

Part III Statement of Program Service AccomplishmentsCheck 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 (UWBG) FIGHTS FOR THE BASIC NEEDS, EDUCATION AND FINANCIAL STABILITY OF EVERY PERSON IN CENTRAL KENTUCKY. WE HAVE A BOLD GOAL TO HELP 20,000 FAMILIES BECOME MORE SELF-SUFFICIENT BY 2020. UNITED AS A COMMUNITY, AND WITH OUR PARTNERS WE WILL ACCOMPLISH THIS GOAL. UWBG HAS COMMITTED TO FOUR KEY DRIVERS FOR SUCCESS: BASIC NEEDS, STUDENT SUCCESS, SCHOOL READINESS AND FINANCIAL STABILITY.

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 \$	2,097,915	including grants of \$	1,545,576	(Revenue \$	447,080)
See Additional Data							

4b	(Code)	(Expenses \$	411,575	including grants of \$		(Revenue \$	14,817)
See Additional Data							

4c	(Code)	(Expenses \$	374,018	including grants of \$		(Revenue \$	374,018)
See Additional Data							

(Code)	(Expenses \$	819,686	including grants of \$	117,117	(Revenue \$	
---------	--------------	---------	------------------------	---------	-------------	--

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, 93 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 VOLUNTEERS WITH APPROPRIATE VOLUNTEER OPPORTUNITIES WITH LOCAL AGENCIES. 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 SITES EVOLVES YEARLY, THE GENERAL REGION SERVED INCLUDES LEXINGTON METRO AND SURROUNDING COUNTIES. SINCE 2003, CKEEP HAS COMPLETED OVER 38,000 TAX RETURNS, HELPING FAMILIES CLAIM OVER \$40 MILLION IN TAX REFUNDS. THE UNITED WAY OF THE BLUEGRASS IS THE CURRENT COALITION LEADER RESPONSIBLE FOR COORDINATING ALL ASPECTS OF THE PROGRAM. UWBG WORKS WITH PARTNERS IN ITS NINE-COUNTY SERVICE AREA TO BRING FREE TAX PREPARATION TO THE COMMUNITY. 2017 TAX YEAR: 10 SITES COVERING 7 COUNTIES, 3,100 TAX RETURNS FILED, \$4,154,943 IN TOTAL TAX REFUNDS, \$1,577,923 IN TOTAL EITC, \$806,000 POTENTIALLY 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-PRONG APPROACH TO ECONOMIC SELF-SUFFICIENCY WHICH INCLUDES 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 COALITION, GREEN RIVER ASSET BUILDING COALITION, AND NORTHEASTERN KENTUCKY ASSET BUILDING COALITION. EACH YEAR REGIONAL COALITION LEADERS MEET IN LEXINGTON BEFORE AND AFTER EACH TAX SEASON TO DISCUSS PLANS AND HOW TO STRATEGICALLY IMPLEMENT THEM. 2017 TAX YEAR: 40 SITES COVERING 80 COUNTIES, 11,100 TOTAL TAX RETURNS FILED, \$15,597,727 IN TOTAL TAX REFUNDS, \$5,539,998 IN TOTAL EITC, \$2,800,000 POTENTIALLY SAVED IN TAX PREPARATION FEES.

4d	Other program services (Describe in Schedule O)						
	(Expenses \$	819,686	including grants of \$	117,117	(Revenue \$		

4e	Total program service expenses	3,703,194
-----------	---------------------------------------	-----------

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		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	Yes	

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	13	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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	61	
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)	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		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		
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)?		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?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
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		
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		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	28	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	28	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

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

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

Form **990** (2017)

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	189,757	0	42,599

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

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)	(B)	(C)
Name and business address	Description of services	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	12,392						
	d	Related organizations	1d							
	e	Government grants (contributions)	1e							
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,001,561						
	g	Noncash contributions included in lines 1a-1f \$	185,415							
	h	Total. Add lines 1a-1f			4,013,953					
Program Service Revenue				Business Code						
	2a	Outside Design and Administration			561000	835,669	835,669			
	b									
	c									
	d									
	e									
	f	All other program service revenue				0	0	0		
	g	Total. Add lines 2a-2f			835,669					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			51,058				51,058		
	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)			0	0				
	d	Net rental income or (loss)								
				(i) Securities	(ii) Other					
	7a	Gross amount from sales of assets other than inventory			992,909					
	b	Less cost or other basis and sales expenses			847,683					
	c	Gain or (loss)			145,226	0				
	d	Net gain or (loss)			145,226					
	8a	Gross income from fundraising events (not including \$ 12,392 of contributions reported on line 1c) See Part IV, line 18			a	32,254				
	b	Less direct expenses			b	13,064				
	c	Net income or (loss) from fundraising events			19,190					
	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	246	246				
b										
c										
d	All other revenue				0	0	0			
e	Total. Add lines 11a-11d			246						
12	Total revenue. See Instructions			5,065,342				835,915	0	215,474

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.	1,662,693	1,662,693		
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, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	207,813	117,469	45,172	45,172
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.	1,382,602	1,001,134	52,176	329,292
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).				
9 Other employee benefits.	318,083	216,612	21,601	79,870
10 Payroll taxes.	128,755	87,923	8,649	32,183
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.	22,131		22,131	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	487,952	391,214	29,167	67,571
12 Advertising and promotion.	65,723	36,359	8,996	20,368
13 Office expenses.	99,507	44,845	35,727	18,935
14 Information technology.				
15 Royalties.				
16 Occupancy.	103,881	60,868	7,993	35,020
17 Travel.	24,772	16,293	1,573	6,906
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	15,572	8,772	1,242	5,558
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	280	115	42	123
23 Insurance.	10,925	6,908	1,070	2,947
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.	182,657	3,445		179,212
b DUES AND SUBSCRIPTIONS	63,519	39,360	7,830	16,329
c Equipment rental and repairs.	11,517	2,031	8,461	1,025
d Board/Staff Development.	5,840	3,595		2,245
e All other expenses.	4,521	3,558	856	107
25 Total functional expenses. Add lines 1 through 24e.	4,823,643	3,703,194	277,586	842,863
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		133,935	1	541,037	
	2	Savings and temporary cash investments		0	2	0	
	3	Pledges and grants receivable, net		1,295,254	3	946,805	
	4	Accounts receivable, net		176,387	4	91,037	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		0	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		20,633	9	20,536	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	74,061			
	b	Less: accumulated depreciation	10b	73,082	1,259	10c	979
	11	Investments—publicly traded securities		1,688,436	11	1,535,387	
	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)		3,315,904	16	3,135,781		
Liabilities	17	Accounts payable and accrued expenses		183,413	17	200,459	
	18	Grants payable		410,029	18	191,466	
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	0	
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		0	25	0	
	26	Total liabilities. Add lines 17 through 25		593,442	26	391,925	
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		2,031,525	27	2,327,852	
	28	Temporarily restricted net assets		600,937	28	326,004	
	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		2,722,462	33	2,743,856	
34	Total liabilities and net assets/fund balances		3,315,904	34	3,135,781		

Part XI Reconciliation of Net AssetsCheck 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	5,065,342
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,823,643
3	Revenue less expenses Subtract line 2 from line 1	3	241,699
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,722,462
5	Net unrealized gains (losses) on investments	5	-85,325
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	-134,980
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,743,856

Part XII Financial Statements and ReportingCheck 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? 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		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		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		

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 61-0444679
Name: United Way of the Bluegrass Inc

Form 990 (2017)

Form 990, Part III, Line 4a:

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 AND FIELD EXPERTS DETERMINE PROGRAM ALLOCATIONS ON A THREE-YEAR FUNDING CYCLE UWBG IS ADDRESSING THE UNDERLYING CAUSE OF COMMUNITY ISSUES AND LONG-TERM SOLUTIONS THROUGH INVESTMENTS AND OVERSIGHT OF COMMUNITY PROGRAMS RESULTS ARE THOROUGHLY EXAMINED EVERY SIX MONTHS IN PARTNERSHIP WITH THE UNIVERSITY OF KENTUCKY TO ENSURE THAT PROGRAMS ARE ON TRACK TO REACH MAXIMUM IMPACT AND RESULTS

Form 990, Part III, Line 4b:

THE UWBG 2-1-1 CONTACT CENTER CONNECTS INDIVIDUALS AND FAMILIES WHO NEED HEALTH AND HUMAN SERVICES WITH LOCAL AGENCIES AND PROGRAMS THAT PROVIDE ASSISTANCE. LAST YEAR, UWBG CONTINUED THE RELATIONSHIP WITH THE DEPARTMENT OF AGING AND INDEPENDENT LIVING BY BUILDING A DATABASE OF RESOURCES FOR THE 69 UNCOVERED KY COUNTIES. IN ADDITION, WE PARTNERED WITH UNITED WAY OF NORTHEAST KENTUCKY TO PROVIDE 2-1-1 SERVICES FOR A 5 COUNTY AREA IN EASTERN KY. UWBG 2-1-1 WAS ABLE TO CONNECT MORE THAN 24,000 PEOPLE WITH RESOURCES THROUGH PHONE CALLS, TEXT MESSAGING, EMAIL, THE 2-1-1 WEBSITE AND MOBILE APPS.

Form 990, Part III, Line 4c:

HYPE (WIOA) IN FY 2017, UWBG EMBARKED ON A UNIQUE JOURNEY OF PARTNERSHIP WITH RESCARE WORKFORCE SERVICES. THE MISSION OF THIS PARTNERSHIP WAS TO PROVIDE COMPREHENSIVE WORKFORCE DEVELOPMENT SERVICES, IN LINE WITH THE WORKFORCE INVESTMENT OPPORTUNITY ACT PRIORITIES AND REGULATIONS, TO RESIDENTS OF THE 17 COUNTY BLUEGRASS AREA DEVELOPMENT DISTRICT. UWBG WAS THE RECIPIENT OF \$375,000 IN CONTRACTUAL FUNDING IN ORDER TO PROVIDE SUCH SERVICES, UNDER THE AUSPICES OF A PROGRAM CALLED "HYPE", TO YOUTH AGES 16 TO 21 ACROSS THE 17 COUNTY DISTRICT. UWBG WAS SUCCESSFUL IN ENROLLING 80 YOUTH TO PARTICIPATE IN THE PROGRAM, AND IN THE TIME THAT IT WAS OPERATIONAL, SAW DOZENS OF THOSE ENROLLEES MOVE FROM DEPENDENCY TO SELF-SUFFICIENCY. THE PROGRAM SUNSET JUNE 30, 2018.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Bill Wilson Board Chair	10	X		X				0	0	0
Scott Lockard Vice Chair	10	X		X				0	0	0
Morgan K Daulton Treasurer	10	X		X				0	0	0
Ken Bicknell Director	10	X						0	0	0
Craig L Daniels Director	10	X						0	0	0
Rufus M Friday Director	10	X						0	0	0
Mark D Klee Director	10	X						0	0	0
Owen Cropper Director	10	X						0	0	0
Arnold Gaither Director	10	X						0	0	0
Janette Lloyd Director	10	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Kristi R Middleton Director	10	X						0	0	0
Brock R Saladin Director	10	X						0	0	0
Mark Sulski Director	10	X						0	0	0
Tyrone D Tyra Director	10	X						0	0	0
Valerie M Marshall Director	10	X						0	0	0
Melissa Stephan Director	10	X						0	0	0
Matt Thompson Director	10	X						0	0	0
Harvie B Wilkinson Director	10	X						0	0	0
Ligia Bejat Director	10	X						0	0	0
Sarah K Bosso Director	10	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
David Kidd Director	1 0	X						0	0	0
Kurt Kogler Director	1 0	X						0	0	0
Mary E Meixelsperger Director	1 0	X						0	0	0
Danny Neely Director	1 0	X						0	0	0
John W Pollom Esq Director	1 0	X						0	0	0
Dexter W Porter Director	1 0	X						0	0	0
Paul A Rooke Director	1 0	X						0	0	0
Chris Thompson Director	1 0	X						0	0	0
Blake Drury Director (Partial Year)	1 0	X						0	0	0
William Farmer President/CEO - Board Secretary	50 0			X				121,669	0	30,209

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Vicki Seale VP Finance	50 0			X				68,088	0	12,390

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

United Way of the Bluegrass Inc

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

2017

Open to Public Inspection

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 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- 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- 10 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						

Part II

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	4,750,926	4,946,881	5,422,480	4,685,870	4,013,953	23,820,110
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	4,750,926	4,946,881	5,422,480	4,685,870	4,013,953	23,820,110
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)						2,251,654
6	Public support. Subtract line 5 from line 4						21,568,456

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4	4,750,926	4,946,881	5,422,480	4,685,870	4,013,953	23,820,110
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	76,691	59,756	58,175	50,291	51,058	295,971
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	20,778	31,056	8,544	1,066	246	61,690
11	Total support. Add lines 7 through 10						24,177,771
12	Gross receipts from related activities, etc (see instructions)					12	1,313,193
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 2017 (line 6, column (f) divided by line 11, column (f))	14 89 21 %
15	Public support percentage for 2016 Schedule A, Part II, line 14	15 88 6 %
16a 33 1/3% support test—2017. 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—2016. 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—2017. 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—2016. 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 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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? <i>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.</i>	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>	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)? <i>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.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	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))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

	Yes	No
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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
	11a	
	11b	
	11c	

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? <i>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.</i>		
	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? <i>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.</i>		
	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)? <i>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).</i>		
	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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	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).		
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? <i>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.</i>		
	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? <i>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.</i>		
	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? <i>Provide details in Part VI.</i>		
	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	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 (explain in Part VI) **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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part II, Line 10 Other Income	DESCRIPTION - OTHER INCOME, COLUMN A - 20778 0, COLUMN B - 31056 0, COLUMN C - 8544 0, COLUMN D - 1066 0, COLUMN E - 246 0, COLUMN F - 61690 0,

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493135048019

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

2017

Open to Public Inspection

Name of the organization
United Way of the Bluegrass Inc

Employer identification number
61-0444679

Part I

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

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

2a

2b

2c

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

► \$

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

Cat No 52283D

Schedule D (Form 990) 2017

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, 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" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	578,233	577,620	645,572	898,546	817,772
b Contributions					0
c Net investment earnings, gains, and losses	36,077	70,613	-29,952	-2,974	118,774
d Grants or scholarships					0
e Other expenditures for facilities and programs	31,000	70,000	38,000	250,000	38,000
f Administrative expenses					0
g End of year balance	583,310	578,233	577,620	645,572	898,546

2

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

a

Board designated or quasi-endowment

84 57 %

b

Permanent endowment

15 43 %

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

(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" on 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		74,061	73,082	979
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				979

Schedule D (Form 990) 2017

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 _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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	
(1) Federal income taxes		
AMOUNTS DUE TO CENTRAL KENTUCKY COMBINED FEDERAL CAMPAIGN		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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	4,811,794
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-85,325
b	Donated services and use of facilities	2b	37,107
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	0
e	Add lines 2a through 2d	2e	-48,218
3	Subtract line 2e from line 1	3	4,860,012
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	22,131
b	Other (Describe in Part XIII)	4b	183,199
c	Add lines 4a and 4b	4c	205,330
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	5,065,342

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	4,790,400
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	37,107
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	0
e	Add lines 2a through 2d	2e	37,107
3	Subtract line 2e from line 1	3	4,753,293
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	22,131
b	Other (Describe in Part XIII)	4b	48,219
c	Add lines 4a and 4b	4c	70,350
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	4,823,643

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 61-0444679
Name: United Way of the Bluegrass Inc

Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	The purpose of the endowment is to facilitate donors' desires to make substantial long-term gifts to the community and to develop a new and significant source of revenue for UWBG. In doing so, the endowment will provide a secure, long-term source of funds to (i) stabilize agency funding during periods of below normal annual campaigns, (ii) fund special grants, (iii) ensure long-term growth, (iv) enhance UWBG's ability to meet changing community needs in both the short and long-term, and, (v) support the administrative expenses of UWBG as deemed appropriate.

Supplemental Information	
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

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XI, Line 4(b) Other revenues in form 990 not in audited financial statements	WRITE OFF OF UNCOLLECTIBLE PLEDGES - 183199

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XII, Line 4(b) Other expenses in form 990 not in audited financial statements	RECOVERIES OF PRIOR YEAR GRANTS - 48219

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

2017

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

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 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?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
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	(b) Event #2	(c) Other events	(d)
		Lexmark Golf Outing (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	42,313			42,313
	2 Less Contributions	11,912			11,912
	3 Gross income (line 1 minus line 2)	30,401	0	0	30,401
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	1,280			1,280
	6 Rent/facility costs	5,376			5,376
	7 Food and beverages	1,792			1,792
	8 Entertainment				
	9 Other direct expenses	4,415			4,415
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				12,863
11 Net income summary Subtract line 10 from line 3, column (d) ▶				17,538	

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				
	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
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	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; text-align: center;">13a</td><td style="width: 100px; text-align: center;">%</td></tr><tr><td style="text-align: center;">13b</td><td style="text-align: center;">%</td></tr></table>	13a	%	13b	%
13a	%				
13b	%				
b An outside facility					
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 provide any additional information (see instructions).

Return Reference	Explanation
------------------	-------------

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
United Way of the Bluegrass Inc

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

2017

Open to Public Inspection

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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 49

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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: 17005876
Software Version: 2017v2.2
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
AccuTran Industries PO Box 352 Paris, KY 40362	61-1048788	501(c)(3)	15,000				Sheltered Employment
Aids Volunteers Inc 263 N Limestone Lexington, KY 40507	61-1149457	501(c)(3)	20,000				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)	20,000				Disaster / Emergency Services
Apprisen formerly Consume Credit Counseling Service of the Midwest Inc 2265 Harrodsburg Road 303 Lexington, KY 40504	31-0731111	501(c)(3)	15,000				Comprehensive Financial Education & Counseling

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
Arbor Youth Services formerly MASH 536 West third Street Lexington, KY 40508	61-0926861	501(c)(3)	30,000				Drop In Emergency Shelter & Afterschool Outreach
Big Brothers Big Sisters of the Bluegrass 1122 Oak Hill Drive Lexington, KY 40505	61-0523288	501(c)(3)	23,900				Mentoring

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
Blue Grass Council of the Blind 1093 South Broadway Suite 1220 Lexington, KY 40504	61-0971827	501(c)(3)	20,000				Visually Impaired Peer Support (VIPS)
Bluegrass Community Action Agency PO Box 738 Frankfort, KY 40602	61-0659583	501(c)(3)	67,400				Adult Day Prgm/Head Start/ Elder Nutrition/Financial Stability/Senior companions/Senior Centers

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
Catholic Social Service Bureau 1310 West Main Street Lexington, KY 40508	61-1138597	501(c)(3)	22,300				Rent & Utility Assistance/Clinical Counseling/Financial Literacy
Center for Women Children and Families 530 North Limestone St Lexington, KY 40508	31-0904247	501(c)(3)	54,500				The Nest-Parenting Program/Domestic Violence/Crisis Care/Child Care

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
Child Care Council Of Kentucky Inc 1390 Olivia Lane Lexington, KY 40511	31-1102545	501(c)(3)	90,334				KinderPrep
Child Development Centers of the Bluegrass 465 Springhill Drive Lexington, KY 40503	61-0543367	501(c)(3)	45,000				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
Chrysalis House 1589 Hill Rise Drive Lexington, KY 40504	61-1012290	501(c)(3)	20,000				Chrysalis Childcare Program/Building Self Sufficiency
Clark County Children's Council PO Box 4192 Winchester, KY 40392	61-1028432	501(c)(3)	13,000				Afterschool Child Care

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 Community Services PO Box 574 Winchester, KY 40392	31-1005844	501(c)(3)	18,000				Emergency Services
Clark County Homeless Coalition 19 Wainscott Avenue Winchester, KY 40391	27-1281819	501(c)(3)	15,000				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
Community Action Council PO Box 11610 Lexington, KY 40576	61-0650121	501(c)(3)	7,600				Foster Grandparents, Retired & Senior Volunteer Program
DOVES of Gateway PO Box 1021 Morehead, KY 40351	61-1234891	501(c)(3)	10,000				Domestic Violence Prevention 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
Employment Solutions Inc 1165 Centre Parkway Suite 120 Lexington, KY 40517	61-1031382	501(c)(3)	10,000				Post Secondary Education in High Demand Professions
First Bracktown Inc 3016 Bracktown Road Lexington, KY 40511	13-4281977	501(c)(3)	25,000				Black Males Working (BMW) Academy

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
Food Pantry for Woodford Co Inc (FPWC) 3963 Old Frankfort Pike Versailles, KY 40383	61-1264370	501(c)(3)	12,000				Food Bank - Woodford County
Foothills Community Action Partnership 309 Spangler Drive Richmond, KY 40475	61-0650246	501(c)(3)	19,000				Aging Services Program and the Foothills Madison County Self-Development Fund

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
Girl Scouts Wilderness Road Council 2277 Executive Drive Lexington, KY 40505	61-0608104	501(c)(3)	22,000				Youth Development
Green House 17 formerly Bluegrass Domestic Violence Program PO Box 55190 Lexington, KY 40555	20-1965942	501(c)(3)	55,000				Critical Crisis Stabilization Services & the Farm 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
Growing Together Preschool Inc 599 Lima Drive Lexington, KY 40511	61-1037940	501(c)(3)	40,000				Early Child Care & Education
Hope Center PO Box 6 Lexington, KY 40588	61-1107296	501(c)(3)	37,500				Transitional Living -Alcohol & Drug Abuse Recovery Program for men and women

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
Jubilee Jobs 1450 North Broadway Lexington, KY 405053162	27-1058855	501(c)(3)	15,000				Career Readiness and Job Placement
Kentucky Equal Justice Center 201 West Short Street Suite 310 Lexington, KY 405071220	61-0909545	501(c)(3)	16,000				Poverty Law Advocacy

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
Legal Aid of the Bluegrass 104 East 7th Street Covington, KY 41011	61-0913068	501(c)(3)	16,000				Domestic Violence Prevention
New Life Day Center 224 N MLK Blvd Lexington, KY 40507	30-0749401	501(c)(3)	10,841				Stop PanHandling Now Project/Daytime Homeles 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
Lexington Hearing and Speech Center 162 North Ashland Avenue Lexington, KY 40502	61-0593951	501(c)(3)	37,000				Audiology & Early learning
Lexington Womens Club Clothing Ctr 1340 Corona Drive Lexington, KY 40514	61-6025945	501(c)(3)	10,000				Provide free, seasonably appropriate school clothing to at-risk K-5 children

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
Mentors & Meals 160 Lexington Road Versailles, KY 40383	61-1264370	501(c)(3)	32,500				Summer Program Pilot, STEM, Mentoring Program
Mission Lexington 230 S Martin Luther King Blvd Lexington, KY 40508	20-2824933	501(c)(3)	10,000				Homelessness prevention and housing

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
Nursing Home Ombudsman Agency of the Bluegrass 1530 Nicholasville Road Lexington, KY 40503	61-0996520	501(c)(3)	44,000				Ombudsman/ Nursing Home Advocacy
Paris-Bourbon County YMCA 917 Main Street Paris, KY 40361	61-0676727	501(c)(3)	11,000				Youth Recreational Activities

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
Refuge For Women 342 Waller Ave Suite D Lexington, KY 40504	26-4388243	501(c)(3)	10,000				Transitional Living
Repairers Lexington 180 East Maxwell Street Lexington, KY 40508	61-1281620	501(c)(3)	12,000				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)	140,000				Emergency Services-Basic Services
Scott United Ministries - Amen House PO Box 211 Georgetown, KY 40324	61-1236411	501(c)(3)	40,000				A M E N House - Emergency 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
Shepherd's House 154 Bonnie Brae Drive Lexington, KY 40508	61-1105573	501(c)(3)	10,000				Transitional Living
Telford YMCA 1100 East Main Street Richmond, KY 40475	61-6000619	501(c)(3)	23,800				After School 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
The Post Clinic PO Box 550 Mt Sterling, KY 40353	31-1515325	501(c)(3)	10,000				Primary health care for those in need
Urban League of Lexington-Fayette County 148 DeWeese Street Lexington, KY 40507	61-6054655	501(c)(3)	99,000				Affordable Housing / Youth & Educational 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
Visually Impaired Preschool Services 161 Burt Road Suite 4 Lexington, KY 40503	61-1061973	501(c)(3)	20,000				Early Child Care & Education
VITA Grant-Human Economic Appalachian Dev Corp 101 Chestnut Street Berea, KY 40404	61-1143572	501(c)(3)	20,211				VITA FreeTax preparation Site Coordination

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
VITA Grant-hager Foundation (Green River 401 Frederick Street Ste 203B Owensboro, KY 42301	61-1187348	501(c)(3)	20,000				VITA FreeTax preparation Site Coordination
Woodford County 4-H Council 184 Beasley Drive Versailles, KY 40383	61-1040849	501(c)(3)	5,500				Youth Development

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
YMCA of Central Kentucky 239 East High Street Lexington, KY 40507	61-0444842	501(c)(3)	85,000				Early Learning Readiness/Healthy Eating & Physical Activity/Summer Learning Camp/Afterschool Learning/Black Achievers

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**
- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
- ▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization
United Way of the Bluegrass Inc

Employer identification number

61-0444679

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| ☐ Compensation committee | ☐ Written employment contract |
| ☐ Independent compensation consultant | ☒ Compensation survey or study |
| ☒ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes," on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes," on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

No

4b

No

4c

No

5a

No

5b

No

6a

No

6b

No

7

No

8

No

9

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

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

[illegible]

Part III **Supplemental Information**

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

Return Reference	Explanation
------------------	-------------

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93493135048019

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2017

Open to Public Inspection

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

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	2	2,758	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	28	182,657	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

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

Yes

No

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31

Yes

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

32a

Yes

No

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

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

Cat No 51227J

Schedule M (Form 990) (2017)

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 Contributions Other - DONATIONS FOR CAMPAIGN NUMBER OF CONTRIBUTIONS

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493135048019
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
			2017 Open to Public Inspection
Name of the organization United Way of the Bluegrass Inc		Employer identification number 61-0444679	

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	(Expenses \$ 819,686 including grants of \$ 117,117) TRAILBLAZERS- (RETIRED AND SENIOR VOLUNTEER PROGRAM IN ANDERSON, CLARK, SCOTT AND WOODFORD COUNTIES, ADULTS AGED 55+ ARE MAKING A N 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, 93 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 VOLUNTEERS WITH APPROPRIATE VOLUNTEER OPPORTUNITIES WITH LOCAL AGENCIES 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 SITES EVOLVES YEARLY, THE GENERAL REGION SERVED INCLUDES LEXINGTON METRO AND SURROUNDING COUNTIES SINCE 2003, CKEEP HAS COMPLETED OVER 38,000 TAX RETURNS, HELPING FAMILIES CLAIM OVER \$40 MILLION IN TAX REFUNDS THE UNITED WAY OF THE BLUEGRASS IS THE CURRENT COALITION LEADER RESPONSIBLE FOR COORDINATING ALL ASPECTS OF THE PROGRAM UWBG WORKS WITH PARTNERS IN ITS NINE-COUNTY SERVICE AREA TO BRING FREE TAX PREPARATION TO THE COMMUNITY 2017 TAX YEAR 10 SITES COVERING 7 COUNTIES 3,100 TAX RETURNS FILED \$4,154,943 IN TOTAL TAX REFUNDS \$1,577,923 IN TOTAL EITC \$806,000 POTENTIALLY 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-PRONG APPROACH TO ECONOMIC SELF-SUFFICIENCY WHICH INCLUDES 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 COALITION, GREEN RIVER ASSET BUILDING COALITION, AND NORTHEASTERN KENTUCKY ASSET BUILDING COALITION EACH YEAR REGIONAL COALITION LEADERS MEET IN LEXINGTON BEFORE AND AFTER EACH TAX SEASON TO DISCUSS PLANS AND HOW TO STRATEGICALLY IMPLEMENT THEM 2017 TAX YEAR 40 SITES COVERING 80 COUNTRIES 11,100 TOTAL TAX RETURNS FILED \$15,597,727 IN TOTAL TAX REFUNDS \$5,539, 998 IN TOTAL EITC \$2,800,000 P

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	OTENTIALLY SAVED IN TAX PREPARATION FEES

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	THE PRESIDENT/CEO WENT THROUGH A PERFORMANCE REVIEW CONDUCTED BY THE EXECUTIVE COMMITTEE OF THE BOARD IN AUGUST OF 2018 THE PRESIDENT DID RECEIVE AN INCREASE IN COMPENSATION RETROACTIVE TO JULY 1, 2017

990 Schedule O, Supplemental Information

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 August 31, 2018 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 The staff received small incremental increases July 1, 2017

990 Schedule O, Supplemental Information

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 WHICH INCLUDES, THE CURRENT YEAR CAMPAIGN CHAIR, CAMPAIGN CHAIR ELECT, MARKETING COMMITTEE CHAIR, AND TWO AT-LARGE MEMBERS SELECTED BY THE BOARD DEVELOPMENT COMMITTEE THE SECRETARY OF THE CORPORATION SHALL SERVE AS SECRETARY TO THE EXECUTIVE COMMITTEE IN A NONVOTING CAPACITY WHEN THE BOARD IS NOT IN SESSION, THE EXECUTIVE COMMITTEE SHALL HAVE AND MAY EXERCISE ALL OF THE AUTHORITY OF THE BOARD, UNLESS OTHERWISE SPECIFIED IN THE RESOLUTION APPOINTING THE EXECUTIVE COMMITTEE NEITHER THE EXECUTIVE COMMITTEE, NOR ANY OTHER COMMITTEE CREATED BY THE BOARD, SHALL HAVE THE AUTHORITY TO (A) AMEND, ALTER, OR REPEAL THESE BYLAWS, (B) APPOINT OR REMOVE ANY DIRECTOR OR OFFICER OF THE CORPORATION, (C) AMEND OR RESTATE THE ARTICLES, (D) ADOPT A PLAN OF MERGER OR CONSOLIDATION WITH ANOTHER CORPORATION, (E) AUTHORIZE THE SALE, LEASE, EXCHANGE, OR MORTGAGE OF ALL, OR SUBSTANTIALLY ALL, OF THE PROPERTY AND ASSETS OF THE CORPORATION, (F) AUTHORIZE THE VOLUNTARY DISSOLUTION OF THE CORPORATION OR ADOPT A PLAN FOR THE DISTRIBUTION OF THE ASSETS OF THE CORPORATION, OR (G) AMEND, ALTER, OR REPEAL ANY RESOLUTION OF THE BOARD

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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 AUDITED FINANCIAL STATEMENTS AND THE 990'S ARE ALSO AVAILABLE ON THE UWBG WEBSITE

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	Other Professional Fees - Total Expense 487952, Program Service Expense 391214, Management and General Expenses 29167, Fundraising Expenses 67571,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	WRITE OFF OF UNCOLLECTIBLE PLEDGES - -183199, RECOVERIES OF PRIOR YEAR GRANTS - 48219,