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Form **990**Department of the Treasury
Internal Revenue Service

CHANGE OF ACCOUNTING PERIOD

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)

OMB No 1545-0047

2012Open to Public
Inspection

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

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

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

C Name of organization**UNITED WAY OF SOUTHERN KENTUCKY, INC**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

1110 COLLEGE STREET

Room/suite

City, town, or post office, state, and ZIP code

BOWLING GREEN, KY 42102**F** Name and address of principal officer: **STEVE WALLACE**
SAME AS C ABOVE**D** Employer identification number**61-0590564****E** Telephone number**270-843-3205****G** Gross receipts \$**1,907,844.****H(a)** Is this a group return

for affiliates?

☐ Yes☒ No**H(b)** Are all affiliates included?☐ Yes☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() (insert no) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.UWSK.ORG****K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation **1956****M** State of legal domicile **KY****Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE MISSION OF THE UNITED WAY OF SOUTHERN KENTUCKY (UWSK) IS TO BE THE LEADER IN BRINGING TOGETHER			
	2 Check this box <input type="checkbox"/> 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)	31	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	31	
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	7	
	6	Total number of volunteers (estimate if necessary)	1628	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.	
7b	Net unrelated business taxable income from Form 990-T, line 34	0.		
Revenue	8 Contributions and grants (Part VIII, line 1h)		Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)		138,324.	1,747,147.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	25,840.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		76,804.	63,511.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		272.	-52,149.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		215,400.	1,784,349.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		1,089,091.	1,094,818.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a Professional fundraising fees (Part IX, column (A), line 11e)		147,769.	447,357.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 170,327.		0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		92,574.	244,055.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,329,434.	1,786,230.
	19 Revenue less expenses. Subtract line 18 from line 12		-1,114,034.	-1,881.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)		Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)		2,788,472.	2,780,577.
	22 Net assets or fund balances. Subtract line 21 from line 20		1,267,137.	1,291,908.

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	Signature of officer	Date			
	STEVE WALLACE, PRESIDENT/CEO	5/1/2017			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	MILLS L. WHITE, JR.	Mills L. White, Jr.	04/30/14	<input type="checkbox"/>	P00152197
	Firm's name ▶ CARR, RIGGS & INGRAM, LLC	Firm's EIN ▶ 72-1396621			
	Firm's address ▶ 927 COLLEGE STREET				
	BOWLING GREEN, KY 42102-0104	Phone no (270) 782-0700			

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes☐ No

Part III Statement of Program Service Accomplishments

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

☒ X

1. Briefly describe the organization's mission:

THE MISSION OF THE UNITED WAY OF SOUTHERN KENTUCKY (UWSK) IS TO BE THE LEADER IN BRINGING TOGETHER THE RESOURCES TO BUILD A STRONGER, MORE CARING COMMUNITY.

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 \$ 1,166,513. including grants of \$ 1,094,818.) (Revenue \$ 55,080.)

MORE THAN \$1,094,548 WAS DISTRIBUTED BY UNITED WAY OF SOUTHERN KENTUCKY'S 2013 FUND DISTRIBUTION PROGRAM. FUNDING WAS PROVIDED TO MORE THAN 40 PROGRAMS ADDRESSING CRITICAL COMMUNITY NEEDS IN THE 10-COUNTY SERVICE AREA. THIS CITIZEN'S REVIEW PROCESS IS VOLUNTEER-DRIVEN, USING A DIVERSE POOL OF COMMUNITY REPRESENTATIVES TO REVIEW PROGRAMS AND FORM FUNDING RECOMMENDATIONS. PROGRAM SERVICES MUST BE RESULTS-ORIENTED AND PROVIDE OUTCOMES THAT DEMONSTRATE STRONG CHANGE IN THE LIVES OF THE CLIENTS THEY SERVE. IN ADDITION TO THE FUND DISTRIBUTION PROGRAM, A HALLMARK OF UNITED WAY, AN ADDITIONAL \$162,675 IN DONOR DIRECTED CONTRIBUTIONS WERE PROCESSED AND DISTRIBUTED.

4b (Code) (Expenses \$ 42,451. including grants of \$) (Revenue \$)

UNITED WAY OF SOUTHERN KENTUCKY PROVIDED \$5,000 IN OTHER GRANTS TO BUILD CAPACITY FOR PROGRAM SERVICE DELIVERY. IN ADDITION TO FINANCIAL SUPPORT FOR COMMUNITY CAPACITY BUILDING, UNITED WAY OF SOUTHERN KENTUCKY STAFF PARTICIPATE IN OTHER COMMUNITY BUILDING ACTIVITIES INCLUDING THE BARREN RIVER AREA ASSET BUILDING COALITION, WHICH OFFERS ANNUAL, FREE FEDERAL AND STATE TAX PREPARATION SERVICES, AS WELL AS SERVING ON THE EMERGENCY FOOD AND SHELTER PROGRAM BOARD, AND THE COMMUNITY HEALTH PLANNING COMMITTEE.

4c (Code) (Expenses \$ 35,163. including grants of \$) (Revenue \$)

UNITED WAYS INVEST IN SUCCESS EARLY CHILDHOOD EDUCATION INITIATIVE ENCOMPASSES THE DOLLY PARTON IMAGINATION LIBRARY AND THE SUMMER READING PROGRAM. THE SUMMER READING PROGRAM STRIVES TO ENGAGE THE COMMUNITY AROUND AN EARLY CHILDHOOD EDUCATION PLAN THAT CONCENTRATES ON ENSURING CHILDREN DON'T LOSE THE SKILLS DEVELOPED DURING THE SCHOOL YEAR. THE DOLLY PARTON IMAGINATION LIBRARY PROGRAM, LAUNCHED IN LATE 2011, ENABLES CHILDREN FROM BIRTH TO 5 YEARS OF AGE WHO ARE ENROLLED IN THE PROGRAM TO ONE NEW, AGE APPROPRIATE BOOK PER MONTH AT NO COST TO THE CHILDS FAMILY. THE DOLLY PARTON IMAGINATION LIBRARY PROGRAM KICK STARTS A CHILDS READING HABITS BEFORE THEY ENTER KINDERGARTEN BY HELPING CHILDREN ACCESS BOOKS, AND PROVIDES PARENTS WITH EDUCATION TIPS TO ASSIST IN HELPING THEIR CHILDREN DEVELOP AN EARLY INTEREST IN

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

(Expenses \$ 3,681. including grants of \$) (Revenue \$)

4e Total program service expenses 1,247,808.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21. Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	
22. Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23. Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a. Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a	X
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? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
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? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26. Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27. Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28. Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a. A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b. A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29. Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31. Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33. Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34. Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a. Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36. Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37. Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
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 X	

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Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 14		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 7		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

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

☒**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 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	31	
1b Enter the number of voting members included in line 1a, above, who are independent	31	
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?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
10b 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?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b 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	X	
12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b 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?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **► KY, TN**

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

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ►
THE ORGANIZATION - 270-843-3205
1110 COLLEGE STREET, BOWLING GREEN, KY 42102

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KARL HARNACK IMMEDIATE PAST CHAIRMAN	1.00	X		X				0.	0.	0.
(2) TAD PARDUE CHAIRMAN	1.00	X		X				0.	0.	0.
(3) KENLY AMES DIRECTOR	1.00	X						0.	0.	0.
(4) KEN CAMPBELL DIRECTOR	1.00	X						0.	0.	0.
(5) MARK CORNWELL DIRECTOR	1.00	X						0.	0.	0.
(6) MIKE GRUBBS ETHICS OFFICER	1.00	X						0.	0.	0.
(7) DONNA HARMON DIRECTOR	1.00	X						0.	0.	0.
(8) STACEY HUGHES ETHICS OFFICER	1.00	X						0.	0.	0.
(9) MARK LANGEVIN DIRECTOR	1.00	X						0.	0.	0.
(10) DEWAYNE MCDONALD DIRECTOR	1.00	X						0.	0.	0.
(11) BRAD ODIL REGIONAL CAMPAIGN CHAIR	1.00	X						0.	0.	0.
(12) RICHIE SANDERS DIRECTOR	1.00	X						0.	0.	0.
(13) STEVE SINCLAIR DIRECTOR	1.00	X						0.	0.	0.
(14) DAVE TATMAN DIRECTOR	1.00	X						0.	0.	0.
(15) SCOTT TAYLOR DIRECTOR	1.00	X						0.	0.	0.
(16) STEVE THURMOND DIRECTOR	1.00	X						0.	0.	0.
(17) JOE TINIUS CHAIRMAN-ELECT	1.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MICHELLE TOLBERT DIRECTOR	1.00	X						0.	0.	0.
(19) RON BARBE DIRECTOR	1.00	X						0.	0.	0.
(20) KITA CLEMENT DIRECTOR	1.00	X						0.	0.	0.
(21) GEORGE FIELDS DIRECTOR	1.00	X						0.	0.	0.
(22) JOE LONEY DIRECTOR	1.00	X						0.	0.	0.
(23) ANN PUCKETT TREASURER	1.00	X		X				0.	0.	0.
(24) THAD CONNALLY III DIRECTOR	1.00	X						0.	0.	0.
(25) CHAD COOPER DIRECTOR	1.00	X						0.	0.	0.
(26) ANNE LEONARD DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
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		X
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		X

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2012)

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	8,350.				
	b Membership dues	1b					
	c Fundraising events	1c	107,366.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	12,325.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,619,106.				
	g Noncash contributions included in lines 1a-1f \$		49,750.				
	h Total. Add lines 1a-1f		1,747,147.				
	Program Service Revenue	2 a INVEST IN SUCCESS	Business Code	624100	25,840.	25,840.	
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			25,840.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			34,813.			34,813.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	650.				
	b Less: rental expenses	(ii) Personal	0.				
	c Rental income or (loss)		650.				
	d Net rental income or (loss)			650.			650.
	7 a Gross amount from sales of assets other than inventory	(i) Securities	28,698.				
	b Less: cost or other basis and sales expenses	(ii) Other	0.				
	c Gain or (loss)		28,698.				
	d Net gain or (loss)			28,698.	28,698.		
	8 a Gross income from fundraising events (not including \$ 107,366. of contributions reported on line 1c). See Part IV, line 18		70,154.				
	b Less: direct expenses		123,495.				
	c Net income or (loss) from fundraising events			-53,341.			-53,341.
	9 a Gross income from gaming activities. See Part IV, line 19						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances							
b Less: cost of goods sold							
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
11 a IN-KIND		624100	542.	542.			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			542.				
12 Total revenue. See instructions			1,784,349.	55,080.	0.	-17,878.	

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	1,094,818.	1,094,818.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	29,680.	8,890.	14,840.	5,950.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	323,257.	75,830.	174,617.	72,810.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	94,420.	22,713.	51,575.	20,132.
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	3,385.		3,385.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O)	47,043.		47,043.	
12 Advertising and promotion	54,263.	5,745.	3,016.	45,502.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	18,607.	4,506.	9,252.	4,849.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	9,056.	1,653.	4,811.	2,592.
20 Interest				
21 Payments to affiliates	21,707.	1,243.	19,518.	946.
22 Depreciation, depletion, and amortization	12,922.	3,120.	7,279.	2,523.
23 Insurance	6,386.	1,540.	3,564.	1,282.
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 SUPPLIES	30,232.	18,904.	7,262.	4,066.
b MISCELLANEOUS	15,093.	4,473.	5,850.	4,770.
c REPAIRS & MAINTENANCE	11,817.	1,606.	7,608.	2,603.
d UTILITIES	11,304.	2,767.	7,055.	1,482.
e All other expenses	2,240.		1,420.	820.
25 Total functional expenses. Add lines 1 through 24e	1,786,230.	1,247,808.	368,095.	170,327.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

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

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	100.	1	100.
	2 Savings and temporary cash investments	334,634.	2	154,427.
	3 Pledges and grants receivable, net	651,724.	3	669,405.
	4 Accounts receivable, net		4	1,563.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	7,405.	9	6,084.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 465,425.		
	b Less: accumulated depreciation	10b 239,443.	10c 229,284.	225,982.
	11 Investments - publicly traded securities	1,552,433.	11	1,705,912.
	12 Investments - other securities. See Part IV, line 11	12,892.	12	17,104.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,788,472.	16	2,780,577.	
Liabilities	17 Accounts payable and accrued expenses	23,267.	17	30,825.
	18 Grants payable	1,243,870.	18	1,261,083.
	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	
	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		25	
	26 Total liabilities. Add lines 17 through 25	1,267,137.	26	1,291,908.
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		1,406,124.	27	94,165.
28 Temporarily restricted net assets		115,211.	28	1,394,504.
29 Permanently restricted net assets			29	
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		1,521,335.	33	1,488,669.
34 Total liabilities and net assets/fund balances		2,788,472.	34	2,780,577.

Form 990 (2012)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,784,349.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,786,230.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,881.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,521,335.
5	Net unrealized gains (losses) on investments	5	92,855.
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	-123,640.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,488,669.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☒1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

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?

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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2012

Open to Public Inspection

61-0590564

[illegible]

Schedule A (Form 990 or 990-EZ) 2012

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,843,063.	1,767,569.	1,925,928.	1,586,456.	1,629,390.	8,752,406.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,843,063.	1,767,569.	1,925,928.	1,586,456.	1,629,390.	8,752,406.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						8,752,406.

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	1,843,063.	1,767,569.	1,925,928.	1,586,456.	1,629,390.	8,752,406.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	58,575.	49,138.	33,791.	33,361.	63,511.	238,376.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						8,990,782.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	97.35	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	97.45	%
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 <input checked="" type="checkbox"/>			
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 <input type="checkbox"/>			
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 <input type="checkbox"/>			
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 <input type="checkbox"/>			
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 <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2012

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

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

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 ► ☐

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).

ORGANIZATION ELECTED TO CHANGE FROM CALENDER YEAR TO FISCAL YEAR TO BETTER
MATCH REVENUE WITH EXPENSES.

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 SOUTHERN KENTUCKY, INC

Employer identification number

61-0590564

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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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:

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

	Amount
1c	
1d	
1e	
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	12,751.	12,373.	11,985.	10,891.	11,964.
b Contributions	3,100.				
c Net investment earnings, gains, and losses	3,115.	378.	388.	1,065.	-1,073.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	18,966.	12,751.	12,373.	11,956.	10,891.

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

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Temporarily restricted endowment ☐ %

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

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

(i) unrelated organizations

(ii) related organizations

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

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		26,000.		26,000.
b Buildings		312,628.	127,878.	184,750.
c Leasehold improvements				
d Equipment		126,797.	111,565.	15,232.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				225,982.

Schedule D (Form 990) 2012

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col. (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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

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

1	Total revenue, gains, and other support per audited financial statements		1	1,952,384.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a	96,395.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	219,060.	
e	Add lines 2a through 2d	2e		315,455.
3	Subtract line 2e from line 1	3		1,636,929.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	147,420.	
c	Add lines 4a and 4b	4c		147,420.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		1,784,349.

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

1	Total expenses and losses per audited financial statements		1	3,119,325.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	1,333,095.	
e	Add lines 2a through 2d	2e		1,333,095.
3	Subtract line 2e from line 1	3		1,786,230.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		1,786,230.

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2: THE ORGANIZATION FOLLOWS ACCOUNTING REQUIREMENTS

ASSOCIATED WITH UNCERTAINTY IN INCOME TAXES USING THE PROVISIONS OF ASC

740, INCOME TAXES. THE GUIDANCE PRESCRIBES A MINIMUM RECOGNITION THRESHOLD

AND MEASUREMENT METHODOLOGY THAT A TAX POSITION TAKEN OR EXPECTED TO BE

TAKEN IN A TAX RETURN IS REQUIRED BEFORE BEING RECOGNIZED IN THE FINANCIAL

STATEMENTS. IT ALSO PROVIDES GUIDANCE FOR DERECOGNITION, CLASSIFICATION,

INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND

TRANSITION.

Part XIII Supplemental Information (continued)

AS OF JUNE 30, 2013, THE ORGANIZATION HAS NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. WITH A FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO TAX REPORTING EXAMINATIONS BY THE FEDERAL AUTHORITIES FOR THE YEARS ENDED DECEMBER 31, 2009 AND PRIOR.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

REVENUE FROM 1/1/2012 - 6/30/2012 (FINANCIALS COVER 18 MONTHS)	215,400.
RECAPTURE OF PRIOR YEAR EXPENSE	3,660.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	219,060.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

ALLOWANCE FOR UNCOLLECTIBLE PLEDGES	147,420.
-------------------------------------	----------

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES FROM 1/1/2012 - 6/30/2012 (FINANCIALS COVER 18 MONTHS)	1,329,434.
RECAPTURE OF PRIOR YEAR EXPENSE	3,660.
ROUNDING	1.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	1,333,095.

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2012

Open To Public Inspection

Name of the organization

UNITED WAY OF SOUTHERN KENTUCKY, INC

Employer identification number
61-0590564

Part I

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

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

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

- 2 a** 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?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

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

Part III 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 BALLOONS TUNES & BBQ DINNER (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	140,365.	37,155.	177,520.
	2	Less: Contributions	107,366.		107,366.
	3	Gross income (line 1 minus line 2)	32,999.	37,155.	70,154.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	8,500.		8,500.
	7	Food and beverages	5,505.		5,505.
	8	Entertainment	42,808.		42,808.
	9	Other direct expenses	66,682.		66,682.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			(123,495)
	11	Net income summary. Combine line 3, column (d), and line 10			-53,341.

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			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			()
	8	Net gaming income summary. Combine line 1, column d, and line 7			

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 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 to be 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).

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 SOUTHERN KENTUCKY, INC

Employer identification number
61-0590564

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLEN COUNTY SCHOOLS FAMILY RESOURCE CENTER - 570 OLIVER STREET - SCOTTSVILLE, KY 42164	61-6001355	170(C)(1)	23,000.	0.	FMV		PROGRAM OPERATING COSTS AND DONOR DESIGNATIONS
ARC OF BARREN COUNTY PO BOX 205 GLASGOW, KY 42142	61-1322926	501(C)(3)	18,700.	0.	FMV		PROGRAM OPERATING COSTS AND DONOR DESIGNATIONS
BARREN RIVER AREA SAFE SPACE INC PO BOX 1941 BOWLING GREEN, KY 42102	61-0977016	501(C)(3)	141,000.	0.	FMV		PROGRAM OPERATING COSTS AND DONOR DESIGNATIONS
BARREN RIVER LONG TERM CARE OMBUDSMAN - 1700 DESTINY LANE - BOWLING GREEN, KY 42104	61-0916523	501(C)(3)	48,000.	0.	FMV		PROGRAM OPERATING COSTS AND DONOR DESIGNATIONS
BIG BROTHERS BIG SISTERS PO BOX 9646 BOWLING GREEN, KY 42102	31-0944769	501(C)(3)	40,500.	0.	FMV		PROGRAM OPERATING COSTS AND DONOR DESIGNATIONS
BOYS & GIRLS CLUB OF BOWLING GREEN PO BOX 872 BOWLING GREEN, KY 42102	61-0505368	501(C)(3)	80,000.	0.	FMV		PROGRAM OPERATING COSTS AND DONOR DESIGNATIONS

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

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

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

Schedule I (Form 990) (2012)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASA OF SOUTH CENTRAL KENTUCKY PO BOX 867 BOWLING GREEN, KY 42102	61-1334266	501(C)(3)	28,000.	0.	FMV		PROGRAM OPERATING COSTS AND DONOR DESIGNATIONS
COMMUNITY ACTION OF SOUTHERN KENTUCKY - PO BOX 90014 - BOWLING GREEN, KY 42102	61-0660969	501(C)(3)	52,500.	0.	FMV		PROGRAM OPERATING COSTS AND DONOR DESIGNATIONS
COMMUNITY MEDICAL CARE INC 101 STATE AVENUE, SUITE C GLASGOW, KY 42141	37-1441189	501(C)(3)	26,000.	0.	FMV		PROGRAM OPERATING COSTS AND DONOR DESIGNATIONS
COMMUNITY RELIEF FUND 123 E. WASHINGTON STREET GLASGOW, KY 42141	61-1224002	501(C)(3)	23,550.	0.	FMV		PROGRAM OPERATING COSTS AND DONOR DESIGNATIONS
FAMILY ENRICHMENT CENTER 441 CHURCH AVENUE BOWLING GREEN, KY 42101	61-0956466	501(C)(3)	69,000.	0.	FMV		PROGRAM OPERATING COSTS AND DONOR DESIGNATIONS
FOSTER GRANDPARENT PROGRAM PO BOX 90014 BOWLING GREEN, KY 42102	61-0660969	501(C)(3)	17,250.	0.	FMV		PROGRAM OPERATING COSTS AND DONOR DESIGNATIONS
FRANKLIN-SIMPSON GOOD SAMARITAN 111 SOUTH MAIN STREET FRANKLIN, KY 42134	61-1220675	501(C)(3)	19,000.	0.	FMV		PROGRAM OPERATING COSTS AND DONOR DESIGNATIONS
HAVEN4CHANGE, INC 1500 PARKSIDE DRIVE BOWLING GREEN, KY 42101	62-1690601	501(C)(3)	87,500.	0.	FMV		PROGRAM OPERATING COSTS AND DONOR DESIGNATIONS
HOPE HARBOR 913 BROADWAY AVENUE BOWLING GREEN, KY 42101	61-1089513	501(C)(3)	37,000.	0.	FMV		PROGRAM OPERATING COSTS AND DONOR DESIGNATIONS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERNATIONAL CENTER 806 KENTON STREET BOWLING GREEN, KY 42101	61-0994341	501(C)(3)	8,500.	0. FMV			PROGRAM OPERATING COSTS AND DONOR DESIGNATIONS
KENTUCKY LEGAL AID INC 1700 DESTINY LANE BOWLING GREEN, KY 42104	61-0916523	501(C)(3)	126,500.	0. FMV			PROGRAM OPERATING COSTS AND DONOR DESIGNATIONS
LOGAN COUNTY ADULT EDUCATION & WORKFORCE - 201 WEST 6TH STREET - RUSSELLVILLE, KY 42276	61-1103657	501(C)(3)	28,000.	0. FMV			PROGRAM OPERATING COSTS AND DONOR DESIGNATIONS
LOGAN COUNTY GOOD SAMARITAN PO BOX 1602 RUSSELLVILLE, KY 42276	61-1307117	501(C)(3)	30,000.	0. FMV			PROGRAM OPERATING COSTS AND DONOR DESIGNATIONS
REGIONAL CHILD DEVELOPMENT CLINICS 1600 SCOTTSVILLE RD SUITE 100 BOWLING GREEN, KY 42104	61-1142151	501(C)(3)	31,332.	0. FMV			PROGRAM OPERATING COSTS AND DONOR DESIGNATIONS
THE SALVATION ARMY PO BOX 796 BOWLING GREEN, KY 42102	58-0660607	501(C)(3)	100,000.	0. FMV			PROGRAM OPERATING COSTS AND DONOR DESIGNATIONS

Schedule I (Form 990)

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2012

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF SOUTHERN KENTUCKY, INC

Employer identification number

61-0590564

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 ► (<u>MEDIA SPONSOR</u>)	X	1	45,250.	FAIR MARKET VALUE
26 Other ► (_____)				
27 Other ► (_____)				
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

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?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

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.

Yes No

30a		X
31		X
32a		X
33		

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

Schedule M (Form 990) (2012)

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.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization

UNITED WAY OF SOUTHERN KENTUCKY, INC

Employer identification number
61-0590564

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

THE RESOURCES TO BUILD A STRONGER, MORE CARING COMMUNITY.

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

READING AND LEARNING. BETWEEN JULY 2012 AND JUNE 2013, AN ADDITIONAL
1546 CHILDREN WERE ENROLLED IN THE PROGRAM.

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

WHETHER THROUGH UNITED WAY OF SOUTHERN KENTUCKYS VOLUNTEER CENTER,
WHICH MATCHES INDIVIDUALS WITH NON-UNITED WAY RELATED VOLUNTEER
OPPORTUNITIES, OR THROUGH VOLUNTEERS DIRECTLY SUPPORTING UNITED WAY OF
SOUTHERN KENTUCKY ACTIVITIES, MORE THAN 2,795 PEOPLE VOLUNTEERED IN
ALLEN, BARREN, LOGAN, SIMPSON AND WARREN COUNTIES AS A RESULT OF UNITED
WAY. A TOTAL OF 5,000 HOURS WERE CONTRIBUTED BY THESE VOLUNTEERS
WITH AN ANNUALIZED VALUE TO OUR COMMUNITIES OF \$98,400. (VALUE OF
DONATED VOLUNTEER TIME BASED UPON INFORMATION FROM THE INDEPENDENT
SECTOR.)

EXPENSES \$ 3,681. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: DRAFT COPY OF TAX RETURN IS
REVIEWED BY EXECUTIVE COMMITTEE BEFORE FILING. ONCE APPROVED, TAX RETURN IS
FINALIZED AND FILED.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REQUIRES NEW
INCOMING DIRECTORS TO SIGN CONFLICT OF INTEREST STATEMENTS. IN ADDITION,
THE ORGANIZATION REQUIRES THE DIRECTORS TO UPDATE THEIR DISCLOSURE FORMS.

Name of the organization

UNITED WAY OF SOUTHERN KENTUCKY, INC

Employer identification number

61-0590564

ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15: DIRECTORS REVIEW ANNUALLY THE
"HUMAN CAPITAL SURVEY" PUBLISHED BY UNITED WAY WORLDWIDE TO COMPARE
COMPENSATION OF OTHER LIKE-SIZED CHAPTERS.

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

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ALLOWANCE FOR UNCOLLECTIBLE PLEDGES

-123,640.

NO CHANGE FROM PRIOR YEAR.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	UNITED WAY OF SOUTHERN KENTUCKY, INC	61-0590564
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	1110 COLLEGE STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	BOWLING GREEN, KY 42102	

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

0 1

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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

THE ORGANIZATION

• The books are in the care of **1110 COLLEGE STREET - BOWLING GREEN, KY 42102**

Telephone No. **270-843-3205**

FAX No. ☐

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **MAY 15, 2014**

5 For calendar year **2012**, or other tax year beginning **JUL 1, 2012**, and ending **JUN 30, 2013**

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return

☐ Change in accounting period

7 State in detail why you need the extension

ORGANIZATION REQUIRES ADDITIONAL TIME TO ASSEMBLE THE INFORMATION REQUIRED TO PREPARE AN ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ☐

Title **PRESIDENT/CEO**

Date ☐

Form 8868 (Rev. 1-2013)