

2022 RETURN OF EXEMPT ORGANIZATION

UNITED WAY OF THE BLUEGRASS INC

EXTENDED TO MAY 15, 2024

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

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

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

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2022 calendar year, or tax year beginning JUL 1, 2022 and ending JUN 30, 2023

Form header section containing organization name (UNITED WAY OF THE BLUEGRASS, INC.), address (651 PERIMETER DRIVE, SUITE 510, LEXINGTON, KY 40517), telephone number (859-233-4461), and other identifying information.

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Includes rows for mission statement, membership counts, revenue (4,314,317), expenses (4,518,487), and net assets (3,105,335).

Part II Signature Block

Signature block section with declaration: 'Under penalties of perjury, I declare that I have examined this return...' and signatures of Timothy Johnson (President & CEO) and James Stevison (Preparer).

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
UWBG LOOKS AT THE BIG PICTURE AND CONVENES THE PEOPLE, RESOURCES AND PARTNERSHIPS NEEDED TO FIND LONG-TERM SOLUTIONS TO HELP MORE CHILDREN AND FAMILIES SUCCEED. IN ADDITION TO UWBG'S INTERNAL PROGRAMMING, LED BY THE TRANSFORMATIVE WAYPOINT CENTER INITIATIVE, UWBG FUNDS 81

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 [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 1,556,758. including grants of \$ 1,344,400.) (Revenue \$ 1,029,231.)
SUPPORTING COMMUNITY PROGRAMS: UWBG HELPS CREATE OPPORTUNITIES FOR A BETTER LIFE FOR ALL. WE MAKE STRATEGIC INVESTMENTS IN PROGRAMS SERVING LOW TO MODERATE-INCOME AND UNDERSERVED CENTRAL KENTUCKIANS IN THE AREAS OF EDUCATION, INCOME, HEALTH AND BASIC NEEDS. WE ALSO SERVE AS AN INCUBATOR FOR NEW PROGRAMS, AND A CONVENER OF PARTNERSHIPS OF NONPROFITS SEEKING TO IMPROVE LIVES BY WORKING TOGETHER. UWBG SERVES TEN CENTRAL KENTUCKY REGIONAL COMMUNITIES WHICH INCLUDES: ANDERSON, BOURBON, CLARK, FAYETTE, FRANKLIN, JESSAMINE, MADISON, MONTGOMERY, SCOTT AND WOODFORD COUNTIES. UWBG IS A CONVENER, COLLABORATOR AND CATALYST FOR CHANGE FOR LONG-TERM SOLUTIONS FOR CENTRAL KENTUCKY COMMUNITIES. WE INVEST DONOR DOLLARS INTO PROGRAMMATIC SOLUTIONS THAT ARE MAKING A DIFFERENCE AND SUPPORTING LOW TO MODERATE-INCOME AND

4b (Code:) (Expenses \$ 314,982. including grants of \$) (Revenue \$)
UNITED WAY-AIRS 211: UNITED WAY OF THE BLUEGRASS 211 CONNECTS PEOPLE WITH RESOURCES THAT ARE AVAILABLE IN THEIR COMMUNITY VIA PHONE, CHAT, TEXT MESSAGING, MOBILE APPS AND THE 211 WEBSITES. 211 HELPS THOUSANDS OF PEOPLE IN 92 KENTUCKY COUNTIES EACH YEAR. IN ADDITION TO THE WORK 211 HAS HISTORICALLY DONE IN CENTRAL KENTUCKY, THE 211 CONTACT CENTER HAS CONTRACTS THAT HAVE EXPANDED THE REACH OF THE UWBG 211-PROGRAM. IN PARTNERSHIP WITH THE STATE'S CABINET FOR HEALTH AND FAMILY SERVICES, UWBG 2-1-1 HAS GONE LIVE WITH THE REMAINDER OF COUNTIES IN KY THAT DIDN'T PREVIOUSLY HAVE 2-1-1 SERVICE. 2-1-1 IS NOW AVAILABLE TO ALL KENTUCKIANS AND EFFORTS ARE ONGOING IN PARTNERSHIP WITH OTHER LOCAL 2-1-1 PROVIDERS AND UWKY TO PROMOTE THE SERVICE ACROSS THE ENTIRE COMMONWEALTH. OUR UNITED WAY 2-1-1 CLIENTS WERE LINKED TO 32,212

4c (Code:) (Expenses \$ 852,835. including grants of \$) (Revenue \$)
VOLUNTEER INCOME TAX ASSISTANCE (VITA) PROGRAM IS A PARTNERSHIP OF THREE REGIONAL COALITIONS ACROSS CENTRAL AND EASTERN KENTUCKY THAT IS LED BY UNITED WAY OF THE BLUEGRASS (UWBG). VITA LEVERGES A PARTNERSHIP WITH THE IRS TO PROVIDE FREE TAX PREPARATION TO LOW AND MODERATE-INCOME FAMILIES, RAISE AWARENESS ABOUT THE EARNED INCOME TAX CREDIT (EITC) AND HELP FAMILIES BUILD ASSETS ACROSS THE COMMONWEALTH. THE CENTRAL KENTUCKY ECONOMIC EMPOWERMENT PROGRAM (CKEEP) IS THE LARGEST OF THE THREE COALITIONS WHICH PRIMARILY OPERATES IN THE GREATER LEXINGTON AREA OF CENTRAL KENTUCKY AND IS UNDER DIRECT MANAGEMENT OF THE UWBG. THE EASTERN KENTUCKY ASSET BUILDING COALITION(EKABC) IS THE SECOND LARGEST COALITION AND OPERATES THROUGHOUT THE RURAL AREAS OF EASTERN KENTUCKY. THE PEOPLES SELF HELP HOUSING (PSHH) COALITION IS LOCATED IN NORTHERN

4d Other program services (Describe on Schedule O.)
(Expenses \$ 163,120. including grants of \$) (Revenue \$)

4e Total program service expenses 2,887,695.

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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions		X
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>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
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>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
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>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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>		X
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>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
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>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Description, and Yes/No columns. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, and other IRS requirements.

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 3 columns: Question number, Description, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		43
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
	8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
	9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
	11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
	13b		
c	Enter the amount of reserves on hand		
	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		X
	15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
	16		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		
	17		

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 25		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 25		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed KY
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
MS. KATHY GOSNELL - (859) 233-4460
651 PERIMETER DRIVE SUITE 510, LEXINGTON, KY 40517

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TIMOTHY JOHNSON PRESIDENT AND CEO	50.00			X				168,380.	0.	28,559.
(2) KATHY GOSNELL VICE PRESIDENT, FINANCE & OPERATIONS	50.00			X				46,583.	0.	10,403.
(3) VICKI SEALE VP OF FINANCE (PARTIAL YEAR)	50.00			X				11,461.	0.	653.
(4) KENNETH JONES CHAIR	1.00	X		X				0.	0.	0.
(5) KYLE MURRAY VICE CHAIR	1.00	X		X				0.	0.	0.
(6) KATHY JAEGER TREASURER	1.00	X		X				0.	0.	0.
(7) MARY E. MEIXELSPERGER IMMEDIATE PAST CHAIR	1.00	X		X				0.	0.	0.
(8) CRAIG DANIELS DIRECTOR	1.00	X						0.	0.	0.
(9) BRANDON EASON DIRECTOR	1.00	X						0.	0.	0.
(10) BRIEN LEWIS DIRECTOR	1.00	X						0.	0.	0.
(11) CHAS SARGENT DIRECTOR	1.00	X						0.	0.	0.
(12) BOB KAIN DIRECTOR	1.00	X						0.	0.	0.
(13) DAVID KIDD DIRECTOR	1.00	X						0.	0.	0.
(14) CARYL PFEIFFER DIRECTOR	1.00	X						0.	0.	0.
(15) KURT KOGLER DIRECTOR	1.00	X						0.	0.	0.
(16) ANNA MINROVIC DIRECTOR	1.00	X						0.	0.	0.
(17) ANNE BROOKS DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) VALERIE MARSHALL DIRECTOR	1.00	X						0.	0.	0.
(19) CATHY JENNINGS DIRECTOR	1.00	X						0.	0.	0.
(20) RICHARD GAINES DIRECTOR	1.00	X						0.	0.	0.
(21) RICK SMITH SR. DIRECTOR	1.00	X						0.	0.	0.
(22) MAURA SMITH DIRECTOR	1.00	X						0.	0.	0.
(23) PAUL ROOKE DIRECTOR	1.00	X						0.	0.	0.
(24) ROB DUNCAN DIRECTOR	1.00	X						0.	0.	0.
(25) STEVEN YATES DIRECTOR	1.00	X						0.	0.	0.
(26) JADE MILES DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								226,424.	0.	39,615.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								226,424.	0.	39,615.

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(27) MARK SULSKI DIRECTOR	1.00	X						0.	0.	0.
(28) CAM FREEMAN DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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	1 a	Federated campaigns					
	1 b	Membership dues					
	1 c	Fundraising events	2,000.				
	1 d	Related organizations					
	1 e	Government grants (contributions)					
	1 f	All other contributions, gifts, grants, and similar amounts not included above	3,825,425.				
	1 g	Noncash contributions included in lines 1a-1f	\$ 26,188.				
	h	Total. Add lines 1a-1f	3,827,425.				
Program Service Revenue	2 a	OUTSIDE DESIGN AND ADM	561000	1,009,772.	1,009,772.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		1,009,772.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		47,002.		47,002.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	6 b	Less: rental expenses					
	6 c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				457,756.			
	7 b	Less: cost or other basis and sales expenses		254,777.			
	7 c	Gain or (loss)		202,979.			
d	Net gain or (loss)		202,979.		202,979.		
8 a	Gross income from fundraising events (not including \$ 2,000. of contributions reported on line 1c). See Part IV, line 18						
		8 a	67,498.				
		8 b	21,927.				
c	Net income or (loss) from fundraising events		45,571.		45,571.		
9 a	Gross income from gaming activities. See Part IV, line 19						
		9 a					
		9 b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
		10 a					
		10 b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	MISCELLANEOUS	900099	24,648.	19,459.	5,189.	
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		24,648.			
12	Total revenue. See instructions		5,157,397.	1,029,231.	0.	300,741.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,344,400.	1,344,400.		
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	266,039.	136,046.	80,865.	49,128.
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	1,560,509.	798,004.	474,332.	288,173.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	28,574.	14,645.	7,039.	6,890.
9 Other employee benefits	184,363.	94,443.	47,843.	42,077.
10 Payroll taxes	129,032.	58,857.	45,300.	24,875.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	15,300.		15,300.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	8,536.		8,536.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	167,163.	113,914.	53,179.	70.
12 Advertising and promotion	91,746.	25,087.	58,255.	8,404.
13 Office expenses	67,042.	17,243.	45,700.	4,099.
14 Information technology	138,852.	106,889.	24,132.	7,831.
15 Royalties				
16 Occupancy	152,424.	10,107.	142,317.	
17 Travel	23,532.	6,038.	14,124.	3,370.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	172,375.	155,897.	12,266.	4,212.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,778.	306.	1,861.	611.
23 Insurance	9,422.		9,422.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MEMBERSHIP DUES	51,126.	101.	49,925.	1,100.
b MISCELLANEOUS	14,737.	349.	14,134.	254.
c IN-KIND CONTRIBUTIONS	11,090.	5,090.		6,000.
d PRINTING AND PUBLICATIO	705.	279.	426.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	4,439,745.	2,887,695.	1,104,956.	447,094.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	531,075.	1	219,623.
	2	Savings and temporary cash investments	9,302.	2	33,945.
	3	Pledges and grants receivable, net	809,957.	3	1,395,268.
	4	Accounts receivable, net	577,043.	4	540,322.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	23,617.	9	24,026.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 348,108.		
	b	Less: accumulated depreciation	10b 46,303.	10c	301,805.
	11	Investments - publicly traded securities	1,571,808.	11	1,774,812.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	819,399.	14	740,274.
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	4,346,368.	16	5,030,075.	
Liabilities	17	Accounts payable and accrued expenses	141,830.	17	261,584.
	18	Grants payable	153,125.	18	142,666.
	19	Deferred revenue	68,667.	19	30,000.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	877,411.	25	828,650.
	26	Total liabilities. Add lines 17 through 25	1,241,033.	26	1,262,900.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	2,076,967.	27	1,882,088.
	28	Net assets with donor restrictions	1,028,368.	28	1,885,087.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	3,105,335.	32	3,767,175.	
33	Total liabilities and net assets/fund balances	4,346,368.	33	5,030,075.	

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	5,157,397.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,439,745.
3	Revenue less expenses. Subtract line 2 from line 1	3	717,652.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,105,335.
5	Net unrealized gains (losses) on investments	5	-55,812.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,767,175.

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 on 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	2a	X
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	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	3b	

Form 990 (2022)

SCHEDULE A
(Form 990)

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

OMB No. 1545-0047

2022
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).)
 - 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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
 - 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
 - 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3472214.	3717107.	4680011.	3549258.	3827425.	19246015.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3472214.	3717107.	4680011.	3549258.	3827425.	19246015.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						19246015.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	3472214.	3717107.	4680011.	3549258.	3827425.	19246015.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	51,396.	40,795.	37,237.	51,740.	47,002.	228,170.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				19,093.	50,760.	69,853.
11 Total support. Add lines 7 through 10						19544038.
12 Gross receipts from related activities, etc. (see instructions)					12	3,288,251.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	98.48	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	98.72	%
16a 33 1/3% support test - 2022. 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 - 2021. 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 - 2022. 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 - 2021. 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).*
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*
 - b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*
 - c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in Part VI what controls the organization put in place to ensure such use.*
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
 - b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
 - c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*
 - b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
 - c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
 - b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
 - c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- 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)? *If "Yes," answer line 10b below.*
 - b Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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>		

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>		

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?		
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>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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>		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
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>		

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 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Part VI

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

Multiple horizontal lines for supplemental information.

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.

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

OMB No. 1545-0047

2022

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____	
4 Number of states where property subject to conservation easement is located _____	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

1a If the organization elected, as permitted under FASB 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 FASB 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 FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1	\$ _____
b Assets included in Form 990, Part X	\$ _____

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

Schedule D (Form 990) 2022

232051 09-01-22

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	639,368.	717,836.	560,163.	578,181.	583,310.
b Contributions					
c Net investment earnings, gains, and losses	69,744.	-91,372.	157,673.	12,982.	27,371.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses		-12,904.		31,000.	32,500.
g End of year balance	709,112.	639,368.	717,836.	560,163.	578,181.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 87.3081 %
 - b Permanent endowment 12.6919 %
 - c Term endowment _____ %
- 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 | | X |
| (ii) Related organizations | | X |
- 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		47,692.	46,303.	1,389.
e Other		300,416.		300,416.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				301,805.

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. (Col. (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. (Col. (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) LEASE LIABILITY - OPERATING LEASES	828,650.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	5,107,201.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-55,812.	
b	Donated services and use of facilities	2b	14,152.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	-41,660.	
3	Subtract line 2e from line 1	3	5,148,861.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	8,536.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	8,536.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,157,397.	

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

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

1	Total expenses and losses per audited financial statements		1	4,445,361.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	14,152.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	14,152.	
3	Subtract line 2e from line 1	3	4,431,209.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	8,536.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	8,536.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,439,745.	

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.

PART V, LINE 4:

THE PURPOSE OF THE ENDOWMENT IS TO FACILITATE DONORS' DESIRES TO MAKE SUBSTANTIAL LONGTERM 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.

PART X, LINE 2:

UWBG IS EXEMPT FROM INCOME TAXES ON INCOME FROM RELATED ACTIVITIES UNDER

Part XIII Supplemental Information (continued)

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.

A TAX POSITION IS RECOGNIZED AS A BENEFIT ONLY IF IT IS "MORE LIKELY THAN NOT" THAT THE TAX POSITION WOULD BE SUSTAINED IN A TAX EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO OCCUR. THE AMOUNT RECOGNIZED IS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED ON EXAMINATION. FOR TAX POSITIONS NOT MEETING THE "MORE LIKELY THAN NOT" TEST, NO TAX BENEFIT IS RECORDED.

UWBG DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS TO SIGNIFICANTLY CHANGE IN THE NEXT 12 MONTHS. UWBG RECOGNIZES INTEREST AND/OR PENALTIES RELATED TO INCOME TAX MATTERS IN INCOME TAX EXPENSE. UWBG DID NOT HAVE ANY AMOUNT ACCRUED FOR INTEREST AND PENALTIES AT JUNE 30, 2023 OR 2022.

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Name of the organization

UNITED WAY OF THE BLUEGRASS, INC.

Employer identification number

61-0444679

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

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 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			
Total						

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		SENIOR GAMES (event type)	BASHAM & SOWER GOLF E (event type)	3 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	28,931.	24,890.	15,677.	69,498.
	2	Less: Contributions		2,000.		2,000.
	3	Gross income (line 1 minus line 2)	28,931.	22,890.	15,677.	67,498.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses		13,401.	8,526.	21,927.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				21,927.
	11	Net income summary. Subtract line 10 from line 3, column (d)				45,571.

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: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If "Yes," enter name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

UNITED WAY OF THE BLUEGRASS, INC.

Employer identification number
61-0444679

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACCESS SOUP KITCHEN & MEN'S SHELTER - 311 W 2ND STREET - FRANKFORT, KY 40601	61-1080388	501(C)(3)	14,000.	0.			HOMELESS FOOD AND SHELTER
AMEN HOUSE, INC. 319 E MAIN ST GEORGETOWN, KY 40324	61-1236411	501(C)(3)	10,000.	0.			EMERGENCY SERVICES
AMERICAN RED CROSS, BLUEGRASS CHAPTER - 1450 NEWTOWN PIKE - LEXINGTON, KY 40511	61-0444644	501(C)(3)	24,000.	0.			DISASTER / EMERGENCY SERVICES
APPRISEN 2265 HARRODSBURG ROAD, 303 LEXINGTON, KY 40504	31-0731111	501(C)(3)	13,000.	0.			COMPREHENSIVE FINANCIAL EDUCATION AND COUNSELING
ARBOR YOUTH SERVICES FORMERLY M.A.S.H. - 536 WEST THIRD STREET - LEXINGTON, KY 40508	61-0926861	501(C)(3)	29,500.	0.			DROP IN EMERGENCY SHELTER AND AFTERSCHOOL OUTREACH ADULT DAY PRGM/HEAD START/ ELDER NUTRITION/FINANCIAL STABILITY/SENIOR
BLUEGRASS COMMUNITY ACTION PARTNERSHIP - 111 PROFESSIONAL CT - FRANKFORT, KY 40601	61-0659583	501(C)(3)	37,000.	0.			

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **44.**

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

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2022

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLUEGRASS COUNCIL OF THE BLIND, INC. - 1093 SOUTH BROADWAY, SUITE 1220 - LEXINGTON, KY 40504	61-0971827	501(C)(3)	11,000.	0.			VISUALLY IMPAIRED PEER SUPPORT (VIIPS)
BOY SCOUTS OF AMERICA, BLUE GRASS COUNCIL - 3445 RICHMOND RD - LEXINGTON, KY 40509	61-0444653	501(C)(3)	36,500.	0.			LEADERSHIP DEVELOPMENT
CAPITAL CITY ACTIVITY CENTER 202 MEDICAL HEIGHTS DRIVE FRANKFORT, KY 40601	61-6041002	501(C)(3)	22,500.	0.			MEALS ON WHEELS
CASA OF LEXINGTON, INC. 3245 LOCH NESS DRIVE LEXINGTON, KY 40517	61-1339185	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
CASA OF THE BLUEGRASS 1153 PERRYVILLE ROAD DANVILLE, KY 40422	26-1841458	501(C)(3)	12,500.	0.			ANDERSON COUNTY VOLUNTEER COORDINATION
CATHOLIC CHARITIES OF THE DIOCESE OF LEXINGTON - 1310 WEST MAIN STREET - LEXINGTON, KY 40508	61-1138597	501(C)(3)	6,822.	0.			RENT AND UTILITIES ASSISTANCE, CLINICAL COUNSELING, FINANCIAL LITERACY
CENTRO DE SAN JUAN DIEGO 121 OLD FARM ROAD RICHMOND, KY 40475	47-5170201	501(C)(3)	77,000.	0.			PROGRAM SUPPORT
CHILD CARE COUNCIL OF KENTUCKY, INC. - 1390 OLIVIA LANE - LEXINGTON, KY 40511	31-1102545	501(C)(3)	37,800.	0.			KINDER PREP
CLARK COUNTY COMMUNITY SERVICES, INC. - P.O. BOX 574, - WINCHESTER, KY 40392	31-1005844	501(C)(3)	23,000.	0.			EMERGENCY SERVICES

Schedule I (Form 990)

UNITED WAY OF THE BLUEGRASS, INC.

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY ACTION COUNCIL 710 W HIGH ST LEXINGTON, KY 40508	61-0662971	501(C)(3)	30,000.	0.			PROGRAM SUPPORT
ELIZABETH'S VILLAGE 107 N COURT ST GEORGETOWN, KY 40324	45-5610177	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
FAITH FEEDS OF KENTUCKY, INC. DBA GLEANKY - 628 N BROADWAY - LEXINGTON, KY 40508	27-4087963	501(C)(3)	22,000.	0.			PROGRAM SUPPORT
FAYETTE COUNTY PUBLIC SCHOOLS 450 PARK PLACE LEXINGTON, KY 40511	61-6001059	GOV	7,500.	0.			PROGRAM SUPPORT
FRANKLIN COUNTY WOMEN AND FAMILY SHELTER - 303 EAST THIRD STREET - FRANKFORT, KY 40601	75-3170363	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
GATHERING PLACE MISSION 339 BOURBON ST GEORGETOWN, KY 40324	61-1475009	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
GIRL SCOUTS OF KENTUCKY'S WILDERNESS ROAD COUNCIL - 2277 EXECUTIVE DRIVE - LEXINGTON, KY 40505	61-0608104	501(C)(3)	21,000.	0.			YOUTH DEVELOPMENT
GREENHOUSE17 (FORMERLY BLUEGRASS DOMESTIC VIOLENCE PROGRAM) - P.O. BOX 55190 - LEXINGTON, KY 40555	20-1965942	501(C)(3)	28,000.	0.			CRITICAL CRISIS STABILIZATION SERVICES AND THE FARM PROGRAM TRANSITIONAL LIVING - ALCOHOL & DRUG ABUSE RECOVERY PROGRAM FOR MEN AND WOMEN
HOPE CENTER, INC. P.O. BOX 6 LEXINGTON, KY 40588	61-1107296	501(C)(3)	22,500.	0.			

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPE'S EMBRACE 138 BATEROOK CIRCLE NICHOLASVILLE, KY 40356	81-4477394	501(C)(3)	12,000.	0.			PROGRAM SUPPORT
HUMAN NEEDS FUND - UK HOSPITAL 800 ROSE STREET, ROOM H149 LEXINGTON, KY 40536	61-6001218	501(C)(3)	12,193.	0.			UK HOSPITAL PATIENT AND FAMILY EMERGENCY FUND
JUBILEE JOBS 1450 NORTH BROADWAY LEXINGTON, KY 40505	27-1058855	501(C)(3)	18,000.	0.			CAREER READINESS AND JOB PLACEMENT
KADEN'S CAUSE 101 KADEN LANE GEORGETOWN, KY 40324	82-2427604	501(C)(3)	10,500.	0.			PROGRAM SUPPORT
KENTUCKY EQUAL JUSTICE CENTER 201 WEST SHORT STREET, SUITE 310 FRANKFORT, KY 40507	61-0909545	501(C)(3)	15,000.	0.			POVERTY LAW ADVOCACY
KENTUCKY RIVER FOOTHILLS DEVELOPMENT COUNCIL, INC. - 309 SPANGLER DR - RICHMOND, KY 40475	61-0650246	501(C)(3)	15,000.	0.			ADULT DAY CARE AND EARLY CHILD CARE AND EDUCATION
KING'S CENTER 202 E 3RD STREET FRANKFORT, KY 40601	61-3868344	501(C)(3)	18,000.	0.			MENTORING, EDUCATION AND SUPPORT
LIGHT CENTER CORPORATION 211 WASHINGTON CIRCLE LA GRANGE, KY 40031	61-1367771	501(C)(3)	7,500.	0.			PROGRAM SUPPORT
PARIS-BOURBON COUNTY YMCA 917 MAIN STREET PARIS, KY 40361	61-0676727	501(C)(3)	150,000.	0.			YOUTH RECREATIONAL ACTIVITIES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II).							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROWLAND ARTS CENTER 17 SOUTH MAIN STREET WINCHESTER, KY 40391	81-5011439	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
SALVATION ARMY OF FRANKFORT 517 GREENUP AVE FRANKFORT, KY 40601	58-0660607	501(C)(3)	25,000.	0.			EMERGENCY SERVICES-BASIC SERVICES EMERGENCY SHELTER FOR HOMELESS WOMEN WHO ARE PREGNANT OR HAVE CHILDREN TO TRANSITION TO A STABLE HOME
SIMON HOUSE 231 EAST MAIN STREET FRANKFORT, KY 40601	61-1118813	501(C)(3)	20,500.	0.			EMERGENCY AND TRANSITIONAL HOUSING AND COUNSELING FOR VICTIMS OF DOMESTIC VIOLENCE AND
SUNSHINE CENTER 212 STEELE STREET FRANKFORT, KY 40601	11-3181597	501(C)(3)	16,000.	0.			AUDIOLOGY AND EARLY LEARNING
THE HEARING & SPEECH CENTER 350 HENRY CLAY BLVD LEXINGTON, KY 40502	61-0593951	501(C)(3)	30,000.	0.			PARENTING PROGRAM/DOMESTIC VIOLENCE/CRISIS CARE/CHILD CARE
THE NEST 530 N LIMESTONE ST LEXINGTON, KY 40508	31-0904247	501(C)(3)	11,000.	0.			EMERGENCY SERVICES-BASIC SERVICES
THE SALVATION ARMY 736 WEST MAIN STREET LEXINGTON, KY 40507	13-5562351	501(C)(3)	10,800.	0.			FLIP PROGRAM - KENTUCKY WORKFORCE ESSENTIALS SKILLS CERTIFICATE GED CLASSES
THORN HILL EDUCATION CENTER 700 LESLIE AVE FRANKFORT, KY 40601	61-1599003	501(C)(3)	15,000.	0.			AFFORDABLE HOUSING / YOUTH AND EDUCATIONAL SERVICES
URBAN LEAGUE OF LEXINGTON-FAYETTE COUNTY - 148 DEWESE STREET - LEXINGTON, KY 40507	61-6054655	501(C)(3)	97,000.	0.			

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VISUALLY IMPAIRED PRESCHOOL SERVICES - 1906 GOLDSMITH LN - LOUISVILLE, KY 40218	61-1061973	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
YMCA OF CENTRAL KENTUCKY 239 EAST HIGH STREET LEXINGTON, KY 40507	61-0444842	501(C)(3)	72,000.	0.			EARLY LEARNING READINESS/HEALTHY EATING & PHYSICAL ACTIVITY/SUMMER LEARNING

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

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

Part IV Supplemental Information

COMMITTEES ON AN ANNUAL BASIS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

BLUEGRASS COMMUNITY ACTION PARTNERSHIP

(H) PURPOSE OF GRANT OR ASSISTANCE: ADULT DAY PRGM/HEAD START/ ELDER

NUTRITION/FINANCIAL STABILITY/SENIOR COMPANIONS/SENIOR CENTERS

NAME OF ORGANIZATION OR GOVERNMENT: SIMON HOUSE

(H) PURPOSE OF GRANT OR ASSISTANCE: EMERGENCY SHELTER FOR HOMELESS WOMEN

WHO ARE PREGNANT OR HAVE CHILDREN TO TRANSITION TO A STABLE LIFESTYLE

NAME OF ORGANIZATION OR GOVERNMENT: SUNSHINE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: EMERGENCY AND TRANSITIONAL HOUSING

AND COUNSELING FOR VICTIMS OF DOMESTIC VIOLENCE AND ELDER ABUSE

NAME OF ORGANIZATION OR GOVERNMENT: YMCA OF CENTRAL KENTUCKY

(H) PURPOSE OF GRANT OR ASSISTANCE: EARLY LEARNING READINESS/HEALTHY

EATING & PHYSICAL ACTIVITY/SUMMER LEARNING CAMP/AFTERSCHOOL

LEARNING/BLACK ACHIEVERS

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF THE BLUEGRASS, INC.

Employer identification number

61-0444679

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)									
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in or receive payment from a supplemental nonqualified retirement plan?</p> <p>c Participate in or receive payment from an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	X								
	4b	X								
	4c	X								
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	5a	X								
	5b	X								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	6a	X								
	6b	X								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</p>	7	X								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	X								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(i) TIMOTHY JOHNSON PRESIDENT AND CEO	163,110.	5,000.	270.	10,635.	17,924.	196,939.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(iii)							
(iv)							
(v)							
(vi)							
(vii)							
(viii)							
(ix)							
(x)							
(xi)							
(xii)							
(xiii)							
(xiv)							
(xv)							
(xvi)							
(xvii)							
(xviii)							
(xix)							
(xx)							
(xxi)							
(xxii)							
(xxiii)							
(xxiv)							
(xxv)							
(xxvi)							
(xxvii)							
(xxviii)							
(xxix)							
(xxx)							

Part III Supplemental Information

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

Multiple horizontal lines for supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	138	15,098.	FMV
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	X	2	1,350.	COST
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (<u>PRINTING</u>)	X	1	6,000.	COST
26	Other (<u>BDS</u>)	X	1	3,000.	COST
27	Other (<u>SPEAKER CARDS</u>)	X	1	447.	COST
28	Other (<u>NORTH LIMESTONE</u>)	X	1	178.	COST
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement		29		0
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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?				Yes No 30a X
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?				Yes No 31 X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?				Yes No 32a X
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.				

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

Schedule M (Form 990) 2022

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.

PART I, OTHER TYPES OF PROPERTY:

GIFT CARD

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 75.

(D) METHOD OF DETERMINING REVENUE: COST

CLUBHOUSE PASSES

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 40.

(D) METHOD OF DETERMINING REVENUE: COST

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

UNITED WAY OF THE BLUEGRASS, INC.

Employer identification number

61-0444679

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

KENTUCKY FOR 100 YEARS. EACH DAY, WE FIGHT FOR THE BASIC NEEDS,
EDUCATION, AND FINANCIAL STABILITY OF EVERY PERSON IN THE TEN COUNTIES
WE REPRESENT.

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

PROGRAMS IMPLEMENTED BY 78 FUNDED AGENCY PARTNERS ACROSS THE TEN-COUNTY
SERVICE AREA.

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

UNDERSERVED FAMILIES AND CHILDREN. WE HAVE DEVELOPED SYSTEMS TO
EVALUATE THE QUALITY AND SUCCESS OF THE PROGRAMS AND PARTNERS THAT OUR
INVESTORS HELP FUND, SO THAT THEY CAN BE ASSURED THAT THEIR DOLLARS
WILL HAVE MAXIMUM IMPACT ON THEIR COMMUNITY. WE BELIEVE IN OUR PROGRAMS
AND PARTNERS: 25,124 CHILDREN SERVED BY UWBG LED OR FUNDED PROGRAMS.
56,664 ADULTS SERVED BY UWBG LED OR FUNDED PROGRAMS FOCUSING ON BASIC
NEEDS, CRITICAL ASSISTANCE, INDIVIDUAL AND FAMILY FINANCIAL STABILITY
INITIATIVES, FINANCIAL EDUCATION PROGRAMS, AND GENERAL FAMILY
ASSISTANCE. 2304 COMMUNITY MEMBERS WERE PROVIDED DIRECT SERVICE VIA
UWBG'S WAYPOINT CENTER INITIATIVE.

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

COMMUNITY RESOURCES. 28.16 PERCENT OF OUR CLIENTS WERE REFERRED TO
HOUSING RESOURCES, 41.05 PERCENT OF OUR CLIENTS WERE REFERRED FOR HELP
WITH UTILITIES, 14.58 PERCENT OF OUR CLIENTS WERE LINKED TO THEIR LOCAL
FOOD RESOURCES, 3.04 PERCENT OF OUR CLIENTS FOR CLOTHING, 1.26 PERCENT

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

Schedule O (Form 990) 2022

232211 10-28-22

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FOR TRANSPORTATION AND 1.85 PERCENT FOR HEALTHCARE (INCLUDING COVID 19 RESOURCES). THANKS TO THE EXPANSION OF UWBG'S 211 EFFORTS ACROSS THE COMMONWEALTH, 24,438 PEOPLE RECEIVED HELP THROUGH OUR CONTACT CENTER.

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

KENTUCKY AND PRIMARILY SERVES THE LEWIS COUNTY COMMUNITY. THE UNITED WAY OF THE BLUEGRASS SERVES AS THE VITA GRANT RECIPIENT AND FISCAL AGENT FOR VITA AND ITS THREE REGIONAL COALITIONS. THANKS TO THE WORK OF HUNDREDS OF VOLUNTEER TAX PREPARERS WITH OUR VITA PROGRAM, FAMILIES ARE ABLE TO SAVE THEIR MUCH-NEEDED MONEY WHILE STRENGTHENING OUR OVERALL ECONOMY. EACH YEAR, MILLIONS OF DOLLARS ARE LOST BY HARD-WORKING FAMILIES IN THE BLUEGRASS WHO DO NOT FILE FOR THEIR EARNED INCOME TAX CREDIT (EITC) DURING TAX TIME. THE IRS ESTIMATES THAT APPROXIMATELY 20 TO 25 PERCENT OF THOSE ELIGIBLE FOR THE CREDIT DO NOT CLAIM IT BECAUSE THEY DON'T KNOW THEY ARE ELIGIBLE FOR IT, THEY DON'T KNOW HOW TO CLAIM IT, OR THEY DON'T KNOW WHERE TO GO FOR ASSISTANCE. OUR GOAL IS TO MAKE HOUSEHOLDS ELIGIBLE AWARE OF THE CREDIT AND HELP THEM CLAIM IT WITHOUT HAVING TO PAY FOR TAX PREPARATION AND FILING SERVICES. THE FREE TAX PREPARATION PROVIDED BY VITA AND ITS VOLUNTEER TAX PREPARERS OFFERS IMMEDIATE SAVINGS TO THOUSANDS OF KENTUCKIANS EACH YEAR. OUR 24 VITA SITES ACROSS THE COMMONWEALTH OF KENTUCKY WERE ABLE TO FILE 4,200 RETURNS IN 2023. OUR VITA VOLUNTEERS DEDICATED OVER 6,200 HOURS OF RETURN PREPARATION ACROSS 73 COUNTIES THAT RESULTED IN 4200 RETURNS BEING COMPLETED. THE VALUE OF THOSE RETURNS WERE MORE THAN \$5.5 MILLION IN TAX REFUNDS WITH \$1.8 MILLION OF THAT BEING IN THE FORM OF THE EARNED INCOME TAX CREDIT.

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

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THE MISSION OF UWBG'S WAYPOINT CENTER INITIATIVE IS TO STRENGTHEN LOW TO MODERATE INCOME NEIGHBORHOODS BY FINANCIALLY EMPOWERING FAMILIES, ENSURING STUDENTS HAVE WHAT THEY NEED TO SUCCEED IN SCHOOL, ENSURING BASIC NEEDS ARE MET AND THAT FAMILIES HAVE WHAT THEY NEED TO GROW AND THRIVE. THIS IS ESPECIALLY CRITICAL DURING TIMES OF CRISIS. RECENT RESEARCH HAS CONFIRMED THAT THE COMMUNITIES HIT THE HARDEST AS A RESULT OF COVID-19 ARE UNDERSERVED, PREDOMINANTLY MINORITY AND LOW TO MODERATE-INCOME NEIGHBORHOODS. THE WAYPOINT CENTERS HELPS TO PROMOTE A GREATER LEVEL OF COMMUNITY RESILIENCY, THEREBY PREVENTING FUTURE CRISES AND DISASTERS FROM GENERATING DISPROPORTATELY NEGATIVE, INEQUITABLE OUTCOMES FOR THESE VULNERABLE RESIDENTS. THIS IS MADE POSSIBLE DUE TO THE ECOSYSTEM OF PARTNERS AND PROGRAMS WITHIN EACH CENTER, SPECIFICALLY TAILORED TO MEET EACH NEIGHBORHOOD'S MOST PRESSING NEEDS. UWBG CURRENTLY OPERATES THREE WAYPOINT CENTERS, TWO IN LEXINGTON (WEST END BLACK & WILLIAMS CENTER AND EAST END -CHARLES YOUNG CENTER) AND ONE IN PARIS (PARIS-BOURBON COUNTY YMCA.) THESE ARE THE MOST VUNLERABLE NEIGHBORHOODS IN EACH CITY. SINCE OPENING THE DOORS IN JULY OF 2021 THE CENTERS HAVE PROVIDED DIRECT SERVICES TO MORE THAN 3,096 CLIENTS WITH MORE THAN 25,400 INSTANCES OF SERVICE. A SUITE OF PROGRAMS AND SERVICES ARE PROVIDED COVERING BUT LIMITED TO: HOUSINSING ASSISTANCE, UTILITES ASSISTANCE, JOB/WORKFORCE TRAINING, FREE TAX PREPAERATION (INCLUDING EITC AND CHILD TAX CREDIT), FINIANCIAL EDUCATION, ACCESS TO FREE OR LOW-COST BANKING PRODUCTS, ASSISTANCE WITH SUBSTANCE ABUSE, HIV/HEPATITUS TESTING, PRE-K/EARLY LEARNER PROGRAMMING, AND PROVIDING FOR BASIC NEED E.G., FOOD, FURNITURE, CLOTHING. ADDITIONAL PROGRAMMING HAS FOCUSED ON HEALTHY LIVING/IMPROVED HEALTH OUTCOMES FOR SENIORS AS WELL AS SMOKING/VAPING CESSATION FOR ELEMENTARY, MIDDLE, AND HIGH SCHOOL STUDENTS.

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EXPENSES \$ 163,120. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 1A:

THE CORPORATION SHALL HAVE AN EXECUTIVE/GOVERNANCE COMMITTEE CONSISTING OF THE CHAIR OF THE BOARD, THE CHAIR ELECT OF THE BOARD, THE MOST IMMEDIATE PAST CHAIR, AND THE TREASURE OF THE CORPORATION. THE SECRETARY OF THE CORPORATION SHALL SERVE AS THE SECRETARY TO THE EXECUTIVE/GOVERNANCE COMMITTEE IN A NON-VOTING CAPACITY. WHEN THE BOARD IS NOT IN SESSION, THE EXECUTIVE/GOVERNANCE COMMITTEE SHALL HAVE AND MAY EXERCISE ALL OF THE AUTHORITY OF THE BOARD, UNLESS OTHERWISE SPECIFIED IN THE RESOLUTION APPOINTING THE EXECUTIVE/GOVERNANCE COMMITTEE. NEITHER THE EXECUTIVE/GOVERNANCE COMMITTEE, NOR ANY OTHER COMMITTEE CREATED BY THE BOARD, SHALL HAVE THE AUTHORITY TO: (A) AMEND, ALTER, OR REPEAL THESE BYLAWS, (B) APPOINT OR REMOVE ANY DIRECTOR OR OFFICER OF THE CORPORATION, (C) AMEND OR RESTATE THE ARTICLES, (D) ADOPT A PLAN OF MERGER OR CONSOLIDATION WITH ANOTHER CORPORATION, (E) AUTHORIZE THE SALE, LEASE, EXCHANGE, OR MORTGAGE OF ALL, OR SUBSTANTIALLY ALL, OF THE PROPERTY AND ASSETS OF THE CORPORATION, (F) AUTHORIZE THE VOLUNTARY DISSOLUTION OF THE CORPORATION OR ADOPT A PLAN FOR THE DISTRIBUTION OF THE ASSETS OF THE CORPORATION, OR (G) AMEND, ALTER, OR REPEAL ANY RESOLUTION OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 11B:

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, SECTION B, LINE 12C:

THE CODE OF ETHICS AND CONFLICTS OF INTEREST AGREEMENT IS ISSUED, REVIEWED

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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, SECTION B, LINE 15A:

THE DETERMINATION OF THE PRESIDENT'S COMPENSATION WAS RESEARCHED, NEGOTIATED, AND PROPOSED BY AN INDEPENDENT SEARCH FIRM (KITTLEMAN & ASSOCIATES). ANNUAL COMPENSATION (AND BONUS, IF APPLICABLE) IS MANAGED BY THE BOARD OF DIRECTORS. REVIEW OF PRESIDENT JOHNSON'S COMPENSATION WAS LAST COMPLETED IN SEPTEMBER OF 2021.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. AUDITED FINANCIAL STATEMENTS AND THE 990'S ARE ALSO AVAILABLE ON THE UWBG WEBSITE.

FORM 990, PART XII, LINE 2C:

THIS PROCESS HAS NOT CHANGED FROM PRIOR YEARS.

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

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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/e-file-providers/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	Name of exempt organization or other filer, see instructions. UNITED WAY OF THE BLUEGRASS, INC.	Taxpayer identification number (TIN) 61-0444679
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 651 PERIMETER DRIVE, SUITE 510	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LEXINGTON, KY 40517	

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 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
Form 990-T (corporation)	07		

MS. KATHY GOSNELL

• The books are in the care of ▶ **651 PERIMETER DRIVE SUITE 510 - LEXINGTON, KY 40517**

Telephone No. ▶ **(859) 233-4460** 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 TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2024**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**.

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-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
3b 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	\$	0.
3c 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	\$	0.

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