, WELLNESS

CARE & RECREATIONAL & REFERRAL SERVICES. ADULT DAY CARE PROGRAMS ARE ALSO

AVAILABLE FOR SENIORS WITH SPECIAL NEEDS.

NAME OF ORGANIZATION OR GOVERNMENT: MERCER COUNTY HABITAT FOR HUMANITY

(H) PURPOSE OF GRANT OR ASSISTANCE: AFFORDABLE HOUSING FOR FIRST TIME

HOME OWNERS FROM QUALIFIED LOW-INCOME FAMILIES; WORKS TO ELIMINATE

SUB-STANDARD HOUSING.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

BGCAP MERCER & GARRARD COUNTY SENIOR CITIZENS

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES HOMECARE & PERSONAL SERVICES TO SENIOR CITIZENS, INCLUDING MEALS, TRANSPORTATION, WELLNESS CARE & RECREATIONAL & REFERRAL SERVICES.

NAME OF ORGANIZATION OR GOVERNMENT: MERCER COUNTY 4 H

(H) PURPOSE OF GRANT OR ASSISTANCE: PROGRAMS TO DEVELOP LIFE & LEADERSHIP SKILLS, SCHOOL CLUBS, COMPETITIVE ACTIVITIES, CAMP, COMMUNITY SERVICE, STATE FAIR EXHIBITS & PROJECTS FOR YOUTH AGES 9-19.

NAME OF ORGANIZATION OR GOVERNMENT: NURSING HOME OMBUDSMAN

(H) PURPOSE OF GRANT OR ASSISTANCE: ADVOCATES FOR THE HEALTH & QUALITY OF LIFE FOR ALL LICENSED LONG-TERM CARE RESIDENTS. WORKS TO RESOLVE PROBLEMS RESIDENTS EXPERIENCE. PROMOTES DIGNITY, RIGHTS & INDIVIDUALIZED CARE.

NAME OF ORGANIZATION OR GOVERNMENT: RECOVERY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: AN INTENSIVE OUT PATIENT PROGRAM WHICH PROVIDES INDIVIDUAL, FAMILY & GROUP OUT-PATIENT TREATMENT FOR ALCOHOL & OTHER DRUG ABUSE & DEPENDENCE.

NAME OF ORGANIZATION OR GOVERNMENT: SALVATION ARMY

(H) PURPOSE OF GRANT OR ASSISTANCE: OFFERS CRITICAL/EMERGENCY SERVICES IN TIMES OF DISASTER, FOOD, CLOTHING, SHELTER & APPROPRIATE COMMUNITY REFERRALS. PROVIDES HEALTH & SAFETY CLASSES & ARMED FORCES EMERGENCY SERVICES.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

WILDERNESS TRACE CHILD DEVELOPMENT CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: EARLY INTERVENTION SERVICES FOR INFANTS, TODDLERS & PRESCHOOLERS WITH DISABILITIES WHICH INCLUDE EDUCATION & OCCUPATIONAL, PHYSICAL & SPEECH THERAPY, AS WELL AS AN INTEGRATED PLAYGROUP & PRESCHOOL FOR ALL KIDS.

NAME OF ORGANIZATION OR GOVERNMENT: CASA AT WOODLAWN

(H) PURPOSE OF GRANT OR ASSISTANCE: TRAINS VOLUNTEERS WHO SERVE AS COURT APPOINTED SPECIAL ADVOCATES REPRESENTING ABUSED & NEGLECTED CHILDREN IN THE COURT SYSTEM. WORKS WITH THE CHILDREN, THE FAMILIES, SCHOOLS & THE COURT SYSTEM TO MAKE THE BEST DECISIONS FOR EACH CHILD.

NAME OF ORGANIZATION OR GOVERNMENT: LINCOLN COUNTY 4H

(H) PURPOSE OF GRANT OR ASSISTANCE: PROGRAMS TO DEVELOP LIFE & LEADERSHIP SKILLS, SCHOOL CLUBS, COMPETITIVE ACTIVITIES, CAMP, COMMUNITY SERVICE, STATE FAIR EXHIBITS & PROJECTS FOR YOUTH AGES 9-19.

NAME OF ORGANIZATION OR GOVERNMENT: SUNRISE CHILDREN'S SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: RESIDENTIAL PSYCHIATRIC TREATMENT FACILITY FOR CHILDREN AND YOUTH. PROVIDES ASSESSMENT/SCREENING, INDIVIDUAL & GROUP COUNSELING, RECREATIONAL & EDUCATIONAL PROGRAMS, PSYCHIATRIC CONSULTATION AND/OR MEDICATION MANAGEMENT.

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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

HEART OF KENTUCKY UNITED WAY, INC.

Employer identification number
23-7166092

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

CREATING OPPORTUNITIES FOR A GOOD LIFE FOR ALL IN OUR 4-COUNTY SERVICE
AREA-BOYLE, GARRARD, LINCOLN AND MERCER COUNTIES OF KENTUCKY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

11.EIN 26-1414479 LINCOLN CO. 4-H COUNCIL

12.EIN 61-0452065 SALVATION ARMY

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

MERCER COUNTY SENIOR CITIZENS

10.EIN 26-3668416 CENTRO LATINO

11.EIN 61-0913274 LINCOLN COUNTY SENIOR CITIZENS CENTER

12.EIN 61-0449603 AMERICAN RED CROSS - CENTRAL KENTUCKY CHAPTER

13.EIN 61-0449605 AMERICAN RED CROSS - DANIEL BOONE

14.EIN 61-0723605 BLUEGRASS.ORG/COMPREHENSIVE CARE

15.EIN 31-1151536 BOYLE COUNTY 4-H COUNCIL, INC.

16.EIN 61-1221470 CHILDREN'S ADVOCACY CENTER OF THE BLUEGRASS

17.EIN 61-1229333 EPHRAIM MCDOWELL HEALTH FOUNDATION

18.EIN 26-1414479 LINCOLN CO. 4-H COUNCIL

19.EIN 61-1318412 MERCER CO. 4-H

20.EIN 61-0659010 MERCER CO. ADULT EDUCATION LEARNING CENTER

21.EIN 61-1024933 WILDERNESS TRACE FAMILY YMCA

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

GENERAL EXPENSES

EXPENSES \$ 161,731. INCLUDING GRANTS OF \$ 819,306. REVENUE \$ 0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
232211
01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization

HEART OF KENTUCKY UNITED WAY, INC.

Employer identification number

23-7166092

FORM 990, PART VI, SECTION B, LINE 11: THE FINANCE COMMITTEE REVIEWS THE RETURN BEFORE IT IS PASSED TO THE BOARD FOR OVERALL APPROVAL.

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

FORM 990, PART VI, SECTION B, LINE 15: EXECUTIVE DIRECTOR HAS A WRITTEN EVALUATION WHICH IS CONDUCTED BY THE PERSONNEL COMMITTEE CHAIR, PRESIDENT & CAMPAIGN CHAIR. THESE THREE MAKE RECOMMENDATIONS TO THE FINANCE COMMITTEE, WHICH IS RESPONSIBLE FOR THE ANNUAL BUDGET & FINANCE, AND EITHER APPROVES OR REJECTS THE RECOMMENDATION. FINANCE RECOMMENDS SALARIES TO EXECUTIVE COMMITTEE &, IF APPROVED, THE ENTIRE BOARD OF DIRECTORS MUST VOTE ON SALARIES OF ALL EMPLOYEES FOR THE ANNUAL BUDGET PROCESS. WHAT IS NOW CALLED THE HUMAN CAPITAL STUDY FROM UNITED WAY OF AMERICA HAS BEEN USED FOR COMPARISON, BUT THE EXECUTIVE DIRECTOR REFUSED SALARY INCREASE FOR 2011. ALL EMPLOYEES, INCLUDING THE EXECUTIVE DIRECTOR RECEIVED A SALARY INCREASE IN 2012.

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

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

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

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

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

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see Instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on **e-file for Charities & Nonprofits**.

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

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

Type or print File by the due date for filing your return. See Instructions.	Name of exempt organization or other filer, see Instructions. HEART OF KENTUCKY UNITED WAY, INC.	Employer identification number (EIN) or 23-7166092
	Number, street, and room or suite no. If a P.O. box, see Instructions. 118 N. THIRD STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see Instructions. DANVILLE, KY 40422	

Enter the Return code for the return that this application is for (file a separate application for each return) ... **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (Individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

HEART OF KENTUCKY UNITED WAY

- The books are in the care of ► **118 N. THIRD STREET - DANVILLE, KY 40422**

Telephone No. ► **(859) 238-6986**

FAX No. ► ☐

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2014**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year _____ or

► ☒ tax year beginning **JUL 1, 2012**, and ending **JUN 30, 2013**.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See Instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See Instructions.	3c	\$	0.

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2013)