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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 07-01-2012 , 2012, and ending 06-30-2013

B Check if applicable
- [x] 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
100 Midland Drive

City or town, state or country, and ZIP + 4
Lexington, KY 405081943

D Employer identification number
61-0444679

E Telephone number
(859) 233-4461

G Gross receipts $ 6,529,695

F Name and address of principal officer
WILLIAM W FARMER PRESIDENT
100 Midland Drive Ste 300
Lexington, KY 405081943

H(a) Is this a group return for affiliates? [ ] Yes [x] 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 [x] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW UWBG ORG

K Form of organization [x] 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

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**	28
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	28
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	**5**	54
6	Total number of volunteers (estimate if necessary)	**6**	749
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**	

Activities & Governance

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	5,465,764	4,955,464
9	Program service revenue (Part VIII, line 2g)	25,861	30,632
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	298,380	312,291
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	55,409	45,176
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,845,414	5,343,563
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,641,026	3,625,341
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,524,460	1,644,235
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 993,427		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,007,895	910,301
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	6,173,381	6,179,877
19	Revenue less expenses Subtract line 18 from line 12	-327,967	-836,314

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	6,216,566	5,584,974
21	Total liabilities (Part X, line 26)	470,346	365,611
22	Net assets or fund balances Subtract line 21 from line 20	5,746,220	5,219,363

Net Assets or Fund Balances

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

****** | 2014-04-16
Signature of officer | Date

WILLIAM W FARMER PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
Rachel Spurlock				P00520729
Firm's name ▶ CROWE HORWATH LLP			Firm's EIN ▶	
Firm's address ▶ 9600 Brownsboro Road Suite 400 Louisville, KY 402411122			Phone no (502) 326-3996	

May the IRS discuss this return with the preparer shown above? (see instructions) [x] 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 are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 4,080,063 including grants of $ 3,452,734) (Revenue $ 75,808)

UNITED WAY OF THE BLUEGRASS (UWBG) RECOGNIZES THREE AREAS CRITICAL TO ADVANCING THE COMMON GOOD - EDUCATION, INCOME AND HEALTH UWBG OPERATES BY A COMPREHENSIVE PLAN OF PARTNERSHIP, COLLABORATION, AND INVESTMENT TO CREATE POSITIVE IMPACT ON THE COMMUNITY ALONG THESE THREE AREAS REGIONAL COMMUNITY VOLUNTEERS, WITH INPUT FROM FIELD EXPERTS, DETERMINE PROGRAM ALLOCATIONS ON A THREE-YEAR FUNDING CYCLE UWBG IS ADDRESSING THE UNDERLYING CAUSE OF COMMUNITY ISSUES THROUGH INVESTMENTS AND OVERSIGHT OF COMMUNITY PROGRAMS RESULTS ARE THOROUGHLY EXAMINED EVERY SIX MONTHS IN PARTNERSHIP WITH THE UNIVERSITY OF KENTUCKY TO ENSURE PROGRAMS ARE ON TRACK TO REACH INTENDED RESULTS

4b (Code) (Expenses $ 245,110 including grants of $ 157,107) (Revenue $)

BACK ON TRACK IS DESIGNED TO HELP HARDWORKING INDIVIDUALS SUCCEED BY MATCHING THEIR SAVINGS THROUGH INDIVIDUAL DEVELOPMENT ACCOUNTS (IDAS) AS SOMEONE SAVES, UWBG WORKS WITH THEM TO BUILD ASSETS THROUGH FREE TAX PREPARATION AND FILING, FINANCIAL LITERACY CLASSES, ACCESS TO FINANCIAL ASSISTANCE PROGRAMS, AND MORE BACK ON TRACK PROVIDES FOR PEOPLE TO HAVE THEIR SAVINGS MATCHED TO BUILD FOR THEIR FUTURE SAVINGS AND MATCHED DOLLARS ARE USED TO FURTHER EDUCATION, BUY A FIRST HOME OR START A SMALL BUSINESS THOSE WHO QUALIFY ATTEND MULTIPLE TRAININGS AND PROGRAMS, SUCH AS FINANCIAL LITERACY COURSES, IN ORDER TO RECEIVE THE MATCH DOLLARS UWBG WAS ONE OF THIRTY-THREE NONPROFITS NATIONWIDE TO RECEIVE AN ASSETS FOR INDEPENDENCE (AFI) GRANT FROM THE OFFICE OF COMMUNITY SERVICE AT THE U S DEPARTMENT OF HEALTH AND HUMAN SERVICES

4c (Code) (Expenses $ 192,285 including grants of $) (Revenue $)

UNITED WAY 211 CONNECTS PEOPLE WHO NEED HUMAN SERVICES WITH THOSE WHO PROVIDE THEM LAST YEAR, UNITED WAY 211 CONNECTED MORE THAN 26,000 PEOPLE WITH THE HELP THEY NEEDED, FROM FOOD TO SHELTER TO DEPENDENCE ASSISTANCE

(Code) (Expenses $ 279,076 including grants of $ 15,500) (Revenue $)

IN ANDERSON, CLARK, SCOTT AND WOODFORD COUNTIES, ADULTS AGED 55+ ARE MAKING AN IMPACT IN EDUCATION THROUGH ACADEMIC AND YOUTH DEVELOPMENT PROGRAMS WITH UNITED WAY'S TRAILBLAZERS PROGRAM TRAILBLAZERS ACT AS READERS, TUTORS AND MENTORS TO INCREASE THE SUCCESS OF KIDS IN THE BLUEGRASS SOMETIMES KIDS JUST NEED SOMEONE WHO BELIEVES IN THEM VOLUNTEERS GIVE THE EXTRA INDIVIDUAL ATTENTION KIDS SOMETIMES NEED WE ALL WIN WHEN A CHILD SUCCEEDS IN SCHOOL AND GROWS UP TO BE A PRODUCTIVE ADULT WHO GIVES BACK TO THE COMMUNITY LAST YEAR, 81 TRAILBLAZERS WORKED WITH YOUTH IN CENTRAL KENTUCKY TO MAKE A DIFFERENCE THAT WILL LAST A LIFETIME TRAILBLAZERS OPERATES THROUGH A FEDERAL GRANT FROM THE CORPORATION FOR NATIONAL & COMMUNITY SERVICE THROUGH THEIR RETIRED AND SENIOR VOLUNTEER PROGRAM TO IMPLEMENT THE TRAILBLAZERS PROGRAM IN ANDERSON, CLARK, SCOTT, AND WOODFORD COUNTIES UWBG HELPS REFER AND MATCH VOLUNTEER INTERESTS TO APPROPRIATE VOLUNTEER OPPORTUNITIES THE VOLUNTEER CENTER PROMOTES VOLUNTEERISM IN CENTRAL KENTUCKY GET ON BOARD IS A PROGRAM THAT RECRUITS, TRAINS, PLACES AND RETAINS A DIVERSE GROUP OF VOLUNTEERS TO SERVE ON NON-PROFIT BOARDS IN OUR COMMUNITY AFTER A THOROUGH SELECTION PROCESS, PARTICIPANTS TAKE PART IN AN EXTENSIVE SEVEN-WEEK COURSE UPON COMPLETION, GRADUATES BEGIN THEIR NON-PROFIT BOARD SERVICE AND ARE MENTORED FOR SUCCESS TO DATE, MORE THAN 300 CENTRAL KENTUCKIANS HAVE GRADUATED AND ARE NOW IMPACTING NON-PROFITS THROUGHOUT THE BLUEGRASS

4d Other program services (Describe in Schedule O)

(Expenses $ 279,076 including grants of $ 15,500) (Revenue $)

4e **Total program service expenses** ▶ 4,796,534

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 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*	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, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	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 and XII 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, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	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 hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

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*	**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, 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*	**23**		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 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, highest 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 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*	**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 direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	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, Part II, III, or IV, and Part V, line 1*	**34**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	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*	**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 11b 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	54		
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		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a** 28		
	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	**1b** 28		
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 this 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 ☐ 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

▶ JILL JOHNSON 2400 READING ROAD CINCINNATI, OH (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 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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) AUGUSTA JULIAN BOARD CHAIR	4 00	X		X				0	0	0
(2) JUSTIN HUBBARD TREASURER	1 00	X		X				0	0	0
(3) BILLY HALL DIRECTOR	1 00	X						0	0	0
(4) BROCK SALADIN DIRECTOR	1 00	X						0	0	0
(5) BRUCE MANLEY DIRECTOR	1 00	X						0	0	0
(6) CHAD RUDZIK DIRECTOR	1 00	X						0	0	0
(7) CHARLES E REDWINE DIRECTOR	1 00	X						0	0	0
(8) CHERYL NORTON DIRECTOR	1 00	X						0	0	0
(9) CRAIG DANIELS DIRECTOR - AUDIT COMMITTEE CHAIR	1 00	X						0	0	0
(10) GREGORY L DIXON DIRECTOR - PAST BOARD CHAIR	1 00	X						0	0	0
(11) JANET BEARD DIRECTOR	1 00	X						0	0	0
(12) JOHN GOHMANN DIRECTOR	1 00	X						0	0	0
(13) KIM MARSHALL DIRECTOR	1 00	X						0	0	0
(14) KIMBERLY P WILSON DIRECTOR	1 00	X						0	0	0
(15) KRISTI MIDDLETON DIRECTOR	1 00	X						0	0	0
(16) LU S YOUNG DIRECTOR - INCOMING BOARD CHAIR	1 00	X						0	0	0
(17) MICHAEL S HOCKENSMITH 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 (list any hours for related organizations below dotted 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) OWEN CROPPER DIRECTOR	1 00	X						0	0	0
(19) PAM RICE DIRECTOR	1 00	X						0	0	0
(20) PATRICK T BREWER DIRECTOR	1 00	X						0	0	0
(21) ROBERT J KAIN DIRECTOR	1 00	X						0	0	0
(22) ROBERT SUTTON DIRECTOR	1 00	X						0	0	0
(23) RUFUS FRIDAY DIRECTOR	1 00	X						0	0	0
(24) SARAH S GLENN DIRECTOR	1 00	X						0	0	0
(25) SIMON GRAY DIRECTOR	1 00	X						0	0	0
(26) STEPHEN GRAY DIRECTOR- COMMUNITY INVESTMENT CHAIR	1 00	X						0	0	0
(27) TYRONE D TYRA DIRECTOR	1 00	X						0	0	0
(28) WILLIAM H WILSON DIRECTOR	1 00	X						0	0	0
(29) VICKI SEALE VP FINANCE	50 00			X				62,102	0	10,477
(30) WILLIAM FARMER PRESIDENT/CEO - BRD SECRETARY	50 00			X				119,768	0	32,844
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								181,870	0	43,321

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

Check 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	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	61,747			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,893,717			
	g	Noncash contributions included in lines 1a-1f $		321,057			
	h	**Total.** Add lines 1a-1f		4,955,464			
Program Service Revenue			Business Code				
	2a	OUTSIDE DESIGN AND ADMINISTRATION	561000	30,632	30,632		
	b			0			
	c			0			
	d			0			
	e			0			
	f	All other program service revenue		0	0	0	0
	g	**Total.** Add lines 2a–2f		30,632			
	3	Investment income (including dividends, interest, and other similar amounts)		99,334			99,334
	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	1,376,030				
	b	Less cost or other basis and sales expenses	1,163,073				
	c	Gain or (loss)	212,957	0			
	d	Net gain or (loss)		212,957			212,957
Other Revenue	8a	Gross income from fundraising events (not including $ 61,747 of contributions reported on line 1c) See Part IV, line 18	a 23,059				
	b	Less direct expenses	b 23,059				
	c	Net income or (loss) from fundraising events		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	45,176	45,176		
	b			0			
	c			0			
	d	All other revenue		0	0	0	0
	e	**Total.** Add lines 11a–11d		45,176			
	12	**Total revenue.** See Instructions		5,343,563	75,808	0	312,291

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	3,625,341	3,625,341		
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	213,839	59,513	71,076	83,250
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	1,109,439	522,684	102,058	484,697
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	73,462	24,849	15,848	32,765
9 Other employee benefits	150,739	77,773	9,400	63,566
10 Payroll taxes	96,756	43,575	9,146	44,035
11 Fees for services (non-employees)				
a Management	0			
b Legal	0			
c Accounting	0			
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	33,881		33,881	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	339,839	226,526	33,644	79,669
12 Advertising and promotion	111,104	52,491	19,996	38,617
13 Office expenses	137,654	48,216	10,810	78,628
14 Information technology	0			
15 Royalties . .	0			
16 Occupancy	92,326	48,890	10,015	33,421
17 Travel	45,412	15,448	1,529	28,435
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	19,312	14,398	113	4,801
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	15,720	8,332	1,729	5,659
23 Insurance	10,374	2,254	5,674	2,446
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 DUES AND SUBSCRIPTIONS	87,700	14,130	63,874	9,696
b EQUIPMENT RENTAL AND REPAIRS	7,227	2,647	946	3,634
c BOARD/STAFF DEVELOPMENT	6,246	6,246		
d				
e All other expenses	3,506	3,221	177	108
25 **Total functional expenses.** Add lines 1 through 24e	6,179,877	4,796,534	389,916	993,427
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)	0			

Part X Balance Sheet

Check 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		384,660	1	504,349
	2	Savings and temporary cash investments		150,836	2	197,981
	3	Pledges and grants receivable, net		1,912,178	3	1,860,425
	4	Accounts receivable, net		132,126	4	3,845
	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	0
	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 instructions) Complete Part II of Schedule L			6	0
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		10,331	9	19,362
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 314,976			
	b	Less accumulated depreciation	10b 285,635	45,061	10c	29,341
	11	Investments—publicly traded securities		3,347,354	11	2,931,254
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		234,020	15	38,417
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		6,216,566	16	5,584,974
Liabilities	17	Accounts payable and accrued expenses		102,518	17	137,435
	18	Grants payable		171,595	18	228,176
	19	Deferred revenue			19	
	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	0
	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		196,233	25	0
	26	**Total liabilities.** Add lines 17 through 25		470,346	26	365,611
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		5,491,276	27	4,977,596
	28	Temporarily restricted net assets		164,944	28	151,767
	29	Permanently restricted net assets		90,000	29	90,000
		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		5,746,220	33	5,219,363
	34	Total liabilities and net assets/fund balances		6,216,566	34	5,584,974

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	5,343,563
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,179,877
3	Revenue less expenses Subtract line 2 from line 1	3	-836,314
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,746,220
5	Net unrealized gains (losses) on investments	5	81,053
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	228,404
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,219,363

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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			
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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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		

Additional Data

Software ID: 12000266
Software Version: v2012.1.0
EIN: 61-0444679
Name: UNITED WAY OF THE BLUEGRASS INC

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
AUGUSTA JULIAN BOARD CHAIR	4 00	X		X				0	0	0
JUSTIN HUBBARD TREASURER	1 00	X		X				0	0	0
BILLY HALL DIRECTOR	1 00	X						0	0	0
BROCK SALADIN DIRECTOR	1 00	X						0	0	0
BRUCE MANLEY DIRECTOR	1 00	X						0	0	0
CHAD RUDZIK DIRECTOR	1 00	X						0	0	0
CHARLES E REDWINE DIRECTOR	1 00	X						0	0	0
CHERYL NORTON DIRECTOR	1 00	X						0	0	0
CRAIG DANIELS DIRECTOR - AUDIT COMMITTEE CHAIR	1 00	X						0	0	0
GREGORY L DIXON DIRECTOR - PAST BOARD CHAIR	1 00	X						0	0	0
JANET BEARD DIRECTOR	1 00	X						0	0	0
JOHN GOHMANN DIRECTOR	1 00	X						0	0	0
KIM MARSHALL DIRECTOR	1 00	X						0	0	0
KIMBERLY P WILSON DIRECTOR	1 00	X						0	0	0
KRISTI MIDDLETON DIRECTOR	1 00	X						0	0	0
LU S YOUNG DIRECTOR - INCOMING BOARD CHAIR	1 00	X						0	0	0
MICHAEL S HOCKENSMITH DIRECTOR	1 00	X						0	0	0
OWEN CROPPER DIRECTOR	1 00	X						0	0	0
PAM RICE DIRECTOR	1 00	X						0	0	0
PATRICK T BREWER DIRECTOR	1 00	X						0	0	0
ROBERT J KAIN DIRECTOR	1 00	X						0	0	0
ROBERT SUTTON DIRECTOR	1 00	X						0	0	0
RUFUS FRIDAY DIRECTOR	1 00	X						0	0	0
SARAH S GLENN DIRECTOR	1 00	X						0	0	0
SIMON GRAY DIRECTOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
STEPHEN GRAY DIRECTOR- COMMUNITY INVESTMENT CHAIR	1 00	X						0	0	0
TYRONE D TYRA DIRECTOR	1 00	X						0	0	0
WILLIAM H WILSON DIRECTOR	1 00	X						0	0	0
VICKI SEALE VP FINANCE	50 00			X				62,102	0	10,477
WILLIAM FARMER PRESIDENT/CEO - BRD SECRETARY	50 00			X				119,768	0	32,844

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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

2012

Open to Public Inspection

Name of the organization
UNITED WAY OF THE BLUEGRASS INC

Employer identification number
61-0444679

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

h Provide the following information about the 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?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of monetary support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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 ")	6,166,090	5,870,817	5,918,385	5,465,764	4,955,464	28,376,520
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	6,166,090	5,870,817	5,918,385	5,465,764	4,955,464	28,376,520
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)						2,290,537
6 **Public support.** Subtract line 5 from line 4						26,085,983

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	6,166,090	5,870,817	5,918,385	5,465,764	4,955,464	28,376,520
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	119,125	86,872	131,154	94,521	99,334	531,006
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	29,386	27,727	119,047	103,682	75,806	355,648
11 **Total support** (Add lines 7 through 10)						29,263,174

12 Gross receipts from related activities, etc (see instructions)	12	194,356

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 2012 (line 6, column (f) divided by line 11, column (f))	14	89 140 %
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	91 000 %

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 ▶☐

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 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 ▶☐

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

Facts And Circumstances Test

Explanation

OTHER INCOME, SCHEDULE A, PART II, LINE 10, DESCRIPTION - OTHER INCOME, COLUMN A - 29386, COLUMN B - 27727, COLUMN C - 119047, COLUMN D - 103682, COLUMN E - 75806, COLUMN F - 355648,,

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 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
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 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 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	765,630	784,935	749,616	682,201	533,795
b	Contributions					35,134
c	Net investment earnings, gains, and losses	88,142	11,695	35,319	95,415	137,272
d	Grants or scholarships					
e	Other expenditures for facilities and programs	36,000	31,000		28,000	24,000
f	Administrative expenses					
g	End of year balance	817,772	765,630	784,935	749,616	682,201

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

- a Board designated or quasi-endowment ▶ 89 000 %
- b Permanent endowment ▶ 11 000 %
- 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

		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 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				0
b Buildings				0
c Leasehold improvements		85,115	79,199	5,916
d Equipment		213,361	189,936	23,425
e Other		16,500	16,500	0
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				29,341

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) must 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) 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
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
Federal income taxes	0
AMOUNTS DUE TO CENTRAL KENTUCKY COMBINED FEDERAL CAMPAIGN	0
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	0

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	5,707,535
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	81,053		
b	Donated services and use of facilities	2b	88,396		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	228,404		
e	Add lines **2a** through **2d**			2e	397,853
3	Subtract line **2e** from line **1**			3	5,309,682
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	33,881		
b	Other (Describe in Part XIII)	4b	0		
c	Add lines **4a** and **4b**			4c	33,881
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	5,343,563

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

1	Total expenses and losses per audited financial statements			1	6,234,392
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	88,396		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	0		
e	Add lines **2a** through **2d**			2e	88,396
3	Subtract line **2e** from line **1**			3	6,145,996
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	33,881		
b	Other (Describe in Part XIII)	4b	0		
c	Add lines **4a** and **4b**			4c	33,881
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	6,179,877

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

Identifier	Return Reference	Explanation
Intended uses of endowment funds	Schedule D, Part V, Line 4	THE PURPOSE OF 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, 2013, 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 2010
Other revenues in audited financial statements not in form 990	Schedule D, Part XI, Line 2d	UNCOLLECTABLE PLEDGES WRITTEN OFF - 228404,

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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. Form 990-EZ filers are not required to complete this part.

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

OMB No 1545-0047

2012

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 email 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

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

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 LEXMARK GOLF OUTING (event type)	(b) Event #2 5K ON THE RUNWAY (event type)	(c) Other events 2 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	51,091	16,652	17,063	84,806
	2 Less Contributions	36,225	11,509	14,013	61,747
	3 Gross income (line 1 minus line 2)	14,866	5,143	3,050	23,059
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes				0
	6 Rent/facility costs				0
	7 Food and beverages				0
	8 Entertainment				0
	9 Other direct expenses	14,866	5,143	3,050	23,059
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(23,059)
	11 Net income summary Combine line 3, column (d), and line 10 ▶				0

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

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

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

Name ▶ .....

Address ▶ .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ 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 of the third party

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 Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	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

2012

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. Part II can be duplicated 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 . . . . . ▶ 69

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. Part III can be duplicated 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, Part III, column (b), 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,

Additional Data Return to Form

Software ID: 12000266
Software Version: v2012.1.0
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 INDUSTRIES PO BOX 352 PARIS,KY 40362	61-1048788	501(C)(3)	35,951				SHELTERED EMPLOYMENT
AIDS VOLUNTEERS INC 263 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

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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 BLUEGRASS1122 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 AGENCYPO 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)	106,800				DOMESTIC VIOLENCE PREVENTION & SUPPORT

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

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BLUEGRASS RAPE CRISIS CENTERPO BOX 1603 LEXINGTON,KY 40588	61-0916756	501(C)(3)	55,774				CRISIS COUNSELING & SUPPORT
BLUEGRASS REGIONAL MENTAL HEALTHMENTAL RETARDATION BOARD 1351 NEWTOWN PIKE LEXINGTON,KY 40511	61-0723605	501(C)(3)	17,900				THERAPEUTIC REHABILITATION

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

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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 INC164 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

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BOURBON COUNTY 4-H COUNCIL603 MILLERSBURG ROAD PARIS,KY 40361	61-1214093	501(C)(3)	5,000				YOUTH DEVELOPMENT
BOY SCOUTS OF AMERICA BLUEGRASS COUNCIL3473 YORKSHIRE MEDICAL PARK LEXINGTON,KY 40509	61-0444653	501(C)(3)	76,042				YOUTH DEVELOPMENT

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

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CATHOLIC CHARITIES OF THE DIOCESE OF LEXONGTON1310 WEST MAIN STREET LEXINGTON,KY 40508	61-1138597	501(C)(3)	42,972				COUNSELING SERVICES
CENTER FOR WOMEN CHILDREN AND FAMILIES 530 NORTH LIMESTONE ST LEXINGTON,KY 40508	31-0904247	501(C)(3)	118,000				CRISIS CHILD CARE

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

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CHECK POINT221 OREGON STREET GEORGETOWN,KY 40324	61-1152395	501(C)(3)	17,755				AFTERSCHOOL CHILD CARE
CHILD CARE COUNCIL OF KENTUCKY INC1390 OLIVIA LANE LEXINGTON,KY 40511	31-1102545	501(C)(3)	109,647				CHILD CARE SUBSIDY PROGRAM

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

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CHILD DEVELOPMENT CENTERS OF THE BLUEGRASS465 SPRINGHILL DRIVE LEXINGTON,KY 40503	61-0543367	501(C)(3)	77,837				EARLY CHILD CARE & EDUCATION
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 HOUSE1589 HILL RISE DRIVE LEXINGTON,KY 40504	61-1012290	501(C)(3)	72,226				MAXWELL HOUSE-SUBSTANCE ABUSE SUPPORT
CLARK COUNTY ASSOCIATION FOR HANDICAPPED CITIZENS PO 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)	19,575				AFTERSCHOOL CHILD CARE
CLARK COUNTY COMMUNITY SERVICESPO BOX 574 WINCHESTER,KY 40392	31-1005844	501(C)(3)	36,575				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 COUNCILPO BOX 11610 LEXINGTON,KY 40576	61-0650121	501(C)(3)	87,267				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 BOARD LFUCG - 200 EAST MAIN STREET RM 328 LEXINGTON,KY 40507	61-0858140	501(C)(3)	9,194				DOMESTIC VIOLENCE PREVENTION EDUCATION
EMPLOYMENT SOLUTIONS INC1165 CENTRE PARKWAY SUITE 120 LEXINGTON,KY 40517	61-1031382	501(C)(3)	21,987				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)	73,652				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)	30,710				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 CENTER 123 WEST CLINTON STREET GEORGETOWN,KY 40324	61-0722501	501(C)(3)	28,446				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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GIRL SCOUTS WILDERNESS ROAD COUNCIL2277 EXECUTIVE DRIVE LEXINGTON,KY 40505	61-0608104	501(C)(3)	96,567				YOUTH DEVELOPMENT
GROWING TOGETHER PRESCHOOL INC599 LIMA DRIVE LEXINGTON,KY 40511	61-1037940	501(C)(3)	105,000				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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HOPE CENTERPO BOX 6 LEXINGTON,KY 40588	61-1107296	501(C)(3)	76,176				TRANSITIONAL LIVING -ALCOHOL & DRUG ABUSE RECOVERY PROGRAM
HOPE MINISTRIES FOOD PANTRY3963 OLD FRANKFORT PIKE VERSAILLES,KY 40383	61-1264370	501(C)(3)	11,000				FOOD BANK - WOODFORD COUNTY

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

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JESSAMINE COUNTY ADULT EDUCATION501 EAST MAPLE STREET NICHOLASVILLE, KY 40356	61-6001337	501(C)(3)	5,000				ADULT LITERACY
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 CENTER162 NORTH ASHLAND AVENUE LEXINGTON,KY 40502	61-0593951	501(C)(3)	108,050				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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M&M FOOD PANTRYPO BOX 1158 MT STERLING,KY 40353	61-1002569	501(C)(3)	13,000				EMERGENCY SHELTER
MASH SERVICES OF THE BLUEGRASS536 WEST THIRD STREET LEXINGTON,KY 40508	61-0926861	501(C)(3)	59,871				EMERGENCY SHELTER FOR TEENS

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

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MONTGOMERY COUNTY 4-H106 EAST LOCUST STREET MT STERLING,KY 40353		501(C)(3)	5,000				YOUTH DEVELOPMENT
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 YMCA917 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)	16,000				ADULT LITERACY
REPAIRERS LEXINGTON 180 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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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

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SURGERY ON SUNDAY650 NEWTOWN PIKE 2ND FLOOR LEXINGTON,KY 40508	20-3187452	501(C)(3)	27,073				OUT PATIENT SURGERY SERVICES
TELFORD COMMUNITY CENTER YMCA1100 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

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THE COMMUNITY CENTER OF WILMORE-HIGH BRIDGE PO BOX 52 WILMORE,KY 40390	31-1020218	501(C)(3)	13,000				EMERGENCY SERVICES-BASIC SERVICES
THE ROAD TO HOME OWNERSHIPPO BOX 11422 LEXINGTON,KY 40509	20-5045534	501(C)(3)	9,147				FAIR HOUSING PRE-PURCHASE EDUCATION WORKSHOPS

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

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THE SALVATION ARMY736 WEST MAIN STREET LEXINGTON,KY 40508	13-5562351	501(C)(3)	228,800				EMERGENCY SERVICES-BASIC SERVICES
THE SALVATION ARMY-MADISON COUNTYPO BOX 1865 RICHMOND,KY 40476	58-0660607	501(C)(3)	21,100				EMERGENCY SHELTER

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

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URBAN LEAGUE OF LEXINGTON-FAYETTE COUNTY148 DEWEESE STREET LEXINGTON,KY 40507	61-6054655	501(C)(3)	79,826				MANUP - FATHERHOOD INITIATIVE
VIRGINIA PLACE ONE PARENT ONE CHILD FACILITY1156 HORSEMANS LANE LEXINGTON,KY 40504	61-1080310	501(C)(3)	39,000				PRESCHOOL CHILD CARE & EDUCATION FOR SINGLE PARENT FAMILIES

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
VISUALLY IMPAIRED PRESCHOOL SERVICES161 BURT ROAD SUITE 4 LEXINGTON,KY 40503	61-1061973	501(C)(3)	61,825				EARLY CHILD CARE & EDUCATION
WOMAN'S CLUB COATS AND SHOES301 SOUTH MAIN STREET VERSAILLES,KY 40383	61-1035902	501(C)(3)	5,000				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)	9,031				PROGRAM FUNDING
WOODFORD COUNTY PARKS AND RECREATION 275 BEASLEY DRIVE VERSAILLES,KY 40383	61-0664051	501(C)(3)	5,000				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
YMCA OF CENTRAL KENTUCKY239 EAST HIGH STREET LEXINGTON,KY 40507	61-0444842	501(C)(3)	126,624				PRIME TIME AFTER SCHOOL PROGRAMS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
UNITED WAY OF THE BLUEGRASS INC

Employer identification number
61-0444679

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		
b	Any related organization?	**5b**		
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		
b	Any related organization?	**6b**		
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)WILLIAM FARMER PRESIDENT/CEO - BRD SECRETARY	(i) (ii)	118,994 0	0 0	774 0	8,764 0	24,080 0	152,612 0	0 0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Identifier	Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2012

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) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash 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 ▶ (DONATIONS FOR ONLINE EBAY)	X	16	1,933	COST
26	Other ▶ (DONATIONS FOR CAMPAIGN)	X	13	308,948	COST
27	Other ▶ (ADMINISTRATION AND OPERATION DONATIONS)	X	3	10,176	COST
28	Other ▶ ( )				

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 noncash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report an amount 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, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. 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=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

2012

Open to Public Inspection

Name of the organization
UNITED WAY OF THE BLUEGRASS INC

Employer identification number
61-0444679

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
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, BOARD MEMBERS 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 2013 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 9	WRITE OFF UNCOLLECTIBLE PLEDGE RECEIVABLE - 228404,