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Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www IRS gov/form990

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final 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 Suite 300

City or town, state or province, country, and ZIP or foreign postal code
Lexington, KY 405081943

D Employer identification number
61-0444679

E Telephone number
(859) 233-4461

G Gross receipts $ 7,740,199

F Name and address of principal officer
William W Farmer President
100 Midland Drive
Lexington, KY 405081943

H(a) Is this a group return for subordinates? ☐ Yes ☑ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J **Website:** ▶ www uwbg org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1955 | M State of legal domicile KY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
OUR MISSION IS SIMPLE, BUT POWERFUL UNITED WAY OF THE BLUEGRASS WANTS TO HELP EMPOWER EVERYONE IN CENTRAL KENTUCKY TO LIVE THEIR BEST LIVES WE HAVE A BIG BOLD GOAL FOR THE COMMUNITY THAT 10,000 MORE FAMILIES WILL BE SELF-SUFFICIENT BY 2020

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	26
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	26
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	48
6	Total number of volunteers (estimate if necessary)	6	440
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	4,946,881	5,422,480
	9	Program service revenue (Part VIII, line 2g)	69,389	182,857
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	332,574	227,290
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	30,249	26,087
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,379,093	5,858,714
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,628,855	2,574,762
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,628,011	1,905,139
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,137,108		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,232,581	1,163,645
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	5,489,447	5,643,546
	19	Revenue less expenses Subtract line 18 from line 12	-110,354	215,168

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	4,030,089	3,944,371
	21	Total liabilities (Part X, line 26)	552,160	781,218
	22	Net assets or fund balances Subtract line 21 from line 20	3,477,929	3,163,153

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

****** 2017-05-02
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	Rachel Spurlock			P00520729
Firm's name ▶ CROWE HORWATH LLP			Firm's EIN ▶ 35-0921680	
Firm's address ▶ 9600 Brownsboro Road Suite 400 Louisville, KY 402411122			Phone no (502) 326-3996	

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

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III . . . . ☑

1 Briefly describe the organization's mission

UNITED WAY OF THE BLUEGRASS WANTS TO HELP EMPOWER EVERYONE IN CENTRAL KENTUCKY TO LIVE THEIR BEST LIVES WE HAVE A BIG BOLD GOAL THAT 10,000 MORE FAMILIES WILL BE SELF-SUFFICIENT BY 2020 THIS IS A COMMUNITY GOAL AND ONE THAT WE CAN ACCOMPLISH TOGETHER UNITED WAY HAS COMMITTED TO FOUR KEY DRIVERS FOR COMMUNITY AND ECONOMIC SUCCESS *BASIC NEEDS *SCHOOL READINESS *STUDENT SUCCESS *FINANCIAL STABILITY WE HAVE DEVELOPED SYSTEMS TO EVALUATE THE QUALITY AND SUCCESS OF THE PROGRAMS AND PARTNERS THAT OUR INVESTORS HELP FUND, SO YOU CAN BE ASSURED THAT YOUR DOLLARS WILL HAVE MAXIMUM IMPACT ON YOUR COMMUNITY UNITED WAY ISN'T ABOUT SHORT-TERM CHARITY, IT'S ABOUT LASTING, SYSTEMIC CHANGE UWBG LOOKS AT THE BIG PICTURE - WHAT RESOURCES ARE LACKING, AND HOW WE CAN ADDRESS THESE ISSUES TO KEEP KIDS ON TRACK TO GRADUATE READY FOR COLLEGE OR CAREER KIDS CAN'T LEARN WHEN THEY GO TO SCHOOL HUNGRY, WHEN THEY ARE SICK, OR WHEN THEY MOVE FROM SCHOOL TO SCHOOL

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 $ 3,524,844 including grants of $ 2,353,464) (Revenue $ 161,153)

SUPPORTING COMMUNITY PROGRAMS UNITED WAY OF THE BLUEGRASS (UWBG) RECOGNIZES FOUR PILLARS FOR COMMUNITY AND ECONOMIC SUCCESS BASIC NEEDS, STUDENT READINESS, STUDENT SUCCESS AND FINANCIAL STABILITY UWBG OPERATES BY A COMPREHENSIVE PLAN OF PARTNERSHIP, COLLABORATION, AND INVESTMENT TO CREATE A POSITIVE IMPACT ON THE COMMUNITY 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 $ 179,927 including grants of $) (Revenue $)

UNITED WAY 211 CONTACT CENTER CONNECTS PEOPLE WHO NEED HEALTH AND HUMAN SERVICES WITH THOSE WHO AGENCIES AND PROGRAMS THAT PROVIDE THEM LAST YEAR, UNITED WAY 211 CONNECTED MORE THAN 28,000 PEOPLE WITH THE HELP THEY NEEDED - FROM FOOD, TO SHELTER,TO DEPENDENCE ASSISTANCE

4c (Code) (Expenses $ 159,240 including grants of $ 139,438) (Revenue $)

BACK ON TRACK IS A PROGRAM DESIGNED TO HELP HARDWORKING INDIVIDUALS SUCCEED BY MATCHING SAVINGS 2-TO-1 THROUGH INDIVIDUAL DEVELOPMENT ACCOUNTS (IDAS) SIMPLY BY SAVING $2,000 TO USE TOWARD PURCHASING AN ASSET SUCH AS BUYING A FIRST HOME OR GOING TO SCHOOL, AN INDIVIDUAL COULD RECEIVE AN ADDITIONAL $4,000! PARTICIPANTS WILL BE TRAINED AND EQUIPPED WITH THE TOOLS AND RESOURCES TO SUCCEED IN MANAGING THEIR FINANCES, AND GAIN THEIR ASSET SPECIFIC KNOWLEDGE AS THEY SAVE TOWARDS COMPLETION OF THE PROGRAM THIS IS A 6 YEAR FEDERAL GRANT FUNDED PROGRAM THAT WILL EXPIRE 11/30/2016 BACK ON TRACK UPDATES * 301 GRADUATES * 125 ACTIVELY ENROLLED * $751,000 IN PARTICIPANT SAVINGS DEPOSITS HAVE BEEN MADE * $1,015,000 APPLIED TOWARD APPROVED PURCHASES (HOMES, EDUCATION/TUITION, BUSINESS/ENTREPENEURSHIP)

See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses $ 318,214 including grants of $ 81,860) (Revenue $ 30,248)

4e **Total program service expenses ▶** 4,182,225

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		No
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 other assistance to or for any foreign organization? *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 other assistance to or for foreign individuals? *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)*

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals 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 25a*	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), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *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		
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 or note to any line in this Part V . . . . ☐

				Line	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	46			
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**	48			
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" to line 3b, 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .			**9a**		
b	Did the sponsoring 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 or note to any line in this Part VI . . . ☑

Section A. Governing Body and Management

		Line	Value/Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	26	
	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	26	
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.*)

		Line	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		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," 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, address, and telephone number of the person who possesses the organization's books and records
▶JILL JOHNSON 2400 READING ROAD CINCINNATI, OH 45202 (513) 762-7100

Part VII **Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line 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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
See Additional Data Table										

		(D)	(E)	(F)
1b	Sub-Total . . . . ▶			
c	Total from continuation sheets to Part VII, Section A . . . . ▶			
d	Total (add lines 1b and 1c) . . . . ▶	184,919	0	38,447

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 or note to any line in this Part VIII . . . . ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . .	1a				
	b Membership dues	1b				
	c Fundraising events	1c 35,461				
	d Related organizations . . .	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 5,387,019				
	g Noncash contributions included in lines 1a-1f $	367,921				
	h **Total.** Add lines 1a-1f . . . . ▶		5,422,480			
Program Service Revenue		Business Code				
	2a Outside Design and Administration	561000	182,857	182,857		
	b					
	c					
	d					
	e					
	f All other program service revenue		0	0	0	0
	g **Total.** Add lines 2a–2f . . . . ▶		182,857			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . ▶		58,175			58,175
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties . . . . ▶					
		(i) Real / (ii) Personal				
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)	(i) 0 / (ii) 0				
	d Net rental income or (loss) . . . . ▶					
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	(i) 2,014,446				
	b Less cost or other basis and sales expenses	(i) 1,845,331				
	c Gain or (loss)	(i) 169,115 / (ii) 0				
	d Net gain or (loss) . . . . ▶		169,115			169,115
	8a Gross income from fundraising events (not including $ 35,461 of contributions reported on line 1c) See Part IV, line 18 . .	a 53,697				
	b Less direct expenses	b 36,154				
	c Net income or (loss) from fundraising events . . ▶		17,543			17,543
	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 . . . ▶					
	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 . . ▶					
	Miscellaneous Revenue	Business Code				
	11a MISCELLANEOUS	900099	8,544	8,544		
	b					
	c					
	d All other revenue		0	0	0	0
	e **Total.** Add lines 11a–11d . . . . . . ▶		8,544			
	12 **Total revenue.** See Instructions . . . . . . ▶		5,858,714	191,401	0	244,833

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 or note to any line 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 domestic organizations and domestic governments See Part IV, line 21	2,574,762	2,574,762		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	196,250	111,375	42,438	42,437
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	1,350,273	821,932	55,234	473,107
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	231,091	133,388	16,410	81,293
10 Payroll taxes	127,525	74,483	8,987	44,055
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	24,900		24,900	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	25,431		25,431	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	200,050	129,276	22,962	47,812
12 Advertising and promotion	177,477	84,204	2,543	90,730
13 Office expenses	151,846	112,871	9,878	29,097
14 Information technology				
15 Royalties				
16 Occupancy	103,906	57,857	9,722	36,327
17 Travel	27,485	12,049	1,535	13,901
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	18,037	10,189	2,110	5,738
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,279	934	1,003	342
23 Insurance	10,890	6,559	1,135	3,196
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 Developmental and Administrative	346,604	23,977	78,172	244,455
b DUES AND SUBSCRIPTIONS	55,939	19,109	19,755	17,075
c BOARD/STAFF DEVELOPMENT	5,786	3,180	890	1,716
d Equipment rental and repairs	10,846	4,083	1,018	5,745
e All other expenses	2,169	1,997	90	82
25 **Total functional expenses.** Add lines 1 through 24e	5,643,546	4,182,225	324,213	1,137,108
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 Sheet**

Check if Schedule O contains a response or note to any line in this Part X . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		347,439	1	701,999
	2	Savings and temporary cash investments		161,861	2	95,578
	3	Pledges and grants receivable, net		1,400,217	3	1,333,407
	4	Accounts receivable, net		34,101	4	134,467
	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		18,009	9	21,433
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 112,144			
	b	Less accumulated depreciation	10b 109,605	4,818	10c	2,539
	11	Investments—publicly traded securities		2,063,644	11	1,654,948
	12	Investments—other securities See Part IV, line 11		0	12	
	13	Investments—program-related See Part IV, line 11		0	13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		0	15	0
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		4,030,089	16	3,944,371
Liabilities	17	Accounts payable and accrued expenses		309,240	17	492,401
	18	Grants payable		242,920	18	288,817
	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		0	25	0
	26	**Total liabilities.** Add lines 17 through 25		552,160	26	781,218
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		3,131,597	27	2,329,398
	28	Temporarily restricted net assets		256,332	28	743,755
	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		3,477,929	33	3,163,153
	34	Total liabilities and net assets/fund balances		4,030,089	34	3,944,371

Part XI **Reconcilliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,858,714
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,643,546
3	Revenue less expenses Subtract line 2 from line 1	3	215,168
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,477,929
5	Net unrealized gains (losses) on investments	5	-310,794
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	-219,150
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,163,153

Part XII **Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line 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: 15000238
Software Version: 2015v3.0
EIN: 61-0444679
Name: United Way of the Bluegrass Inc

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

(Code) (Expenses $ 318,214 including grants of $ 81,860) (Revenue $ 30,248)

TRAILBLAZERS (RETIRED AND SENIOR VOLUNTEER PROGRAM) 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 THE VOLUNTEER ENGAGEMENT CENTER AT UNITED WAY UWBG HELPS REFER AND MATCH VOLUNTEER INTERESTS TO APPROPRIATE VOLUNTEER OPPORTUNITIES THE VOLUNTEER CENTER PROMOTES VOLUNTEERISM IN CENTRAL KENTUCKY THE VOLUNTEER IMPACT PARTNERSHIP (VIP) IS A PARTNERSHIP BETWEEN UNITED WAY, LOCAL SCHOOL DISTRICTS AND THE CENTRAL KENTUCKY COMMUNITY VIP WORKS TO PAIR VOLUNTEERS WITH LOCAL STUDENTS WHO ARE STRUGGLING ACADEMICALLY WITH A FOCUS ON SCHOOLS IN OUR REGION THAT ARE CLASSIFIED AS "NEEDS IMPROVEMENT" BASED ON KPREP TEST SCORES THE GOAL OF VIP IS TO PROVIDE A CONSISTENT, STABLE RELATIONSHIP WITH A CHILD OR GROUP OF CHILDREN IN ORDER TO HELP THEM ADVANCE ACADEMICALLY OUR GOAL IS TO MATCH A STUDENT WITH A TUTOR/MENTOR WHO WILL AGREE TO MEET WITH THE STUDENT FOR ONE HOUR OR MORE EACH WEEK THROUGHOUT THE SCHOOL YEAR WE ARE LOOKING TO PAIR A STUDENT WITH A TUTOR TO ENSURE CONSISTENCY - ALLOWING FOR A STRONG BOND TO BE DEVELOPED WHICH CAN HELP A CHILD SUCCEED BOTH INSIDE AND OUTSIDE OF THE CLASSROOM WE WILL ATTEMPT TO MATCH PARTICIPATING STUDENTS WITH A TUTOR/MENTOR WHO HAS ACADEMIC STRENGTHS OR EXPERIENCES WHERE THE STUDENT IS STRUGGLING MOST The Central Kentucky Economic Empowerment Project (CKEEP) is a regional VITA coalition that partners with the IRS to provide free tax preparation to low-income families, raise awareness about the Earned Income Tax Credit, and help families build assets While the composition of partners and tax site may vary from year-to-year, the general region served includes Lexington and surrounding counties Since 2003, CKEEP has completed over 30,000 tax returns, helping families claim over $30 million in tax refunds The United Way of the Bluegrass (UWBG) is the current coalition leader responsible for coordinating all aspects of the program UWBG works with partners in its nine county service area and beyond to bring free tax preparation to the community * 17 Tax Sites covering 10 counties * 3,431 Return Filed * $2 1M of the Earned Income Tax Credit was allocated to eligible families * $5M in total refunds * $636K on average families saved in tax preparation fees Kentucky Asset Success Initiative (KASI) is a broad-based collaborative effort dedicated to promoting economic self-sufficiency for low-income families in Kentucky KASI uses a three prone approach to economic self-sufficiency - free tax preparation, asset building, and financial education Since 2014 United Way of the Bluegrass has been the KASI coalition leader of five regional coalitions around Kentucky Coalition partners include the Barren River Asset-Building Coalition, Central Kentucky Economic Empowerment Project, Eastern Kentucky Asset-Building Collaboration, Green River Asset-Building Coalition, and Northeastern Kentucky Asset-Building Coalition Each year regional coalition leaders meet in Lexington to discuss plans for the upcoming filing season * 48 Tax Sites covering 80 counties * 11,426 Returns Filed * $6 7M of the Earned Income Tax Credit was allocated to eligible families * $17 1M in total refunds * $2 28M on average families saved in tax preparation fees * Economic Impact - $20M+

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Empl 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: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
BILL WILSON BOARD CHAIR	40	X		X				0	0	0
MORGAN DAULTON TREASURER	10	X		X				0	0	0
JANET BEARD DIRECTOR	10	X						0	0	0
JEFF BIRDSONG DIRECTOR	10	X						0	0	0
PATRICK BREWER DIRECTOR	10	X						0	0	0
OWEN CROPPER DIRECTOR	10	X						0	0	0
CRAIG DANIELS DIRECTOR	10	X						0	0	0
BLAKE DRURY DIRECTOR	10	X						0	0	0
KATHY FIELDS DIRECTOR	10	X						0	0	0
RUFUS FRIDAY DIRECTOR	10	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employ
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: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
JOHN HUTCHERSON DIRECTOR	10	X						0	0	0
DR AUGUSTA JULIAN DIRECTOR	10	X						0	0	0
MARK KLEE DIRECTOR	10	X						0	0	0
SCOTT LOCKARD DIRECTOR	10	X						0	0	0
VALERIE MITCHELL DIRECTOR	10	X						0	0	0
FRANK MASON DIRECTOR	10	X						0	0	0
KRISTI MIDDLETON DIRECTOR	10	X						0	0	0
KEVIN ROGERS DIRECTOR	10	X						0	0	0
BROCK SALADIN DIRECTOR	10	X						0	0	0
MELISSA STEPHAN DIRECTOR	10	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Empl 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) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
TYRONE TYRA DIRECTOR	1 0	X						0	0	0
HARVIE WILKINSON DIRECTOR	1 0	X						0	0	0
DR LU YOUNG DIRECTOR	1 0	X						0	0	0
Justin Hubbard Director	1 0	X						0	0	0
Tom Coons Director	1 0	X						0	0	0
John Gohmann Director - Partial Year until 10/20/15	1 0	X						0	0	0
Nancy Fightmaster Director - Partial Year until 7/17/15	1 0	X						0	0	0
Coos Ockers Director - Partial Year until 7/17/15	1 0	X						0	0	0
Pam Brough Director - Partial Year 7/17/15	1 0	X						0	0	0
Chad Rudzik Director	1 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employe 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			
Bob Kain Director - Partial Year until 7/17/15	1 0	X						0	0	0
Kimberly Wilson Director - Partial Year until 8/12/15	1 0	X						0	0	0
WILLIAM W FARMER PRESIDENT/CEO - BRD SECRETARY	50 0			X				119,338	0	26,752
VICKI SEALE VP FINANCE	50 0			X				65,581	0	11,695

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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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047
2015
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 (Form 990 or 990-EZ))

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 331/3% 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 331/3% 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . ____________

g 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 (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ. Cat No 11285F

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	5,465,764	4,955,464	4,750,926	4,946,881	5,422,480	25,541,515
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	5,465,764	4,955,464	4,750,926	4,946,881	5,422,480	25,541,515
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)						2,416,863
6 **Public support.** Subtract line 5 from line 4						23,124,652

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	5,465,764	4,955,464	4,750,926	4,946,881	5,422,480	25,541,515
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	94,521	99,334	76,691	59,756	58,175	388,477
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 VI)	103,682	75,806	20,778	31,056	8,544	239,866
11 **Total support.** Add lines 7 through 10						26,169,858

12 Gross receipts from related activities, etc (see instructions) | 12 | 338,107

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) | 14 | 88 36 %

15 Public support percentage for 2014 Schedule A, Part II, line 14 | 15 | 87 80 %

16a **33 1/3% support test—2015.** 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—2014.** 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—2015.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2014.** 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 VI 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2015.** 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—2014.** 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in **Part VI** how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	**1**		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	**2**		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	**3a**		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in **Part VI** when and how the organization made the determination*	**3b**		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use*	**3c**		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below*	**4a**		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	**4b**		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	**4c**		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	**5a**		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	**5b**		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	**5c**		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in **Part VI.***	**6**		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990)*	**7**		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990)*	**8**		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in **Part VI.***	**9a**		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in **Part VI.***	**9b**		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in **Part VI.***	**9c**		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below*	**10a**		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	**10b**		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in (a) above?	**11b**		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	**11c**		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		

Section C. Type II Supporting Organizations

		Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1		

Section D. All Type III Supporting Organizations

		Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

		Yes	No
2 Activities Test **Answer (a) and (b) below.**			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3 Parent of Supported Organizations **Answer (a) and (b) below.**			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI*	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard*	3b		

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E ☐

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	**1**		
2	Recoveries of prior-year distributions	**2**		
3	Other gross income (see instructions)	**3**		
4	Add lines 1 through 3	**4**		
5	Depreciation and depletion	**5**		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	**6**		
7	Other expenses (see instructions)	**7**		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	**8**		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	**1**		
a	Average monthly value of securities	**1a**		
b	Average monthly cash balances	**1b**		
c	Fair market value of other non-exempt-use assets	**1c**		
d	**Total** (add lines 1a, 1b, and 1c)	**1d**		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) ______			
2	Acquisition indebtedness applicable to non-exempt use assets	**2**		
3	Subtract line 2 from line 1d	**3**		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	**4**		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6	Multiply line 5 by 035	**6**		
7	Recoveries of prior-year distributions	**7**		
8	**Minimum Asset Amount** (add line 7 to line 6)	**8**		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	**1**		
2	Enter 85% of line 1	**2**		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	**3**		
4	Enter greater of line 2 or line 3	**4**		
5	Income tax imposed in prior year	**5**		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	**6**		

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i)** **Excess Distributions**	**(ii)** **Underdistributions Pre-2015**	**(iii)** **Distributable Amount for 2015**
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013. . . . . . . ______			
e From 2014. . . . . . . ______			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $ ______			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013. . . . . . . ______			
d From 2014. . . . . . . ______			
e From 2015. . . . . . . ______			

Part VI **Supplemental Information.**
Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
Schedule A, Part II, Line 10 Other Income	DESCRIPTION - OTHER INCOME, COLUMN A - 103682 0, COLUMN B - 75806 0, COLUMN C - 20778 0, COLUMN D - 31056 0, COLUMN E - 8544 0, COLUMN F - 239866 0,

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047
2015
Open to Public Inspection

Name of the organization	Employer identification number
United Way of the Bluegrass Inc	61-0444679

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of 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" on 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, handling of violations, and enforcing conservation easements during the year
▶________

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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) Revenue included on 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 Revenue included on 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" on 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, for escrow or custodial account liability? ☐ 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	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	645,572	898,546	817,772	765,630	784,935
b Contributions			0	0	0
c Net investment earnings, gains, and losses	-29,952	-2,974	118,774	88,142	11,695
d Grants or scholarships			0	0	0
e Other expenditures for facilities and programs	38,000	250,000	38,000	36,000	31,000
f Administrative expenses			0	0	0
g End of year balance	577,620	645,572	898,546	817,772	765,630

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

a Board designated or quasi-endowment ▶ 84 42 %

b Permanent endowment ▶ 15 58 %

c Temporarily restricted endowment ▶ 0 %

The percentages on 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" on 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.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		112,144	109,605	2,539
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				2,539

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. 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		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(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. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d 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. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

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

2. Liability for uncertain tax positions 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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	5,314,417
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-310,794		
b	Donated services and use of facilities	2b	13,200		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	0		
e	Add lines **2a** through **2d**			2e	-297,594
3	Subtract line **2e** from line **1**			3	5,612,011
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	25,431		
b	Other (Describe in Part XIII)	4b	221,272		
c	Add lines **4a** and **4b**			4c	246,703
5	Total revenue Add lines **3** and **4c.**(This must equal Form 990, Part I, line 12)			5	5,858,714

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	5,629,193
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	13,200		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	0		
e	Add lines **2a** through **2d**			2e	13,200
3	Subtract line **2e** from line **1**			3	5,615,993
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	25,431		
b	Other (Describe in Part XIII)	4b	2,122		
c	Add lines **4a** and **4b**			4c	27,553
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	5,643,546

Part XIII Supplemental Information

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

Return Reference	Explanation
Schedule D, Part IV SERVICES PROVIDED BY THE ORGANIZATION	THE ORGANIZATION'S BACK ON TRACK PROGRAM 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

Part XIII **Supplemental Information *(continued)***

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	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 INTERNAL REVENUE CODE
Schedule D, Part XI, Line 4(b) Other revenues in form 990 not in audited financial statements	WRITE OFF OF UNCOLLECTIBLE PLEDGES - 221272
Schedule D, Part XII, Line 4(b) Other expenses in form 990 not in audited financial statements	RECOVERIES OF PY GRANTS - 2122

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" on 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
▶Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

OMB No 1545-0047

2015

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" on 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

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 contributions or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.**
Complete if the organization answered "Yes" on 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	48,234	20,322	20,602	89,158
	2 Less Contributions	20,356	10,000	5,105	35,461
	3 Gross income (line 1 minus line 2)	27,878	10,322	15,497	53,697
Direct Expenses	**4** Cash prizes				
	5 Noncash prizes			192	192
	6 Rent/facility costs	8,340		1,395	9,735
	7 Food and beverages	2,112		592	2,704
	8 Entertainment				
	9 Other direct expenses	781	14,681	8,061	23,523
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				36,154
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				17,543

Part III **Gaming.**
Complete if the organization answered "Yes" on 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 Noncash 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 Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities ______

a Is the organization licensed to conduct 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 conduct 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 conducted 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.** 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).

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493123016987

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," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

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 Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on 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 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 . . . . ▶ 87

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	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

Additional Data

Software ID: 15000238
Software Version: 2015v3.0
EIN: 61-0444679
Name: United Way of the Bluegrass Inc

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
4Kids a Faith Community Partnership 2016 DesCognets Lane Lexington, KY 40502	46-4601639	501(c)(3)	11,605				Leadership Academy for Middle School Students
AccuTran Industries PO Box 352 Paris, KY 40362	61-1048788	501(c)(3)	15,702				Sheltered Employment
Aids Volunteers Inc 263 N Limestone Lexington, KY 40507	61-1149457	501(c)(3)	25,820				HIV Aids Client Services

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
American Red Cross Bluegrass Chapter 1450 Newtown Pike Lexington,KY 40511	61-0444644	501(c)(3)	50,010				Disaster / Emergency Services
American Red Cross Daniel Boone Chapter 1405 East Main Street Richmond,KY 40475	53-0196605	501(c)(3)	7,340				Disaster Relief Services
Anderson County Literacy Council PO box 2067 Anderson,SC 29622	57-0510602	501(c)(3)	5,000				Adult Education and Literacy Training

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
AppalReD Legal Aid 114 North Third Street Richmond, KY 40475	61-0848948	501(c)(3)	8,300				Financial Stability Clinic
Apprisen formerly Consume Credit Counseling Service of the Midwest Inc 2265 Harrodsburg Road 303 Lexington, KY 40504	31-0731111	501(c)(3)	14,100				Comprehensive Financial Education & Counseling
Arbor Youth Services formerly MASH 536 West third Street Lexington, KY 40508	61-0926861	501(c)(3)	36,441				Drop In Emergency Shelter & Afterschool Outreach

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Assets for Independence 100 Midland Avenue Suite 300 Lexington,KY 40508	61-0444679	501(c)(3)	312,170				Financial Stability
Big Brothers Big Sisters of the Bluegrass 1122 Oak Hill Drive Lexington,KY 40505	61-0523288	501(c)(3)	37,325				Mentoring
Blue Grass Council of the Blind 1093 South Broadway Suite 1220 Lexington,KY 40504	61-0971827	501(c)(3)	7,864				Visually Impaired Peer Support (VIPS)

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Bluegrass Community Action Agency PO Box 738 Frankfort, KY 40602	61-0659583	501(c)(3)	97,373				Adult Day Prgm/Head Start/ Elder Nutrition/Financial Stability/Senior companions/Senior Centers
Bluegrass Rape Crisis Center PO Box 1603 Lexington, KY 40588	61-0916756	501(c)(3)	14,786				K-12 Anti-Violence Education Program
Bluegrass Technology Center 961 Beasley Street Suite 103A Lexington, KY 40509	61-1149378	501(c)(3)	22,546				Coordinating & Assisting the Reuse of Assistive Technology CARAT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Bluegrassorg 1351 Newtown Pike Lexington, KY 40511	61-0723605	501(c)(3)	5,267				Comprehensive Care Center and Outpatient Services
Bourbon County 4-H Council 603 Millersburg Road Paris, KY 40361	61-1214093	501(c)(3)	6,443				Youth Development
Camargo Jeffersonville Senior Citizens 225 Highway 213 Jeffersonville, KY 40337	31-0996182	501(c)(3)	0				Senior Citizens Program

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 Madison County 1219-B Lexington road Richmond, KY 40475	61-1314979	501(c)(3)	6,266				Volunteer Coordination
CASA of the Bluegrass 1153 Perryville Road Danville, KY 404221306	26-1841458	501(c)(3)	13,080				Anderson County Volunteer Coordination
Catholic Social Service Bureau 1310 West Main Street Lexington, KY 40508	61-1138597	501(c)(3)	35,497				Rent & Utility Assistance/Clinical Counseling/Financial Literacy

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Center for Women Children and Families 530 North Limestone St Lexington,KY 40508	31-0904247	501(c)(3)	81,041				The Nest-Parenting Program/Domestic Violence/Crisis Care/Child Care
Child Care Council Of Kentucky Inc 1390 Olivia Lane Lexington,KY 40511	31-1102545	501(c)(3)	64,939				KinderPrep
Child Development Centers of the Bluegrass 465 Springhill Drive Lexington,KY 40503	61-0543367	501(c)(3)	51,712				Child Development Center of the Bluegrass

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Children's Advocacy Centers of the Bluegrass 183 Walton Ave Lexington, KY 40508	61-1221470	501(c)(3)	12,354				Child Sexual Abuse Medical Clinic
Chrysalis House 1589 Hill Rise Drive Lexington, KY 40504	61-1012290	501(c)(3)	23,300				Chrysalis Childcare Program/Building Self Sufficiency
Clark County Association for Handicapped Citizens PO Box 643 Winchester, KY 40392	61-0670763	501(c)(3)	11,595				Early Child Care & Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Clark County Children's Council PO Box 4192 Winchester, KY 40392	61-1028432	501(c)(3)	13,424				Afterschool Child Care
Clark County Community Services PO Box 574 Winchester, KY 40392	31-1005844	501(c)(3)	18,664				Emergency Services
Clark County Homeless Coalition 19 Wainscott Avenue Winchester, KY 40391	27-1281819	501(c)(3)	22,457				Wainscott Hall Transitional Homeless Shelter

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Clark County Rx Assistance 273 Shoppers Drive Winchester, KY 40391	61-1021133	501(c)(3)	3,000				Clark County Rx Assistance Program
Cleveland Home dba Life Adventure Center of the Bluegrass 570 Milner Road Versailles, KY 40383	61-0461733	501(c)(3)	4,393				LAC Adventure Camp Scholarship Program
Community Action Council PO Box 11610 Lexington, KY 40576	61-0650121	501(c)(3)	71,209				Foster Grandparents, Retired & Senior Volunteer Program

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Community Center of Wilmore-High Bridge PO Box 52 Wilmore, KY 40390	31-1020218	501(c)(3)	2,600				Emergency Services-Basic Services
Domestic Violence Prevention Board LFUCG - 200 East Main Street Rm 328 Lexington, KY 40507	61-0858140	501(c)(3)	7,164				Domestic Violence Prevention Education
Employment Solutions Inc 1165 Centre Parkway Suite 120 Lexington, KY 40517	61-1031382	501(c)(3)	12,813				Post Secondary Education in High Demand Professions

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Faith Feeds of Kentucky Inc PO Box 4448 Lexington, KY 40544	27-4087963	501(c)(3)	18,467				GleanKY
Family Counseling Service (FCS) 1393 Trent Blvd Bldg2 Lexington, KY 40517	61-0461737	501(c)(3)	12,768				Counseling & Clinical Outpatient Services
First Bracktown Inc 3016 Bracktown Road Lexington, KY 40511	13-4281977	501(c)(3)	20,042				Black Males Working (BMW) Academy

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Foster Care Council of LexKY 4159 Starrush Place Lexington, KY 40509	45-4403520	501(c)(3)	8,820				Education Advancement
Gateway Juvenile Diversion Project Inc 37 North Maysville Street Mt Sterling, KY 40353	61-1033836	501(c)(3)	15,359				Living It Up
Girl Scouts Wilderness Road Council 2277 Executive Drive Lexington, KY 40505	61-0608104	501(c)(3)	48,965				Youth Development/

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Green House 17 formerly Bluegrass Domestic Violence Program PO Box 55190 Lexington, KY 40555	20-1965942	501(c)(3)	72,476				Critical Crisis Stabilization Services & the Farm Program
Growing Together Preschool Inc 599 Lima Drive Lexington, KY 40511	61-1037940	501(c)(3)	73,370				Early Child Care & Education
GSC Immigrant Initiative 105 Broadbill Crt Georgetown, KY 40324	20-5383655	501(c)(3)	3,000				Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Hope Center PO Box 6 Lexington, KY 40588	61-1107296	501(c)(3)	52,638				Transitional Living - Alcohol & Drug Abuse Recovery Program for men and women
Hope Ministries Food Pantry 3963 Old Frankfort Pike Versailles, KY 40383	61-1264370	501(c)(3)	8,153				Food Bank - Woodford County
Human Needs Fund 800 Rose Street Room H149 Lexington, KY 40536	61-6001218	501(c)(3)	8,567				UK Hospital patient and family emergency fund

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Jessamine County Board of Education 871 Wilmore Road Nicholasville, KY 40356	61-6001337	501(c)(3)	5,587				Adult Education - Beyond the GED
Job's for Kentucky's Graduates 1208 Cherokee Rd Louisville, KY 40204	46-4660829	501(c)(3)	4,000				Program Support
Jubilee Jobs 1450 North Broadway Lexington, KY 405053162	27-1058855	501(c)(3)	21,191				Career Readiness and Job Placement

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
KDVA Grant 100 Midland Avenue Suite 300 Lexington, KY 40508	61-0444679	501(c)(3)	59,714				Domestic Violence Programming
Kentucky Equal Justice Center 201 West Short Street Suite 310 Lexington, KY 405071220	61-0909545	501(c)(3)	16,314				Poverty Law Advocacy
Kentucky River Foothills Development Council Inc 309 Spangler Drive Richmond, KY 40475	61-0650246	501(c)(3)	21,400				Adult Day Care & Early Child Care & Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Kidney Health Alliance of Kentucky 1517 Nicholasville Road Suite 203 Lexington, KY 40503	23-7153964	501(c)(3)	10,389				Education & Support
Legal Aid of the Bluegrass 104 East 7th Street Covington, KY 41011	61-0913068	501(c)(3)	16,470				Domestic Violence Prevention
Lexington Hearing and Speech Center 162 North Ashland Avenue Lexington, KY 40502	61-0593951	501(c)(3)	48,772				Audiology & Early learning

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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M&M Food Pantry PO Box 1158 Mt Sterling, KY 40353	61-1002569	501(c)(3)	3,750				Emergency Shelter
Mentors & Meals 160 Lexington Road Versailles, KY 40383	61-1264370	501(c)(3)	33,318				Summer Program Pilot, STEM, Mentoring Program
Montgomery Council 4-H Council 106 East Locust Street Mt Sterling, KY 40353	04-3727893	501(c)(3)	4,088				Youth Development

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Nursing Home Ombudsman Agency of the Bluegrass 1530 Nicholasville Road Lexington, KY 40503	61-0996520	501(c)(3)	53,980				Ombudsman/ Nursing Home Advocacy
One Parent Family Facility Corporation 1155 Horsemans Lane Lexington, KY 40504	61-1080310	501(c)(3)	14,975				Child Development Center
Operation Happiness 219 Young Lane Mt Sterling, KY 40353	61-0964416	501(c)(3)	3,886				Operation Happiness

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Paris-Bourbon County YMCA 917 Main Street Paris, KY 40361	61-0676727	501(c)(3)	15,976				Youth Recreational Activities
Partners in Education 24 West Lexington Avenue Suite 218 Winchester, KY 40391	27-5436682	501(c)(3)	7,748				School/Business Partnerships
Post Clinic PO Box 336 Mt Sterling, KY 40353	31-1515325	501(c)(3)	9,600				Emergency Medication Fund

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Project Read Madison County Literacy Council PO Box 61 Richmond, KY 40476	61-1172599	501(c)(3)	3,000				Adult Literacy
Reading Camp of the Episcopal 203 East Fourth Street Lexington, KY 40508	61-0536772	501(c)(3)	27,177				Reading Camp
Repairers Lexington 180 East Maxwell Street Lexington, KY 40508	61-1281620	501(c)(3)	19,963				Youth Center Programs

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Salvation Army Bluegrass Area Chapter 736 West Main Street Lexington, KY 40508	13-5562351	501(c)(3)	217,333				Emergency Services-Basic Services
Scott County Hospitality House 207 S Hamilton St Goergetowm, KY 40324	45-5610177	501(c)(3)	3,100				Program Support
Scott United Ministries - Amen House PO Box 211 Georgetown, KY 40324	61-1236411	501(c)(3)	12,601				A M E N House - Emergency Services

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Shepherd's House 154 Bonnie Brae Drive Lexington, KY 40508	61-1105573	501(c)(3)	24,343				Transitional Living
Surgery on Sunday 650 Newtown Pike 2nd Floor Lexington, KY 40508	20-3187452	501(c)(3)	13,748				Surgery Services
Telford YMCA 1100 East Main Street Richmond, KY 40475	61-6000619	501(c)(3)	4,000				After School Program

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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United Way of Kentucky PO Box 4653 LOUISVILLE,KY 40204	31-1106795	501(c)(3)	38,000				Born Learning Academies
Tweens Nutrition & Fitness 220 Delmar Avenue Lexington,KY 40508	46-3018740	501(c)(3)	21,600				Nutrition and Fitness Coalition
Urban League of Lexington-Fayette County 148 DeWeese Street Lexington,KY 40507	61-6054655	501(c)(3)	136,913				Affordable Housing / Youth & Educational Services

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Visually Impaired Preschool Services 161 Burt Road Suite 4 Lexington, KY 40503	61-1061973	501(c)(3)	29,348				Early Child Care & Education
White House 401 Highland Park Drive Richmond, KY 40475	61-0843731	501(c)(3)	2,430				Improving Preventative Health Outcomes/Click Smart from the Start!
WinburnFCPS Athletic Grants 1060 Winburn Drive Lexington, KY 40511		501(c)(3)	1,645				Athletic Grants

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Woman's Club Coats and Shoes 301 South Main Street Versailles, KY 40383	61-1035902	501(c)(3)	5,160				Coats & Shoes for Underprivileged Children
Woodford County 4-H Council 184 Beasley Drive Versailles, KY 40383	61-1040849	501(c)(3)	4,357				Youth Development
Woodford County Parks and Recreation 275 Beasley Drive Versailles, KY 40383	61-0664051	501(c)(3)	1,167				Youth Scholarship Programs

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Woodford County Theatrical Arts 275 Beasley Drive Versailles, KY 40383	61-1143572	501(c)(3)	18,146				The Girl Project and Summer Theatre Academy
YMCA of Central Kentucky 239 East High Street Lexington, KY 40507	61-0444842	501(c)(3)	115,968				Early Learning Readiness/Healthy Eating & Physical Activity/Summer Learning Camp/Afterschool Learning/Black Achievers
YMCA of Winchester 645 Westmeade Drive Winchester, KY 40391	61-1206677	501(c)(3)	4,123				Youth Leadership and Sports Program Scholarships

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.
▶Information about Schedule M (Form 990) and its instructions is at *www.irs.gov/form990*

OMB No 1545-0047
2015
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	X	528	11,869	Market value
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 CAMPAIGN)	X	19	356,052	Cost
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** 0

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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.

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.

Return Reference	Explanation
Schedule M, Part I Explanations of reporting method for number of contributions	Securities - Publicly traded - NUMBER OF ITEMS Other - DONATIONS FOR CAMPAIGN NUMBER OF CONTRIBUTIONS

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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization	Employer identification number
United Way of the Bluegrass Inc	61-0444679

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	(Expenses $ 318,214 including grants of $ 81,860)(Revenue $ 30,248) TRAILBLAZERS (RETIRED AND SENIOR VOLUNTEER PROGRAM) 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 THE VOLUNTEER ENGAGEMENT CENTER AT UNITED WAY UWBG HELPS REFER AND MATCH VOLUNTEER INTERESTS TO APPROPRIATE VOLUNTEER OPPORTUNITIES THE VOLUNTEER CENTER PROMOTES VOLUNTEERISM IN CENTRAL KENTUCKY THE VOLUNTEER IMPACT PARTNERSHIP (VIP) IS A PARTNERSHIP BETWEEN UNITED WAY, LOCAL SCHOOL DISTRICTS AND THE CENTRAL KENTUCKY COMMUNITY VIP WORKS TO PAIR VOLUNTEERS WITH LOCAL STUDENTS WHO ARE STRUGGLING ACADEMICALLY WITH A FOCUS ON SCHOOLS IN OUR REGION THAT ARE CLASSIFIED AS "NEEDS IMPROVEMENT" BASED ON KPREP TEST SCORES THE GOAL OF VIP IS TO PROVIDE A CONSISTENT, STABLE RELATIONSHIP WITH A CHILD OR GROUP OF CHILDREN IN ORDER TO HELP THEM ADVANCE ACADEMICALLY OUR GOAL IS TO MATCH A STUDENT WITH A TUTOR/MENTOR WHO WILL AGREE TO MEET WITH THE STUDENT FOR ONE HOUR OR MORE EACH WEEK THROUGHOUT THE SCHOOL YEAR WE ARE LOOKING TO PAIR A STUDENT WITH A TUTOR TO ENSURE CONSISTENCY - ALLOWING FOR A STRONG BOND TO BE DEVELOPED WHICH CAN HELP A CHILD SUCCEED BOTH INSIDE AND OUTSIDE OF THE CLASSROOM WE WILL ATTEMPT TO MATCH PARTICIPATING STUDENTS WITH A TUTOR/MENTOR WHO HAS ACADEMIC STRENGTHS OR EXPERIENCES WHERE THE STUDENT IS STRUGGLING MOST The Central Kentucky Economic Empow erment Project (CKEEP) is a regional VITA coalition that partners w ith the IRS to provide free tax preparation to low -income families, raise aw areness about the Earned Income Tax Credit, and help families build assets While the composition of partners and tax site may vary from year-to-year, the general region served includes Lexington and surrounding counties Since 2003, CKEEP has completed over 30,000 tax returns, helping families claim over $30 million in tax refunds The United Way of the Bluegrass (UWBG) is the current coalition leader responsible for coordinating all aspects of the program UWBG w orks w ith partners in its nine county service area and beyond to bring free tax preparation to the community * 17 Tax Sites covering 10 counties * 3,431 Return Filed * $2 1M of the Earned Income Tax Credit w as allocated to eligible families * $5M in total refunds * $636K on average families saved in tax preparation fees Kentucky Asset Success Initiative (KASI) is a broad-based collaborative effort dedicated to promoting economic self-sufficiency for low -income families in Kentucky KASI uses a three prone approach to economic self-sufficiency - free tax preparation, asset building, and financial education Since 2014 United Way of the Bluegrass has been the KASI coalition leader of five regional coalitions around Kentucky Coalition partners include the Barren River Asset-Building Coalition, Central Kentucky Economic Empow erment Project, Eastern Kentucky Asset-Building Collaboration, Green River Asset-Building Coalition, and Northeastern Kentucky Asset-Building Coalition Each year regional coalition leaders meet in Lexington to discuss plans for the upcoming filing season * 48 Tax Sites covering 80 counties * 11,426 Returns Filed * $6 7M of the Earned Income Tax Credit w as allocated to eligible families * $17 1M in total refunds * $2 28M on average families saved in tax preparation fees * Economic Impact - $20M+

Return Reference	Explanation
Form 990, Part VI, Line 15a PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	THE PRESIDENT/CEO DID NOT GO THROUGH A PERFORMANCE REVIEW AND DID NOT RECEIVE ANY INCREASE IN COMPENSATION DURING FISCAL YEAR June 30, 2016

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	THE PRESIDENT/CEO DETERMINES THE COMPENSATION OF THE OTHER EMPLOYEE(S) THE PROCEDURE WAS LAST CONDUCTED IN APRIL 2016 THE PROCESS FOLLOWS UNITED WAY WORLDWIDE APPROVED GUIDELINES THE UNITED WAY WORLDWIDE HUMAN CAPITAL SURVEY WAS USED AS COMPARABILITY DATA TO ENSURE COMPENSATION WAS IN LINE WITH ORGANIZATIONS OF COMPARABLE SIZE AND COMMUNITY IMPACT RESULTS

Return Reference	Explanation
Form 990, Part VI, Line 1a Delegate broad authority to a committee	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 w hich includes, the current year Campaign Chair, Campaign Chair Elect, Marketing Committee Chair, and tw o 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 otherw ise 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 Bylaw s, (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 w ith 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

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	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

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	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

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	The governing documents, conflict of interest policy, and financial statements are available to the public upon request

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	WRITEOFF OF UNCOLLECTIBLE PLEDGES - -221272, RECOVERIES OF PY GRANTS - 2122,