

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2016

Open to Public Inspection

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

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 07/01, 2016, and ending 06/30, 20 17

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

C Name of organization UNITED WAY OF THE BLUEGRASS, INC.
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
100 MIDLAND DRIVE SUITE 300
 City or town, state or province, country, and ZIP or foreign postal code
LEXINGTON, KY 40508-1943

D Employer identification number 61-0444679

E Telephone number (859) 233-4461

F Name and address of principal officer: WILLIAM W. FARMER, PRESIDENT
100 MIDLAND DRIVE STE 300, LEXINGTON, KY 40508-1943

G Gross receipts \$ 5,785,034

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

H(c) Group exemption number ▶ _____

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

J Website: ▶ WWW.UWBG.ORG

K Form of organization: Corporation Trust Association Other ▶ _____

L Year of formation: 1955 **M** State of legal domicile: KY

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>UNITED WAY OF THE BLUEGRASS FIGHTS FOR THE BASIC NEEDS, EDUCATION AND FINANCIAL STABILITY OF EVERY PERSON IN CENTRAL KENTUCKY.</u>		
	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	26
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	26
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	61
	6	Total number of volunteers (estimate if necessary)	6	497
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year <u>5,422,480</u>	Current Year <u>4,685,870</u>
	9	Program service revenue (Part VIII, line 2g)	<u>182,857</u>	<u>195,664</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>227,290</u>	<u>129,776</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>26,087</u>	<u>25,757</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>5,858,714</u>	<u>5,037,067</u>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>2,574,762</u>	<u>2,199,667</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>1,905,139</u>	<u>2,014,522</u>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>	<u>0</u>
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>1,168,572</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>1,163,645</u>	<u>1,164,307</u>
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>5,643,546</u>	<u>5,378,496</u>	
19	Revenue less expenses. Subtract line 18 from line 12	<u>215,168</u>	<u>(341,429)</u>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year <u>3,944,371</u>	End of Year <u>3,315,904</u>
	21	Total liabilities (Part X, line 26)	<u>781,218</u>	<u>593,442</u>
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>3,163,153</u>	<u>2,722,462</u>

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 _____
WILLIAM W. FARMER, PRESIDENT
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name RACHEL SPURLOCK Preparer's signature Rachel Spurlock Date 5/14/2018 Check if self-employed PTIN P00520729
 Firm's name ▶ CROWE HORWATH LLP Firm's EIN ▶ 35-0921680
 Firm's address ▶ 9600 BROWNSBORO ROAD, SUITE 400, LOUISVILLE, KY 40241-1122 Phone no. (502) 326-3996

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

Application for Automatic Extension of Time To File an Exempt Organization Return

(Rev. January 2017)

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

► **File a separate application for each return.**
► **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for *Charities and Non-Profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. UNITED WAY OF THE BLUEGRASS, INC.	Enter filer's identifying number, see instructions Employer identification number (EIN) or 61-0444679
	Number, street, and room or suite no. If a P.O. box, see instructions. 100 MIDLAND DRIVE, SUITE 300	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LEXINGTON, KY 40508-1943	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ► JILL JOHNSON

Telephone No. ► (513) 762-7100 Fax No. ► _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 05/15, 20 18, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year 20 ____ or

► tax year beginning 07/01, 20 16, and ending 06/30, 20 17.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

UNITED WAY OF THE BLUEGRASS (UWBG) FIGHTS FOR THE BASIC NEEDS, EDUCATION AND FINANCIAL STABILITY OF EVERY PERSON IN CENTRAL KENTUCKY. WE HAVE A BOLD GOAL TO HELP 20,000 FAMILIES BECOME MORE SELF-SUFFICIENT BY 2020. UNITED AS A COMMUNITY, WE CAN ACCOMPLISH THIS GOAL. UWBG HAS COMMITTED TO (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? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 3,129,772 including grants of \$ 1,953,162) (Revenue \$ 196,730)

SUPPORTING COMMUNITY PROGRAMS: UNITED WAY OF THE BLUEGRASS (UWBG) RECOGNIZES FOUR PILLARS FOR COMMUNITY AND ECONOMIC SUCCESS: BASIC NEEDS, STUDENT READINESS, STUDENT SUCCESS AND FINANCIAL STABILITY. UWBG OPERATES BY A COMPREHENSIVE PLAN OF PARTNERSHIP, COLLABORATION, AND INVESTMENT TO CREATE A POSITIVE IMPACT ON THE COMMUNITY. REGIONAL COMMUNITY VOLUNTEERS, WITH INPUT FROM FIELD EXPERTS, DETERMINE PROGRAM ALLOCATIONS ON A THREE-YEAR FUNDING CYCLE. UWBG IS ADDRESSING THE UNDERLYING CAUSE OF COMMUNITY ISSUES THROUGH INVESTMENTS AND OVERSIGHT OF COMMUNITY PROGRAMS. RESULTS ARE THOROUGHLY EXAMINED EVERY SIX MONTHS IN PARTNERSHIP WITH THE UNIVERSITY OF KENTUCKY TO ENSURE PROGRAMS ARE ON TRACK TO REACH INTENDED RESULTS.

4b (Code:) (Expenses \$ 145,534 including grants of \$) (Revenue \$)

UNITED WAY OF THE BLUEGRASS 211 CONTACT CENTER CONNECTS INDIVIDUALS AND FAMILIES WHO NEED HEALTH AND HUMAN SERVICES WITH THE AGENCIES AND PROGRAMS THAT PROVIDE ASSISTANCE. LAST YEAR, IN ADDITION TO THIS WORK UWBG 211 EXPANDED ON A RELATIONSHIP WITH THE DEPARTMENT OF INDEPENDENT LIVING (DAIL) TO BECOME THE AGING AND DISABILITY RESOURCE CENTER (ADRC) FOR THE BLUEGRASS ADD. THIS ALLOWED US TO CONDUCT LEVEL 1 SCREENINGS FOR INDIVIDUALS 60 AND OLDER TO BETTER CONNECT THEM WITH RESOURCES OFFERED BY THE STATE. UWBG 211 ALSO DEVELOPED A RELATIONSHIP WITH LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT TO PARTICIPATE IN THE COORDINATED ENTRY PROGRAM TO BETTER SERVE INDIVIDUALS EXPERIENCING HOMELESSNESS IN LEXINGTON. UWBG WAS ABLE TO CONNECT MORE THAN 23,000 PEOPLE WITH RESOURCES THROUGH PHONE CALLS, TEXT MESSAGING, EMAIL, THE 2-1-1 WEBSITE AND MOBILE APPS.

4c (Code:) (Expenses \$ 7,677 including grants of \$ 231,618) (Revenue \$)

BACK ON TRACK (AFI-ASSETS FOR INDEPENDENCE) IS A PROGRAM DESIGNED AS AN ASSET BUILDING TOOL TO ENABLE LOW INCOME FAMILIES TO SAVE A TARGETED AMOUNT THAT GOES TOWARD BUILDING SPECIFIC ASSETS SUCH AS HOMEOWNERSHIP, EDUCATION, AND STARTING A BUSINESS. HARDWORKING FAMILIES ARE GIVEN THE ABILITY TO NOT ONLY RAISE FUNDS, BUT THROUGH THE USE OF A INDIVIDUAL DEVELOPMENT ACCOUNTS (IDA) THE PROGRAM PROVIDES MATCHING FUNDS UP TO 4-1 MATCH FOR EVERY DOLLAR THEY SAVE UP TO A SPECIFIC AMOUNT. PARTICIPANTS WILL ALSO BE TRAINED AND EQUIPPED WITH THE TOOLS AND RESOURCES TO SUCCEED IN MANAGING THEIR FINANCES, AND GAIN ASSET SPECIFIC KNOWLEDGE AS THEY SAVE TOWARDS COMPLETION OF THE PROGRAM. THIS IS A 6 YEAR GRANT FUNDED PROGRAM THAT EXPIRED 11/30/2016

*BACK ON TRACK UPDATES:
*340 TOTAL PROGRAM GRADUATES
*789,000- IN PARTICIPANT SAVINGS DEPOSITS WERE MADE
(CONTINUED ON SCHEDULE O)

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

(Expenses \$ 679,734 including grants of \$ 14,887) (Revenue \$ 0)

4e Total program service expenses **▶ 3,962,717**

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 temporarily restricted endowments, permanent endowments, or 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"/>
12 a 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"/>
14 a 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"/>

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
20 a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		✓
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	✓	
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, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		✓
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		✓
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		✓
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

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No checkboxes. Includes sub-tables for numerical entries (1a, 1b, 2a, 7d, 10a, 10b, 11a, 11b, 12b, 13b, 13c).

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response 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 in Schedule O.		
1b	Enter the number of voting members included in 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, or 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 in 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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►
JILL JOHNSON, 2400 READING ROAD, CINCINNATI, OH 45202, (513) 762-7100

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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) BILL WILSON BOARD CHAIR	1.0	✓		✓			0	0	0	
(2) SCOTT LOCKARD VICE CHAIR	1.0	✓		✓			0	0	0	
(3) MORGAN K. DAULTON TREASURER	1.0	✓		✓			0	0	0	
(4) JANET BEARD DIRECTOR	1.0	✓					0	0	0	
(5) PATRICK T. BREWER DIRECTOR	1.0	✓					0	0	0	
(6) CRAIG L. DANIELS DIRECTOR	1.0	✓					0	0	0	
(7) BLAKE DRURY DIRECTOR	1.0	✓					0	0	0	
(8) RUFUS M. FRIDAY DIRECTOR	1.0	✓					0	0	0	
(9) JOHN K. HUTCHERSON, JR. DIRECTOR	1.0	✓					0	0	0	
(10) MARK D. KLEE DIRECTOR	1.0	✓					0	0	0	
(11) JEFF BIRDSONG DIRECTOR	1.0	✓					0	0	0	
(12) OWEN CROPPER DIRECTOR	1.0	✓					0	0	0	
(13) KATHY FIELDS DIRECTOR	1.0	✓					0	0	0	
(14) ARNOLD GAITHER 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) AUGUSTA A. JULIAN DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(16) JANETTE E. LLOYD DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(17) KRISTI R. MIDDLETON DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(18) BROCK R. SALADIN DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(19) MARK SULSKI DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(20) TYRONE D. TYRA DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(21) VALERIE M. MARSHALL DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(22) KEVIN N. ROGERS DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(23) MELISSA STEPHAN DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(24) MATT THOMPSON DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(25) (SEE STATEMENT)										
1b Sub-total								0	0	0
c Total from continuation sheets to Part VII, Section A								189,757	0	42,598
d Total (add lines 1b and 1c)								189,757	0	42,598

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	<input type="checkbox"/>	<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 type="checkbox"/>	<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 type="checkbox"/>	<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	1a					
	b Membership dues	1b					
	c Fundraising events	1c	55,996				
	d Related organizations	1d					
	e Government grants (contributions)	1e	400,000				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,229,874				
	g Noncash contributions included in lines 1a-1f: \$		366,330				
	h Total. Add lines 1a-1f		4,685,870				
Program Service Revenue		Business Code					
	2a <u>OUTSIDE DESIGN AND ADMINISTRATION</u>	561000	195,664	195,664			
	b -----						
	c -----						
	d -----						
	e -----						
	f All other program service revenue .		0	0	0	0	
g Total. Add lines 2a-2f		195,664					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		50,291			50,291	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)	0	0			
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses		790,677			
		c Gain or (loss)		711,192			
		d Net gain or (loss)		79,485	0		79,485
	8a Gross income from fundraising events (not including \$ <u>55,996</u> of contributions reported on line 1c). See Part IV, line 18	a		61,466			
		b Less: direct expenses	b	36,775			
		c Net income or (loss) from fundraising events .		24,691			24,691
	9a Gross income from gaming activities. See Part IV, line 19	a					
		b Less: direct expenses	b				
		c Net income or (loss) from gaming activities . .					
	10a Gross sales of inventory, less returns and allowances	a					
		b Less: cost of goods sold	b				
		c Net income or (loss) from sales of inventory . .					
Miscellaneous Revenue		Business Code					
11a <u>MISCELLANEOUS</u>	900099	1,066	1,066				
b -----							
c -----							
d All other revenue		0	0	0	0		
e Total. Add lines 11a-11d		1,066					
12 Total revenue. See instructions.		5,037,067	196,730	0	154,467		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,199,667	2,199,667		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	196,250	111,375	42,438	42,437
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,402,521	882,358	57,367	462,796
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	280,015	167,948	20,738	91,329
10 Payroll taxes	135,736	80,622	9,842	45,272
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	24,900		24,900	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	23,398		23,398	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	315,392	241,774	27,463	46,155
12 Advertising and promotion	108,324	53,187	12,334	42,803
13 Office expenses	104,739	70,054	8,200	26,485
14 Information technology				
15 Royalties				
16 Occupancy	111,067	63,584	9,275	38,208
17 Travel	23,208	10,798	1,002	11,408
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10,265	8,346	587	1,332
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,280	525	192	563
23 Insurance	9,358	5,626	991	2,741
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>DEVELOPMENTAL AND ADMINISTRATIVE</u>	354,297	20,537		333,760
b <u>DUES AND SUBSCRIPTIONS</u>	67,431	38,803	8,049	20,579
c <u>BOARD/STAFF DEVELOPMENT</u>	4,165	4,165		
d <u>EQUIPMENT RENTAL AND REPAIRS</u>	4,859	1,934	221	2,704
e All other expenses	1,624	1,414	210	0
25 Total functional expenses. Add lines 1 through 24e	5,378,496	3,962,717	247,207	1,168,572
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)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	701,999	1	133,935
	2 Savings and temporary cash investments	95,578	2	0
	3 Pledges and grants receivable, net	1,333,407	3	1,295,254
	4 Accounts receivable, net	134,467	4	176,387
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	21,433	9	20,633
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	95,937		
	b Less: accumulated depreciation	94,678	2,539	1,259
	11 Investments—publicly traded securities	1,654,948	11	1,688,436
	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 34)	3,944,371	16	3,315,904	
Liabilities	17 Accounts payable and accrued expenses	288,817	17	183,413
	18 Grants payable	492,401	18	410,029
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	0
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	781,218	26	593,442
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,329,398	27	2,031,525
	28 Temporarily restricted net assets	743,755	28	600,937
	29 Permanently restricted net assets	90,000	29	90,000
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	3,163,153	33	2,722,462
34 Total liabilities and net assets/fund balances	3,944,371	34	3,315,904	

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	5,037,067
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,378,496
3	Revenue less expenses. Subtract line 2 from line 1	3	(341,429)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,163,153
5	Net unrealized gains (losses) on investments	5	93,624
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	(192,886)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,722,462

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 in 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 in 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) HARVIE B. WILKINSON ----- DIRECTOR	1.0 -----	<input checked="" type="checkbox"/>						0	0	0
(26) DR. LU S. YOUNG ----- DIRECTOR	1.0 -----	<input checked="" type="checkbox"/>						0	0	0
(27) FRANK MASON ----- DIRECTOR - PARTIAL YEAR	1.0 -----	<input checked="" type="checkbox"/>						0	0	0
(28) CHAD RUDZIK ----- DIRECTOR - PARTIAL YEAR	1.0 -----	<input checked="" type="checkbox"/>						0	0	0
(29) WILLIAM FARMER ----- PRESIDENT/CEO - BRD SECRETARY	50.0 -----			<input checked="" type="checkbox"/>				121,669	0	30,209
(30) VICKI SEALE ----- VP FINANCE	50.0 -----			<input checked="" type="checkbox"/>				68,088	0	12,389

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,955,464	4,750,926	4,946,881	5,422,480	4,685,870	24,761,621
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	4,955,464	4,750,926	4,946,881	5,422,480	4,685,870	24,761,621
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)						2,395,253
6 Public support. Subtract line 5 from line 4						22,366,368

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	4,955,464	4,750,926	4,946,881	5,422,480	4,685,870	24,761,621
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	99,334	76,691	59,756	58,175	50,291	344,247
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.)	75,806	20,778	31,056	8,544	1,066	137,250
11 Total support. Add lines 7 through 10						25,243,118
12 Gross receipts from related activities, etc. (see instructions)					12	507,910
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	88.60 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	88.36 %
16a 33 1/3% support test—2016. 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—2015. 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—2016. 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—2015. 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2016.** 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—2015.** 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
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 (b) and (c) below.</i>		
3b	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>		
3c	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 12a or 12b in Part I, answer (b) and (c) below.</i>		
4b	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>		
4c	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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	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?		
5c	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 (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>		
9b	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>		
9c	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 10b below.</i>		
10b	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 (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	11c	

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <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) 2016

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013 . . .			
c Excess from 2014 . . .			
d Excess from 2015 . . .			
e Excess from 2016 . . .			

Part VI

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	OTHER INCOME	75,806	20,778	31,056	8,544	1,066	137,250
	Total	75,806	20,778	31,056	8,544	1,066	137,250

Schedule of Contributors

2016

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization UNITED WAY OF THE BLUEGRASS, INC.	Employer identification number 61-0444679
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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, 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	----- ----- -----	\$ 184,313	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 305,250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 330,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 400,000	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.)

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
3	VOUCHERS FOR ADMISSION TO BASEBALL GAMES ----- ----- -----	\$ 330,000	03/31/2017
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-----	----- ----- -----	\$ -----	-----
(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

----- ----- -----	----- ----- -----
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(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

----- ----- -----	----- ----- -----
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(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

----- ----- -----	----- ----- -----
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(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

----- ----- -----	----- ----- -----
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public Inspection

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No

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

Table with 2 columns: Question, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, 6 Staff and volunteer hours devoted to monitoring, 7 Amount of expenses incurred in monitoring, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Question, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

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

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	Amount
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	577,620	645,572	898,546	817,772	765,630
b Contributions				0	0
c Net investment earnings, gains, and losses	70,613	(29,952)	(2,974)	118,774	88,142
d Grants or scholarships				0	0
e Other expenditures for facilities and programs	70,000	38,000	250,000	38,000	36,000
f Administrative expenses				0	0
g End of year balance	578,233	577,620	645,572	898,546	817,772

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

- a** Board designated or quasi-endowment ▶ 84.43 %
- b** Permanent endowment ▶ 15.57 %
- c** Temporarily restricted 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		✓
(ii) related organizations		✓
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		

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

Part VI Land, Buildings, and Equipment.

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		95,937	94,678	1,259
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,259

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 FIN 48 (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	211,992
SCHEDULE D, PART XII, LINE 4(B) - OTHER EXPENSES	(a) Description	(b) Amount
	RECOVERIES OF PRIOR YEAR GRANTS	19,106

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 IV - SERVICES PROVIDED BY THE ORGANIZATION</p>	<p>THE ORGANIZATION'S BACK ON TRACK PROGRAM IS DESIGNED TO HELP HARDWORKING INDIVIDUALS SUCCEED BY MATCHING THEIR SAVINGS THROUGH INDIVIDUAL DEVELOPMENT ACCOUNTS (IDAS). AS SOMEONE SAVES, UWBG WORKS WITH THEM TO BUILD ASSETS THROUGH FREE TAX PREPARATION AND FILING, FINANCIAL LITERACY CLASSES, ACCESS TO FINANCIAL ASSISTANCE PROGRAMS, AND MORE.</p> <p>BACK ON TRACK PROVIDES FOR PEOPLE TO HAVE THEIR SAVINGS MATCHED TO BUILD FOR THEIR FUTURE. SAVINGS AND MATCHED DOLLARS ARE USED TO FURTHER EDUCATION, BUY A FIRST HOME OR START A SMALL BUSINESS. THOSE WHO QUALIFY ATTEND MULTIPLE TRAININGS AND PROGRAMS, SUCH AS FINANCIAL LITERACY COURSES, IN ORDER TO RECEIVE THE MATCH DOLLARS.</p>
<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>

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

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

UNITED WAY OF THE BLUEGRASS, INC.

Employer identification number

61-0444679

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 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
		LEXMARK GOLF OUTING (event type)	YLS GOLF OUTING (event type)	2 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	77,526	20,704	19,232	117,462
	2 Less: Contributions	34,238	14,379	7,379	55,996
	3 Gross income (line 1 minus line 2)	43,288	6,325	11,853	61,466
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes	1,035			1,035
	6 Rent/facility costs	6,776	6,578	9,598	22,952
	7 Food and beverages	2,274		583	2,857
	8 Entertainment			3,500	3,500
	9 Other direct expenses	1,659	1,072	3,700	6,431
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				36,775
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				24,691	

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

Name of the organization

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

61-0444679

UNITED WAY OF THE BLUEGRASS, INC.

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) 4KIDS, A FAITH COMMUNITY PARTNERSHIP 2016 DESCOGNETS LANE, LEXINGTON, KY 40502	46-4601639	501(C)(3)	10,500				(SEE STATEMENT)
(2) ACCUTRAN INDUSTRIES P.O. BOX 352, PARIS, KY 40362	61-1048788	501(C)(3)	14,923				SHELTERED EMPLOYMENT
(3) AIDS VOLUNTEERS, INC. 263 N. LIMESTONE, LEXINGTON, KY 40507	61-1149457	501(C)(3)	29,356				HIV AIDS CLIENT SERVICES
(4) AMERICAN RED CROSS, BLUEGRASS CHAPTER 1450 NEWTOWN PIKE, LEXINGTON, KY 40511	61-0444644	501(C)(3)	42,652				(SEE STATEMENT)
(5) AMERICAN RED CROSS, DANIEL BOONE CHAPTER 1405 EAST MAIN STREET, RICHMOND, KY 40475	53-0196605	501(C)(3)	6,263				DISASTER RELIEF SERVICES
(6) ANDERSON COUNTY LITERACY COUNCIL PO BOX 2067, ANDERSON, SC 29622	57-0510602	501(C)(3)	5,000				(SEE STATEMENT)
(7) APPALRED LEGAL AID 114 NORTH THIRD STREET, RICHMOND, KY 40475	61-0848948	501(C)(3)	8,300				FINANCIAL STABILITY CLINIC
(8) APPRISEN FORMERLY CONSUME CREDIT COUNSELING SERVICE 2265 HARRODSBURG ROAD, 303, LEXINGTON, KY 40504	31-0731111	501(C)(3)	14,100				(SEE STATEMENT)
(9) ARBOR YOUTH SERVICES FORMERLY M.A.S.H. 536 WEST THIRD STREET, LEXINGTON, KY 40508	61-0926861	501(C)(3)	35,458				(SEE STATEMENT)
(10) ASSETS FOR INDEPENDENCE 100 MIDLAND AVENUE, SUITE 300, LEXINGTON, KY 40508	61-0444679	501(C)(3)	230,618				FINANCIAL STABILITY
(11) BIG BROTHERS BIG SISTERS OF THE BLUEGRASS 1122 OAK HILL DRIVE, LEXINGTON, KY 40505	61-0523288	501(C)(3)	30,074				MENTORING
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 68

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

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Cat. No. 50055P

Schedule I (Form 990) (2016)

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) BLUE GRASS COUNCIL OF THE BLIND 1093 SOUTH BROADWAY, SUITE 1220, LEXINGTON, KY 40504	61-0971827	501(C)(3)	7,349				VISUALLY IMPAIRED PEER SUPPORT (VIPS)
(13) BLUEGRASS COMMUNITY ACTION AGENCY P.O. BOX 738, FRANKFORT, KY 40602	61-0659583	501(C)(3)	96,026				ADULT DAY PRGM/HEAD START/ ELDER NUTRITION/FINANCIAL STABILITY/SENIOR COMPANIONS/SENIOR CENTERS
(14) BLUEGRASS RAPE CRISIS CENTER P.O. BOX 1603, LEXINGTON, KY 40588	61-0916756	501(C)(3)	12,250				K-12 ANTI-VIOLENCE EDUCATION PROGRAM
(15) BLUEGRASS.ORG 1351 NEWTOWN PIKE, LEXINGTON, KY 40511	61-0723605	501(C)(3)	5,000				COMPREHENSIVE CARE CENTER AND OUTPATIENT SERVICES
(16) CASA OF THE BLUEGRASS 1153 PERRYVILLE ROAD, DANVILLE, KY 40422-1306	26-1841458	501(C)(3)	11,000				ANDERSON COUNTY VOLUNTEER COORDINATION
(17) CATHOLIC SOCIAL SERVICE BUREAU 1310 WEST MAIN STREET, LEXINGTON, KY 40508	61-1138597	501(C)(3)	24,290				RENT & UTILITY ASSISTANCE/CLINICAL COUNSELING/FINANCIAL LITERACY
(18) CENTER FOR WOMEN, CHILDREN AND FAMILIES 530 NORTH LIMESTONE ST, LEXINGTON, KY 40508	31-0904247	501(C)(3)	68,846				THE NEST-PARENTING PROGRAM/DOMESTIC VIOLENCE/CRISIS CARE/CHILD CARE
(19) CHILD CARE COUNCIL OF KENTUCKY INC. 1390 OLIVIA LANE, LEXINGTON, KY 40511	31-1102545	501(C)(3)	67,795				KINDERPREP
(20) CHILD DEVELOPMENT CENTERS OF THE BLUEGRASS 465 SPRINGHILL DRIVE, LEXINGTON, KY 40503	61-0543367	501(C)(3)	49,993				CHILD DEVELOPMENT CENTER OF THE BLUEGRASS
(21) CHILDREN'S ADVOCACY CENTERS OF THE BLUEGRASS 183 WALTON AVE, LEXINGTON, KY 40508	61-1221470	501(C)(3)	9,703				CHILD SEXUAL ABUSE MEDICAL CLINIC
(22) CHRYSALIS HOUSE 1589 HILL RISE DRIVE, LEXINGTON, KY 40504	61-1012290	501(C)(3)	18,243				CHRYSALIS CHILDCARE PROGRAM/BUILDING SELF SUFFICIENCY
(23) CLARK COUNTY CHILDREN'S COUNCIL P.O. BOX 4192, WINCHESTER, KY 40392	61-1028432	501(C)(3)	12,117				AFTERSCHOOL CHILD CARE
(24) CLARK COUNTY COMMUNITY SERVICES P.O. BOX 574, WINCHESTER, KY 40392	31-1005844	501(C)(3)	17,697				EMERGENCY SERVICES
(25) CLARK COUNTY HOMELESS COALITION 19 WAINSCOTT AVENUE, WINCHESTER, KY 40391	27-1281819	501(C)(3)	21,800				WAINSCOTT HALL TRANSITIONAL HOMELESS SHELTER
(26) COMMUNITY ACTION COUNCIL P.O. BOX 11610, LEXINGTON, KY 40576	61-0650121	501(C)(3)	70,672				FOSTER GRANDPARENTS, RETIRED & SENIOR VOLUNTEER PROGRAM

(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
(27) EMPLOYMENT SOLUTIONS, INC 1165 CENTRE PARKWAY, SUITE 120, LEXINGTON, KY 40517	61-1031382	501(C)(3)	12,768				POST SECONDARY EDUCATION IN HIGH DEMAND PROFESSIONS
(28) FAITH FEEDS OF KENTUCKY, INC. PO BOX 4448, LEXINGTON, KY 40544	27-4087963	501(C)(3)	17,500				GLEANKY
(29) FIRST BRACKTOWN, INC. 3016 BRACKTOWN ROAD, LEXINGTON, KY 40511	13-4281977	501(C)(3)	25,000				BLACK MALES WORKING (BMW) ACADEMY
(30) FOOTHILLS COMMUNITY ACTION PARTNERSHIP 309 SPANGLER DRIVE, RICHMOND, KY 40475	61-0650246	501(C)(3)	23,855				AGING SERVICES PROGRAM AND THE FOOTHILLS MADISON COUNTY SELF-DEVELOPMENT FUND
(31) FOSTER CARE COUNCIL OF LEXKY 4159 STARRUSH PLACE, LEXINGTON, KY 40509	45-4403520	501(C)(3)	8,200				EDUCATION ADVANCEMENT
(32) GATEWAY JUVENILE DIVERSION PROJECT, INC. 37 NORTH MAYSVILLE STREET, MT STERLING, KY 40353	61-1033836	501(C)(3)	12,506				LIVING IT UP
(33) GIRL SCOUTS, WILDERNESS ROAD COUNCIL 2277 EXECUTIVE DRIVE, LEXINGTON, KY 40505	61-0608104	501(C)(3)	43,438				YOUTH DEVELOPMENT/
(34) GREEN HOUSE 17 FORMERLY BLUEGRASS DOMESTIC VIOLENCE PROGRAM P.O. BOX 55190, LEXINGTON, KY 40555	20-1965942	501(C)(3)	69,155				CRITICAL CRISIS STABILIZATION SERVICES & THE FARM PROGRAM
(35) GROWING TOGETHER PRESCHOOL, INC. 599 LIMA DRIVE, LEXINGTON, KY 40511	61-1037940	501(C)(3)	71,703				EARLY CHILD CARE & EDUCATION
(36) GSC IMMIGRANT INITIATIVE 105 BROADBILL CRT, GEORGETOWN, KY 40324	20-5383655	501(C)(3)	5,057				GED IN SPANISH PROGRAM/GED TUTORING LESSONS IN SPANISH
(37) HARVEST CHRISTIAN MINISTRIES, INC. P.O. BOX 15, LAWRENCEBURG, KY 40342	56-2383205	501(C)(3)	5,000				THE LIGHT CENTER PROGRAM PROVIDES BASIC NEEDS AND FINANCIAL ASSISTANCE
(38) HOPE CENTER P.O. BOX 6, LEXINGTON, KY 40588	61-1107296	501(C)(3)	44,130				TRANSITIONAL LIVING - ALCOHOL & DRUG ABUSE RECOVERY PROGRAM FOR MEN AND WOMEN
(39) HOPE MINISTRIES FOOD PANTRY 3963 OLD FRANKFORT PIKE, VERSAILLES, KY 40383	61-1264370	501(C)(3)	14,193				FOOD BANK - WOODFORD COUNTY
(40) JESSAMINE COUNTY BOARD OF EDUCATION 871 WILMORE ROAD, NICHOLASVILLE, KY 40356	61-6001337	501(C)(3)	5,000				ADULT EDUCATION - BEYOND THE GED
(41) JUBILEE JOBS 1450 NORTH BROADWAY, LEXINGTON, KY 40505-3162	27-1058855	501(C)(3)	17,191				CAREER READINESS AND JOB PLACEMENT

(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) KDVA GRANT 100 MIDLAND AVENUE, SUITE 300, LEXINGTON, KY 40508	61-0444679	501(C)(3)	20,802				DOMESTIC VIOLENCE PROGRAMMING
(43) KENTUCKY EQUAL JUSTICE CENTER 201 WEST SHORT STREET, SUITE 310, LEXINGTON, KY 40507-1220	61-0909545	501(C)(3)	16,200				POVERTY LAW ADVOCACY
(44) KIDNEY HEALTH ALLIANCE OF KENTUCKY 1517 NICHOLASVILLE ROAD, SUITE 203, LEXINGTON, KY 40503	23-7153964	501(C)(3)	9,295				EDUCATION & SUPPORT
(45) LEGAL AID OF THE BLUEGRASS 104 EAST 7TH STREET, COVINGTON, KY 41011	61-0913068	501(C)(3)	16,261				DOMESTIC VIOLENCE PREVENTION
(46) LEXINGTON HEARING AND SPEECH CENTER 162 NORTH ASHLAND AVENUE, LEXINGTON, KY 40502	61-0593951	501(C)(3)	39,063				AUDIOLOGY & EARLY LEARNING
(47) LEXINGTON WOMENS CLUB CLOTHING CTR 1340 CORONA DRIVE, LEXINGTON, KY 40514	61-6025945	501(C)(3)	5,000				PROVIDE FREE, SEASONABLY APPROPRIATE SCHOOL CLOTHING TO AT-RISK K-5 CHILDREN
(48) MENTORS & MEALS 160 LEXINGTON ROAD, VERSAILLES, KY 40383	61-1264370	501(C)(3)	32,500				SUMMER PROGRAM PILOT, STEM, MENTORING PROGRAM
(49) NURSING HOME OMBUDSMAN AGENCY OF THE BLUEGRASS 1530 NICHOLASVILLE ROAD, LEXINGTON, KY 40503	61-0996520	501(C)(3)	52,553				OMBUDSMAN/ NURSING HOME ADVOCACY
(50) ONE PARENT FAMILY FACILITY CORPORATION 1155 HORSEMAN'S LANE, LEXINGTON, KY 40504	61-1080310	501(C)(3)	14,671				CHILD DEVELOPMENT CENTER
(51) PARIS-BOURBON COUNTY YMCA 917 MAIN STREET, PARIS, KY 40361	61-0676727	501(C)(3)	18,826				YOUTH RECREATIONAL ACTIVITIES
(52) PARTNERS IN EDUCATION 24 WEST LEXINGTON AVENUE, SUITE 218, WINCHESTER, KY 40391	27-5436682	501(C)(3)	6,800				SCHOOL/BUSINESS PARTNERSHIPS
(53) READING CAMP OF THE EPISCOPAL 203 EAST FOURTH STREET, LEXINGTON, KY 40508	61-0536772	501(C)(3)	26,800				READING CAMP
(54) REPAIRERS LEXINGTON 180 EAST MAXWELL STREET, LEXINGTON, KY 40508	61-1281620	501(C)(3)	14,444				YOUTH CENTER PROGRAMS
(55) SALVATION ARMY, BLUEGRASS AREA CHAPTER 736 WEST MAIN STREET, LEXINGTON, KY 40508	13-5562351	501(C)(3)	209,422				EMERGENCY SERVICES-BASIC SERVICES
(56) SCOTT COUNTY HOSPITALITY HOUSE 207 S. HAMILTON ST, GOERGETOWM, KY 40324	45-5610177	501(C)(3)	5,000				SUPPORT ELIZABETH'S VILLAGE TO PROVIDE CASE MANAGEMENT SERVICES FOR HOUSING-INSECURE PEOPLE IN SCOTT COUNTY.

(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
(57) SCOTT UNITED MINISTRIES - AMEN HOUSE P.O. BOX 211, GEORGETOWN, KY 40324	61-1236411	501(C)(3)	12,601				A.M.E.N. HOUSE - EMERGENCY SERVICES
(58) SHEPHERD'S HOUSE 154 BONNIE BRAE DRIVE, LEXINGTON, KY 40508	61-1105573	501(C)(3)	14,652				TRANSITIONAL LIVING
(59) SURGERY ON SUNDAY 650 NEWTOWN PIKE, 2ND FLOOR, LEXINGTON, KY 40508	20-3187452	501(C)(3)	10,116				SURGERY SERVICES
(60) TOYOTA/ BORN LEARNING GRANTS/ VARIOUS PO BOX 4653 , LOUISVILLE, KY 40204	N/A	501(C)(3)	21,000				BORN LEARNING ACADEMIES
(61) TWEENS NUTRITION & FITNESS 220 DELMAR AVENUE, LEXINGTON, KY 40508	46-3018740	501(C)(3)	21,600				NUTRITION AND FITNESS COALITION
(62) URBAN LEAGUE OF LEXINGTON-FAYETTE COUNTY 148 DEWEESE STREET, LEXINGTON, KY 40507	61-6054655	501(C)(3)	132,345				AFFORDABLE HOUSING / YOUTH & EDUCATIONAL SERVICES
(63) VISUALLY IMPAIRED PRESCHOOL SERVICES 161 BURT ROAD, SUITE 4, LEXINGTON, KY 40503	61-1061973	501(C)(3)	26,929				EARLY CHILD CARE & EDUCATION
(64) WOMAN'S CLUB COATS AND SHOES 301 SOUTH MAIN STREET, VERSAILLES, KY 40383	61-1035902	501(C)(3)	5,000				COATS \$ SHOES FOR UNDERPRIVILEGED CHILDREN
(65) WOODFORD COUNTY THEATRICAL ARTS 275 BEASLEY DRIVE, VERSAILLES, KY 40383	61-1143572	501(C)(3)	16,827				THE GIRL PROJECT AND SUMMER THEATRE ACADEMY
(66) YMCA OF CENTRAL KENTUCKY 239 EAST HIGH STREET, LEXINGTON, KY 40507	61-0444842	501(C)(3)	111,036				EARLY LEARNING READINESS/HEALTHY EATING & PHYSICAL ACTIVITY/SUMMER LEARNING CAMP/AFTERSCHOOL LEARNING/BLACK ACHIEVERS
(67) POST CLINIC PO BOX 336, MT STERLING, KY 40353	31-1515325	501(C)(3)	9,600				EMERGENCY MEDICATION FUND
(68) FIRST BRACKTOWN INC. 3016 BRACKTOWN ROAD, LEXINGTON, KY 40511	13-4281977	501(C)(3)	25,000				BLACK MALES WORKING (BMW) ACADEMY

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference - Identifier	Explanation
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	4KIDS, A FAITH COMMUNITY PARTNERSHIP: LEADERSHIP ACADEMY FOR MIDDLE SCHOOL STUDENTS
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	AMERICAN RED CROSS, BLUEGRASS CHAPTER: DISASTER / EMERGENCY SERVICES
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	ANDERSON COUNTY LITERACY COUNCIL: ADULT EDUCATION AND LITERACY TRAINING
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	APPRISEN FORMERLY CONSUME CREDIT COUNSELING SERVICE OF THE MIDWEST, INC.: COMPREHENSIVE FINANCIAL EDUCATION & COUNSELING
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	ARBOR YOUTH SERVICES FORMERLY M.A.S.H.: DROP IN EMERGENCY SHELTER & AFTERSCHOOL OUTREACH
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 M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

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

Name of the organization UNITED WAY OF THE BLUEGRASS, INC.	Employer identification number 61-0444679
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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	✓	7	12,034	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)	✓	65	354,296	COST
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	0
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		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?	30a		✓
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?	31	✓	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		✓
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

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.

2016

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	FOUR KEY DRIVERS FOR SUCCESS: BASIC NEEDS, STUDENT SUCCESS, SCHOOL READINESS AND FINANCIAL STABILITY.
FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION	*\$1,588,834.00 - IN PARTICIPANT GRANTS WERE APPLIED TOWARD APPROVED PURCHASES (HOMES, EDUCATION, BUSINESS/ENTREPRENEURSHIP.
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	<p>(EXPENSES \$679,734 INCLUDING GRANTS OF \$14,887)(REVENUE)</p> <p>TRAILBLAZERS (RETIRED AND SENIOR VOLUNTEER PROGRAM): IN ANDERSON, CLARK, SCOTT AND WOODFORD COUNTIES, ADULTS AGED 55+ ARE MAKING AN IMPACT IN EDUCATION THROUGH ACADEMIC AND YOUTH DEVELOPMENT PROGRAMS WITH UNITED WAY'S TRAILBLAZERS PROGRAM. TRAILBLAZERS ACT AS READERS, TUTORS AND MENTORS TO INCREASE THE SUCCESS OF KIDS IN THE BLUEGRASS. SOMETIMES KIDS JUST NEED SOMEONE WHO BELIEVES IN THEM. VOLUNTEERS GIVE THE EXTRA INDIVIDUAL ATTENTION KIDS SOMETIMES NEED. WE ALL WIN WHEN A CHILD SUCCEEDS IN SCHOOL AND GROWS UP TO BE A PRODUCTIVE ADULT WHO GIVES BACK TO THE COMMUNITY. LAST YEAR, 81 TRAILBLAZERS WORKED WITH YOUTH IN CENTRAL KENTUCKY TO MAKE A DIFFERENCE THAT WILL LAST A LIFETIME. TRAILBLAZERS OPERATES THROUGH A FEDERAL GRANT FROM THE CORPORATION FOR NATIONAL & COMMUNITY SERVICE THROUGH THEIR RETIRED AND SENIOR VOLUNTEER PROGRAM TO IMPLEMENT THE TRAILBLAZERS PROGRAM IN ANDERSON, CLARK, SCOTT, AND WOODFORD COUNTIES.</p> <p>THE VOLUNTEER ENGAGEMENT CENTER AT UNITED WAY: UWBG HELPS REFER AND MATCH VOLUNTEER INTERESTS TO APPROPRIATE VOLUNTEER OPPORTUNITIES. THE VOLUNTEER CENTER PROMOTES VOLUNTEERISM IN CENTRAL KENTUCKY.</p> <p>THE CENTRAL KENTUCKY ECONOMIC EMPOWERMENT PROJECT (CKEEP) IS A REGIONAL VITA COALITION THAT PARTNERS WITH THE IRS TO PROVIDE FREE TAX PREPARATION TO LOW-INCOME FAMILIES, RAISE AWARENESS ABOUT THE EARNED INCOME TAX CREDIT, AND HELP FAMILIES BUILD ASSETS. WHILE THE COMPOSITION OF PARTNERS AND TAX SITES MAY VARY FROM YEAR TO YEAR, THE GENERAL REGION SERVED INCLUDES LEXINGTON AND SURROUNDING COUNTIES. SINCE 2003, CKEEP HAS COMPLETED OVER 34,000 TAX RETURNS, HELPING FAMILIES CLAIM OVER \$34 MILLION IN TAX REFUNDS. THE UNITED WAY OF THE BLUEGRASS (UWBG) IS THE CURRENT COALITION LEADER RESPONSIBLE FOR COORDINATING ALL ASPECTS OF THE PROGRAM. UWBG WORKS WITH PARTNERS IN ITS NINE COUNTY SERVICE AREA AND BEYOND TO BRING FREE TAX PREPARATION TO THE COMMUNITY.</p> <p>2016 TAX YEAR: *17 TAX SITES COVERING 7 COUNTIES *3,418 RETURNS FILED *\$1.8 MILLION OF EARNED INCOME TAX CREDIT ALLOCATED TO ELIGIBLE FAMILIES *\$4.9 MILLION IN TOTAL TAX REFUNDS RECEIVED *\$632,000 TOTAL AMOUNT FAMILIES SAVED IN TAX PREPARATION FEES</p> <p>KENTUCKY ASSET SUCCESS INITIATIVE (KASI) IS A BROAD-BASED COLLABORATIVE EFFORT DEDICATED TO PROMOTING ECONOMIC SELF-SUFFICIENCY FOR LOW INCOME FAMILIES IN KENTUCKY. KASI USES A THREE PRGARYONG APPROACH TO ECONOMIC SELF-SUFFICIENCY- FREE TAX PREPARATION, ASSET BUILDING, AND FINANCIAL EDUCATION. SINCE 2014, UNITED WAY OF THE BLUEGRASS HAS BEEN THE KASI COALITION LEADER OF FIVE REGIONAL COALITIONS AROUND KENTUCKY. COALITION PARTNERS INCLUDE THE BARREN RIVER ASSET-BUILDING COALITION, CENTRAL KENTUCKY ECONOMIC EMPOWERMENT PROJECT, EASTERN KENTUCKY ASSET-BUILDING COLLABORATION, GREEN RIVER ASSET-BUILDING COALITION, AND NORTHEASTERN KENTUCKY ASSET-BUILDING COALITION. EACH YEAR REGIONAL COALITION LEADERS MEET IN LEXINGTON TO DISCUSS PLANS FOR THE UPCOMING FILING SEASON AND REVIEW THE PREVIOUS SEASON.</p> <p>2016 TAX YEAR: *48 TAX SITES COVERING 80 COUNTIES *11,511 RETURNS FILED *\$16.2M IN TOTAL REFUNDS *\$6M OF EARNED INCOME TAX CREDIT ALLOCATED TO ELIGIBLE FAMILIES *3M TOTAL AMOUNT SAVED IN TAX PREPARATION FEES *ECONOMIC IMPACT OF \$23.3M</p>

Return Reference - Identifier	Explanation						
FORM 990, PART VI, LINE 1A - DELEGATE BROAD AUTHORITY TO A COMMITTEE	THE CORPORATION SHALL HAVE AN EXECUTIVE COMMITTEE CONSISTING OF THE CHAIRMAN OF THE BOARD, CHAIRMAN ELECT OF THE BOARD, THE MOST IMMEDIATE PAST CHAIRMAN OF THE BOARD, TREASURER OF THE CORPORATION, LEGAL COUNCIL TO THE CORPORATION, CHAIRS OF THE OPERATIONS CABINET, RESOURCE DEVELOPMENT CABINET AND COMMUNITY INVESTMENTS CABINET, FIVE INDIVIDUALS APPOINTED BY THE CHAIRMAN OF THE BOARD WHICH INCLUDES, THE CURRENT YEAR CAMPAIGN CHAIR, CAMPAIGN CHAIR ELECT, MARKETING COMMITTEE CHAIR, AND TWO AT-LARGE MEMBERS SELECTED BY THE BOARD DEVELOPMENT COMMITTEE. THE SECRETARY OF THE CORPORATION SHALL SERVE AS SECRETARY TO THE EXECUTIVE COMMITTEE IN A NON-VOTING CAPACITY. WHEN THE BOARD IS NOT IN SESSION, THE EXECUTIVE COMMITTEE SHALL HAVE AND MAY EXERCISE ALL OF THE AUTHORITY OF THE BOARD, UNLESS OTHERWISE SPECIFIED IN THE RESOLUTION APPOINTING THE EXECUTIVE COMMITTEE. NEITHER THE EXECUTIVE COMMITTEE, NOR ANY OTHER COMMITTEE CREATED BY THE BOARD, SHALL HAVE THE AUTHORITY TO: (A) AMEND, ALTER, OR REPEAL THESE BYLAWS, (B) APPOINT OR REMOVE ANY DIRECTOR OR OFFICER OF THE CORPORATION, (C) AMEND OR RESTATE THE ARTICLES, (D) ADOPT A PLAN OF MERGER OR CONSOLIDATION WITH ANOTHER CORPORATION, (E) AUTHORIZE THE SALE, LEASE, EXCHANGE, OR MORTGAGE OF ALL, OR SUBSTANTIALLY ALL, OF THE PROPERTY AND ASSETS OF THE CORPORATION, (F) AUTHORIZE THE VOLUNTARY DISSOLUTION OF THE CORPORATION OR ADOPT A PLAN FOR THE DISTRIBUTION OF THE ASSETS OF THE CORPORATION, OR (G) AMEND, ALTER, OR REPEAL ANY RESOLUTION OF THE BOARD.						
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 PRESIDENT/CEO DID NOT GO THROUGH A PERFORMANCE REVIEW AND DID NOT RECEIVE ANY INCREASE IN COMPENSATION DURING FISCAL YEAR JUNE 30, 2017.						
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER EMPLOYEES	THE PRESIDENT/CEO DETERMINES THE COMPENSATION OF THE OTHER EMPLOYEE(S). THE PROCEDURE WAS LAST CONDUCTED JUNE 30, 2017. THE PROCESS FOLLOWS UNITED WAY WORLDWIDE APPROVED GUIDELINES. THE UNITED WAY WORLDWIDE HUMAN CAPITAL SURVEY WAS USED AS COMPARABILITY DATA TO ENSURE COMPENSATION WAS IN LINE WITH ORGANIZATIONS OF COMPARABLE SIZE AND COMMUNITY IMPACT RESULTS.						
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.						
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1"> <thead> <tr> <th data-bbox="467 1169 1304 1197">(a) Description</th> <th data-bbox="1312 1169 1513 1197">(b) Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="467 1207 1304 1234">WRITE OFF OF UNCOLLECTIBLE PLEDGES</td> <td data-bbox="1312 1207 1513 1234">- 211,992</td> </tr> <tr> <td data-bbox="467 1245 1304 1272">RECOVERIES OF PRIOR YEAR GRANTS</td> <td data-bbox="1312 1245 1513 1272">19,106</td> </tr> </tbody> </table>	(a) Description	(b) Amount	WRITE OFF OF UNCOLLECTIBLE PLEDGES	- 211,992	RECOVERIES OF PRIOR YEAR GRANTS	19,106
(a) Description	(b) Amount						
WRITE OFF OF UNCOLLECTIBLE PLEDGES	- 211,992						
RECOVERIES OF PRIOR YEAR GRANTS	19,106						



Crowe Horwath LLP
Independent Member Crowe Horwath International

Instructions for Filing
United Way of the Bluegrass, Inc.
Form 990 - Return of Organization Exempt from Income Tax
for the period ended June 30, 2017

Filing...

The signed return should be filed on or before May 15, 2018 with ...

Office of the Attorney General
1024 Capital Center Drive, Suite 200
Frankfort, KY 40601
Attn: Charity Registration

A COMPLETE COPY OF
FEDERAL FORM 990 WAS
ATTACHED PRIOR TO FILING
WITH THE ATTORNEY
GENERAL'S OFFICE.