

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2020

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 07/01, 2020, and ending 06/30, 20 21

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization UNITED WAY OF THE BLUEGRASS, INC.
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
 651 PERIMETER DRIVE SUITE 510
 City or town, state or province, country, and ZIP or foreign postal code
 LEXINGTON, KY 40517

D Employer identification number
61-0444679

E Telephone number
(859) 233-4461

F Name and address of principal officer: TIMOTHY JOHNSON, PRESIDENT & CHIEF EXECUTIVE OFFICER
SAME AS C ABOVE

G Gross receipts \$ 5,729,038

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

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

J Website: WWW.UWBG.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1955

M State of legal domicile: KY

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: UNITED WAY OF THE BLUEGRASS (UWBG) FIGHTS FOR THE BASIC NEEDS, EDUCATION AND FINANCIAL STABILITY OF EVERY PERSON IN CENTRAL KENTUCKY.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	28
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	27
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	38
	6	Total number of volunteers (estimate if necessary)	6	9,671
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	3,717,107	4,680,011
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	464,931	658,632
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	44,572	37,290
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,268,160	5,408,822
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,677,400	1,528,453
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,710,213	1,951,107
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 711,647		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	813,451	825,820
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	4,201,064	4,305,380
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	67,096	1,103,442
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	2,784,570	3,949,512
	22	Net assets or fund balances. Subtract line 21 from line 20	809,762	350,824
		1,974,808	3,598,688	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer:  Date: 4/29/22

TIMOTHY JOHNSON, PRESIDENT & CHIEF EXECUTIVE OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: KIM SCIFRES
 Preparer's signature: Kim Scifres
 Date: 4/29/22
 Check if self-employed
 PTIN: P01316095
 Firm's name ▶ CROWE LLP
 Firm's EIN ▶ 35-0921680
 Firm's address ▶ 9600 BROWNSBORO ROAD, SUITE 400, LOUISVILLE, KY 40241-3902
 Phone no. (502) 326-3996

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: UWBG LOOKS AT THE BIG PICTURE AND CONVENES THE PEOPLE, RESOURCES AND PARTNERSHIPS NEEDED TO FIND LONG-TERM SOLUTIONS TO HELP MORE CHILDREN AND FAMILIES SUCCEED. LAST YEAR OVER 278,000 PEOPLE WERE SERVED BY A UWBG LED OR FUNDED PROGRAM; 5,752 CHILDREN WERE SERVED THROUGH EARLY CHILDHOOD EDUCATION (CONTINUED ON SCHEDULE O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] 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 [X] 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 \$ 2,320,842 including grants of \$ 1,473,750) (Revenue \$ 130,207) SUPPORTING COMMUNITY PROGRAMS: UWBG HELPS CREATE OPPORTUNITIES FOR A BETTER LIFE FOR ALL. WE MAKE STRATEGIC INVESTMENTS IN PROGRAMS SERVING LOW TO MODERATE-INCOME AND UNDERSERVED CENTRAL KENTUCKIANS IN THE AREAS OF EDUCATION, INCOME, AND BASIC NEEDS. WE ALSO SERVE AS AN INCUBATOR FOR NEW PROGRAMS, AND A CONVENER OF PARTNERSHIPS OF NONPROFITS SEEKING TO IMPROVE LIVES BY WORKING TOGETHER. UWBG SERVES TEN CENTRAL KENTUCKY COMMUNITIES INCLUDING: ANDERSON, BOURBON, CLARK, FAYETTE, FRANKLIN, JESSAMINE, MADISON, MONTGOMERY, SCOTT AND WOODFORD COUNTIES. UWBG IS A CONVENER, COLLABORATOR AND CATALYST FOR CHANGE FOR LONG-TERM SOLUTIONS FOR CENTRAL KENTUCKY COMMUNITIES. WE INVEST DONOR DOLLARS INTO PROGRAMMATIC SOLUTIONS THAT ARE MAKING A DIFFERENCE AND SUPPORTING LOW TO MODERATE-INCOME AND UNDERSERVED FAMILIES AND CHILDREN. WE HAVE DEVELOPED SYSTEMS TO EVALUATE THE QUALITY AND SUCCESS OF THE PROGRAMS AND PARTNERS THAT OUR INVESTORS HELP FUND, SO THAT THEY CAN BE ASSURED THAT THEIR DOLLARS WILL HAVE MAXIMUM IMPACT ON THEIR COMMUNITY. WE BELIEVE THAT OUR (CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ 224,581 including grants of \$) (Revenue \$ 101,967) UNITED WAY-AIRS 211: UNITED WAY OF THE BLUEGRASS 211 CONNECTS PEOPLE WITH RESOURCES THAT ARE AVAILABLE IN THEIR COMMUNITY VIA PHONE, CHAT, TEXT MESSAGING, MOBILE APPS AND THE 211 WEBSITES. 211 HELPS THOUSANDS OF PEOPLE IN 92 KENTUCKY COUNTIES EACH YEAR. IN ADDITION TO THE WORK 211 HAS HISTORICALLY DONE IN CENTRAL KENTUCKY, THE 211 CONTACT CENTER HAS CONTRACTS THAT HAVE EXPANDED THE REACH OF THE UWBG 211-PROGRAM. IN PARTNERSHIP WITH THE STATE'S CABINET FOR HEALTH AND FAMILY SERVICES, UWBG 2-1-1 HAS GONE LIVE WITH THE REMAINDER OF COUNTIES IN KY (92 OUT OF 120) THAT DIDN'T PREVIOUSLY HAVE 2-1-1 SERVICE. 2-1-1 IS NOW AVAILABLE TO ALL KENTUCKIANS AND EFFORTS ARE ONGOING IN PARTNERSHIP WITH OTHER LOCAL 2-1-1 PROVIDERS AND UWKY TO PROMOTE THE SERVICE ACROSS THE ENTIRE COMMONWEALTH.

4c (Code:) (Expenses \$ 608,070 including grants of \$ 54,703) (Revenue \$ 458,265) CENTRAL KENTUCKY ECONOMIC EMPOWERMENT PROGRAM (CKEEP): THE CENTRAL KENTUCKY ECONOMIC EMPOWERMENT PROGRAM (CKEEP) IS A COALITION, LED BY UNITED WAY OF THE BLUEGRASS THAT PARTNERS WITH THE IRS TO PROVIDE FREE TAX PREPARATION TO LOW AND MODERATE-INCOME FAMILIES, RAISE AWARENESS ABOUT THE EARNED INCOME TAX CREDIT (EITC) AND HELP FAMILIES BUILD ASSETS IN THE GREATER LEXINGTON REGION. CKEEP IS A COALITION MEMBER OF THE KENTUCKY ASSET SUCCESS INITIATIVE (KASI) WHICH IS THE OVERARCHING VOLUNTEER INCOME TAX ASSISTANCE (VITA) INITIATIVE FOR 80 COUNTIES IN THE STATE OF KENTUCKY. UNITED WAY OF THE BLUEGRASS SERVES AS THE VITA GRANT RECIPIENT AND FISCAL AGENT FOR KASI AND ITS FIVE REGIONAL COALITIONS.

THANKS TO THE WORK OF HUNDREDS OF VOLUNTEER TAX PREPARERS WITH OUR VITA PROGRAM, FAMILIES ARE ABLE TO SAVE THEIR MUCH-NEEDED MONEY WHILE STRENGTHENING OUR OVERALL ECONOMY. EACH YEAR, MILLIONS OF (CONTINUED ON SCHEDULE O)

4d Other program services (Describe on Schedule O.) (Expenses \$ 116,304 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses 3,269,797

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)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IV</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IX</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule G, Part I See instructions</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
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>		✓
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>	✓	
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>		✓
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>		✓
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>		✓
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		✓
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		✓
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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		✓
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		✓
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	✓	
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>		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
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>		✓
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>		✓
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>		✓
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
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>		✓
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>		✓
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.	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 38		
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)	✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		✓
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
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)?		✓
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?		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		✓
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?		✓
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?	✓	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	✓	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		✓
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	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	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	✓
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	✓

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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		
	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 on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
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?		<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	<input checked="" type="checkbox"/>	
8b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
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 on Schedule O		<input checked="" type="checkbox"/>

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?		<input checked="" type="checkbox"/>
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
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?		
15a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
15b	Other officers or key employees of the organization		<input checked="" type="checkbox"/>
	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?		<input checked="" type="checkbox"/>
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► KY
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on 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 ►
KRISTIN MAHER, 2400 READING ROAD, CINCINNATI, OH 45202, (513) 762-7100

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TIMOTHY JOHNSON PRESIDENT & SECRETARY OF THE CORPORATION	50.0	✓		✓			153,109	0	19,247	
(2) VICKI SEALE VP FINANCE	50.0			✓			73,872	0	11,290	
(3) STEPHEN CLARK VP FINANCE (STARTED 2/22/2021)	50.0			✓			0	0	0	
(4) VALERIE MARSHALL BOARD CHAIR	1.0	✓		✓			0	0	0	
(5) MARY MEIXELSPERGER VICE CHAIR	1.0	✓		✓			0	0	0	
(6) PAUL ROOKE IMMEDIATE PAST CHAIR	1.0	✓		✓			0	0	0	
(7) KATHY JAEGER TREASURER	1.0	✓		✓			0	0	0	
(8) BILL WILSON DIRECTOR	1.0	✓					0	0	0	
(9) BOB KAIN DIRECTOR	1.0	✓					0	0	0	
(10) BRANDON EASON DIRECTOR	1.0	✓					0	0	0	
(11) CAMERON FREEMAN DIRECTOR	1.0	✓					0	0	0	
(12) CARYL PFEIFFER DIRECTOR	1.0	✓					0	0	0	
(13) CHAS SARGENT DIRECTOR	1.0	✓					0	0	0	
(14) CHRIS THOMPSON DIRECTOR	1.0	✓					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) CRAIG L DANIELS DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(16) DANNY NEELY DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(17) DAVID KIDD DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(18) DON THARPE DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(19) DR. KENNETH JONES DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(20) DR. STEVEN YATES DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(21) JANETTE LLOYD DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(22) JOHN MORTON DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(23) JOHN POLLOM DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(24) KAREN WHEELER DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(25) (SEE STATEMENT)										
1b Subtotal								226,981	0	30,537
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								226,981	0	30,537

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 1

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>

Section B. Independent Contractors

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

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

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

Part VIII Statement of 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					
	1b	Membership dues					
	1c	Fundraising events	18,606				
	1d	Related organizations					
	1e	Government grants (contributions)					
	1f	All other contributions, gifts, grants, and similar amounts not included above	4,661,405				
	1g	Noncash contributions included in lines 1a-1f	\$ 166,711				
	1h	Total. Add lines 1a-1f ▶	4,680,011				
	Program Service Revenue	2a	OUTSIDE DESIGN AND ADMINISTRATION Business Code 561000	658,632	658,632		
b		-----					
c		-----					
d		-----					
e		-----					
f		All other program service revenue . .	0	0	0	0	
g		Total. Add lines 2a-2f ▶	658,632				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶	37,237			37,237	
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties ▶					
	6a	Gross rents	(i) Real				
			(ii) Personal				
			6a				
	6b	Less: rental expenses					
	6c	Rental income or (loss)	0	0			
	d	Net rental income or (loss) ▶					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	312,795			
			(ii) Other				
			7a				
			7b	Less: cost or other basis and sales expenses . .	312,742		
	7c	Gain or (loss) . .	53	0			
	d	Net gain or (loss) ▶	53			53	
	8a	Gross income from fundraising events (not including \$ 18,606 of contributions reported on line 1c). See Part IV, line 18	8a	8,556			
			8b	7,474			
c			Net income or (loss) from fundraising events . . ▶	1,082			1,082
9a	Gross income from gaming activities. See Part IV, line 19 . .	9a					
		9b					
		c	Net income or (loss) from gaming activities . . . ▶				
10a	Gross sales of inventory, less returns and allowances	10a					
		10b					
		c	Net income or (loss) from sales of inventory . . . ▶				
Miscellaneous Revenue	11a	----- Business Code					
	b	-----					
	c	-----					
	d	All other revenue	900099 31,807	31,807	0	0	
	e	Total. Add lines 11a-11d ▶	31,807				
12	Total revenue. See instructions ▶	5,408,822	690,439	0	38,372		

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	1,528,453	1,528,453		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	257,347	175,276	27,469	54,602
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	1,330,402	892,618	135,066	302,718
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	239,299	168,921	18,746	51,632
10	Payroll taxes	124,059	84,047	9,836	30,176
11	Fees for services (nonemployees):				
a	Management				
b	Legal				
c	Accounting	28,348		28,348	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	8,316		8,316	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	184,915	109,870	44,101	30,944
12	Advertising and promotion	95,541	79,367	9,779	6,395
13	Office expenses	63,314	22,848	27,121	13,345
14	Information technology	118,020	93,304	15,917	8,799
15	Royalties				
16	Occupancy	52,473	56,262	(32,914)	29,125
17	Travel	2,036	317	381	1,338
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	11,653	9,230	778	1,645
20	Interest	1,829		1,829	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,467	2,546	581	1,340
23	Insurance	5,580	2,618	762	2,200
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	<u>DEVELOPMENTAL AND ADMINISTRATIVE</u>	163,600	5,525		158,075
b	<u>MEMBERSHIP DUES</u>	64,089	36,948	8,986	18,155
c	<u>STAFF DEVELOPMENT</u>	10,100		9,575	525
d	-----				
e	All other expenses	11,539	1,647	9,259	633
25	Total functional expenses. Add lines 1 through 24e	4,305,380	3,269,797	323,936	711,647
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	563,006	1	575,350
	2 Savings and temporary cash investments		2	18,409
	3 Pledges and grants receivable, net	716,935	3	692,282
	4 Accounts receivable, net	124,191	4	792,327
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	22,785	9	50,901
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 55,147		
	b Less: accumulated depreciation	10b 48,062	419	10c 7,085
	11 Investments—publicly traded securities	1,357,234	11	1,813,158
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,784,570	16	3,949,512	
Liabilities	17 Accounts payable and accrued expenses	83,904	17	159,884
	18 Grants payable	248,526	18	155,307
	19 Deferred revenue	385,332	19	35,633
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	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	92,000	25	0
	26 Total liabilities. Add lines 17 through 25	809,762	26	350,824
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,578,165	27	2,467,808
	28 Net assets with donor restrictions	396,643	28	1,130,880
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	1,974,808	32	3,598,688	
33 Total liabilities and net assets/fund balances	2,784,570	33	3,949,512	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,408,822
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,305,380
3	Revenue less expenses. Subtract line 2 from line 1	3	1,103,442
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,974,808
5	Net unrealized gains (losses) on investments	5	369,172
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 on Schedule O)	9	151,266
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,598,688

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
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 on Schedule O.	<input checked="" type="checkbox"/>	
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?		<input checked="" type="checkbox"/>
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 on Schedule O and describe any steps taken to undergo such audits.		

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(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			
(25) KURT KOGLER ----- DIRECTOR	1.0 -----	✓						0	0	0
(26) MARK SULSKI ----- DIRECTOR	1.0 -----	✓						0	0	0
(27) MATT MOORE ----- DIRECTOR (UNTIL MAY 2021)	1.0 -----	✓						0	0	0
(28) MAURA SMITH ----- DIRECTOR	1.0 -----	✓						0	0	0
(29) REV. RICHARD GAINES ----- DIRECTOR	1.0 -----	✓						0	0	0
(30) SHARON VOTAW ----- DIRECTOR	1.0 -----	✓						0	0	0
(31) TONY TAYLOR ----- DIRECTOR	1.0 -----	✓						0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization UNITED WAY OF THE BLUEGRASS, INC.	Employer identification number 61-0444679
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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 **section 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 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 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		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,685,870	4,013,953	3,472,214	3,717,107	4,680,011	20,569,155
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	4,685,870	4,013,953	3,472,214	3,717,107	4,680,011	20,569,155
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)						2,279,226
6 Public support. Subtract line 5 from line 4						18,289,929

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	4,685,870	4,013,953	3,472,214	3,717,107	4,680,011	20,569,155
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	50,291	51,058	51,396	40,795	37,237	230,777
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.)	1,066	0	0	0	0	1,066
11 Total support. Add lines 7 through 10						20,800,998
12 Gross receipts from related activities, etc. (see instructions)					12	2,604,685
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	87.93 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	88.55 %
16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2020. 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 ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2019. 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 ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2020. 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—2019. 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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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>		
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>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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>		
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>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
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>		
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>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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>		
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>		
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>		
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>		
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>		
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>		
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>		

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 lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No," provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

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

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*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):		
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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	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 0.85 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Part VI

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.)

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	OTHER INCOME	1,066	0	0	0	0	1,066
	Total	1,066	0	0	0	0	1,066

Schedule of Contributors

2020

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Name of the organization UNITED WAY OF THE BLUEGRASS, INC.	Employer identification number 61-0444679
--	---

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ
 - 501(c)(3) (enter number) organization
 - 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
 - 527 political organization
- Form 990-PF
 - 501(c)(3) exempt private foundation
 - 4947(a)(1) nonexempt charitable trust treated as a private foundation
 - 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor’s total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering “N/A” in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don’t complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn’t covered by the General Rule and/or the Special Rules doesn’t file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer “No” on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn’t meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization UNITED WAY OF THE BLUEGRASS, INC.	Employer identification number 61-0444679
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 610,171	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 200,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 132,221	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF THE BLUEGRASS, INC.	Employer identification number 61-0444679
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$-----	-----
-----	----- ----- ----- -----	\$-----	-----
-----	----- ----- ----- -----	\$-----	-----
-----	----- ----- ----- -----	\$-----	-----
-----	----- ----- ----- -----	\$-----	-----
-----	----- ----- ----- -----	\$-----	-----
-----	----- ----- ----- -----	\$-----	-----

Name of organization UNITED WAY OF THE BLUEGRASS, INC.	Employer identification number 61-0444679
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Part III *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number, aggregate value, and donor/grantee notification questions.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II with multiple rows for conservation easement details, including purpose, acreage, and monitoring information.

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.

Form for Part III with rows for reporting on art and historical treasures, including revenue and asset values.

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 make 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 program
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

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

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

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

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 on 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	560,163	578,181	583,310	578,233	577,620
b Contributions					
c Net investment earnings, gains, and losses	157,673	12,982	27,371	36,077	70,613
d Grants or scholarships					
e Other expenditures for facilities and programs	0	31,000	32,500	31,000	70,000
f Administrative expenses					
g End of year balance	717,836	560,163	578,181	583,310	578,233

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

- a** Board designated or quasi-endowment ▶ 87.46 %
- b** Permanent endowment ▶ 12.54 %
- c** Term endowment ▶ 0.00 %

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

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

	Yes	No
(i) Unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) Related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

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		55,147	48,062	7,085
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				7,085

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	
(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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

Part XIII

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 - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE	(a) Description	(b) Amount
	WRITE OFF OF UNCOLLECTIBLE PLEDGES	122,502

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 - Identifier	Explanation
<p>SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS</p>	<p>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.</p>
<p>SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE</p>	<p>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.</p> <p>A TAX POSITION IS RECOGNIZED AS A BENEFIT ONLY IF IT IS "MORE LIKELY THAN NOT" THAT THE TAX POSITION WOULD BE SUSTAINED IN A TAX EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO OCCUR. THE AMOUNT RECOGNIZED IS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED ON EXAMINATION. FOR TAX POSITIONS NOT MEETING THE "MORE LIKELY THAN NOT" TEST, NO TAX BENEFIT IS RECORDED.</p> <p>UWBG DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS TO SIGNIFICANTLY CHANGE IN THE NEXT 12 MONTHS. UWBG RECOGNIZES INTEREST AND/OR PENALTIES RELATED TO INCOME TAX MATTERS IN INCOME TAX EXPENSE. UWBG DID NOT HAVE ANY AMOUNT ACCRUED FOR INTEREST AND PENALTIES AT JUNE 30, 2021 OR 2020.</p>

**SCHEDULE G
(Form 990 or 990-EZ)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF THE BLUEGRASS, INC.

Employer identification number

61-0444679

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 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.

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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) Total events
		<u>CENTENNIAL GOLF OUTING</u> (event type)	<u>CAMPAIGN KICK-OFF</u> (event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	23,437	3,725		27,162
	2 Less: Contributions	15,937	2,669		18,606
	3 Gross income (line 1 minus line 2)	7,500	1,056	0	8,556
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes				0
	6 Rent/facility costs	5,567			5,567
	7 Food and beverages				0
	8 Entertainment				0
	9 Other direct expenses	1,682	225		1,907
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				7,474
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				1,082	

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF THE BLUEGRASS, INC.

Employer identification number

61-0444679

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SALVATION ARMY, BLUEGRASS AREA CHAPTER 736 WEST MAIN STREET, LEXINGTON, KY 40508	13-5562351	501(C)(3)	89,100				(SEE STATEMENT)
(2) YMCA OF CENTRAL KENTUCKY 239 EAST HIGH STREET, LEXINGTON, KY 40507	61-0444842	501(C)(3)	85,300				(SEE STATEMENT)
(3) (SEE STATEMENT)	61-6054655	501(C)(3)	80,190				(SEE STATEMENT)
(4) BLUEGRASS COMMUNITY ACTION AGENCY P.O. BOX 738, FRANKFORT, KY 40602	61-0659583	501(C)(3)	60,402				(SEE STATEMENT)
(5) CHILD CARE COUNCIL OF KENTUCKY INC. 1390 OLIVIA LANE, LEXINGTON, KY 40511	31-1102545	501(C)(3)	52,650				KINDER PREP
(6) SALVATION ARMY, FRANKFOR 517 GREENUP AVE, FRANKFORT, KY 40601	58-0660607	501(C)(3)	45,379				(SEE STATEMENT)
(7) (SEE STATEMENT)	20-1965942	501(C)(3)	44,550				(SEE STATEMENT)
(8) CENTER FOR WOMEN, CHILDREN AND FAMILIES 530 NORTH LIMESTONE ST, LEXINGTON, KY 40508	31-0904247	501(C)(3)	41,715				(SEE STATEMENT)
(9) (SEE STATEMENT)	61-0996520	501(C)(3)	38,452				(SEE STATEMENT)
(10) (SEE STATEMENT)	61-0543367	501(C)(3)	36,450				(SEE STATEMENT)
(11) GROWING TOGETHER PRESCHOOL, INC. 599 LIMA DRIVE, LEXINGTON, KY 40511	61-1037940	501(C)(3)	32,400				(SEE STATEMENT)
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 55

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

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

Cat. No. 50055P

Schedule I (Form 990) 2020

Part II

Grants and Other Assistance to Governments and Organizations in the United States (continued)

(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
(12) HOPE CENTER P.O. BOX 6, LEXINGTON, KY 40588	61-1107296	501(C)(3)	28,350				TRANSITIONAL LIVING - ALCOHOL & DRUG ABUSE RECOVERY PROGRAM FOR MEN AND WOMEN
(13) LEXINGTON HEARING AND SPEECH CENTER 162 NORTH ASHLAND AVENUE, LEXINGTON, KY 40502	61-0593951	501(C)(3)	28,350				AUDIOLOGY & EARLY LEARNING
(14) MENTORS & MEALS 160 LEXINGTON ROAD, VERSAILLES, KY 40383	61-1264370	501(C)(3)	28,325				SUMMER PROGRAM PILOT, STEM, MENTORING PROGRAM
(15) CAPITAL CITY ACTIVITY CENTER 202 MEDICAL HEIGHTS DRIVE, FRANKFORT, KY 40601	61-6041002	501(C)(3)	28,092				MEALS ON WHEELS
(16) AMERICAN RED CROSS, BLUEGRASS CHAPTER 1450 NEWTOWN PIKE, LEXINGTON, KY 40511	61-0444644	501(C)(3)	26,450				DISASTER / EMERGENCY SERVICES
(17) SUNSHINE CENTER 212 STEELE STREET, FRANKFORT, KY 40601	11-3181597	501(C)(3)	25,931				EMERGENCY AND TRANSITIONAL HOUSING FOR AND COUNSELLING FOR VICTIMS OF DOMESTIC VIOLENCE AND ELDER ABUSE
(18) ARBOR YOUTH SERVICES FORMERLY M.A.S.H. 536 WEST THIRD STREET, LEXINGTON, KY 40508	61-0926861	501(C)(3)	24,300				DROP IN EMERGENCY SHELTER & AFTERSCHOOL OUTREACH
(19) GIRL SCOUTS, WILDERNESS ROAD COUNCIL 2277 EXECUTIVE DRIVE, LEXINGTON, KY 40505	61-0608104	501(C)(3)	23,375				YOUTH DEVELOPMENT/
(20) KINGS CENTER 202 E 3RD STREET, FRANKFORT, KY 40601	61-3868344	501(C)(3)	21,609				MENTORING, EDUCATION & SUPPORT
(21) SIMON HOUSE 231 EAST MAIN STREET, FRANKFORT, KY 40601	61-1118813	501(C)(3)	20,500				EMERGENCY SHELTER FOR HOMELESS WOMEN WHO ARE PREGNANT OR HAVE CHILDREN TO TRANSITION TO A STABLE LIFESTYLE
(22) ACCESS SOUP KITCHEN & MEN'S SHELTER 311 W 2ND STREET, FRANKFORT, KY 40601	61-1080388	501(C)(3)	20,288				HOMELESSFOOD AND SHELTER
(23) CATHOLIC CHARITIES OF THE DIOCESE OF LEXINGTON 1310 WEST MAIN STREET, LEXINGTON, KY 40508	61-1138597	501(C)(3)	18,063				RENT & UTILITY ASSISTANCE/CLINICAL COUNSELLING/FINANCIAL LITERACY
(24) LEGAL AID OF THE BLUEGRASS 104 EAST 7TH STREET, COVINGTON, KY 41011	61-0913068	501(C)(3)	17,281				DOMESTIC VIOLENCE PREVENTION
(25) AIDS VOLUNTEERS, INC. 263 N. LIMESTONE, LEXINGTON, KY 40507	61-1149457	501(C)(3)	16,200				HIV AIDS CLIENT SERVICES

(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
(26) BIG BROTHERS BIG SISTERS OF THE BLUEGRASS 1122 OAK HILL DRIVE, LEXINGTON, KY 40505	61-0523288	501(C)(3)	16,200				MENTORING
(27) BLUE GRASS COUNCIL OF THE BLIND 1093 SOUTH BROADWAY, SUITE 1220, LEXINGTON, KY 40504	61-0971827	501(C)(3)	16,200				VISUALLY IMPAIRED PEER SUPPORT (VIPS)
(28) CHRYSALIS HOUSE 1589 HILL RISE DRIVE, LEXINGTON, KY 40504	61-1012290	501(C)(3)	16,200				CHRYSALIS CHILDCARE PROGRAM/BUILDING SELF SUFFICIENCY
(29) SCOTT UNITED MINISTRIES - AMEN HOUSE P.O. BOX 211, GEORGETOWN, KY 40324	61-1236411	501(C)(3)	16,200				A.M.E.N. HOUSE - EMERGENCY SERVICES
(30) TELFORD YMCA 1100 EAST MAIN STREET, RICHMOND, KY 40475	61-6000619	501(C)(3)	16,200				AFTER SCHOOL PROGRAM
(31) VISUALLY IMPAIRED PRESCHOOL SERVICES 161 BURT ROAD, SUITE 4, LEXINGTON, KY 40503	61-1061973	501(C)(3)	16,200				EARLY CHILD CARE & EDUCATION
(32) THORN HILL EDUCATION CENTER 700 LESLIE AVE, FRANKFORT, KY 40601	61-1599003	501(C)(3)	15,375				FLIP PROGRAM- KENTUCKY WORKFORCE ESSENTIALS SKILLS CERTIFICATE. GED CLASSES
(33) EMERGENCY COMMUNITY FOOD PANTRY OF FRANKLIN COUNTY 102 LAKEVIEW COURT, FRANKFORT, KY 40601	31-1047022	501(C)(3)	12,965				FOOD BANK
(34) KENTUCKY EQUAL JUSTICE CENTER 201 WEST SHORT STREET, SUITE 310, LEXINGTON, KY 40507-1220	61-0909545	501(C)(3)	12,960				POVERTY LAW ADVOCACY
(35) ACCUTRAN INDUSTRIES P.O. BOX 352, PARIS, KY 40362	61-1048788	501(C)(3)	12,150				SHELTERED EMPLOYMENT
(36) APPRISEN 2265 HARRODSBURG ROAD, 303, LEXINGTON, KY 40504	31-0731111	501(C)(3)	12,150				COMPREHENSIVE FINANCIAL EDUCATION & COUNSELLING
(37) CLARK COUNTY COMMUNITY SERVICES P.O. BOX 574, WINCHESTER, KY 40392	31-1005844	501(C)(3)	12,150				EMERGENCY SERVICES
(38) CLARK COUNTY HOMELESS COALITION 19 WAINSCOTT AVENUE, WINCHESTER, KY 40391	27-1281819	501(C)(3)	12,150				WAINSCOTT HALL TRANSITIONAL HOMELESS SHELTER
(39) JUBILEE JOBS 1450 NORTH BROADWAY, LEXINGTON, KY 40505-3162	27-1058855	501(C)(3)	12,150				CAREER READINESS AND JOB PLACEMENT
(40) KENTUCKY RIVER FOOTHILLS COMMUNITY ACTION PARTNERSHIP. 309 SPANGLER DRIVE, RICHMOND, KY 40475	61-0650246	501(C)(3)	12,150				ADULT DAY CARE & EARLY CHILD CARE & EDUCATION
(41) BOY SCOUTS OF AMERICA, BLUE GRASS COUNCIL 3445 RICHMOND RD, LEXINGTON, KY 40509	61-0444653	501(C)(3)	12,031				LEADERSHIP DEVELOPMENT

(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
(42) HUMAN NEEDS FUND 800 ROSE STREET, ROOM H149, LEXINGTON, KY 40536	61-6001218	501(C)(3)	11,161				UK HOSPITAL PATIENT AND FAMILY EMERGENCY FUND
(43) NEW LIFE HOMELESS DAY CENTER / LEXGIVES PANHANDLING PROJECT 224 N. MARTIN LUTHER KING BLVD, LEXINGTON, KY 40507	30-0749401	501(C)(3)	10,361				DAY WORK FOR THE HOMELESS
(44) FOOD PANTRY FOR WOODFORD COUNTY, INC. (FPWC) 3963 OLD FRANKFORT PIKE, VERSAILLES, KY 40383	61-1264370	501(C)(3)	9,720				FOOD BANK-WOODFORD COUNTY
(45) CASA OF THE BLUEGRASS 1153 PERRYVILLE ROAD, DANVILLE, KY 40422	26-1841458	501(C)(3)	9,237				ANDERSON COUNTY VOLUNTEER COORDINATION
(46) CLARK COUNTY CHILDREN'S COUNCIL P.O. BOX 4192, WINCHESTER, KY 40392	61-1028432	501(C)(3)	8,775				AFTERSCHOOL CHILD CARE
(47) D.O.V.E.S. OF GATEWAY PO BOX 1021, MOREHEAD, KY 40351	61-1234891	501(C)(3)	8,100				DOMESTIC VIOLENCE PREVENTION EDUCATION
(48) LEXINGTON WOMEN'S CLUB CLOTHING CTR 1340 CORONA DRIVE, LEXINGTON, KY 40514	61-6025945	501(C)(3)	8,100				PROVIDE FREE SEASONABLY APPROPRIATE SCHOOL CLOTHING TO AT-RISK K-5 CHILDREN
(49) MISSION LEXINGTON 230 S. MARTIN LUTHER KING BLVD, LEXINGTON, KY 40508	20-2824933	501(C)(3)	8,100				HOMELESSNESS PREVENTION AND HOUSING
(50) PARIS-BOURBON COUNTY YMCA 917 MAIN STREET, PARIS, KY 40361	61-0676727	501(C)(3)	8,100				YOUTH RECREATIONAL ACTIVITIES
(51) POST CLINIC P.O. BOX 336, MT STERLING, KY 40353	31-1515325	501(C)(3)	8,100				EMERGENCY MEDICATION FUND
(52) REFUGE FOR WOMEN 342 WALLER AVE. , SUITE D, LEXINGTON, KY 40504	26-4388243	501(C)(3)	8,100				TRANSITIONAL LIVING
(53) LKLP COMMUNITY ACTION COUNCIL, INC- VITA GRANT 90 S MAIN STREET, DRY RIDGE, KY 41035	61-0661299	501(C)(3)	6,085				FREE TAX PREP SITE
(54) KCEOC COMMUNITY ACTION PARTNERSHIP, INC- VITA GRANT 5448 OLD DIXIE HWY A, GRAY, KY 40734	61-0647835	501(C)(3)	5,999				FREE TAX PREP SITE
(55) FAYETTE COUNTY PUBLIC SCHOOLS / UNITED PROMISE GRANT 701 EAST MAIN ST, LEXINGTON, KY 40502	61-6001059	501(C)(3)	5,500				CLASSROOM GRANTS

Return Reference - Identifier	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.
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	URBAN LEAGUE OF LEXINGTON-FAYETTE COUNTY 148 DEWEESE STREET, LEXINGTON, KY 40507
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	GREEN HOUSE 17 FORMERLY BLUEGRASS DOMESTIC VIOLENCE PROGRAM P.O. BOX 55190, LEXINGTON, KY 40555
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	NURSING HOME OMBUDSMAN AGENCY OF THE BLUEGRASS 1530 NICHOLASVILLE ROAD, LEXINGTON, KY 40503
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	CHILD DEVELOPMENT CENTERS OF THE BLUEGRASS 465 SPRINGHILL DRIVE, LEXINGTON, KY 40503
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	SALVATION ARMY, BLUEGRASS AREA CHAPTER: EMERGENCY SERVICES-BASIC SERVICES
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	YMCA OF CENTRAL KENTUCKY: EARLY LEARNING READINESS/HEALTHY EATING & PHYSICAL ACTIVITY/SUMMER LEARNING CAMP/AFTERSCHOOL LEARNING/BLACK ACHIEVERS
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	URBAN LEAGUE OF LEXINGTON-FAYETTE COUNTY: AFFORDABLE HOUSING / YOUTH & EDUCATIONAL SERVICES
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	BLUEGRASS COMMUNITY ACTION AGENCY: ADULT DAY PRGM/HEAD START/ ELDER NUTRITION/FINANCIAL STABILITY/SENIOR COMPANIONS/SENIOR CENTERS
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	SALVATION ARMY, FRANKFORT: EMERGENCY SERVICES-BASIC SERVICES
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	GREEN HOUSE 17 FORMERLY BLUEGRASS DOMESTIC VIOLENCE PROGRAM: CRITICAL CRISIS STABILIZATION SERVICES & THE FARM PROGRAM
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	CENTER FOR WOMEN, CHILDREN AND FAMILIES: THE NEST-PARENTING PROGRAM/DOMESTIC VIOLENCE/CRISIS CARE/CHILD CARE
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	NURSING HOME OMBUDSMAN AGENCY OF THE BLUEGRASS: OMBUDSMAN/ NURSING HOME ADVOCACY
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	CHILD DEVELOPMENT CENTERS OF THE BLUEGRASS: CHILD DEVELOPMENT CENTER OF THE BLUEGRASS
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	GROWING TOGETHER PRESCHOOL, INC.: EARLY CHILD CARE & EDUCATION

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF THE BLUEGRASS, INC.

Compensation Information

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

61-0444679

Part I Questions Regarding Compensation

	Yes	No
<p>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.</p> <p> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) </p>		
<p>b If any of the boxes on 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</p>	1b	
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?</p>	2	
<p>3 Indicate which, if any, of the following the 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.</p> <p> <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Approval by the board or compensation committee </p>		
<p>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:</p>		
<p>a Receive a severance payment or change-of-control payment?</p>	4a	✓
<p>b Participate in or receive payment from a supplemental nonqualified retirement plan?</p>	4b	✓
<p>c Participate in or receive payment from an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	✓
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p>		
<p>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:</p>		
<p>a The organization?</p>	5a	✓
<p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	5b	✓
<p>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:</p>		
<p>a The organization?</p>	6a	✓
<p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	6b	✓
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</p>	7	✓
<p>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</p>	8	✓
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	

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

For each individual whose compensation must be reported 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 aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	(i)	142,929	10,000	180	9,487	9,760	172,356	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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	✓	2	3,111	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)	✓	19	163,600	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 V, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		✓
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	✓	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		✓
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference - Identifier	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

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of 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.
- ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the Organization
UNITED WAY OF THE BLUEGRASS, INC.

Employer Identification Number
61-0444679

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	PROGRAMS, 6,582 PEOPLE OBTAINED FINANCIAL EDUCATION AND ASSISTANCE, AND NEARLY 20,000 PEOPLE RECEIVED HELP THROUGH OUR 211 CONTACT CENTER. UWBG FIGHTS FOR A BETTER BLUEGRASS.
FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES	UWBG ADDED WAYPOINT TO PART III, LN 4 AS A NEW PROGRAM SERVICE. THE MISSION OF OUR WAYPOINT CENTERS IS TO STRENGTHEN LOW TO MODERATE-INCOME NEIGHBORHOODS BY FINANCIALLY EMPOWERING FAMILIES, ENSURING THAT STUDENTS HAVE WHAT THEY NEED TO SUCCEED IN SCHOOL, CREATING SAFE SPACES, ENSURING THAT BASIC NEEDS ARE MET, AND THAT FAMILIES HAVE WHAT THE NEED TO GROW AND THRIVE.
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	COMMUNITIES CAN ONLY AFFECT LONG-TERM POSITIVE CHANGE BY WORKING TOGETHER AND LIVING UNITED. WE ARE PROUD TO SERVE AS A VEHICLE THROUGH WHICH MEMBERS OF OUR COMMUNITY CAN JOIN TOGETHER AND MAKE A POWERFUL IMPACT ON THE EDUCATION, INCOME, AND BASIC NEEDS OF OUR COMMUNITY.
FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION	<p>DOLLARS ARE LOST BY HARD-WORKING FAMILIES IN THE BLUEGRASS WHO DO NOT FILE FOR THEIR EARNED INCOME TAX CREDIT (EITC) DURING TAX TIME. THE IRS ESTIMATES THAT APPROXIMATELY 20 TO 25 PERCENT OF THOSE ELIGIBLE FOR THE CREDIT DO NOT CLAIM IT BECAUSE THEY DON'T KNOW THEY ARE ELIGIBLE FOR IT, THEY DON'T KNOW HOW TO CLAIM IT, OR THEY DON'T KNOW WHERE TO GO FOR ASSISTANCE. OUR GOAL IS TO MAKE ELIGIBLE HOUSEHOLDS AWARE OF THE CREDIT AND HELP THEM CLAIM IT WITHOUT HAVING TO PAY FOR TAX PREPARATION AND FILING SERVICES.</p> <p>THE FREE TAX PREPARATION PROVIDED BY CKEEP AND ITS VOLUNTEER TAX PREPARERS OFFERS IMMEDIATE SAVINGS TO CENTRAL KENTUCKIANS. THIS PAST TAX SEASON, OUR CKEEP VOLUNTEERS ALONE DEDICATED OVER 5,500 HOURS OF RETURN PREPARATION THAT RESULTED IN \$4.5 MILLION IN TAX REFUNDS WITH \$1.6 MILLION OF THAT BEING THE REFUNDABLE EARNED INCOME TAX CREDIT. ACROSS ALL OF OUR VITA SITES, ALMOST 3,200 RETURNS WERE PREPARED.</p>
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	<p>(EXPENSES \$111,321 INCLUDING GRANTS OF)(REVENUE)</p> <p>TRAILBLAZERS (RETIRED AND SENIOR VOLUNTEER PROGRAM: RSVP TRAILBLAZERS IS A VOLUNTEER PROGRAM HOSTED BY UNITED WAY OF THE BLUEGRASS WHICH OPERATES THROUGH A FEDERAL GRANT PROVIDED BY THE CORPORATION FOR NATIONAL AND COMMUNITY SERVICE AS WELL AS ADDITIONAL FUNDS CONTRIBUTED THROUGH LOCAL SOURCES. THE PROGRAM IS DESIGNED TO MEET THE ACADEMIC AND SOCIAL NEEDS OF STUDENTS WHILE ALSO ENGAGING SENIOR CITIZENS WITH THE COMMUNITY. THE PROGRAM PAIRS VOLUNTEERS WHO ARE 55 YEARS OF AGE OR OLDER WITH STUDENTS IN NEED OF TUTORING/MENTORING HELP BY ENGAGING LOCAL SCHOOLS AND COMMUNITY-BASED EDUCATION PARTNERS.</p> <p>UWBG IS THE HOST FOR RSVP TRAILBLAZERS FOR ANDERSON, CLARK, SCOTT AND WOODFORD COUNTIES. SINCE ITS INCEPTION IN 2011, 280 RSVP TRAILBLAZERS VOLUNTEERS HAVE SERVED MORE THAN 25,000 HOURS FOR AT-RISK STUDENTS IN ANDERSON, CLARK, SCOTT AND WOODFORD COUNTIES. WE HAVE COLLABORATED WITH PUBLIC SCHOOLS, 4-H COUNTY EXTENSION OFFICES, MENTORS AND MEALS, SENIOR CITIZEN CENTERS, YMCA AND MANY FAITH-BASED PROGRAMS. HISTORICALLY THE PROGRAM HAS HAD SUCCESS: PROGRAM DATA SHOWS THAT 65% OF THE STUDENTS WHO HAVE INTERACTED WITH ONE OF OUR RSVP VOLUNTEERS HAVE SHOWN IMPROVED ACADEMIC PERFORMANCE.</p> <p>IN ITS FINAL YEAR, THE COVID-19 PANDEMIC GREATLY AFFECTED VOLUNTEERS' ABILITY TO SERVE SAFELY, AS RSVP VOLUNTEERS BY DEFINITION COME FROM A GROUP WITH AN ELEVATED RISK. IN-SCHOOL SERVICE ALL BUT ENDED, AND A FEW PARTNER PROGRAMS WERE ABLE TO CONTINUE WITH SIGNIFICANT MODIFICATIONS. AFTER MUCH CONSIDERATION, UWBG DECIDED TO CLOSE THE TRAILBLAZERS PROGRAM IN 2021. WE ARE GRATEFUL FOR THE TIME AND TALENT GIVEN BY OUR VOLUNTEERS FOR THE BENEFIT OF CENTRAL KENTUCKY'S CHILDREN. THEIR EFFORTS HELPED THOUSANDS OF STUDENTS OVER THE YEARS.</p>

Return Reference - Identifier	Explanation						
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	<p>(EXPENSES \$4,983 INCLUDING GRANTS OF)(REVENUE)</p> <p>WAYPOINT: THE MISSION OF OUR WAYPOINT CENTERS IS TO STRENGTHEN LOW TO MODERATE-INCOME NEIGHBORHOODS BY FINANCIALLY EMPOWERING FAMILIES, ENSURING THAT STUDENTS HAVE WHAT THEY NEED TO SUCCEED IN SCHOOL, CREATING SAFE SPACES, ENSURING THAT BASIC NEEDS ARE MET, AND THAT FAMILIES HAVE WHAT THE NEED TO GROW AND THRIVE. THIS IS ESPECIALLY CRITICAL DURING TIMES OF CRISIS. RECENT RESEARCH HAS CONFIRMED THAT THE COMMUNITIES HIT THE HARDEST DURING THE CURRENT COVID-19 PANDEMIC ARE UNDERSERVED, PREDOMINANTLY MINORITY AND LOW TO MODERATE-INCOME NEIGHBORHOODS. THE WAYPOINT CENTERS WILL HELP ESTABLISH A GREATER LEVEL OF COMMUNITY RESILIENCY, THEREBY PREVENTING FUTURE CRISES AND DISASTERS FROM GENERATING DISPROPORTIONATELY NEGATIVE, INEQUITABLE OUTCOMES TO THESE VULNERABLE RESIDENTS. THIS IS MADE POSSIBLE DUE TO THE ECOSYSTEM OF PROGRAMMING WITHIN EACH CENTER THAT IS SPECIFICALLY TAILORED TO MEET EACH NEIGHBORHOOD'S MOST PRESSING NEEDS. EACH WAYPOINT CENTER PROGRAM WILL REPORT ON OUTCOMES THAT CONVEY PROGRESS TOWARDS MEETING EACH NEIGHBORHOOD'S NEEDS. WE ARE ALREADY TRACKING SOME OF THE OUTCOMES THAT WILL BE REPORTED BY WAYPOINT CENTER PROGRAMS, SUCH AS: THE NUMBER OF STUDENTS WHO IMPROVED THEIR GRADES; THE NUMBER OF PEOPLE WHO GOT THEIR TAX RETURNS PREPARED FOR FREE (AND THE TOTAL DOLLARS RETURNED TO TAXPAYERS); AND THE NUMBER OF PEOPLE WHO OBTAINED JOBS.</p> <p>OUR THREE WAYPOINT CENTERS - TWO IN LEXINGTON (BLACK & WILLIAMS CENTER; CHARLES YOUNG CENTER) AND ONE IN PARIS (PARIS-BOURBON COUNTY YMCA) - WERE EXPECTED TO LAUNCH AND HOST THESE PROGRAMS BY JULY 2020, BUT THE LAUNCH WAS PUSHED BACK TO JULY 2021 DUE TO THE COVID-19 PANDEMIC. WE SIMPLY COULD NOT GO FORWARD WITH OUR PLANNED GRANT APPLICATION PERIOD WHEN REVENUES - NOT JUST FOR OUR PARTNERS BUT FOR OURSELVES - WERE UNCERTAIN AT THE TIME. WE DO EXPECT TO REACH ABOUT 4,700 PEOPLE ACROSS ALL THREE WAYPOINT CENTERS BY JULY 2022. IN ADDITION TO THE QUANTITATIVE DATA, SOME WAYPOINT CENTER PROGRAMS, SUCH AS THOSE THAT ORGANIZE CREDIT COUNSELING SESSIONS, WILL REPORT ON QUALITATIVE DATA THAT CAPTURES THE CLIENT EXPERIENCE. THIS CAN, IN TURN, HELP CREDIT COUNSELORS IMPROVE THEIR SESSIONS WITH CLIENTS, AND ULTIMATELY HELP CLIENTS IMPROVE THEIR CREDIT SCORES EVEN FURTHER.</p>						
FORM 990, PART VI, LINE 1A - DELEGATE BROAD AUTHORITY TO A COMMITTEE	<p>THE CORPORATION SHALL HAVE AN EXECUTIVE/GOVERNANCE COMMITTEE CONSISTING OF THE CHAIR OF THE BOARD, THE CHAIR ELECT OF THE BOARD, THE MOST IMMEDIATE PAST CHAIR, AND THE TREASURE OF THE CORPORATION. THE SECRETARY OF THE CORPORATION SHALL SERVE AS THE SECRETARY TO THE EXECUTIVE/GOVERNANCE COMMITTEE IN A NON-VOTING CAPACITY.</p> <p>WHEN THE BOARD IS NOT IN SESSION, THE EXECUTIVE/GOVERNANCE COMMITTEE SHALL HAVE AND MAY EXERCISE ALL OF THE AUTHORITY OF THE BOARD, UNLESS OTHERWISE SPECIFIED IN THE RESOLUTION APPOINTING THE EXECUTIVE/GOVERNANCE COMMITTEE. NEITHER THE EXECUTIVE/GOVERNANCE 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.</p>						
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.						
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.						
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	THE DETERMINATION OF THE PRESIDENT'S COMPENSATION WAS RESEARCHED, NEGOTIATED, AND PROPOSED BY AN INDEPENDENT SEARCH FIRM (KITTLEMAN & ASSOCIATES). ANNUAL COMPENSATION (AND BONUS, IF APPLICABLE) IS MANAGED BY THE BOARD OF DIRECTORS. REVIEW OF PRESIDENT JOHNSON'S COMPENSATION WAS LAST COMPLETED IN SEPTEMBER OF 2021.						
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER EMPLOYEES	THE PRESIDENT/CEO DETERMINES THE COMPENSATION OF THE OTHER EMPLOYEE(S) OF THE ORGANIZATION. THE PROCESS FOLLOWS UNITED WAY WORLDWIDE APPROVED GUIDELINES. THE UNITED WAY WORLDWIDE HUMAN CAPITAL SURVEY IS USED AS COMPARABILITY DATA TO ENSURE COMPENSATION WAS IN LINE WITH ORGANIZATIONS OF COMPARABLE SIZE AND COMMUNITY IMPACT RESULTS.						
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.						
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1" data-bbox="467 1835 1513 1919"> <thead> <tr> <th data-bbox="467 1835 1304 1862">(a) Description</th> <th data-bbox="1312 1835 1513 1862">(b) Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="467 1873 1304 1900">WRITE OFF OF UNCOLLECTIBLE PLEDGES</td> <td data-bbox="1312 1873 1513 1900">- 122,502</td> </tr> <tr> <td data-bbox="467 1906 1304 1919">ACQUISITION OF UNITED WAY OF FRANKLIN COUNTY</td> <td data-bbox="1312 1906 1513 1919">273,768</td> </tr> </tbody> </table>	(a) Description	(b) Amount	WRITE OFF OF UNCOLLECTIBLE PLEDGES	- 122,502	ACQUISITION OF UNITED WAY OF FRANKLIN COUNTY	273,768
(a) Description	(b) Amount						
WRITE OFF OF UNCOLLECTIBLE PLEDGES	- 122,502						
ACQUISITION OF UNITED WAY OF FRANKLIN COUNTY	273,768						