Return of Organization Exempt From Income Tax

(Rev. January 2020) Department of the Treasury Internal Revenue Service

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.

Open to Public

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

Inspection

OMB No. 1545-0047

A F	or the	2019 calendar year, or tax year beginning JUL 1, 2019 and	ending J	UN 30 <u>, 2020</u>	
В	Check if applicabl	C Name of organization		D Employer identific	cation number
	Addre.				
	Name chang	Doing business as		61-05905	64
	Initial return Final return	Number and street (or P.O. box if mail is not delivered to street address) 1110 COLLEGE STREET	Room/suite	E Telephone number 270-843-3	
	termin ated			G Gross receipts \$	3,280,738.
	Ameno			H(a) Is this a group re	
	Applic			for subordinates	
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	
1 1	Fax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) €	or 527	If "No," attach a	list. (see instructions)
		e:▶ WWW.UWSK.ORG		H(c) Group exemptio	·
K F	orm of	organization: X Corporation Trust Association Other	L Year		State of legal domicile; KY
	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: $f TO$ $f BI$	E THE	LEADER IN BE	RINGING
Activities & Governance	Ì	TOGETHER THE RESOURCES TO BUILD A STRONGE	R, MOF	E CARING CO	MMUNITY.
na L	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	sets.
Ž.	3	Number of voting members of the governing body (Part VI, line 1a)		3	27
ŏ	4	Number of independent voting members of the governing body (Part VI, line 1b)			27
8	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			22
ıitie.	6	Total number of volunteers (estimate if necessary)			1224
:£	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, line 39		1 1	0.
				Prior Year	Current Year
ø	8	Contributions and grants (Part VIII, line 1h)		2,300,325.	2,476,095.
Revenue	9	Program service revenue (Part VIII, line 2g)	.,.,,.	68,951.	440,224.
ě	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		96,682.	88,738.
III.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		133,242.	24,730.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,599,200.	3,029,787.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,149,233.	1,067,485.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
9	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		547,504.	608,038.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.1	0.
xbe	b	Total fundraising expenses (Part IX, column (D), line 25)			
Ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		419,296.	449,652.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,116,033.	2,125,175.
	19	Revenue less expenses. Subtract line 18 from line 12		483,167.	904,612.
S OF			Ве	ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		3,794,310.	4,388,312.
et A	21	Total liabilities (Part X, line 26)		1,301,942.	1,168,868.
	22 irt 11	Net assets or fund balances. Subtract line 21 from line 20		2,492,368.	3,219,444.
Ļ. <u></u>		<u> </u>		ate and to the best of an	in a si failed boo and halist it in
		ties of perjury, I declare that I have examined this return, including accompanying schedules t, and complete. Declaration of preparer (other thany officer) is based on all information of wh			knowledge and belief, it is
11 416,	COLLEC	Mind complete. Deglar augm of preparer (offine) triangulater) is based on all information of war	iloti bi sharsi		2/12/02/
Sigr	,	Signature of officer			2/ (22) <u>12</u> /
Her		DEBBIE HILLS, PRESIDENT			
·ici	٠	Type or print name and title			
				Date Check C	PTIN
Paid		Print/Type preparer's name MILLS L. WHITE, JR. MILLS L. WHITE,	YTR n	2/27/21 self-employ	
Ртер	l l	Firm's name CARR, RIGGS & INGRAM	<u> </u>		72-1396621
Use		Firm's address 922 STATE STREET, SUITE 100		I HIII S LIIV	,
		BOWLING GREEN, KY 42101		Phone no 27	0.782.0700
May	the IE	S discuss this return with the preparer shown above? (see instructions)		Triving no. 2 7	X Voc Ala

	1990 (2019) UNITED WAI OF SOUTHERN RENTOCKY, INC. 61-0590564 Page 2
Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO BE THE LEADER IN BRINGING TOGETHER THE RESOURCES TO BUILD A
	STRONGER, MORE CARING COMMUNITY.
	DISTORDER / ISOTA CIRCLES CONTROLLES
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
	If "Yes," describe these changes on Schedule O.
4	-
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 \$ 932,055. including grents of \$ 861,768.) (Revenue \$)
	FUND DISTRIBUTION:
	UNITED WAY OF SOUTHERN KENTUCKY'S FUND DISTRIBUTION PROCESS ALLOCATED
	\$941,309 TO PROGRAMS SERVING THE 10-COUNTY SERVICE AREA. FUNDING WAS
	AWARDED TO MORE THAN 56 PROGRAMS IMPACTING UNITED WAY OF SOUTHERN
	KENTUCKY'S SEVEN PRIORITY FOCUS AREAS OF EDUCATION: KINDERGARTEN
	READINESS, COLLEGE & CAREER READINESS; INCOME: WORKFORCE DEVELOPMENT;
	HEALTH: ACCESS TO AFFORDABLE HEALTH CARE, SAFE HOME & COMMUNITY; SAFETY
	NET: ACCESS TO BASIC NEEDS AND TRANSPORTATION. THIS VOLUNTEER-DRIVEN
	PROCESS CONCENTRATES ON A PROGRAM'S ABILITY TO ADDRESS THE ROOT CAUSE
	OF ISSUES RATHER THAN TREATING THE SYMPTOMS. IN ADDITION TO THE FUND
	DISTRIBUTION PROGRAM, A HALLMARK OF UNITED WAY, AN ADDITIONAL \$79,541
	IN DONOR DIRECTED CONTRIBUTIONS WERE PROCESSED AND DISTRIBUTED.
4b	(Code:) (Expenses \$ 204,531. including grants of \$) (Revenue \$)
	SOUTHERN KENTUCKY 2-1-1
	IN JULY 2020 SOUTHERN KENTUCKY 2-1-1 COMPLETED ITS FOURTH YEAR OF
	INFORMATION AND REFERRAL SERVICES TO THE RESIDENTS OF THE ALLEN,
	BARREN, BUTLER, EDMONSON, HART, LOGAN, METCALFE, MONROE, SIMPSON AND
	WARREN COUNTIES. IN YEAR FOUR, SOUTHERN KENTUCKY 2-1-1 PROVIDED MORE
	
	THAN 7,000 CALLERS WITH INFORMATION ABOUT UTILITY ASSISTANCE, FOOD
	PANTRIES, RENT ASSISTANCE, EMERGENCY SHELTER, CHILD CARE, EMPLOYMENT,
	TRANSPORTATION, AND CLOTHING, AND MORE. CALLS ARE ANSWERED 24/7/365
	AND OUR ONLINE PUBLIC SEARCH ABOUT AVAILABLE SERVICES CAN BE ACCESSED
	THROUGH WWW.211CENTER.COM. THE OPENING OF SOUTHERN KENTUCKY 2-1-1 IN
	JULY 2016 MADE INFORMATION ABOUT COMMUNITY SERVICES AVAILABLE TO MORE
	THAN 60% OF KENTUCKIANS. SINCE THEN A TOTAL OF 26,700 CALLS HAVE COME
40	100.000
4c	
	KINDERGARTEN READINESS:
	IN ORDER TO ENSURE CHILDREN HAVE THE SKILLS NEEDED TO ENTER
	KINDERGARTEN READY TO LEARN, UNITED WAY CONTINUED THE KINDERGARTEN
	READINESS CAMPAIGN THAT STARTED IN 2016/17 TO HELP EDUCATE PARENTS
	ABOUT HOW TO BETTER PREPARE THEIR CHILDREN FOR DAY ONE OF KINDERGARTEN.
	AS PART OF THIS EFFORT, UNITED WAY ENCOURAGES PARENTS TO READ, PLAY,
	COUNT, AND LOG OFF WITH THEIR CHILDREN. PARENTS CAN LOG ONTO THE UNITED
	WAY MICROSITE MYCHILDISREADY.COM TO FIND INFORMATION TO DETERMINE IF
	THEIR CHILD IS KINDERGARTEN READY AND IF NOT, HOW THEY CAN ADAPT
	EVERYDAY ACTIVITIES TO INCREASE THE LEVEL OF THEIR CHILD'S READINESS.
	ANOTHER CRITICAL COMPONENT IN UNITED WAY'S WORK IN EARLY CHILDHOOD
	EDUCATION IS THE EXPANSION OF AN ADDITIONAL BORN LEARNING TRAIL, AND
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 298,709. including grants of \$ 205,717.) (Revenue \$ 48,323.)
4e	Total program service expenses ► 1,628,895.
	Form 990 (2019)
	Form 990 (2019)

932002 01-20-20

-	· · · · · · · · · · · · · · · · · · ·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	Γ		
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		:	
	Schedule D, Part III	8_		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?		1	
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			.
	as applicable.]
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			••
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>x</u>
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			7.7
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
128	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	x	
.	Schedule D, Parts XI and XII	12a		
n	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		Х
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Cid the assessment of the first of the control of t	14a		X
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	''''		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	1	Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I	17		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? If "Yes," complete Schedule G, Part II	18	_X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes,"		Ī	
	complete Schedule G, Part III	19		<u> </u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

Pa	rt IV Checklist of Required Schedules (continued)	304		age ¬
L			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		 	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	İ	1	
	Schedule J	23		x
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	7		
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current		 	
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,		<u> </u>	
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			1
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			┼──
_	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? #	200		
•	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			 -
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		 	
~~	•	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	30		
••	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1000		
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	300		
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1	\vdash	
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		 ^
00	Note: All Form 990 filers are required to complete Schedule O	38	x	
Pai	tV Statements Regarding Other IRS Filings and Tax Compliance	1 30		<u>. </u>
	Check if Schedule O contains a response or note to any line in this Part V			F
			Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	, [168	140
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 15 0 15 0 15 0 15 0 15 0 15 0 15 0 15	-	1	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1	1	
•	(gambling) winnings to prize winners?	1c	\vdash	
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		1.01111		15 U 15

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			ago -
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	Γ		1
	filed for the calendar year ending with or within the year covered by this return 22 22	1		İ
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		х
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country	1.01		·· ···
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<u> </u>	x
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	·····	
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
-		 6a		х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	 	 	
		6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	00	 -	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
a		7b	 -	
	It "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	76	<u> </u>	
C		7.0		x
	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c	 	
a	•	7e	├──	
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	 -	
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		 	
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
8 8		711	 	
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		\vdash
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	l °	-	
-	Pittle	9a		_
a		9b		
40	Section 501(c)(7) organizations. Enter:	30	\vdash	
10	, , , , , , , , , , , , , , , , , , ,			
		1]	
. b		1		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		\vdash
		124		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		
13	• • • • • • • • • • • • • • • • • • • •	13a	 	
а	Is the organization licensed to issue qualified health plans in more than one state?	138		
_	Note: See the instructions for additional information the organization must report on Schedule O.			
D	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			l
_		1		1
	Enter the amount of reserves on hand	14-	\vdash	Х
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		 -
	· · · · · · · · · · · · · · · · · · ·	14b	 	\vdash
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?	15	 	X
10	If "Yes," see instructions and file Form 4720, Schedule N.	1	 	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	\vdash	
	n rea, complete i OHII 47 ZV, OCHEURIE V.	1	, '	•

Form **990** (2019)

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	<u> </u>	··	X
Sec	tion A. Governing Body and Management			
	1 1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	4 1		·
	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 0.	_		
b	Enter the number of voting members included on line 1a, above, who are independent	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	_2_	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?	3		<u> X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	_5_	<u> </u>	<u>X</u>
6	Did the organization have members or stockholders?	6		<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		_X_
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7Ь		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	<u> </u>	7.7	
а	The governing body?	_8a_	_ <u>X</u> _	-
þ	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			37
<u> </u>	organization's mailing address? <i>If</i> "Yes." <i>provide the names and addresses on Schedule O</i>	9	L	Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	NI-
	Diddle and a lead on the state of the state	40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b		
114	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	114	**	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	,20		
·	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent	1		1
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
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	<u> </u>		
	exempt status with respect to such arrangements?	16b	<u> </u>	<u> </u>
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► XY , TN			
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)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	d finan	cial	
	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 THE OPCINITATION - 270 - 943 - 3205			
	THE ORGANIZATION - 270-843-3205 1110 COLLEGE STREET BOWLING GREEN KY 42102			

Form **990** (2019)

COMMITTED AT THE OF

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average hours per week	offi	not d , unte:	ss pa	more rson i	than of is both or/trus	ап	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Ollicer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DONNA HARMON	1.00								_	_
DIRECTOR	1 00	X	⊢			1		0.	0.	.0.
(2) TOMMY ADAMS	1.00	١.,		**					_	^
IMMEDIATE PAST CHAIRMAN	1 00	X	 	X	├—	-	_	0.	0.	0.
(3) STEVE THURMOND DIRECTOR	1.00	x						0.	0.	0.
(4) ROB CLAYTON	1.00									
DIRECTOR		x						0.	0.	0.
(5) GARY FIELDS	1.00		├		<u> </u>	 		1		
DIRECTOR		x					ĺ	0.	0.	0.
(6) STACEY HUGHES	1.00	<u> </u>								
CHAIRMAN		x		X				0.	0.	0.
(7) TODD KANIPE	1.00									
DIRECTOR		X	<u> </u>	<u> </u>	<u></u>			0.	0.	0.
(8) MILLI MCINTOSH	1.00									
DIRECTOR		X	L				L_	0.	0.	0.
(9) KIM NEWTON	1.00									
DIRECTOR		X				<u> </u>		0.	0.	0.
(10) STEVE PANKEY	1.00							_		_
TREASURER		X	<u> </u>	X	ļ	↓_	<u> </u>	0.	0.	0.
(11) TAD PARDUE	1.00									_
DIRECTOR		X	<u> </u>		<u> </u>	<u> </u>		0.	0.	0.
(12) ANN PUCKETT	1.00					1	1		_	_
DIRECTOR		X	ļ	ļ	<u> </u>	 	ļ.,_	0.	0.	0.
(13) HEATHER ROGERS	1.00	١.,		1					_	
DIRECTOR	1 00	X	\vdash	<u> </u>	 			0.	0.	0.
(14) STEVE SINCLAIR	1.00	x						0.	٥.	^
DIRECTOR (15) TODD STEWART	1 00	╇	\vdash	-	-	-	\vdash	· · · · · · · · · · · · · · · · · · ·	<u>V•</u>	0.
DIRECTOR	1.00	x						0.	0.	0.
(16) TAMARA VOGLER	1.00	╬	+	\vdash	+-	+	\vdash	0.	· · · · · ·	
DIRECTOR	1.00	X		1		1		0.	0.	0.
(17) DARREN WOODRUFF	1.00	 **	\vdash	 	+	-	\vdash	ļ	-	
DIRECTOR	1.00	x						0.	0.	0.
932007 01-20-20		,		L	1	1	1	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	Form 990 (2019)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	. Hig	ghes	st C	ompensated Employee	s (continued)			
(A)	(8)			(0	C)			(D)	(E)		(F)	
Name and title	Average	(45			ition			Reportable	Reportable	E	stimate	ed
	hours per	box	not ci , unles	s per	rsan i	s both	na n	compensation	compensation	a	mount	of
	week		Der an	dad	irecto	r/trus	tee)	from	from related		other	
	(list any	director						the	organizations	1	npensa	
	hours for related	ig is	8:			ated		organization	(W-2/1099-MISC)	1	from th	
	organizations	ustee	trust		يه ا	pens		(W-2/1099-MISC)			ganizat	
	below		ita na		aloy(t cent	L			i	nd relat janizati	
	line)	Individual Irustee or	lesfitutional i	Officer	Ma fa	Highest compensated employee	Former			1 018	jai iizati	0113
(18) ANDREW BEDI	1.00	 -		·- - -	<u>×</u>					1		•
DIRECTOR	· ·	x	Ιİ					0.	0.			0.
(19) TOM FLYNN	1.00	Τ		_						1		
DIRECTOR		x						0.	0.			0.
(20) ROB LANGILLE	1.00									T		
DIRECTOR		x						0.	0.			0.
(21) ZACH MASSEY	1.00											
DIRECTOR		x						0.	0.	<u>.L_</u>		٥.
(22) ROBERT BOONE	1.00									-		
DIRECTOR		Х			L.,			0.	0.			0.
(23) MELISSA CONLEY	1.00				Γ.							
DIRECTOR		X						0.	0.		_	0.
(24) DAVE FORNEY	1.00											
DIRECTOR		X			<u>L</u> .			0.	0.	.		0.
(25) LINDSEY SANSON	1.00]										
DIRECTOR		X						0.	0.	ـــــــــــــــــــــــــــــــــــ		0.
(26) ANDREA SHANNON	1.00											
DIRECTOR		X						0.	0.	_		0.
1b Subtotal							▶	0.	0.			<u>0.</u>
c Total from continuation sheets to Part VII							ightharpoons	103,278.	0.		8,7	
d Total (add lines 1b and 1c)								103,278.	0.	<u> </u>	8,7	<u>45.</u>
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			4
compensation from the organization											Iv	<u> </u>
											Yes	No
3 Did the organization list any former officer,			-	•	*	•	_	• •	oyee on	<u> </u>	-	Х
line 1a? If "Yes," complete Schedule J for st										3		<u> </u>
4 For any individual listed on line 1a, is the su										-	-	X
and related organizations greater than \$150										4	 -	
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com	-				_		3Ia!	ed organization or individ	lual for services	5		Х
Section B. Independent Contractors	blete Scheaul	eur	or su	CO I	pers	on .		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		1 3		- 21
Complete this table for your five highest cor	mnensated inc	tene	nder	nt cc	ntra	acto	re th	nat received more than \$	100 000 of compens	ation f	rom	
the organization. Report compensation for t		-								ationi		
(A)	are saleridar y	<u> </u>	/ (GI	<u>y</u>	1611	JI 147		(B)			(C)	
Name and business	address	N	ONE	2				Description of s	ervices		ensatio	n
·	<u> </u>											
2 Total number of independent contractors (in		ot lir	nited	l to	_		ted	above) who received mo	ore than			
\$100,000 of compensation from the organiz	ation 🕨				-{	,						

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2019)

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orm 990	UNITED V	WAY OF SO	נעכ	HE	RN	! K	EN	TŲ	CKY, INC.	61-059	0564
orm 990 Part VII Section A. (A	Officers, Directors, T	rustees, Key E	mple	yee	s, a	nd I	ligh	est (Compensated Employ	ees (continued)	
(A Name a	i) nd title	Average hours	1	heck	Pos	ition	ì		Reportable compensation	Reportable compensation	(F) Estimated amount of
		per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W·2/1099·MISC)	other compensatio from the organization and related organizations
27) JON THOMASON IRECTOR		1.00	x						0.	0.	0
28) DEBBIE HILLS		40.00	<u> </u>	ļ	١	ļ	 -		· · · · · · · · · · · · · · · · · · ·		
RESIDENT/CEO			1_	ļ	X			ļ	103,278.	0.	8,745
			┨								
											
			一								
			1								
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			-								
			-		 		<u> </u>				
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			\vdash	\vdash							
			_	<u>L</u>							
otal to Part VII, Section A	A. line 1c								103,278.		8,745

			Check if Schedule O contains a response	or note to say lin	a in this Part VIII			_ 1
			Oneck is defledule of contains a reapplinger	or note to any in	(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 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	b c d e	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f 2, Noncash contributions included In lines 1a-1f 1g \$	1,878. 45,869. 428,348.				
<u>0</u> 8	!	<u>h</u>	Total. Add lines 1a-1f		2,476,095.			
				Business Code		250 242		·
8	2 a		EARLY CHILDHOOD EDUCAT	624100	259,349.	259,349.		
ž v	ŧ	b	SOUTHERN KENTUCKY 2-1-	624100	180,875.	180,875.		
Š	•	C						
ran	•	d					ļ	<u> </u>
Program Service Revenue	•	e						
ъ.			All other program service revenue		440 004			
$\overline{}$		9.	Total. Add lines 2a-2f		440,224.			<u> </u>
	3		Investment income (including dividends, interest other similar amounts) Income from investment of tax-exempt bond processes to the content of tax-exempt and processes the content of tax-exempt and processe		57,302.			57,302.
	5		Royalties					
		b	Gross rents 6a Less: rental expenses 6b	(ii) Personal				
			Rental income or (loss) 6c		<u> </u>			
			Net rental income or (loss)					
	7 6	а	Gross amount from sales of (i) Securities	(ii) Other				İ
			assets other than inventory 7a 278, 187.]	
Revenue			Less: cost or other basis and sales expenses 76 246,751. Gain or (loss) 7c 31,436.					
Be		ď	Net gain or (loss)		31,436.	31,436.		<u></u>
Other			Gross income from fundraising events (not including \$ 45,869. of contributions reported on line 1c). See Part IV, line 18 8a Less: direct expenses 8b	12,043.				
			Net income or (loss) from fundraising events	•	7,843.			7,843.
			Gross income from gaming activities. See		,		1	
	- •		Part IV, line 19					
	t	ь	Less: direct expenses 9b		1			[
			Net income or (loss) from gaming activities					
			Gross sales of inventory, less returns					
ļ		_	and allowances 10a					
			Less: cost of goods sold 10b	<u> </u>			 	
	5	<u></u>	Net income or (loss) from sales of inventory	Business Code		<u> </u>		l
83	44 -	_	IN-KIND	624100	13,588.	13,588.		<u> </u>
9 <u>a</u>	112		REIMBURSEMENT OF EXPEN	624100	3,299.	3,299.	 	
ila Ken			THE THE TOTAL STREET	024100	3,233.	3,433.	 	
Miscellaneous Revenue		4	All other revenue					
Ξ			Total. Add lines 11a-11d		16,887.	<u> </u>	 	
	12		Total revenue. See instructions		3,029,787.	488,547.	0.	65,145.

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All other	r organizations must com	nplete column (A).	
	Check if Schedule O contains a respon				2751
	not include amounts reported on lines 6b, Bb, 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	1,067,485.	1,067,485.		
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			<u> </u>	.
5	Compensation of current officers, directors,			İ	
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	400 010	210 200	157,419.	104,001.
7	Other salaries and wages	480,818.	219,398.	101,413.	104,001.
8	Pension plan accruals and contributions (include			ļ	
_	section 401(k) and 403(b) employer contributions)	127,220.	58,050.	41,652.	27,518.
9	Other employee benefits	141,440.	30,050.	41,002.	21,310.
10	Payroll taxes				
11	Fees for services (nonemployees):				
a	Management			· · · -	
b	Legal	18,163.		18,163.	
0	Accounting				
d	Lobbying Professional fundraising services. See Part IV, line 17				
e f	Investment management fees			<u> </u>	
q	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch 0.)	45,005.	40,809.		4,196.
12	Advertising and promotion	114,067.	59,204.	36,394.	4,196. 18,469.
13	Office expenses	•			
14	Information technology			<u> </u>	
15	Royalties				
16	Occupancy				
17	Travel	6,177.	1,537.	901.	3,739.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	982.	423.		559.
20	Interest				
21	Payments to affiliates	30,512.	2,827.	26,345.	1,340.
22	Depreciation, depletion, and amortization	13,602.	6,206.	4,454.	2,942.
23	Insurance	10,745.	5,472.	3,176.	2,097.
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 0.)	100		3 160	2 004
а		138,387.	133,124.	3,169.	2,094.
b	REPAIRS & MAINTENANCE	33,422.	15,545.	10,766.	7,111.
C	UTILITIES	24,363.	13,963.	5,960.	4,440.
d	MISCELLANEOUS	11,753.	3,201.	7,300. 496.	1,252.
	All other expenses	2,474.	1,651.	316,195.	180,085.
25	Total functional expenses. Add lines 1 through 24e	2,125,175.	1,628,895.	310,133.	100,000.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

14E00000 004000 00 00000 000

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	note to any li	ine in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			100.	1	100.
	2	Savings and temporary cash investments			616,055.	2	782,799.
	3	Pledges and grants receivable, net		i-	962,178.	3	1,087,491.
	4	Accounts receivable, net			5,929.	4	0.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sui					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disgu					
		under section 4958(f)(1)), and persons describ		6			
un.	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
Ass	9	Prepaid expenses and deferred charges			19,469.	9	18,345.
		Land, buildings, and equipment: cost or other					
	""	basis. Complete Part VI of Schedule D		493,768.			
	h	Less: accumulated depreciation	10b	303,513.	186,389.	10c	_ 190,255.
	11	Investments - publicly traded securities	1,977,254.	11	2,220,352.		
	12	Investments - other securities. See Part IV, lin	26,936.	12	88,970.		
	13	Investments - program-related. See Part IV, lin			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		15	· · · · · · · · · · · · · · · · · · ·		
	16	Total assets. Add lines 1 through 15 (must e			3,794,310.	16	4,388,312.
	17	Accounts payable and accrued expenses			53,379.	17	71,854.
	18	Grants payable	1,248,563.	18	970,693.		
	19	Deferred revenue		19	15,750.		
	20	Tax-exempt bond liabilities			20	,	
	21	Escrow or custodial account liability. Comple			···	21	
	22	Loans and other payables to any current or for					
ties		trustee, key employee, creator or founder, su		1			
Liabilities		controlled entity or family member of any of t		<u> </u>		22	
==	23	Secured mortgages and notes payable to uni				23	4-4
	24	Unsecured notes and loans payable to unrela		r		24	
	25	Other liabilities (including federal income tax,					
	20	parties, and other liabilities not included on lin	-	4			
			•		0.	25	110,571.
	26	Total liabilities, Add lines 17 through 25	••••••••		1,301,942.	26	1,168,868.
	20	Organizations that follow FASB ASC 958, o	heck here	► X			
ES)		and complete lines 27, 28, 32, and 33.	JACON HOTO				
Ē	27			1,858,430.	27	2,050,376.	
3ala	28		633,938.	28	1,169,068.		
ā	20	Organizations that do not follow FASB ASC		k here			
5	[and complete lines 29 through 33.					
ò	29	Capital stock or trust principal, or current fun	de			29	
ets	30	Paid-in or capital surplus, or land, building, or		r		30	
455	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			2,492,368.	32	3,219,444.
Z	33	Total liabilities and net assets/fund balances			3,794,310.	33	4,388,312.

Form **990** (2019)

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	990 (2019) UNITED WAY OF SOUTHERN KENTUCKY, INC.	61-	05905	64	Dan	_{ie} 12
	990 (2019) UNITED WAY OF SOUTHERN KENTUCKY, INC. † XI Reconciliation of Net Assets		0000	<u> </u>	Fac	(e
-	Check if Schedule O contains a response or note to any line in this Part XI					X
	Check it ochequie o contains a response of note to any line in this har Ar			<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,	029	.78	87.
2	Total expenses (must equal Part IX, column (A), line 25)	2		125		
3	Revenue less expenses. Subtract line 2 from line 1	3		904		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		492		
5	Net unrealized gains (losses) on investments	5		-29		
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	_	148	, 5(00.
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,	219	,44	44.
Pai	t XIII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>		
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.				
2a	and the second s			2a		Х
	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:		ŀ			
	Separate basis Consolidated basis Both consolidated and separate basis		L			
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	1			
	consolidated basis, or both:		1		ŀ	
	Separate basis Consolidated basis Both consolidated and separate basis		L			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			+	
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.	L			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audi	ít			

Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Form 990 (2019)

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

932012 01-20-20

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

lan	e of t	he organization					1		identification number
		UNIT	ED WAY OF	SOUTHERN KEN	TUCKY,	INC.			1-0590564
Pa	rtI	Reason for Public C	Charity Status(All organizations must c	omplete th	is part.) Se	e instructions.		
he	organi	ization is not a private founda	ation because it is: (For lines 1 through 12, o	heck only	one box.)			
1		A church, convention of chu	urches, or associatio	on of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2		A school described in secti	ion 170(b)(1)(A)(ii).	(Attach Schedule E (Forr	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	anization described in s	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organiza	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owner	d or operate	ed by a go	vernmental un	it describe	ed in
		section 170(b)(1)(A)(iv). (C							
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that normal	-			,		e general r	public described in
		section 170(b)(1)(A)(vi). (Co			ŭ				
8		A community trust describe	•	(1)(A)(vi), (Complete Par	1 II.)				
9		An agricultural research org				ed in conju	inction with a l	and-grant	college
		or university or a non-land-g							
		university:	, ,	,			•		
10		An organization that normal	Ilv receives: (1) more	than 33 1/3% of its sup	port from c	ontributio	ns, membersh	ip fees, an	d gross receipts from
		activities related to its exem		·	-			-	= :
		income and unrelated busin							
		See section 509(a)(2). (Cor		,		•	, ,		
11		An organization organized a	•	ively to test for public sa	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform t	he function	ns of, or to car	ry out the	purposes of one or
		more publicly supported org	ganizations describe	ed in section 509(a)(1)	or section :	509(a)(2)	See section 5	09(a)(3). (Check the box in
		lines 12a through 12d that of							
а		Type I. A supporting orga	inization operated, s	supervised, or controlled	by its supp	orted org	anization(s), ty	pically by	giving
		the supported organizatio	n(s) the power to re	gularly appoint or elect a	a majority o	of the direc	tors or trustee	s of the su	pporting
		organization. You must c	• • • • • • • • • • • • • • • • • • • •		, ,				
b		Type II. A supporting orga	anization supervised	d or controlled in connec	tion with its	s supporte	d organization	(s), by hav	ing
		control or management of							
		organization(s). You mus	t complete Part IV,	Sections A and C.					
c		Type III functionally inter	grated. A supportin	g organization operated	in connect	tion with, a	and functionall	y integrate	d with,
		its supported organization	n(s) (see instructions). You must complete	Part IV, Se	ctions A,	D, and E.		
ď		Type III non-functionally	integrated. A supp	oorting organization ope	rated in cor	nnection w	ith its support	ed organiz	zation(s)
		that is not functionally into	egrated. The organiz	zation generally must sa	tisfy a distr	ibution rec	uirement and	an attentiv	/eness
		requirement (see instructi	ons). You must cor	mplete Part IV, Section	s A and D,	and Part	٧.		
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II	, Type III	
		functionally integrated, or	Type III non-functio	nally integrated support	ing organiz	ation.			
f	Ente	r the number of supported o	organizations				.,		
g		ide the following information					,		
	(i	Name of supported	(ii) ÉIN	(iii) Type of organization (described on lines 1-10	in your govern	anization listed ing document?	(v) Amount of	_	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
					ļ				
					1				

Schedule A (Form 990 or 990-EZ) 2019 UNITED WAY OF SOUTHERN KENTUCKY, INC. 61-0590564 Page 2

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.)

Sec	ction A. Public Support		-						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
	Gifts, grants, contributions, and			1					
	membership fees received. (Do not				·		:		
	include any "unusual grants.")	2014511.	2101488.	2081979.	2121784.	2430226.	10749988.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities			<u> </u>					
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	2014511.	2101488.	2081979.	2121784.	2430226.	10749988.		
	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)						l		
6	Public support. Subtract line 5 from line 4.						10749988.		
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
7	Amounts from line 4	2014511.	2101488.	2081979.	2121784.	2430226.	10749988.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	133,980.	43,918.	89,760.	96,682.	88,738.	453,078.		
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.)								
11	Total support. Add lines 7 through 10						11203066.		
	Gross receipts from related activities,	•				12			
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)	. 🗀		
200	organization, check this box and store ction C. Computation of Publication						<u></u>		
			_				95.96 %		
	Public support percentage for 2019 (li		•			14	25.50		
	Public support percentage from 2018					15			
юа	6a 33 1/3% support test - 2019. 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 X b 20 4 /2% support test. 2010. If the averagination did not should a key as line 15 in 22 1 /2% as many about this how								
U	b 33 1/3% support test ~ 2018. 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								
170	and stop here. The organization qualifies as a publicly supported organization 'a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,								
114	and if the organization meets the "fac								
	meets the "facts-and-circumstances"		•	•	•	-			
h	10% -facts-and-circumstances test	_			-				
	more, and if the organization meets th	_							
	organization meets the "facts-and-circ						▶□		
18	Private foundation. If the organization								
·	Augustus III II II II II II II II II II II II I	Die net oneen a	,, -,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1 - 100 ALC A 100 A 00 V G	000			

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

Sec	quality under the tests listed be ction A. Public Support	iow, piease comp	piere Part II.)				···
_	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	(4) 2010	(6) 2010	10/2017	(4) 2010	10,20.0	- (i) rotal
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,					 	
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose	·					
9	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513		 		 		
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf			ļ			
5	The value of services or facilities						
	furnished by a governmental unit to			1			
	the organization without charge						
6	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons				<u></u>		
b	Amounts included on lines 2 and 3 received				T		
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year					1	
	: Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)		<u> </u>			Ì	
	ction B. Total Support		<u> </u>		<u>'</u>		
Cale	ndar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
	Gross income from interest,	•					
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ь	Unrelated business taxable income		1				
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	Add lines 10a and 10b		•	 			
	Net income from unrelated business		 				
• •	activities not included in line 10b,						
	whether or not the business is						
40	other income. Do not include gain	<u> </u>	 	 			
14	Other income. Do not include gain or loss from the sale of capital			1			İ
	assets (Explain in Part VI.)					+	
	Total support. (Add lines 9, 10c, 11, and 12.)		I	1			
14	First five years. If the Form 990 is for	the organization	s first, second, thii	rd, fourth, or fifth t	ax year as a section	n 501(c)(3) organiza	ation,
	check this box and stop here	. C					<u></u>
	ction C. Computation of Public					T	
	Public support percentage for 2019 (lin			column (f))		15	%
	Public support percentage from 2018					16	%
	ction D. Computation of Inves		-	. 40 1 (0)		T	
	Investment income percentage for 20						%
18	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2019. If the						/ is not
	more than 33 1/3%, check this box an						> □
b	33 1/3% support tests - 2018. If the	_					
	line 18 is not more than 33 1/3%, chec		-				>
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	<u>his box and see in</u>	structions	>
93202	23 09-25-19				Sch	nedule A (Form 99)	O or 990-EZ) 2019

Part IV | Supporting Organizations

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

Section A.	All	Supporting	Organizations
------------	-----	------------	---------------

- 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? if "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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 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
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Sche		<u>1-0590564</u>	<u>1</u> Pa	ige 5
	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
ь	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	ction B. Type ! Supporting Organizations	 -		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	<u> </u>	1	
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		$\overline{}$
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
500	supervised, or controlled the supporting organization,	2		
Sec	ction C. Type II Supporting Organizations	<u>-</u> -	V	No.
	Many a manipulat, all the proportional adjunctions on an incident also days were also a sectional and the adjunctions	 	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	 		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control]		
	or management of the supporting organization was vested in the same persons that controlled or managed	1-1		الــــــا
Sec	the supported organization(s). ction D. All Type III Supporting Organizations	!!		
960	Con B. All Type in 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			
٠	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	ction 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 instr	uctions).		
а				
b				
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see instructions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a _		ļ
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	***		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1		
	reasons for the organization's position that its supported organization(s) would have engaged in these	ļ		<u> </u>
	activities but for the organization's involvement.	2b		<u> </u>
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	ļ		
	trustees of each of the supported organizations? Provide details in Part VI.	3a		<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<u> </u>		<u> </u>
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	l	

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Sche	dule A (Form 990 or 990-EZ) 2019 UNITED WAY OF SOUTHERN	KENTUC	KY, INC.	61-0590564 Page 6
Par				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Sec	tions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(8) 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		
Sect	ion 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):			
а	Average monthly value of securities	1a	·	
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other]		
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3_	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		<u> </u>
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrate	d Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

4520227 704202 0C 02002 000

	dule A (Form 990 or 990-EZ) 2019 UNITED WAY OF			1-0590564 Page 7								
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)									
Secti-	on D - Distributions			Current Year								
	Amounts paid to supported organizations to accomplish exen											
2	Amounts paid to perform activity that directly furthers exempt											
	organizations, in excess of income from activity											
3_	Administrative expenses paid to accomplish exempt purposes of supported organizations											
4	Amounts paid to acquire exempt-use assets											
5	Qualified set aside amounts (prior IRS approval required)	<u></u>										
6	Other distributions (describe in Part VI). See instructions.											
7	Total annual distributions. Add lines 1 through 6.											
8	Distributions to attentive supported organizations to which the	e organization is responsive										
	(provide details in Part VI). See instructions.											
9	Distributable amount for 2019 from Section C, line 6											
10	Line 8 amount divided by line 9 amount			<u></u>								
		(i)	(ii)	(iii)								
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable Amount for 2019								
	·		Pre-2019	Amount for 2019								
1	Distributable amount for 2019 from Section C, line 6											
2	Underdistributions, if any, for years prior to 2019 (reason-											
	able cause required-explain in Part VI). See instructions.											
3	Excess distributions carryover, if any, to 2019											
	From 2014											
	From 2015											
	From 2016											
	From 2017											
	From 2018	· · · · · · · · · · · · · · · · · · ·	····									
	Total of lines 3a through e											
	Applied to underdistributions of prior years											
	Applied to 2019 distributable amount	•••		· · · · · · · · · · · · · · · · · · ·								
<u>i</u>	Carryover from 2014 not applied (see instructions)											
	Remainder. Subtract lines 3g. 3h, and 3i from 3f. Distributions for 2019 from Section D.											
4												
	line 7: \$	· · · · · · · · · · · · · · · · · · ·	····									
	Applied to underdistributions of prior years		<u></u>									
	Applied to 2019 distributable amount											
	Remainder, Subtract lines 4a and 4b from 4.		<u></u>									
5	Remaining underdistributions for years prior to 2019, if											
	any. Subtract lines 3g and 4a from line 2. For result greater											
	than zero, explain in Part VI. See instructions.		<u> </u>	·								
6	Remaining underdistributions for 2019. Subtract lines 3h		·									
	and 4b from line 1. For result greater than zero, explain in											
	Part VI. See instructions.											
7	Excess distributions carryover to 2020. Add lines 3											
	and 4c.			<u> </u>								
8	Breakdown of line 7:		,	<u> </u>								
	Excess from 2015											
	Excess from 2016											
С	Excess from 2017											
d	Excess from 2018											
е	Excess from 2019											

Schedule A (Form 990 or 990-EZ) 2019

Schedule A	(Form 990 or 990-	EZ) 2019	UNITE	D WAY	OF	SOUTHERN	KENTUCKY,	INC	61-0590564	Page 8
Part VI	Supplementa Part IV, Section A line 1: Part IV, Se	I Infori A, lines 1, ection D, I S, 6, and	mation. F 2, 3b, 3c, 4 lines 2 and	Provide the 4b, 4c, 5a, 3: Part IV	expla 6, 9a, Sectio	nations required to 9b, 9c, 11a, 11b, in F. lines 1c, 2a, 2	by Part II, line 10; Part IV. Se	rt II, line 17a ction B, lines V, line 1: Par	or 17b; Part III, line 12; s 1 and 2; Part IV, Section t V, Section B, line 1e; Pa	C,
						·				
										
							···		<u> </u>	
				<u> </u>						
								· · · · · · · · · · · · · · · · · · ·		
-										
									 ·	
								··-··		
										
			 ·							

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

INC. UNITED WAY OF SOUTHERN KENTUCKY,

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

Employer identification number

61-0590564

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Organization type (check one):									
Filers of:		Section:							
Form 990	or 990-EZ	X 501(c)(3) (enter number) organization							
		4947(a)(1) nonexempt charitable trust not treated as a private foundation							
		527 political organization							
Form 990)-PF	501(c)(3) exempt private foundation							
		4947(a)(1) nonexempt charitable trust treated as a private foundation							
		501(c)(3) taxable private foundation							
		covered by the General Rule or a Special Rule. (a), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.							
General	Rule								
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.							
Special l	Rules								
X	sections 509(a)(1) ar any one contributor	described in section 501(c)(3) filing Form 990 or 990 EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990 EZ), Part II, line 13, 16a, or 16b, and that received from during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.							
	year, total contribut	described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the ions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the y to children or animals. Complete Parts I, II, and III.							
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box are the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year							
but it mu	ıst answer "No" on I	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to be filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).							

Name of organization

Employer identification number

UNITED WAY OF SOUTHERN KENTUCKY, INC.

61-0590564

Part I	Contributors (see instructions). Use duplicate copies of Part if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 412,541.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>239,606.</u>	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$141,000.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>90,146.</u>	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
923452 11-06		\$ 103,800.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

INITED	WAY	OF	SOUTHERN	KENTUCKY.	INC

61-0590564

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		s100,380.	Person X Payroit X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$6,196.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

UNITED WAY OF SOUTHERN KENTUCKY, INC.

61-0590564

ITE	···		0590564
art II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	T-SHIRTS		
_2		 	01/01/20
i			
(a) No.	(b)	(c) FMV (or estimate)	(d) Date received
from Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I	Description of noneutriproperty given	(See instructions.)	
		\$	
(a) No. from Part!	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			-
		\$	
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
]	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Employer identification number Name of organization 61-0590564 UNITED WAY OF SOUTHERN KENTUCKY, Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year Part III from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. (d) Description of how gift is held (c) Use of gift from (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. (d) Description of how gift is held (c) Use of gift from (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from Part I (d) Description of how gift is held (c) Use of gift (b) Purpose of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. (d) Description of how gift is held (c) Use of gift from (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee_ Transferee's name, address, and ZIP + 4

(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 Inspection

Name of the organization

Employer identification number

	UNITED WAY OF SOUTHERN KENTUCKY, INC.	61-0590564
Par	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Acc	counts. 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 fund	s
	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used on	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring	
	impermissible private benefit?	Yes No
Par		
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		rically important land area
	Protection of natural habitat Preservation of a certif	fied historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a con-	servation easement on the last
	day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
_	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	zation during the tax
•	year▶	-
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
•	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	n easements during the year
•	>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation eas	sements 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)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statements	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that	
	organization's accounting for conservation easements.	
Pai	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	imilar 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 bala	ance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtheran	
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
ь	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	
	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, p	
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	> \$
	Assets included in Form 990, Part X	\$

Schedule D (Form 990) 2019

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

		WAY OF SOUT							Page 2
Par			·					(continu	ed)
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that i	make siç	gnificant u	use of its		
	collection items (check all that apply):								
а	Public exhibition	đ	Loan or exci	hange progran	m				
þ	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ellections and explain	how they further th	e organization	n's exem	pt purpo	se in Part I	XIII.	
5	During the year, did the organization solicit o	r receive donations o	f art, historical treas	ures, or other	similar a	assets		_	
	to be sold to raise funds rather than to be ma	aintained as part of th	e organization's col	lection?				Yes	No
Par	t IV Escrow and Custodial Arrang	gements. Comple	te if the organization	n answered "\	res" on l	Form 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Par	rt X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermedia	ary for contributions	or other asse	ets not ir	ncluded		_	_
	on Form 990, Part X?		•••				<u>L</u>	Yes	No
ь	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:						
								Amount	
c	Beginning balance		,			1c			
d	Additions during the year					1d			
e	Distributions during the year		***************************************		,	1e			
f	Ending balance								
2a	Did the organization include an amount on Fe	orm 990, Part X, line :	21, for escrow or cu	istodial accou	ınt liabilit	ty?	. <i></i> , L	Yes	No No
b	If "Yes," explain the arrangement in Part XIII.		• • • • • • • • • • • • • • • • • • • •						
Par	tV Endowment Funds. Complete i	f the organization and	swered "Yes" on Fo	i		0.			
		(a) Current year	(b) Prior year	(c) Two years		(d) Three y	ears back	(e) Four y	/ears back
1a	Beginning of year balance	37,465.	34,811.		,506.	_	24,175.		22,584.
þ	Contributions	50,000.			,000.				1,000.
C	Net investment earnings, gains, and losses	2,407.	3,082.	2	,685.		7,688.		910.
ď	Grants or scholarships								
e	Other expenditures for facilities								
	and programs								
f	Administrative expenses		428.		380.		357.		319.
g	End of year balance	89,872.	37,465.	1	,811.		31,506.		24,175.
2	Provide the estimated percentage of the curr		e (line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	100.00	_%						
b	Permanent endowment	<u></u> %							
С	Term endowment 🕨	%							
	The percentages on lines 2a, 2b, and 2c sho	•							
За	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	nd administere	ed for th	e organiz	ation	_	
	by:								Yes No
	(i) Unrelated organizations							3a(i)	X
	(ii) Related organizations							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza	•				•••••		_3b_	
4	Describe in Part XIII the intended uses of the		wment funds.						
Pai	t VI Land, Buildings, and Equipm		_		_				
	Complete if the organization answere		· · · · · · · · · · · · · · · · · · ·						
	Description of property	(a) Cost or of	1 ' '	or other		ccumulat		(d) Book	value
		basis (investr		(other)	dej	preciation			
	Land			6,000.		100 0	<u> </u>		,000.
	Buildings		34	1,441.		188,3	59.	153	,082.
	Leasehold improvements				_		- 4		100
ď	Equipment		12	6,327.		115,1	54.	11	,173.
	Other		<u>l</u>					100	255
Tota	l. Add lines 1a through 1e. (Column (d) must e	oual Form 990, Part 2	X. column (B), line 1.	0c.)				T 20	,255.

Schedule D (Form 990) 2019

	(Form 990) 2019			OF	SOUTHERN	KENTUCKY	, INC.	
Part VII	Investments -	Other Securit	ies.					
	Complete if the org	janization answer	ed "Yes'	" on Fe	orm 990, Part IV, i	ine 11b. See For	m 990, Part X,	line 12.

Complete if the organization answered "Yes" on	n Form 990, Part IV, line 1	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" or	n Form 990, Part IV, line 1	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)		<u> </u>			
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					

Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)

Part X Other Liabilities.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) REFUNDABLE ADVANCE	110,571
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
otal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 110,571

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.

	dule D (Form 990) 2019 UNITED WAY OF SOUTHERN KENT)590564	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemen	its With I	Revenue per Rei	turn.		
	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	2,854,	832.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
a	Net unrealized gains (losses) on investments		-29,036.			
b	Donated services and use of facilities	I	2,581.			
	Recoveries of prior year grants					
	Other (Describe in Part XIII.)	2d			26	466
е	Add lines 2a through 2d			2e	2,881	455.
3	Subtract line 2e from line 1			3	4,001	, 40/+
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 . 1				
	Investment expenses not included on Form 990, Part VIII, line 7b		148,500.			
	Other (Describe in Part XIII.)			4c	148	,500.
	Add lines 4a and 4b		***************************************	5	3,029	
Dar	Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) † XII Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses per F			, , , , , , ,
1 41	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		_npontoo par			
1	Total expenses and losses per audited financial statements			1	2,127	756.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				·	· · · · · · · · · · · · · · · · · · ·
-	Donated services and use of facilities	2a	2,581.			
b	Prior year adjustments			1		
c	Other losses					
d	Other (Describe in Part XIII.)			1		
	Add lines 2a through 2d			2e	2	<u>,581.</u>
3	Subtract line 2e from line 1			3	2,125	,175.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)					
c	Add lines 4a and 4b			4c		0.
5	Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,125	<u>,175.</u>
1	t XIII Supplemental Information.					
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	IV, lines 1b	and 2b; Part V, line 4	; Part >	(, line 2; Part)	(I,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	tional inforn	nation.			
						
PAI	RT X, LINE 2:				 	
TTATE	DER SECTION 501(C)(3) OF THE INTERNAL REVEN	מודי כמו	מאר שני	ነ ገ ገለ ፈ	מסדידמג -	rs
UNI	DER SECTION SVI(C)(S) OF THE INTERNAL REVER	101 CO1	JH, IIII ORO	****	<u> </u>	
ЕХЯ	EMPT FROM TAXES ON INCOME OTHER THAN UNRELA	TED B	JSINESS INC	OME	. THERE	
	THE THOU THE ON THOUSE OF THE TANK OF THE PERSON OF THE PE		<u> </u>		<u> </u>	
WAS	NO UNRELATED BUSINESS TAXABLE INCOME FOR	THE Y	EARS ENDED	JUN	E 30, 20	020
ANI	2019.					
	·					
THI	ORGANIZATION UTILIZES THE ACCOUNTING REQU	IREME	NTS ASSOCIA	TED	MT.LH	
				3.0	antina and Ni	٦
UNC	CERTAINTY IN INCOME TAXES USING THE PROVISI	ONS O	F FINANCIAL	AC	COONTIN	3
Cm2	ANDARDS BOARD (FASB) ASC 740, INCOME TAXES.	HETN	ኋ ጥ ዘ ልጥ ርዘተር	ነ ል እነ <i>ር</i> ፕ	ድ ጥልሄ	
517	ANDARDS BOARD (FASB) ASC /40, INCOME TAXES.	OSIM	3 IIIMI GOIL	MINC	0, Inn	
PΩ	SITIONS INITIALLY NEED TO BE RECOGNIZED IN	म जभए	INANCIAL ST	'ATE	MENTS W	HEN
I O	TITOMO INTITADDI NEED TO DE ABCOGNIDED IN	****** ***	THE LEAST DA			
ŢΨ	IS MORELIKELY-THAN-NOT THE POSITIONS WILL	BE SU	STAINED UPO	N E	XAMINAT	ION
		~ .			<u></u>	
BY	THE TAX AUTHORITIES. IT ALSO PROVIDES GUID	ANCE 1	FOR DE-RECO	GNI	TION,	
	4 10-02-19				dule D (Form	990) 2019

Schedule D (Form 990) 2019 UNITED WAY OF SOUTHERN KENTUCKY, INC. 61-059056 [Part XIII Supplemental Information (continued)	4 Page 5
CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS,	·
DISCLOSURE AND TRANSITION. AS OF JUNE 30, 2020 AND 2019, THE ORGANIZAT	NOI
HAS NO UNCERTAIN TAX PROVISIONS THAT QUALIFY FOR RECOGNITION OR DISCLO	SURE
IN THE FINANCIAL STATEMENTS. THE ORGANIZATION BELIEVES IT IS NO LONGER	<u> </u>
SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2016.	
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
ALLOWANCE FOR UNCOLLECTIBLE PLEDGES 148	3,500.
	
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SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

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.

Employer identification number

Name of the organization					- 1		ntification number
UNITED	WAY OF SOUTHERN KE	NTUC	KY,	INC	_	<u>61-0590</u>	564
Part I Fundraising Activities. required to complete this part	Complete if the organization answer.	ered "Ye	es" or	Form 990, Part IV, li	ine 17	. Form 990-EZ	filers are not
Indicate whether the organization rais		ng activ	ities. (Check all that apply.			
a Mail solicitations				overnment grants			
b Internet and email solicitations	s f Solicita	ation of	goven	nment grants			
c Phone solicitations	g 🔙 Specia	ıl fundra	ising (events			
d In-person solicitations							
2 a Did the organization have a written of	or oral agreement with any individua	l (includ	ing of	ficers, directors, trus	tees, c	or	
key employees listed in Form 990, P						Yes	L No
b if "Yes," list the 10 highest paid indi-	viduals or entities (fundraisers) pursi	uant to a	agreer	ments under which th	ne fund	draiser is to be	l
compensated at least \$5,000 by the	organization.						
		/iiii	Dia		(v) A	Amount paid	(-2) A
(i) Name and address of individual	(ii) Activity	(iii) fundr have co	aiser ustodv	(iv) Gross receipts	to (0)	r retained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)	(ii) / lotterily	or con	trol of	from activity		undraiser ed in col. (i)	organization
			<u> </u>				
		Yes	No	}	İ		
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	مناه و معالم معاملات و المساورة		utions	or has been patified	litic o	vemnt from re	dietration
List all states in which the organization or licensing.	on is registered of licensed to solicit	COHUID	uuors	o or ries been normed	i i i i o c	ixempt non re	giadadon
							
							 -

Schedule G (Form 990 or 990-EZ) 2019

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

	rt II Fundra	or 990 EZ) 2019 UNLTED ising Events. Complete if sing event contributions and g	the organization answered	"Yes" on Form 990, Part	IV, line 18, or reported	
	or removal	ding over the second and g	(a) Event #1 HANDBAGS FOR HOPE	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
일			(event type)	(event type)	(total number)	
Revenue	1 Gross receipt	s	12,043.		45,869.	57,912.
	2 Less: Contrib	utions			45,869.	45,869.
	3 Gross income	e (line 1 minus line 2)	. 12,043.			12,043.
	4 Cash prizes					
	5 Noncash prize	es				
penses	6 Rent/facility of	costs		-		
Direct Expenses	7 Food and bev	/erages				
ä		t				4 200
		expenses				4,200.
	•	se summary. Add lines 4 throu- ummary. Subtract line 10 from	= :			7,843.
Pa		G- Complete if the organization		990, Part IV, line 19, or re	eported more than	
		on Form 990-EZ, line 6a.				· - · · · · · · · · · · · · · · · · · ·
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve		_				
	1 Gross revenu	<u>e</u>			 	
ses	2 Cash prizes					
Expenses	3 Noncash priz	es				
Direct	4 Rent/facility of	costs				
	5 Other direct s	expenses				
	6 Volunteer lab		Yes% No	Yes%	Yes %	
	7 Direct expens	se summary. Add lines 2 throu	gh 5 in column (d)		>	
	8 Net gaming in	ncome summary. <u>Subtract line</u>	7 from line 1, column (d)		>	
		in which the organization con- n licensed to conduct gaming	_	states?		Yes No
	-					···
		organization's gaming licenses			ear?	Yes No
						· · · · · · · · · · · · · · · · · · ·
	22 00-11-10		·		Schedule G /Fr	orm 990 or 990-EZ) 2019

Sch	edule G (Form 990 or 990-EZ) 2019 UNITED WAY OF SOUTHERN KENTUCKY, INC. 61-6	05905	64 Pa	ae 3
	Does the organization conduct gaming activities with nonmembers?			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?	Y	es	No
	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	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?	Y	es 🗀	No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of garning revenue retained by the third party > \$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address			—
16	Garning manager information:			
	Name ▶			
	Traine P			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	Director/officer Employee Independent contractor			
	Advantage of months whom an			
17	Mandatory distributions:			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to	Пу	es	No
h	retain the state gaming license? 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 > \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	ırt III, lines	s 9, 9b, 1	0b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
				_

Schedule G	(Form 990 or 990-EZ)	UNITED	WAY	OF	SOUTHERN	KENTUCKY,	INC.	61-0590564	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation (con	tiqued)						
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SCHEDULE (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

Attach to Form 990.

Open to Public OMB No. 1545-0047 2019

Employer identification number

inspection

61-0590564

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

INC.

SOUTHERN KENTUCKY,

UNITED WAY OF

ş [PROGRAM OPERATING COSTS PROGRAM OPERATING COSTS PROGRAM OPERATING COSTS ROGRAM OPERATING COSTS PROGRAM OPERATING COSTS PROGRAM OPERATING COSTS (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 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 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, • 0 0 ö ٥. ċ (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 27,232. ,025. 400, 11,543, 7,293, (d) Amount of cash grant 11,200 11, Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ∞. (c) IRC section (if applicable) 3 Enter total number of other organizations listed by the line i name LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 61-6001352 h70(c)(1) 61-6001174 170(C)(1) 61-6001355 170(C)(1) 61-6001355 170(C)(1) 61-6001326 170(C)(1) 61-6001283 170(C)(1) General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government ALLEN COUNTY SCHOOLS FRC 202 W. WASHINGTON STREET ALLEN COUNTY SCHOOLS CTC 1585 BOWLING GREEN ROAD 2222 BOWLING GREEN ROAD 355 SOUTH SUMMER STREET RUSSELLVILLE, KY 42276 RUSSELLVILLE, KY 42276 SCOTTSVILLE, KY 42164 SCOTTSVILLE, KY 42164 BARREN COUNTY SCHOOLS BUTLER COUNTY SCHOOLS MORGANTOWN, KY 42261 LOGAN COUNTY SCHOOLS RUSSELLVILLE SCHOOLS 203 N. TYLER STREET 570 OLIVER STREET GLASGOW, KY 42141 Part Part Q

932101 10-26-19

Schedule 1 (Form 990) (2019)

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Part II Continuation of Grants and Other Assistance to Governments and Org	Assistance to Governmen	vernments and Organ	janizations in the United States		(Schedule I (Form 990), Part II.)	nt 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
SIMPSON CTY SCHOOLS 430 S. COLLEGE STREET FRANKLIN, KY 42134	61-6001281	170(C)(1)	7,500.	0.			PROGRAM OPERATING COSTS
WARREN COUNTY SCHOOLS 303 LOVERS LANE BOWLING GREEN, KY 42103	61-6001247 170(C)(1)	170(C)(1)	45,505.	0.			PROGRAM OPERATING COSTS
BARREN RIVER AREA SAFE SPACE, INC. P. O. BOX 1941 BOWLING GREEN, KY 42102-1941	61-0977016 501(C)(3)	501(C)(3)	57,801.	.0			PROGRAM OPERATING COSTS
BARREN RIVER LONG TERM CARE OMBUDSWAM - 1700 DESTINY LANE - BOWLING GREEN, KY 42104	61-0916523	501(C)(3)	37,575,	0			PROGRAM OPERATING COSTS
BOYS & GIRLS CLUB OF BOWLING GREEN P. O. BOX 872 BOWLING GREEN, KY 42102-0872	61-0482974	\$01(C)(3)	28,973.	0.			PROGRAM OPERATING COSTS
CASA OF SOUTH CENTRAL KENTUCKY 316 E, 10TH AVENUE BOWLING GREEN, KY 42101	61-1334266 501(C)(3)	501(C)(3)	13,515.	.0	. :		PROGRAM OPERATING COSTS
DOWN SYNDROME OF SOUTH CENTRAL KY P. O. BOX 1611 BOWLING GREEN, KY 42102-1611	61-1357521	501(C)(3)	13,867.	.0			PROGRAM OPERATING COSTS
FAMILY ENRICHMENT CENTER 1133 ADAMS STREET BOWLING GREEN, KY 42101	61-0956466 501(C)(3)	501(C)(3)	131,528.	0.			PROGRAM OPERATING COSTS
FEEDING AMERICA KENTUCKY'S HEARTLAND - 313 PETERSON DRIVE - ELIZABETHTOWN, XX 42701	61-1043635	501(C)(3)	32,446.	0			PROGRAM OPERATING COSTS

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	Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	
INC.	ons in the United States	
UNITED WAY OF SOUTHERN KENTUCKY,	ernments and Organizati	
UNITED WAY OF SOUTHERN	sistance to	
	of Grants and Other	
Schedule I (Form 990)	Part II Continuation of	

(a) Name and address of organization or government	(p) 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
FOUNDRY CHRISTIAN COMMUNITY CENTER - FOUNDRY PROGRAM - 531 WEST 11TH AVENUE - BOWLING GREEN, KY 42101	27-3822705	501(C)(3)	20,000,	0			PROGRAM OPERATING COSTS
FRANKLIN-SIMPSON GOOD SAMARITAN 111 SOUTH MAIN STREET FRANKLIN, KY 42134	61-1220675	501(C)(3)	7,500.	0.			PROGRAM OPERATING COSTS
HOPE HARBOR 913 BROADWAY AVENUE BOWLING GREEN, KY 42101-2539	61-1089513	501(C)(3)	13,639.	.0			PROGRAM OPERATING COSTS
HOSPICE OF SOUTHERN KENTUCKY, INC. 5872 SCOTTSVILLE RD. BOWLING GREEN, KY 42104-7853	31-1035478	501(C)(3)	7,553.	0			PROGRAM OPERATING COSTS
HOTEL INC 1005 BOATLANDING ROAD BOWLING GREEN, KY 42101	31-1021948	501(C)(3)	48,000.	.0			PROGRAM OPERATING COSTS
HOUSING AUTHORITY - WROTE PROGRAM P. O. BOX 116 BOWLING GREEN, KY 42102-0116	61-1303266	501(C)(3)	47,052.	.0	·		PROGRAM OPERATING COSTS
INTERNATIONAL CENTER 806 KENTON STREET BOWLING GREEN, KY 42101	61-0994341	501(C)(3)	19,382.	• 0			PROGRAM OPERATING COSTS
JUNIOR ACHIEVEMENT OF SC KENTUCKY 440 1/2 EAST MAIN AVENUE BOWLING GREEN, KY 42101	61-0997385	501(C)(3)	21,775.	0			PROGRAM OPERATING COSTS
KENTUCKY LEGAL AID, INC. 1700 DESTINY LANE BOWLING GREEN, KY 42104	61-0916523	501(C)(3)	112,132.	0			PROGRAM OPERATING COSTS
							Schedule I (Form 990)

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Schedule I (Form 990) UNITED WAY OF SOUTHERN KENTI	Y OF SOUTHERN Assistance to Government	HERN KENTUCKY rernments and Organizal	JCKY, INC. ganizations in the United States		(Schedule I (Form 990), Part II.)		61-0590564 Page 1
(a) Name and address of organization or government	(p) 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	(th) Purpose of grant or assistance
LIFECHOICE PREGNANCEY CARE 152 NORTH BLAKEY STREET RUSSELLVILLE, KY 42276	81-1287290	501(C)(3)	30,287.	.0			PROGRAM OPERATING COSTS
LOGAN COUNTY GOOD SAMARITAN P. O. BOX 1602 RUSSELLVILLE, KY 42276	61-1307117	S01(C)(3)	10,087.	.0			PROGRAM OPERATING COSTS
LOGAN COUNTY SKILLS U (FNA ADULT EDUCATION) - P. O. BOX 880 - RUSSELLVILLE, KY 42276	61-1103657 501(C)(3)	501(C)(3)	7,780.	*0			PROGRAM OPERATING COSTS
MEGAN'S MOBILE GROCERY STORE 247 DOUBLE SPRINGS ROAD BOWLING GREEN, KY 42101	83-2375888	501(C)(3)	8,000.	°			PROGRAM OPERATING COSTS
NEW BEGINNINGS THERAPEUTIC RIDING 600 BILL FERGUSON RD, STE, B BOWLING GREEN, KY 42101	61-1312304 501(C)(3)	501(C)(3)	7,500.	0.		3	PROGRAM OPERATING COSTS
REFUGE BG 601 GRAHAM DRIVE BOWLING GREEN, KY 42101	83-2610788	501(C)(3)	14,340,	.0			PROGRAM OPERATING COSTS
SOUTHCENTRAL KENTÜCKY COMMUNITY & TECHNICAL COLLEGE FOUNDATION - 1845 LOOP DRIVE - BOWLING GREEN, KY 42101	02-0738080	501(C)(3)	6,000.	0.			PROGRAM OPERATING COSTS
UNITED WAY OF THE COALFIELD 1 SOUTH MAIN STREET MADISONVILLE, KY 42431	61-0732633	501(C)(3)	11,013.	0.			PROGRAM OPERATING COSTS
BARREN RIVER DISTRICT HEALTH DEPARTMENT - P. O. BOX 1157 - BOWLING GREEN, KY 42102-1157	61-1010874 170(C)(1)	179(C)(1)	.059,6	0			PROGRAM OPERATING COSTS
							Schedule I (Form 990)

Schedule i (Form 990) UN	IITED WAY	UNITED WAY OF SOUTHERN KEN	ERN KENTUCK	NTUCKY, INC.				9	61-0590564	Page 1
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	its and Other A	ssistance to Gove	ernments and Organi	zations in the	United States	(Schedule I (Fo	ırm 990), Part II.)			
		i						:		

						(06)
(h) Purpose of grant or assistance	PROGRAM OPERATING COSTS					Schedule I (Form 990)
(g) Description of non-cash assistance						
(f) Method of valuation (book, FMV, appraisal, other)						
(e) Amount of non-cash assistance	0					
(d) Amount of cash grant	8,894,					
(c) IRC section if applicable	170(C)(1)					
(b) EIN	61-6001390 170(C)(1)					
(a) Name and address of (b) EIN (c) IRC section organization or government (b) EIN (c) IRC section (d) Amount of (e) Amount of valuation nor cash grant assistance (book, FMV, appriate of the control of	BOWLING GREEN SCHOOLS 1211 CENTER STREET BOWLING GREEN, KY 42101					

INC. UNITED WAY OF SOUTHERN KENTUCKY, Schedule I (Form 990) (2019) Part III

Page 2

61-0590564

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.

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) AGENCIES ARE AWARDED GRANT FUNDS FOR PROGRAM OPERATING COSTS TO ACCOMPLISH Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. THESE AGENCIES ARE SUBJECTED TO A PROGRAM REVIEW OF THEIR FINANCES AND THEIR WORK TO ACHIEVE FUNDED PROGRAM OBJECTIVES (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance SPECIFIC OBJECTIVES. PART I, LINE 2:

Schedule I (Form 990) (2019)

932102 10-26-19

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

2019
Open to Public Inspection

Name of the organization

UNITED WAY OF SOUTHERN KENTUCKY, INC.

Employer identification number 61 - 0590564

ONTIED WAT OF BOOTHERN REMTOCKT, INC. OF 0370304
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
INTO THE CENTER. GROWTH OF THE PROGRAM WILL CONTINUE WITH THE ADDITION
OF TEXT MESSAGING AND LIVE ONLINE CHAT PLANNED FOR THE 2020/2021 FISCAL
YEAR.
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
UNITED WAY CONTINUES TO EXPAND ITS EFFORTS TO ENROLL ELIGIBLE CHILDREN
IN THE DOLLY PARTON IMAGINATION LIBRARY PROGRAM. SINCE UNITED WAY BEGAN
THE MANAGEMENT AND FACILITATION OF THE PROGRAM IN 2011, MORE THAN
317,000 BOOKS HAVE BEEN DISTRIBUTED; BETWEEN JULY 2019 AND JUNE 2020 A
TOTAL OF 64,236 BOOKS WERE DISTRIBUTED.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
UWSK COORDINATES MANY DIRECT IMPACT SERVICES TO OUR COMMUNITIES. IN
THE 2019/20 FISCAL YEAR A TOTAL OF \$83,812 WAS DISTRIBUTED TO HELP
OFFSET THE IMPACT OF COVID-19 IN OUR COMMUNITIES. ADDITIONALLY,
\$96,905 WAS INVESTED IN THE COMMUNITY FOR TRANSPORTATION AND OTHER
GRANTS. WHILE COVID-19 GREATLY REDUCED UNITED WAY'S ANNUAL FEED THE
NEED REGIONAL FOOD DRIVE, \$25,000 WAS DISTRIBUTED TO LOCAL FOOD PANTIES
TO HELP OFFSET INCREASED NEED FOR SERVICES FROM FOOD PANTRIES.
EXPENSES \$ 298,709. INCLUDING GRANTS OF \$ 205,717. REVENUE \$ 48,323.
FORM 990, PART VI, SECTION A, LINE 2:
THERE IS A BUSINESS RELATIONSHIP BETWEEN DIRECTORS JON THOMASON AND ANN
PUCKETT. THE TWO DIRECTORS ARE BOTH EMPLOYED BY BKD, LLP.

Name of the organization UNITED WAY OF SOUTHERN KENTUCKY, INC.	Employer identification number 61-0590564
FORM 990, PART VI, SECTION B, LINE 11B:	
DRAFT COPY OF TAX RETURN IS REVIEWED BY EXECUTIVE COMMITTE	E BEFORE FILING.
ONCE APPROVED, TAX RETURN IS FINALIZED AND FILED.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE ORGANIZATION REQUIRES NEW INCOMING DIRECTORS TO SIGN C	ONFLICT OF
INTEREST STATEMENTS. IN ADDITION, THE ORGANIZATION REQUIRE	S THE DIRECTORS
TO UPDATE THEIR DISCLOSURE FORMS ANNUALLY.	
FORM 990, PART VI, SECTION B, LINE 15:	
DIRECTORS REVIEW ANNUALLY THE "HUMAN CAPITAL SURVEY" PUBLI	SHED BY UNITED
WAY WORLDWIDE TO COMPARE COMPENSATION OF OTHER LIKE-SIZED	CHAPTERS.
FORM 990, PART VI, SECTION C, LINE 19:	
ORGANIZATIONAL DOCUMENTS PROVIDED UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
ALLOWANCE FOR UNCOLLECTIBLE PLEDGES	-148,500.
	