

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Department of the Treasury  
Internal Revenue Service

For calendar year 2015, or fiscal year beginning . . . . ., 2015, and ending . . . . ., 20 . . . . .

**Do not send to the IRS. Keep for your records.**

**Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).**

# 2015

Name of exempt organization

**UNITED WAY OF NORTHEAST KENTUCKY**

Employer identification number

**61-6000060**

Name and title of officer

**JERRI COMPTON  
EXECUTIVE DIRECTOR**

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a	Form 990 check here	<input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	1b	<b>852,949</b>
2a	Form 990-EZ check here	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize **KELLEY GALLOWAY SMITH GOOLSBY, PSC** to enter my PIN **54321** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature

Date **06/24/16**

### Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**61242512345**

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

**PHILLIP M LAYNE, CPA**

Date **06/24/16**

**ERO Must Retain This Form—See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2015)

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2015 calendar year, or tax year beginning** , **and ending** \_\_\_\_\_

<p><b>B</b> Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p><b>C</b> Name of organization <b>UNITED WAY OF NORTHEAST KENTUCKY</b></p> <p>Doing business as _____</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>P.O. BOX 2285</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code <b>ASHLAND KY 41105</b></p> <p><b>F</b> Name and address of principal officer: <b>JERRI COMPTON</b></p>	<p><b>D</b> Employer identification number <b>61-600060</b></p> <p><b>E</b> Telephone number <b>606-325-1810</b></p> <p><b>G</b> Gross receipts \$ <b>852,949</b></p> <p><b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No                  If "No," attach a list. (see instructions)</p> <p><b>H(c)</b> Group exemption number ▶</p>
<p><b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀(insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>		
<p><b>J</b> Website: ▶ <b>N/A</b></p>		
<p><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</p>		<p><b>L</b> Year of formation: <b>1936</b> <b>M</b> State of legal domicile: <b>KY</b></p>

Part I Summary			
<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>SOLICIT FUNDS FOR CHARITABLE AND CIVIC WORK</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>20</b>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>20</b>
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	<b>2</b>
	6 Total number of volunteers (estimate if necessary)	<b>6</b>	<b>300</b>
	7a Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
b Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h)	Prior Year <b>569,252</b>	Current Year <b>838,115</b>
	9 Program service revenue (Part VIII, line 2g)		<b>0</b>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>24,091</b>	<b>14,834</b>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<b>0</b>
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>593,343</b>	<b>852,949</b>
	<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>604,819</b>
14 Benefits paid to or for members (Part IX, column (A), line 4)			<b>0</b>
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		<b>90,808</b>	<b>91,742</b>
16a Professional fundraising fees (Part IX, column (A), line 11e)			<b>0</b>
b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>39,032</b>			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		<b>129,315</b>	<b>108,389</b>
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		<b>824,942</b>	<b>596,414</b>
19 Revenue less expenses. Subtract line 18 from line 12	<b>-231,599</b>	<b>256,535</b>	
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16)	Beginning of Current Year <b>1,191,225</b>	End of Year <b>1,244,306</b>
	21 Total liabilities (Part X, line 26)	<b>395,167</b>	<b>206,485</b>
	22 Net assets or fund balances. Subtract line 21 from line 20	<b>796,058</b>	<b>1,037,821</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>JERRI COMPTON</b>	Date <b>EXECUTIVE DIRECTOR</b>			
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>PHILLIP M LAYNE, CPA</b>	Preparer's signature <b>PHILLIP M LAYNE, CPA</b>	Date <b>06/20/16</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00039427</b>
	Firm's name ▶ <b>KELLEY GALLOWAY SMITH GOOLSBY, PSC</b>	Firm's EIN ▶ <b>61-1129886</b>			
	Firm's address ▶ <b>1200 CORPORATE COURT, PO BOX 990 ASHLAND, KY 41105-0990</b>	Phone no. <b>606-329-1811</b>			

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

**SOLICIT FUNDS FOR CHARITABLE AND CIVIC WORK**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

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

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

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

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

**4a** (Code: ) (Expenses \$ **417,536** including grants of \$ **396,283** ) (Revenue \$ )

**UNITED WAY OF NORTHEAST KENTUCKY FUNDED 58 ORGANIZATIONS.**

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **417,536**

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	<b>Section 501(c)(3) organizations.</b> 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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		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 (see instructions)		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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>20a</b>	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		<b>X</b>
<b>b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b>	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	<b>X</b>	
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		<b>X</b>
<b>23</b>	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 Schedule J		<b>X</b>
<b>24a</b>	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		<b>X</b>
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		<b>X</b>
<b>b</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		<b>X</b>
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		<b>X</b>
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		<b>X</b>
<b>28</b>	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):		
<b>a</b>	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		<b>X</b>
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<b>X</b>
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<b>X</b>
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<b>X</b>
<b>33</b>	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		<b>X</b>
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		<b>X</b>
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>b</b>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		<b>X</b>
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	<b>X</b>	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country: <b>▶</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

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

**EXECUTIVE DIRECTOR** P.O. BOX 2285 KY 41105 606-325-1810  
**ASHLAND**

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAIME BLOSS	0.00									
BOARD OF DIRECTORS	0.00	X					0	0	0	
(2) MITCH BOWEN	0.00									
BOARD OF DIRECTORS	0.00	X					0	0	0	
(3) LISA CRISP	0.00									
BOARD OF DIRECTORS	0.00	X					0	0	0	
(4) SHELIA FRALEY	0.00									
BOARD OF DIRECTORS	0.00	X					0	0	0	
(5) BROOKE FRYE	0.00									
BOARD OF DIRECTORS	0.00	X					0	0	0	
(6) MATT FULTZ	0.00									
BOARD OF DIRECTORS	0.00	X					0	0	0	
(7) JESSICA HOLDBROOK	0.00									
BOARD OF DIRECTORS	0.00	X					0	0	0	
(8) MELANIE HOWARD	0.00									
BOARD OF DIRECTORS	0.00	X					0	0	0	
(9) MARSHALL HOWARD	0.00									
BOARD OF DIRECTORS	0.00	X					0	0	0	
(10) KARA JOHNSON	0.00									
BOARD OF DIRECTORS	0.00	X					0	0	0	
(11) KEITH MCBRIDE	0.00									
BOARD OF DIRECTORS	0.00	X					0	0	0	



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>MARY K MCGINNIS-RUARK</b>	0.00									
BOARD OF DIRECTORS	0.00	X					0	0	0	
(13) <b>BERNARD O'NAN</b>	0.00									
BOARD OF DIRECTORS	0.00	X					0	0	0	
(14) <b>STACY PATRICK</b>	0.00									
BOARD OF DIRECTORS	0.00	X					0	0	0	
(15) <b>APRIL PERRY</b>	0.00									
BOARD OF DIRECTORS	0.00	X					0	0	0	
(16) <b>STEVE SIMMERMAN</b>	0.00									
BOARD OF DIRECTORS	0.00	X					0	0	0	
(17) <b>LIBBI SINGLETON</b>	0.00									
BOARD OF DIRECTORS	0.00	X					0	0	0	
(18) <b>KELLY SPRADLIN</b>	0.00									
BOARD OF DIRECTORS	0.00	X					0	0	0	
(19) <b>JON ULINCY</b>	0.00									
BOARD OF DIRECTORS	0.00	X					0	0	0	
<b>1b Sub-total</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....							<b>83,615</b>			
<b>d Total (add lines 1b and 1c)</b> .....							<b>83,615</b>			

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) TAMMY WHEELER	0.00									
BOARD OF DIRECTORS	0.00	X					0	0	0	
(21) MICHELLE WILHOIT	0.00									
BOARD OF DIRECTORS	0.00	X					0	0	0	
(22) ERICA BERRY	40.00									
DIR OF OPERATIONS/FN	0.00			X			35,615	0	0	
(23) JERRI COMPTON	40.00									
EXECUTIVE DIRECTOR	0.00			X			48,000	0	0	
<b>1b Sub-total</b>							<b>83,615</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

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

- 3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		
4		
5		

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

**Part VIII Statement of Revenue**  
Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns .....	<b>1a</b>				
	<b>b</b> Membership dues .....	<b>1b</b>				
	<b>c</b> Fundraising events .....	<b>1c</b>				
	<b>d</b> Related organizations .....	<b>1d</b>				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 838,115				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ 22,300					
	<b>h Total.</b> Add lines 1a-1f .....		838,115			
<b>Program Service Revenue</b>	<b>2a</b> .....	Busn. Code				
	<b>b</b> .....					
	<b>c</b> .....					
	<b>d</b> .....					
	<b>e</b> .....					
	<b>f</b> All other program service revenue .....					
	<b>g Total.</b> Add lines 2a-2f .....					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		14,834	14,834		
	<b>4</b> Income from investment of tax-exempt bond proceeds .....					
	<b>5</b> Royalties .....					
	<b>6a</b> Gross rents	(i) Real				
		(ii) Personal				
	<b>b</b> Less: rental exps.					
	<b>c</b> Rental inc. or (loss)					
	<b>d</b> Net rental income or (loss) .....					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
	<b>b</b> Less: cost or other basis & sales exps.					
	<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss) .....					
	<b>8a</b> Gross income from fundraising events (not including \$ ..... of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>				
	<b>b</b> Less: direct expenses .....	<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events .....						
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
<b>b</b> Less: direct expenses .....	<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities .....						
<b>10a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>					
<b>b</b> Less: cost of goods sold .....	<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue	Busn. Code					
<b>11a</b> .....						
<b>b</b> .....						
<b>c</b> .....						
<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions. ....		852,949	14,834	0	0	

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b>	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	<b>396,283</b>	<b>396,283</b>		
<b>2</b>	Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b>	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b>	Benefits paid to or for members				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees	<b>83,615</b>	<b>19,742</b>	<b>34,531</b>	<b>29,342</b>
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b>	Other salaries and wages				
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b>	Other employee benefits				
<b>10</b>	Payroll taxes	<b>8,127</b>	<b>1,511</b>	<b>4,371</b>	<b>2,245</b>
<b>11</b>	Fees for services (non-employees):				
<b>a</b>	Management				
<b>b</b>	Legal				
<b>c</b>	Accounting	<b>17,992</b>		<b>17,992</b>	
<b>d</b>	Lobbying				
<b>e</b>	Professional fundraising services. See Part IV, line 17				
<b>f</b>	Investment management fees				
<b>g</b>	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
<b>12</b>	Advertising and promotion				
<b>13</b>	Office expenses	<b>6,317</b>		<b>4,914</b>	<b>1,403</b>
<b>14</b>	Information technology				
<b>15</b>	Royalties				
<b>16</b>	Occupancy	<b>22,300</b>		<b>22,300</b>	
<b>17</b>	Travel				
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b>	Conferences, conventions, and meetings	<b>1,764</b>		<b>1,764</b>	
<b>20</b>	Interest				
<b>21</b>	Payments to affiliates				
<b>22</b>	Depreciation, depletion, and amortization	<b>1,690</b>		<b>1,690</b>	
<b>23</b>	Insurance	<b>3,335</b>		<b>3,335</b>	
<b>24</b>	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b>	<b>BAD DEBT</b>	<b>29,561</b>		<b>29,561</b>	
<b>b</b>	<b>OTHER EXPENSES</b>	<b>9,728</b>		<b>9,728</b>	
<b>c</b>	<b>DUES &amp; SUBSCRIPTIONS</b>	<b>9,166</b>		<b>9,166</b>	
<b>d</b>	<b>FUNDRAISING</b>	<b>6,042</b>			<b>6,042</b>
<b>e</b>	All other expenses	<b>494</b>		<b>494</b>	
<b>25</b>	Total functional expenses. Add lines 1 through 24e	<b>596,414</b>	<b>417,536</b>	<b>139,846</b>	<b>39,032</b>
<b>26</b>	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest bearing		1	
	<b>2</b> Savings and temporary cash investments	510,716	2	479,879
	<b>3</b> Pledges and grants receivable, net	174,200	3	263,087
	<b>4</b> Accounts receivable, net	2,970	4	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	<b>7</b> Notes and loans receivable, net		7	
	<b>8</b> Inventories for sale or use		8	
	<b>9</b> Prepaid expenses and deferred charges		9	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 56,873		
	<b>b</b> Less: accumulated depreciation	10b 47,347	11,215	10c 9,526
	<b>11</b> Investments—publicly traded securities	487,556	11	487,246
	<b>12</b> Investments—other securities. See Part IV, line 11	4,100	12	4,100
	<b>13</b> Investments—program-related. See Part IV, line 11		13	
	<b>14</b> Intangible assets		14	
	<b>15</b> Other assets. See Part IV, line 11	468	15	468
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	1,191,225	16	1,244,306	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	395,167	17	206,485
	<b>18</b> Grants payable		18	
	<b>19</b> Deferred revenue		19	
	<b>20</b> Tax-exempt bond liabilities		20	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		23	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		24	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	<b>26 Total liabilities.</b> Add lines 17 through 25	395,167	26	206,485
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	60,843	27	225,879
	<b>28</b> Temporarily restricted net assets	284,400	28	365,893
	<b>29</b> Permanently restricted net assets	450,815	29	446,049
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		30	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		31	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		32	
<b>33</b> Total net assets or fund balances	796,058	33	1,037,821	
<b>34</b> Total liabilities and net assets/fund balances	1,191,225	34	1,244,306	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>852,949</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>596,414</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>256,535</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>796,058</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>-14,772</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>1,037,821</b>

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? \_\_\_\_\_  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? \_\_\_\_\_
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. \_\_\_\_\_

	Yes	No
<b>2a</b>		<b>X</b>
<b>2b</b>	<b>X</b>	
<b>2c</b>	<b>X</b>	
<b>3a</b>		<b>X</b>
<b>3b</b>		

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

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

▶ Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**UNITED WAY OF NORTHEAST KENTUCKY**

Employer identification number

**61-6000060**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations ..... 1

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) <b>SEE ATTACHED LISTING</b>	<b>11-1111111</b>	<b>7</b>	<b>X</b>		<b>396,283</b>	<b>0</b>
(B)						
(C)						
(D)						
(E)						
<b>Total</b>					<b>396,283</b>	<b>0</b>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						

**12** Gross receipts from related activities, etc. (see instructions) 12

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

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14	<b>15</b>	%

**16a 33 1/3% support test—2015.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

**b 33 1/3% support test—2014.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

**17a 10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

**b 10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶



Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line Number, Percentage. Rows include: 15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)); 16 Public support percentage from 2014 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Rows include: 17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)); 18 Investment income percentage from 2014 Schedule A, Part III, line 17.

- 19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b>	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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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 <b>Part VI</b> when and how the organization made the determination.	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	<input type="checkbox"/>	<input type="checkbox"/>
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b>	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 <b>Part VI</b> 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.	<input type="checkbox"/>	<input type="checkbox"/>
<b>5a</b>	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 <b>Part VI</b> , 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).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<input type="checkbox"/>	<input type="checkbox"/>
<b>6</b>	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 <b>Part VI</b> .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b>	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).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9a</b>	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 <b>Part VI</b> .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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 <b>Part VI</b> .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b>	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 <b>Part VI</b> .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10a</b>	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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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.)	<input type="checkbox"/>	<input type="checkbox"/>

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>1</b>			
<b>2</b>	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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>			

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>			

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity ( <b>see instructions</b> ).		
<b>2</b>	<b>Activities Test. Answer (a) and (b) below.</b>		
<b>a</b>	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 <b>Part VI identify those supported organizations and explain</b> 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.		
<b>2a</b>			
<b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>2b</b>			
<b>3</b>	<b>Parent of Supported Organizations. Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .		
<b>3a</b>			
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		
<b>3b</b>			

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	0	0
2	Recoveries of prior-year distributions	0	0
3	Other gross income (see instructions)	593,543	0
4	Add lines 1 through 3	593,543	0
5	Depreciation and depletion	1,690	1,690
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)	624,318	0
7	Other expenses (see instructions)	198,938	0
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>-231,403</b>	<b>-1,690</b>

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	-231,403
2	Enter 85% of line 1	2	-196,693
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	0
4	Enter greater of line 2 or line 3	4	0
5	Income tax imposed in prior year	5	0
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	0

- 7  Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2015</b>	<b>(iii) Distributable Amount for 2015</b>
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013 .....			
<b>e</b> From 2014 .....			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2015 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013 .....			
<b>d</b> Excess from 2014 .....			
<b>e</b> Excess from 2015 .....			



**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

**2015**▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**▶ **Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

<b>Name of the organization</b>	<b>Employer identification number</b>
<b>UNITED WAY OF NORTHEAST KENTUCKY</b>	<b>61-6000060</b>

**Organization type** (check one):**Filers of:****Section:**

Form 990 or 990-EZ

 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub> % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ .....

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization <b>UNITED WAY OF NORTHEAST KENTUCKY</b>	Employer identification number <b>61-6000060</b>
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**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<b>AEP SERVICE</b> 301 CLEVELAND AVE S W CANTON OH 44701	\$ 13,779	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<b>AK STEEL</b> PO BOX 191 ASHLAND KY 41105-0191	\$ 72,000	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<b>ASHLAND COMMUNITY AND TECHNICAL COLL</b> 1400 COLLEGE DRIVE ASHLAND KY 41101	\$ 9,120	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<b>AT&amp;T MOBILITY</b> 3892 TYUS CARROLLTON ROAD CARROLLTON GA 30117	\$ 20,000	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<b>BELK</b> PO BOX 190238 CHARLOTTE NC 28219-1000	\$ 8,509	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<b>BOYKIN, MAYOLA &amp; WILLIAM</b> 2108 LEXINGTON AVENUE ASHLAND KY 41101	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



<b>Name of organization</b> UNITED WAY OF NORTHEAST KENTUCKY	<b>Employer identification number</b> 61-6000060
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**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	CALGON CARBON COROPORATION PO BOX 17720 ENCINO CA 91416-7720	\$ 19,298	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	COMMUNITY TRUST BANK PO BOX 671 ASHLAND KY 41105-0671	\$ 6,111	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	FIDELITY CHARITABLE GIFT FUND PO BOX 770001 CINCINNATI OH 45277-0053	\$ 75,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	FIRST NATIONAL BANK OF GRAYSON 200 S CAROL MALONE BLVD GRAYSON KY 41143	\$ 10,453	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	FIRST & PEOPLES BANK 1001 DIEDERICH BLVD RUSSELL KY 41129	\$ 8,112	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	KENTUCKY FARMERS BANK 6313 US ROUTE 60 ASHLAND KY 41102-8640	\$ 10,302	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>UNITED WAY OF NORTHEAST KENTUCKY</b>	Employer identification number <b>61-6000060</b>
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**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	KDMC PO BOX 151 ASHLAND KY 41105	\$ 155,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	MARATHON PETROLEUM PO BOX 1492 CATLETTSBURG KY 41129	\$ 243,484	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	OLBH ST CHRISTOPHER DRIVE ASHLAND KY 41101	\$ 20,226	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	JULIE SCHUILWERVE MEMORIAL DRIVE HOUSTON TX 77079	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	PEDIATRIC DENTISTRY, PSC PO BOX 1587 ASHLAND KY 41105-1587	\$ 22,300	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> <b>UNITED WAY OF NORTHEAST KENTUCKY</b>	<b>Employer identification number</b> <b>61-6000060</b>
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**Part II** Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
17	DONATED SPACE	\$ 22,300	
		\$ .....	
		\$ .....	
		\$ .....	
		\$ .....	
		\$ .....	
		\$ .....	
		\$ .....	
		\$ .....	

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public Inspection

Name of the organization  <b>UNITED WAY OF NORTHEAST KENTUCKY</b>	Employer identification number  <b>61-6000060</b>
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**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

**Part II Conservation Easements.**

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	<b>2a</b>
b Total acreage restricted by conservation easements .....	<b>2b</b>
c Number of conservation easements on a certified historic structure included in (a) .....	<b>2c</b>
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	<b>2d</b>

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ .....

4 Number of states where property subject to conservation easement is located ▶ .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....	▶ \$ .....
(ii) Assets included in Form 990, Part X .....	▶ \$ .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....	▶ \$ .....
b Assets included in Form 990, Part X .....	▶ \$ .....

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

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

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....		432,353	390,334	362,414	361,341
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....		21,401	44,759	30,449	3,509
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....		-2,939	-2,740	-2,529	-2,436
<b>g</b> End of year balance .....		450,815	432,353	390,334	362,414

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ ..... %
  - b** Permanent endowment ▶ ..... %
  - c** Temporarily restricted endowment ▶ ..... %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No |
|--|-----|----|
| <b>(i)</b> unrelated organizations ..... |     | X  |
| <b>(ii)</b> related organizations .....  |     | X  |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....				
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		56,873	47,347	9,526
<b>e</b> Other .....				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶				9,526

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely-held equity interests, (3) Other (A-H), and Total.

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9) and Total.

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (9) and Total.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes (1) Federal income taxes and rows (2) through (9). Total row at the bottom.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 838,177, adjusted to 852,949.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 596,414, adjusted to 596,414.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Series of horizontal dotted lines for providing supplemental information.





**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990.**

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

Name of the organization

**UNITED WAY OF NORTHEAST KENTUCKY**

Employer identification number

**61-6000060**

**Part I General Information on Grants and Assistance**

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	ASHLAND COMMUNITY KITCHEN PO BOX 1743 ASHLAND KY 41101	61-1100724	501C3	45,000				FOOD FOR HOMELESS
(2)	BIG BROTHERS / BIG SISTERS 501 5TH AVE, STE. 3 HUNTINGTON WV 25702	55-0559711	501C3	9,000				SERVICES TO CHILDREN
(3)	CARES PO BOX 1503 ASHLAND KY 41101	61-1369313	501C3	18,000				ASSIST HOMELESS
(4)	CHILDWATCH CASA 2800 LOUISA STREET, STE. 202 CATLETTSBURG KY 41101	61-1369313		15,000				
(5)	SAFE HARBOR PO BOX 2163 ASHLAND KY 41101	61-1155742	501C3	40,000				EMERGENCY SHELTER
(6)	HOPES PLACE 1100 GREENUP AVENUE ASHLAND KY 41101	31-1501089	501C3	11,000				CHILD COUNSELING
(7)	SALVATION ARMY PO BOX 1405 ASHLAND KY 41101	58-0660607	501C3	33,000				UTIL/RENTAL ASISTNCE
(8)	ASHLAND SENIOR CENTER 324 15TH STREET ASHLAND KY 41101	61-0718245	501C3	18,000				SENIOR CITIZEN SRVCE
(9)	DRESSING ROOM 2516 CARTER AVENUE ASHLAND KY 41101	61-0458366	501C3	25,000				CLOTHING FOR NEEDY

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

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

**Schedule I (Form 990) (2015)**

**SCHEDULE I  
(Form 990)**Department of the Treasury  
Internal Revenue Service

Name of the organization

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2015****Open to Public  
Inspection**

Employer identification number

**61-6000060****UNITED WAY OF NORTHEAST KENTUCKY****Part I General Information on Grants and Assistance**

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	SHELTER OF HOPE 2944 WINCHESTER AVENUE ASHLAND KY 41101	61-1148320	501C3	15,000				HOMELESS SHELTER
(2)	WESTWOOD BOYS CLUB 1312 STALLARD STREET ASHLAND KY 41101	61-0650316	501C3	10,000				YOUTH SERVICES
(3)	RED CROSS NORTHEAST PO BOX 615 GREENUP KY 41144	61-0677409	501C3	20,000				HLTH & SFTY PROGRAMS
(4)	HELPING HANDS PO BOX 633 GREENUP KY 41144	61-1301990	501C3	6,500				DISABLED/L.I. ASSIST
(5)	RIVER CITIES HARVEST 2516 CARTER AVENUE ASHLAND KY 41101	61-1208113	501C3	14,000				ELIMINATE HUNGER
(6)	NE KY CARE CENTER 3131 WINCHESTER AVENUE ASHLAND KY 41101	61-1650922	501C3	7,500				PROVIDE HEALTHCARE
(7)	MEALS ON WHEELS - OLBH ST. CHRISTOPHER DRIVE ASHLAND KY 41101	61-1381952	501C3	5,085				
(8)	UW - RIVER CITIES 820 MADISON AVENUE HUNTINGTON WV 25704	55-0384704	501C3	7,751				INCRSE CARE CAPACITY
(9)	VARIOUS < OR = TO \$5,000 ASHLAND, KY ASHLAND KY 41101	61-6000060		96,447				CHARITABLE PURPOSES

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

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

Schedule I (Form 990) (2015)



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization

**UNITED WAY OF NORTHEAST KENTUCKY**

Employer identification number

**61-6000060**

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990**

**FORM 990 IS PREPARED BY AN ACCOUNTING FIRM AND REVIEWED BY THE EXECUTIVE  
DIRECTOR BEFORE FILING.**

**FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL  
APPROVED BY THE BOARD OF DIRECTORS ANNUALLY.**

**FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS  
APPROVED BY THE BOARD OF DIRECTORS ANNUALLY.**

**FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS  
ARE AVAILABLE TO THE PUBLIC UPON REQUEST.**

## Federal Asset Report

## UNITED WAY OF NORTHEAST KENTUCKY

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
<b>Prior MACRS:</b>											
2	HEWLETT PACKARD LASER JET 4 PLU	5/30/95	1,499				1,499	5	HY 200DB	1,499	0
48	Panasonic Copier	8/22/11	11,939		X		0	5	HY 200DB	11,939	0
49	New Phone System	6/10/11	2,270		X		0	7	HY 200DB	2,270	0
50	New Computer for Mary	8/16/11	461		X		0	5	HY 200DB	461	0
51	22 Chairs, 2 Tables, 1 Lateral Filing Cabinet	7/29/11	1,900		X		0	7	HY 200DB	1,900	0
52	2 Phones	5/21/12	325		X		162	7	HY 200DB	254	20
			<u>18,394</u>				<u>1,661</u>			<u>18,323</u>	<u>20</u>
<b>Other Depreciation:</b>											
7	TOP GIVER SOFTWARE	4/02/98	0				0	0	HY	0	0
8	TELEPHONE SYSTEM	2/18/00	0				0	0	HY	0	0
9	FRONT COMBINATION DESK	2/18/00	0				0	0	HY	0	0
10	STEEL CASE DESK	2/18/00	0				0	0	HY	0	0
11	STORAGE CABINET	2/18/00	0				0	0	HY	0	0
12	5 DRAWER LATERAL HANGING FILE	2/18/00	0				0	0	HY	0	0
13	8 CHAIRS & 5 TABLES	2/18/00	0				0	0	HY	0	0
18	PRINTER	5/01/00	0				0	0	HY	0	0
19	PRINTER	5/01/00	0				0	0	HY	0	0
20	SCANNER	5/01/00	0				0	0	HY	0	0
21	CABLE NETWORK	5/01/00	0				0	0	HY	0	0
22	CANON L4000 FAX MACHINE	1/18/00	0				0	0	HY	0	0
26	Network Printer	12/25/01	0				0	0	HY	0	0
27	10 Bin Stapler Sorter M	12/25/01	0				0	0	HY	0	0
28	RDF-G1	12/25/01	0				0	0	HY	0	0
29	Copy Stand	12/25/01	0				0	0	HY	0	0
30	Network Server	4/09/03	0				0	0	HY	0	0
32	Computer, Hub, Flat Panel Monitor	1/07/04	0				0	0	HY	0	0
33		3/11/04	0				0	0	HY	0	0
34	Canon ImageRUNNER Copier	3/01/05	0				0	0	HY	0	0
35	Flat Panel Monitor	9/02/05	188				188	5	MO S/L	188	0
36	Palm Pilot and Charger	6/09/06	0				0	0	HY	0	0
37	Projector	8/07/06	0				0	0	HY	0	0
38	Dimension E310	6/09/06	0				0	0	HY	0	0
39	Dimension E310	6/09/06	0				0	0	HY	0	0
40	Dimension E310	6/09/06	0				0	0	HY	0	0
41	Lateral File Cabinet	1/30/06	0				0	0	HY	0	0
42	Freedom Phone	7/27/07	0				0	0	HY	0	0
43	Telephone	8/31/07	0				0	0	HY	0	0
44	Telephone	10/09/07	0				0	0	HY	0	0
45	Phone Equipment	2/08/08	0				0	0	HY	0	0
46	Chairs	8/05/08	0				0	0	HY	0	0
47	TV/DVD	9/12/08	0				0	0	HY	0	0
	<b>Total Other Depreciation</b>		<u>188</u>				<u>188</u>			<u>188</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>188</u>				<u>188</u>			<u>188</u>	<u>0</u>
	<b>Grand Totals</b>		18,582				1,849			18,511	20
	<b>Less: Dispositions and Transfers</b>		0				0			0	0
	<b>Less: Start-up/Org Expense</b>		0				0			0	0
	<b>Net Grand Totals</b>		<u>18,582</u>				<u>1,849</u>			<u>18,511</u>	<u>20</u>

## State Asset Report

## UNITED WAY OF NORTHEAST KENTUCKY

Asset	Description	Date In Service	Cost	Basis for Depr	State Prior	State Current	Federal Current	Difference Fed - State
<b>Prior MACRS:</b>								
48	Panasonic Copier	8/22/11	11,939	0	11,939	0	0	0
49	New Phone System	6/10/11	2,270	0	2,270	0	0	0
50	New Computer for Mary	8/16/11	461	0	461	0	0	0
52	2 Phones	5/21/12	325	162	254	20	20	0
			<u>14,995</u>	<u>162</u>	<u>14,924</u>	<u>20</u>	<u>20</u>	<u>0</u>
<b>Other Depreciation:</b>								
2	HEWLETT PACKARD LASER JET 4 PLU	5/30/95	0	0	0	0	0	0
7	TOP GIVER SOFTWARE	4/02/98	0	0	0	0	0	0
8	TELEPHONE SYSTEM	2/18/00	0	0	0	0	0	0
9	FRONT COMBINATION DESK	2/18/00	0	0	0	0	0	0
10	STEEL CASE DESK	2/18/00	0	0	0	0	0	0
11	STORAGE CABINET	2/18/00	0	0	0	0	0	0
12	5 DRAWER LATERAL HANGING FILE	2/18/00	0	0	0	0	0	0
13	8 CHAIRS & 5 TABLES	2/18/00	0	0	0	0	0	0
18	PRINTER	5/01/00	0	0	0	0	0	0
19	PRINTER	5/01/00	0	0	0	0	0	0
20	SCANNER	5/01/00	0	0	0	0	0	0
21	CABLE NETWORK	5/01/00	0	0	0	0	0	0
22	CANON L4000 FAX MACHINE	1/18/00	0	0	0	0	0	0
26	Network Printer	12/25/01	0	0	0	0	0	0
27	10 Bin Stapler Sorter M	12/25/01	0	0	0	0	0	0
28	RDF-G1	12/25/01	0	0	0	0	0	0
29	Copy Stand	12/25/01	0	0	0	0	0	0
30	Network Server	4/09/03	0	0	0	0	0	0
32	Computer, Hub, Flat Panel Monitor	1/07/04	0	0	0	0	0	0
33		3/11/04	0	0	0	0	0	0
34	Canon ImageRUNNER Copier	3/01/05	0	0	0	0	0	0
35	Flat Panel Monitor	9/02/05	188	188	188	0	0	0
36	Palm Pilot and Charger	6/09/06	0	0	0	0	0	0
37	Projector	8/07/06	0	0	0	0	0	0
38	Dimension E310	6/09/06	0	0	0	0	0	0
39	Dimension E310	6/09/06	0	0	0	0	0	0
40	Dimension E310	6/09/06	0	0	0	0	0	0
41	Lateral File Cabinet	1/30/06	0	0	0	0	0	0
42	Freedom Phone	7/27/07	0	0	0	0	0	0
43	Telephone	8/31/07	0	0	0	0	0	0
44	Telephone	10/09/07	0	0	0	0	0	0
45	Phone Equipment	2/08/08	0	0	0	0	0	0
46	Chairs	8/05/08	0	0	0	0	0	0
47	TV/DVD	9/12/08	0	0	0	0	0	0
51	22 Chairs, 2 Tables, 1 Lateral Filing Cabinet	7/29/11	0	0	0	0	0	0
	<b>Total Other Depreciation</b>		<u>188</u>	<u>188</u>	<u>188</u>	<u>0</u>	<u>0</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>188</u>	<u>188</u>	<u>188</u>	<u>0</u>	<u>0</u>	<u>0</u>
	<b>Grand Totals</b>		15,183	350	15,112	20	20	0
	<b>Less: Dispositions</b>		0	0	0	0	0	0
	<b>Less: Start-up/Org Expense</b>		0	0	0	0	0	0
	<b>Net Grand Totals</b>		<u>15,183</u>	<u>350</u>	<u>15,112</u>	<u>20</u>	<u>20</u>	<u>0</u>

**AMT Asset Report****UNITED WAY OF NORTHEAST KENTUCKY**

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
<b>Prior MACRS:</b>											
2	HEWLETT PACKARD LASER JET 4 PLU	5/30/95	1,499				1,499	5	HY 150DB	1,499	0
48	Panasonic Copier	8/22/11	11,939		X		0	5	HY 200DB	11,939	0
49	New Phone System	6/10/11	2,270		X		0	7	HY 200DB	2,270	0
50	New Computer for Mary	8/16/11	461		X		0	5	HY 200DB	461	0
51	22 Chairs, 2 Tables, 1 Lateral Filing Cabinet	7/29/11	1,900		X		0	7	HY 200DB	1,900	0
52	2 Phones	5/21/12	325		X		162	7	HY 200DB	254	20
			<u>18,394</u>				<u>1,661</u>			<u>18,323</u>	<u>20</u>
<b>Other Depreciation:</b>											
7	TOP GIVER SOFTWARE	4/02/98	0				0	0	HY	0	0
8	TELEPHONE SYSTEM	2/18/00	0				0	0	HY	0	0
9	FRONT COMBINATION DESK	2/18/00	0				0	0	HY	0	0
10	STEEL CASE DESK	2/18/00	0				0	0	HY	0	0
11	STORAGE CABINET	2/18/00	0				0	0	HY	0	0
12	5 DRAWER LATERAL HANGING FILE	2/18/00	0				0	0	HY	0	0
13	8 CHAIRS & 5 TABLES	2/18/00	0				0	0	HY	0	0
18	PRINTER	5/01/00	0				0	0	HY	0	0
19	PRINTER	5/01/00	0				0	0	HY	0	0
20	SCANNER	5/01/00	0				0	0	HY	0	0
21	CABLE NETWORK	5/01/00	0				0	0	HY	0	0
22	CANON L4000 FAX MACHINE	1/18/00	0				0	0	HY	0	0
26	Network Printer	12/25/01	0				0	0	HY	0	0
27	10 Bin Stapler Sorter M	12/25/01	0				0	0	HY	0	0
28	RDF-G1	12/25/01	0				0	0	HY	0	0
29	Copy Stand	12/25/01	0				0	0	HY	0	0
30	Network Server	4/09/03	0				0	0	HY	0	0
32	Computer, Hub, Flat Panel Monitor	1/07/04	0				0	0	HY	0	0
33		3/11/04	0				0	0	HY	0	0
34	Canon ImageRUNNER Copier	3/01/05	0				0	0	HY	0	0
35	Flat Panel Monitor	9/02/05	0				0	0	HY	0	0
36	Palm Pilot and Charger	6/09/06	0				0	0	HY	0	0
37	Projector	8/07/06	0				0	0	HY	0	0
38	Dimension E310	6/09/06	0				0	0	HY	0	0
39	Dimension E310	6/09/06	0				0	0	HY	0	0
40	Dimension E310	6/09/06	0				0	0	HY	0	0
41	Lateral File Cabinet	1/30/06	0				0	0	HY	0	0
42	Freedom Phone	7/27/07	0				0	0	HY	0	0
43	Telephone	8/31/07	0				0	0	HY	0	0
44	Telephone	10/09/07	0				0	0	HY	0	0
45	Phone Equipment	2/08/08	0				0	0	HY	0	0
46	Chairs	8/05/08	0				0	0	HY	0	0
47	TV/DVD	9/12/08	0				0	0	HY	0	0
	<b>Total Other Depreciation</b>		<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
	<b>Grand Totals</b>		18,394				1,661			18,323	20
	<b>Less: Dispositions and Transfers</b>		<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u>18,394</u>				<u>1,661</u>			<u>18,323</u>	<u>20</u>

**Bonus Depreciation Report**

FYE: 12/31/2015

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
<b>Activity: UNITED WAY OF NORTHEAST KENTUCKY</b>								
48	Panasonic Copier	8/22/11	11,939		0	0	11,939	0
49	New Phone System	6/10/11	2,270		0	0	2,270	0
50	New Computer for Mary	8/16/11	461		0	0	461	0
51	22 Chairs, 2 Tables, 1 Lateral Filing Cabinet	7/29/11	1,900		0	0	1,900	0
52	2 Phones	5/21/12	325		0	0	163	162
	<b>UNITED WAY OF NORTHEAST KENTUCKY</b>		<u>16,895</u>		<u>0</u>	<u>0</u>	<u>16,733</u>	<u>162</u>
	<b>Grand Total</b>		<u>16,895</u>		<u>0</u>	<u>0</u>	<u>16,733</u>	<u>162</u>



**Depreciation Adjustment Report****All Business Activities**

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<b><u>MACRS Adjustments:</u></b>						
OPc	1	2	HEWLETT PACKARD LASER JET 4 PLUS PI	0	0	0
OPc	1	48	Panasonic Copier	0	0	0
OPc	1	49	New Phone System	0	0	0
OPc	1	50	New Computer for Mary	0	0	0
OPc	1	51	22 Chairs, 2 Tables, 1 Lateral Filing Cabinet	0	0	0
OPc	1	52	2 Phones	20	20	0
				<u>20</u>	<u>20</u>	<u>0</u>

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Prior MACRS:</b>					
2	HEWLETT PACKARD LASER JET 4 PLUS PI	5/30/95	1,499	0	0
48	Panasonic Copier	8/22/11	11,939	0	0
49	New Phone System	6/10/11	2,270	0	0
50	New Computer for Mary	8/16/11	461	0	0
51	22 Chairs, 2 Tables, 1 Lateral Filing Cabinet	7/29/11	1,900	0	0
52	2 Phones	5/21/12	325	15	15
			<u>18,394</u>	<u>15</u>	<u>15</u>
<b>Other Depreciation:</b>					
7	TOP GIVER SOFTWARE	4/02/98	0	0	0
8	TELEPHONE SYSTEM	2/18/00	0	0	0
9	FRONT COMBINATION DESK	2/18/00	0	0	0
10	STEEL CASE DESK	2/18/00	0	0	0
11	STORAGE CABINET	2/18/00	0	0	0
12	5 DRAWER LATERAL HANGING FILE	2/18/00	0	0	0
13	8 CHAIRS & 5 TABLES	2/18/00	0	0	0
18	PRINTER	5/01/00	0	0	0
19	PRINTER	5/01/00	0	0	0
20	SCANNER	5/01/00	0	0	0
21	CABLE NETWORK	5/01/00	0	0	0
22	CANON L4000 FAX MACHINE	1/18/00	0	0	0
26	Network Printer	12/25/01	0	0	0
27	10 Bin Stapler Sorter M	12/25/01	0	0	0
28	RDF-G1	12/25/01	0	0	0
29	Copy Stand	12/25/01	0	0	0
30	Network Server	4/09/03	0	0	0
32	Computer, Hub, Flat Panel Monitor	1/07/04	0	0	0
33		3/11/04	0	0	0
34	Canon ImageRUNNER Copier	3/01/05	0	0	0
35	Flat Panel Monitor	9/02/05	188	0	0
36	Palm Pilot and Charger	6/09/06	0	0	0
37	Projector	8/07/06	0	0	0
38	Dimension E310	6/09/06	0	0	0
39	Dimension E310	6/09/06	0	0	0
40	Dimension E310	6/09/06	0	0	0
41	Lateral File Cabinet	1/30/06	0	0	0
42	Freedom Phone	7/27/07	0	0	0
43	Telephone	8/31/07	0	0	0
44	Telephone	10/09/07	0	0	0
45	Phone Equipment	2/08/08	0	0	0
46	Chairs	8/05/08	0	0	0
47	TV/DVD	9/12/08	0	0	0
	<b>Total Other Depreciation</b>		<u>188</u>	<u>0</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>188</u>	<u>0</u>	<u>0</u>
	<b>Grand Totals</b>		<u>18,582</u>	<u>15</u>	<u>15</u>

Asset	Description	Date In Service	Cost	State	AMT
<b>Prior MACRS:</b>					
2	HEWLETT PACKARD LASER JET 4 PLUS PI	5/30/95	0	0	0
48	Panasonic Copier	8/22/11	11,939	0	0
49	New Phone System	6/10/11	2,270	0	0
50	New Computer for Mary	8/16/11	461	0	0
51	22 Chairs, 2 Tables, 1 Lateral Filing Cabinet	7/29/11	0	0	0
52	2 Phones	5/21/12	325	15	15
			<u>14,995</u>	<u>15</u>	<u>15</u>
<b>Other Depreciation:</b>					
7	TOP GIVER SOFTWARE	4/02/98	0	0	0
8	TELEPHONE SYSTEM	2/18/00	0	0	0
9	FRONT COMBINATION DESK	2/18/00	0	0	0
10	STEEL CASE DESK	2/18/00	0	0	0
11	STORAGE CABINET	2/18/00	0	0	0
12	5 DRAWER LATERAL HANGING FILE	2/18/00	0	0	0
13	8 CHAIRS & 5 TABLES	2/18/00	0	0	0
18	PRINTER	5/01/00	0	0	0
19	PRINTER	5/01/00	0	0	0
20	SCANNER	5/01/00	0	0	0
21	CABLE NETWORK	5/01/00	0	0	0
22	CANON L4000 FAX MACHINE	1/18/00	0	0	0
26	Network Printer	12/25/01	0	0	0
27	10 Bin Stapler Sorter M	12/25/01	0	0	0
28	RDF-G1	12/25/01	0	0	0
29	Copy Stand	12/25/01	0	0	0
30	Network Server	4/09/03	0	0	0
32	Computer, Hub, Flat Panel Monitor	1/07/04	0	0	0
33		3/11/04	0	0	0
34	Canon ImageRUNNER Copier	3/01/05	0	0	0
35	Flat Panel Monitor	9/02/05	188	0	0
36	Palm Pilot and Charger	6/09/06	0	0	0
37	Projector	8/07/06	0	0	0
38	Dimension E310	6/09/06	0	0	0
39	Dimension E310	6/09/06	0	0	0
40	Dimension E310	6/09/06	0	0	0
41	Lateral File Cabinet	1/30/06	0	0	0
42	Freedom Phone	7/27/07	0	0	0
43	Telephone	8/31/07	0	0	0
44	Telephone	10/09/07	0	0	0
45	Phone Equipment	2/08/08	0	0	0
46	Chairs	8/05/08	0	0	0
47	TV/DVD	9/12/08	0	0	0
	<b>Total Other Depreciation</b>		<u>188</u>	<u>0</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>188</u>	<u>0</u>	<u>0</u>
	<b>Grand Totals</b>		<u>15,183</u>	<u>15</u>	<u>15</u>

Form **990****Two Year Comparison Report****2014 & 2015**

For calendar year 2015, or tax year beginning \_\_\_\_\_, ending \_\_\_\_\_

Name

Taxpayer Identification Number

**UNITED WAY OF NORTHEAST KENTUCKY****61-6000060**

		2014	2015	Differences	
<b>Revenue</b>	1. Contributions, gifts, grants .....	1. <b>569,252</b>	<b>838,115</b>	<b>268,863</b>	
	2. Membership dues and assessments .....	2.			
	3. Government contributions and grants .....	3.			
	4. Program service revenue .....	4.			
	5. Investment income .....	5. <b>24,091</b>	<b>14,834</b>	<b>-9,257</b>	
	6. Proceeds from tax exempt bonds .....	6.			
	7. Net gain or (loss) from sale of assets other than inventory .....	7.			
	8. Net income or (loss) from fundraising events .....	8.			
	9. Net income or (loss) from gaming .....	9.			
	10. Net gain or (loss) on sales of inventory .....	10.			
	11. Other revenue .....	11.			
	12. <b>Total revenue.</b> Add lines 1 through 11	12.	<b>593,343</b>	<b>852,949</b>	<b>259,606</b>
<b>Expenses</b>	13. Grants and similar amounts paid .....	13. <b>604,819</b>	<b>396,283</b>	<b>-208,536</b>	
	14. Benefits paid to or for members .....	14.			
	15. Compensation of officers, directors, trustees, etc. ....	15. <b>82,362</b>	<b>83,615</b>	<b>1,253</b>	
	16. Salaries, other compensation, and employee benefits .....	16. <b>8,446</b>	<b>8,127</b>	<b>-319</b>	
	17. Professional fundraising fees .....	17.			
	18. Other professional fees .....	18. <b>16,987</b>	<b>17,992</b>	<b>1,005</b>	
	19. Occupancy, rent, utilities, and maintenance .....	19. <b>23,737</b>	<b>22,300</b>	<b>-1,437</b>	
	20. Depreciation and Depletion .....	20. <b>1,690</b>	<b>1,690</b>		
	21. Other expenses .....	21. <b>86,901</b>	<b>66,407</b>	<b>-20,494</b>	
	22. <b>Total expenses.</b> Add lines 13 through 21	22.	<b>824,942</b>	<b>596,414</b>	<b>-228,528</b>
	23. <b>Excess or (Deficit).</b> Subtract line 22 from line 12	23.	<b>-231,599</b>	<b>256,535</b>	<b>488,134</b>
<b>Other Information</b>	24. Total exempt revenue .....	24. <b>593,343</b>	<b>852,949</b>	<b>259,606</b>	
	25. Total unrelated revenue .....	25.			
	26. Total excludable revenue .....	26. <b>24,091</b>	<b>14,834</b>	<b>-9,257</b>	
	27. Total assets .....	27. <b>1,191,225</b>	<b>1,244,306</b>	<b>53,081</b>	
	28. Total liabilities .....	28. <b>395,167</b>	<b>206,485</b>	<b>-188,682</b>	
	29. Retained earnings .....	29. <b>796,058</b>	<b>1,037,821</b>	<b>241,763</b>	
	30. Number of voting members of governing body .....	30. <b>22</b>	<b>20</b>		
	31. Number of independent voting members of governing body .....	31. <b>22</b>	<b>20</b>		
	32. Number of employees .....	32. <b>2</b>	<b>2</b>		
	33. Number of volunteers .....	33. <b>170</b>	<b>300</b>		

Form **990**

## Tax Return History

**2015**

Name

**UNITED WAY OF NORTHEAST KENTUCKY**

Employer Identification Number

**61-6000060**

	2011	2012	2013	2014	2015	2016
Contributions, gifts, grants			640,251	569,252	838,115	
Membership dues						
Program service revenue						
Capital gain or loss						
Investment income			24,370	24,091	14,834	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue						
<b>Total revenue</b>			664,621	593,343	852,949	
Grants and similar amounts paid			643,788	604,819	396,283	
Benefits paid to or for members						
Compensation of officers, etc.			85,614	82,362	83,615	
Other compensation			11,244	8,446	8,127	
Professional fees			16,258	16,987	17,992	
Occupancy costs			23,737	23,737	22,300	
Depreciation and depletion			1,785	1,690	1,690	
Other expenses			117,198	86,901	66,407	
<b>Total expenses</b>			899,624	824,942	596,414	
<b>Excess or (Deficit)</b>			-235,003	-231,599	256,535	
Total exempt revenue			664,621	593,343	852,949	
Total unrelated revenue						
Total excludable revenue			24,370	24,091	14,834	
Total Assets			1,415,247	1,191,225	1,244,306	
Total Liabilities			387,186	395,167	206,485	
Net Fund Balances			1,028,061	796,058	1,037,821	

Form **990T**

**Tax Return History**

**2015**

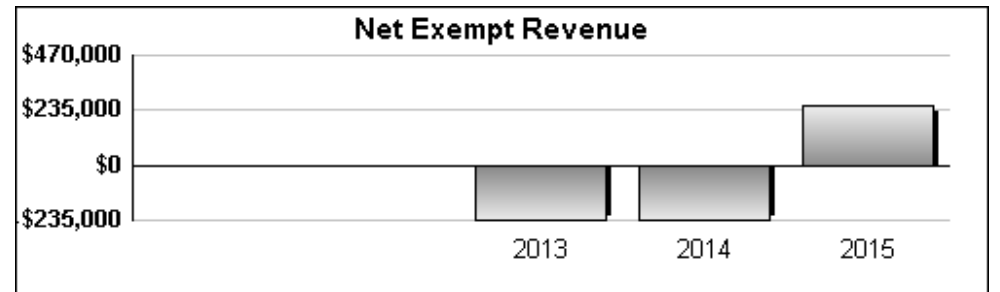
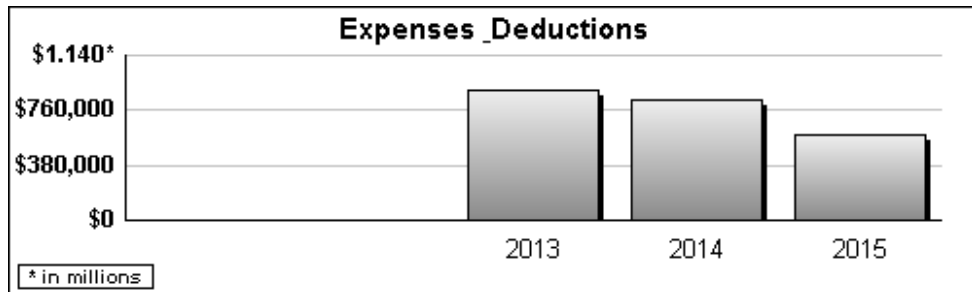
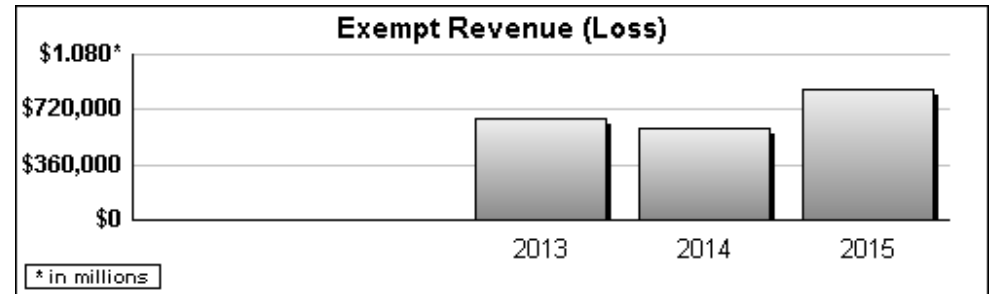
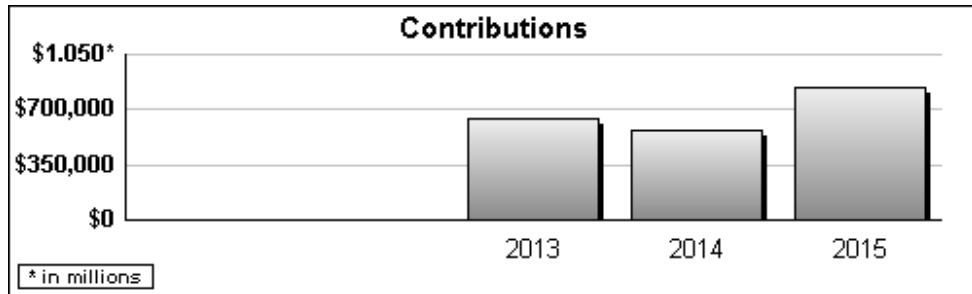
Name

**UNITED WAY OF NORTHEAST KENTUCKY**

Employer Identification Number

**61-6000060**

	2011	2012	2013	2014	2015	2016
Business activity profit/loss .....						
Capital gains/losses .....						
Partner and S Corp gain/loss .....						
Rental income* .....						
Debt-financed income* .....						
Controlled organizations income/interest* .....						
Investment income, specific organizations* .....						
Exploited exempt activity income* .....						
Other income .....						
<b>Total trade or business income.</b> .....						
Compensation of officers, ect. ....						
Other salaries and wages .....						
Repairs and maintenance .....						
Bad debts .....						
Interest .....						
Taxes and licenses .....						
Charitable contributions .....						
Depreciation and Depletion .....						
Deferred compensation plans .....						
Employee benefit programs .....						

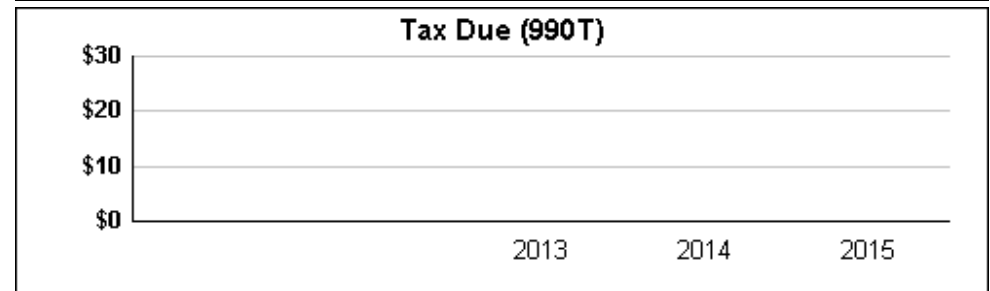
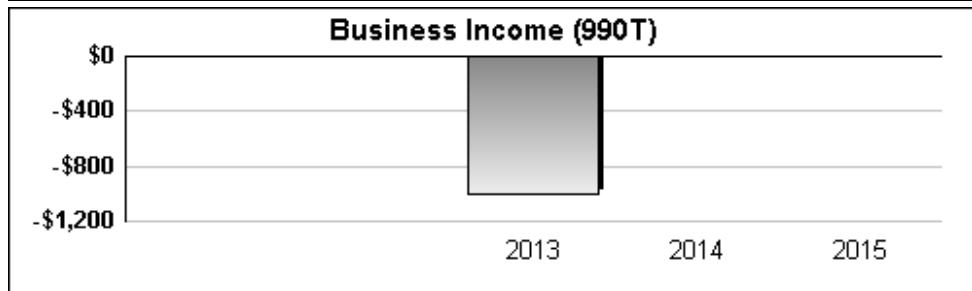
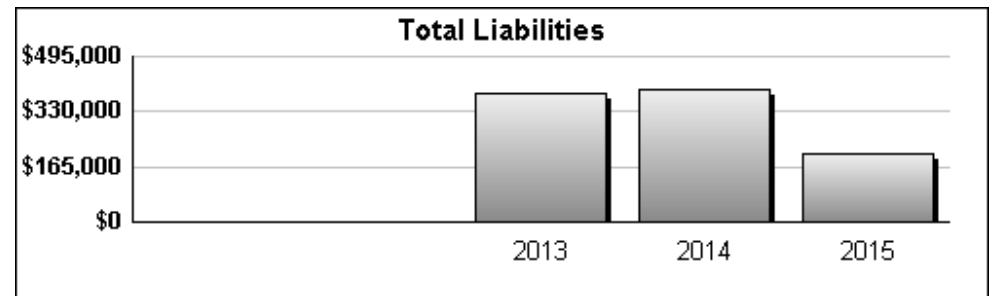
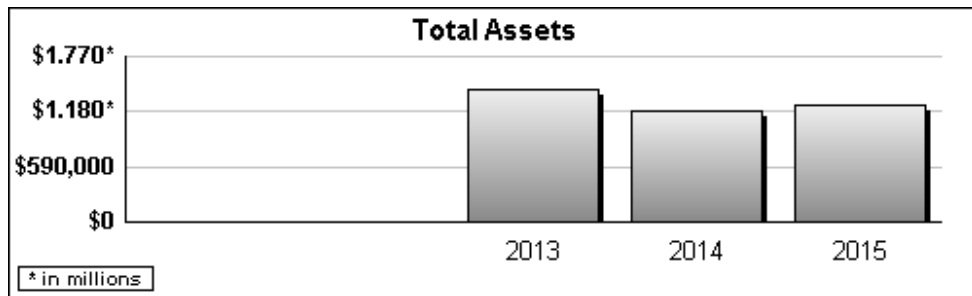


Form <b>990T</b>	<b>Tax Return History</b>	<b>2015</b>
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Name <b>UNITED WAY OF NORTHEAST KENTUCKY</b>	Employer Identification Number <b>61-6000060</b>
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	2011	2012	2013	2014	2015	2016
Other deductions .....						
Net operating loss deduction .....						
Specific deduction .....			1,000			
Income after expense and deductions .....			-1,000			
Income tax (corporate or trust) .....						
Other taxes .....						
<b>Total taxes</b> .....						
General business credit .....						
Other credits .....						
<b>Net tax after credits</b> .....						
Estimated tax payments .....						
Other payments .....						
<b>Balance due/Overpayment</b> .....						

\* Income shown net of expenses



**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST INCOME	\$ 14,834					
TOTAL	<u>\$ 14,834</u>					



**Federal Statements****Form 990, Part IX, Line 24e - All Other Expenses**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
MAINTENANCE & REPAIRS	\$ 494	\$	\$ 494	\$
TOTAL	\$ 494	\$ 0	\$ 494	\$ 0