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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

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

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

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

Department of the Treasury
Internal Revenue Service

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final

☐ Return/terminated

☐ Amended return

☐ Application pending

C Name of organization

UNITED WAY OF THE MID SOUTH

Doing business as

Number and street (or P O box if mail is not delivered to street address)

Room/suite

1005 TILLMAN STREET

City or town, state or province, country, and ZIP or foreign postal code

MEMPHIS, TN 38112

F Name and address of principal officer

DR KENNETH S ROBINSON

1005 TILLMAN STREET

MEMPHIS, TN 38112

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ HTTP //WWW.UWMIDSOUTH.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1972

M State of legal domicile TN

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

IMPROVING MID-SOUTHERNERS LIVES BY MOBILIZING COMMUNITY RESOURCES TO ADDRESS PRIORITY ISSUES

2 Check this box ☐ 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)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶1,217,578

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Part II Signature Block

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

Sign Here

Signature of officer

2017-10-27

Date

DR KENNETH S ROBINSON PRESIDENT & CEO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

J SCHIFANI CPA

Preparer's signature

J SCHIFANI CPA

Date

Check ☐ if self-employed

PTIN

P00316248

Firm's name ▶ CANNON & COMPANY PC

Firm's EIN ▶ 62-0962852

Firm's address ▶ 5605 MURRAY AVE

Phone no (901) 761-1710

MEMPHIS, TN 381193868

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

THE ORGANIZATION'S PUBLISHED MISSION IS "IMPROVING THE LIVES OF MID-SOUTHERNERS BY MOBILIZING AND ALIGNING COMMUNITY RESOURCES TO ADDRESS PRIORITY ISSUES." THE ORGANIZATION STRIVES TO STIMULATE VOLUNTARY PARTICIPATION AS PART OF ITS ANNUAL UNITED APPEAL FOR FUNDS AND OTHER RESOURCES, TO SUPPORT THE FINANCIAL NEEDS OF PROGRAMS AND FUNDED AGENCY PARTNERS POSITIVELY IMPACTING LOCAL POVERTY BY IMPROVING LOCAL EDUCATION, FINANCIAL STABILITY AND HEALTH. THE ORGANIZATION SERVES THE TENNESSEE COUNTIES OF FAYETTE, LAUDERDALE, SHELBY, AND TIPTON, THE MISSISSIPPI COUNTIES OF DESOTO, TATE AND TUNICA, AND CRITTENDEN COUNTY IN ARKANSAS.

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 \$	16,638,607	including grants of \$	14,479,051)	(Revenue \$)
See Additional Data						

4b	(Code)	(Expenses \$	168,624	including grants of \$	0)	(Revenue \$)
See Additional Data						

4c	(Code)	(Expenses \$	3,545	including grants of \$	3,000)	(Revenue \$)
See Additional Data						

4d	Other program services (Describe in Schedule O)					
	(Expenses \$		including grants of \$		(Revenue \$)

4e	Total program service expenses	16,810,776
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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	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
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	9 Yes	
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	10 Yes	
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	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
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	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
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	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a Yes	
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	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
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)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
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	19	No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	10
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	78
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: MS, TN

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (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.
 ► GREGG SMITH 1005 TILLMAN STREET MEMPHIS, TN 38112 (901) 433-4300

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

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

Form **990** (2016)

[illegible]

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 ▶ 6

Section B. Independent Contractors

(A)	(B)	(C)
Name and business address	Description of services	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
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Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a				
	b Membership dues . . .	1b				
	c Fundraising events . . .	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	327,840			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	19,977,889			
	g Noncash contributions included in lines 1a-1f \$ 159,689					
	h Total. Add lines 1a-1f		20,305,729			
Program Service Revenue			Business Code			
	2a _____					
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		140,512			140,512
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
			(i) Real	(ii) Personal		
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
			(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory		1,574,830			
	b Less cost or other basis and sales expenses		1,525,806			
	c Gain or (loss)		49,024			
	d Net gain or (loss)		49,024			49,024
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a			
	b Less direct expenses		b			
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19		a			
	b Less direct expenses		b			
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances		a			
b Less cost of goods sold		b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11a LOANED EXEC SPONSOR FUND		900099	19,700	19,700		
b OTHER MISC REVENUE		900099	4,855	4,855		
c _____						
d All other revenue						
e Total. Add lines 11a-11d			24,555			
12 Total revenue. See Instructions			20,519,820	24,555	0	189,536

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	14,479,051	14,479,051		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	3,000	3,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	735,812	298,946	282,661	154,205
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	2,291,978	931,184	880,461	480,333
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	305,600	121,869	118,878	64,853
9 Other employee benefits.	521,804	208,087	202,981	110,736
10 Payroll taxes.	207,778	85,545	79,087	43,146
11 Fees for services (non-employees):				
a Management.	39,362	14,129	16,326	8,907
b Legal.				
c Accounting.	47,672	17,112	19,773	10,787
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	46,976	16,862	19,484	10,630
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	28,389	10,190	11,775	6,424
12 Advertising and promotion.	147,689	53,168	60,553	33,968
13 Office expenses.	388,904	139,595	161,308	88,001
14 Information technology.				
15 Royalties.				
16 Occupancy.	345,899	124,159	143,470	78,270
17 Travel.	69,433	24,923	28,799	15,711
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	39,902	14,323	16,550	9,029
20 Interest.	28,532	10,242	11,834	6,456
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	142,071	50,996	58,927	32,148
23 Insurance.				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a CFC EXPENSE	228,670	72,318	110,762	45,590
b SPECIFIC PROGRAM EXPENSES	105,717	105,717		
c OTHER COMMUNITY EVENTS	63,855	22,568	27,185	14,102
d DUES	18,922	6,792	7,848	4,282
e All other expenses.				
25 Total functional expenses. Add lines 1 through 24e.	20,287,016	16,810,776	2,258,662	1,217,578
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		4,362	1	717	
	2	Savings and temporary cash investments		531,833	2	125,000	
	3	Pledges and grants receivable, net		6,356,791	3	5,208,472	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges		18,788	9	16,299	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	2,409,315			
	b	Less: accumulated depreciation	10b	519,315	38,564	10c	1,890,000
	11	Investments—publicly traded securities			11		
	12	Investments—other securities. See Part IV, line 11		7,114,445	12	7,855,161	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		791,164	15	714,062	
16	Total assets. Add lines 1 through 15 (must equal line 34)		14,855,947	16	15,809,711		
Liabilities	17	Accounts payable and accrued expenses		570,086	17	504,575	
	18	Grants payable		1,057,066	18	177,963	
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		55,789	21	138,232	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties		800,000	24	1,688,775	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		0	25	67,198	
	26	Total liabilities. Add lines 17 through 25		2,482,941	26	2,576,743	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		781,718	27	2,294,992	
	28	Temporarily restricted net assets		6,451,451	28	5,794,911	
	29	Permanently restricted net assets		5,139,837	29	5,143,065	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
33	Total net assets or fund balances		12,373,006	33	13,232,968		
34	Total liabilities and net assets/fund balances		14,855,947	34	15,809,711		

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,519,820
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,287,016
3	Revenue less expenses Subtract line 2 from line 1	3	232,804
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,373,006
5	Net unrealized gains (losses) on investments	5	627,159
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	13,232,968

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
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	Yes	
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?		No
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		

Additional Data

Software ID:

Software Version:

EIN: 56-1010742

Name: UNITED WAY OF THE MID SOUTH

Form 990 (2016)

Form 990, Part III, Line 4a:

THE ORGANIZATION PROVIDES SUPPORT TO OVER 500 COMMUNITY AGENCIES IN AN EIGHT COUNTY AREA IT CONDUCTS AN ANNUAL FUNDRAISING CAMPAIGN IN THE FALL OF EACH YEAR TO OBTAIN CONTRIBUTIONS TO PROVIDE THAT SUPPORT SPECIFICALLY, ALLOCATIONS TO AGENCIES INCLUDES PROGRAMS THAT IMPROVE EDUCATION, FINANCIAL STABILITY, AND HEALTH IN OUR REGION PROGRAMS INCLUDE EFFORTS TO ENSURE MORE CHILDREN ENTER SCHOOL READY TO LEARN AND SUCCEED, MORE YOUTH ARE ENGAGED IN A RANGE OF SAFE AND PRODUCTIVE AFTER SCHOOL ACTIVITES IN SCHOOLS AND THE COMMUNITY, MORE FAMILIES ARE SELF-SUFFICIENT WITH THEIR BASIC NEEDS MET, MORE FAMILIES ARE FREE FROM VIOLENCE AND ABUSE, AND MORE SENIORS IMPLEMENT THEIR OWN LIFE CHOICES LATER IN LIFE

Form 990, Part III, Line 4b:

UNITED WAY COORDINATES THE WORK OF MULTIPLE AGENCIES TO IMPLEMENT THE FREE TAX PREPARATION/VOLUNTEER INCOME TAX ASSISTANCE IN CRITTENDEN, DESOTO, FAYETTE, LAUDERDALE, SHELBY, TATE, TIPTON AND TUNICA COUNTIES. THIS PARTNERSHIP PROVIDES FREE TAX PREPARATION TO MAXIMIZE THE TOTAL AMOUNT OF ELIGIBLE TAX CREDITS FOR LOW TO MODERATE TAX FILERS. THE FREE TAX PREPARATION/VITA PROGRAM WAS FUNDED THROUGH MULTIPLE SOURCES: INTERNAL REVENUE SERVICE, TN DEPARTMENT OF HUMAN SERVICES, WELLS FARGO, COMMUNITY FOUNDATION OF MIDDLE TN AND UNITED WAY OF THE MID SOUTH. FUNDS WERE USED TO SUPPORT THE OPERATION OF SUPER VITA SITES, MOBILE TAX PREPARATION, A MARKETING CAMPAIGN, AND VOLUNTEER RECOGNITION. IN FISCAL YEAR ENDED 6/30/17, OVER 9,800 TAX RETURNS WERE PREPARED, RETURNING OVER \$12 MILLION TO MID-SOUTH FAMILIES.

Form 990, Part III, Line 4c:

YOUTH UNITED WAY DEVELOPS YOUNG LEADERS AND PROMOTES YOUTH PHILANTHROPY AND COMMUNITY SERVICE YOUTH UNITED WAY MEMBERS SERVE AS AMBASSADORS OF THE PROGRAM, SPEAKING TO OTHER YOUTH ABOUT THE BENEFITS OF GIVING BACK TO NEIGHBORHOODS OVER 100 MEMBERS SERVE ON COMMITTEES FOR COORDINATING FUND RAISING EVENTS, A SCHOLARSHIP DISTRIBUTION PROCESS, COMMUNITY SERVICE, AND COLLABORATING WITH OTHER YOUTH GROUPS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
JERRY R COLLINS JR BOARD CHAIRMAN	1 00	X		X				0	0	0
DR KENNETH S ROBINSON PRESIDENT & CEO	40 00	X		X				262,700	0	55,227
RICHARD WRIGHT TREASURER	1 00	X		X				0	0	0
R SCOTT BARBER CORP & COMMUNITY ENGAGEMEN	1 00	X						0	0	0
SHANNON BROWN PAST CHAIRMAN & NOMINATING	1 00	X						0	0	0
IRVIN CALLISTE LABOR PARTICIPATION CHAIRM	1 00	X						0	0	0
GEORGE COGSWELL III MARKETING & COMMUNICATIONS	1 00	X						0	0	0
DAVID DORTCH BOARD MEMBER	1 00	X						0	0	0
MICHAEL EDWARDS BOARD MEMBER	1 00	X						0	0	0
SCOTT FOUNTAIN CHAIRMAN ELECT	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
TIM HAYNES BOARD MEMBER	1 00	X						0	0	0
MARY ANN JACKSON SECRETARY & COUNSEL	1 00	X						0	0	0
STAN LOCKE BOARD MEMBER	1 00	X						0	0	0
BILL MARTIN BOARD MEMBER	1 00	X						0	0	0
DAVID MAY BOARD MEMBER	1 00	X						0	0	0
DAVE MILLER INVESTMENT COMMITTEE CHAIR	1 00	X						0	0	0
JEAN M MORTON COMMUNITY IMPACT CHAIRMAN	1 00	X						0	0	0
CRYSTAL R OLIVER BOARD MEMBER	1 00	X						0	0	0
MARIANNE PARRS BOARD MEMBER	1 00	X						0	0	0
PAUL SHAFFER BOARD MEMBER	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors												
(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					
MARK SKOBEL BOARD MEMBER	1 00	X						0	0	0		
GREG TOMLINSON JR TOCQUEVILLE SOCIETY CHAIRM	1 00	X						0	0	0		
CRAIG L WEISS PUBLIC POLICY CHAIRMAN	1 00	X						0	0	0		
SEAN M LEE BOARD MEMBER	1 00	X						0	0	0		
JOHN PETTEY III BOARD MEMBER	1 00	X						0	0	0		
SHEA FLIN BOARD MEMBER	1 00	X						0	0	0		
JW GIBSON GENERAL CAMPAIGN CHAIR	1 00	X						0	0	0		
REV CHRISTOPHER GIRATA BOARD MEMBER	1 00	X						0	0	0		
KIM HACKNEY BOARD MEMBER	1 00	X						0	0	0		
DR ALICE HAUSHAULTER BOARD MEMBER	1 00	X						0	0	0		

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors												
(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					
JEFF LIEBEMAN BOARD MEMBER	1 00	X						0	0	0		
URSULA MADDEN BOARD MEMBER	1 00	X						0	0	0		
TODD SIGMON BOARD MEMBER	1 00	X						0	0	0		
CHUCK THOMAS BOARD MEMBER	1 00	X						0	0	0		
DARRELL COBBINS BOARD MEMBER	1 00	X						0	0	0		
ATTY JEFFERY GREER BOARD MEMBER	1 00	X						0	0	0		
REV VIRZOLA LAW BOARD MEMBER	1 00	X						0	0	0		
ARI LITVIN BOARD MEMBER	1 00	X						0	0	0		
ANTHONY NUCKLES BOARD MEMBER	1 00	X						0	0	0		
NATALINE PURDY BOARD MEMBER	1 00	X						0	0	0		

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
TRACEY ROGERS BOARD MEMBER	1 00	X						0	0	0
CHRIS VAN STEENBERG BOARD MEMBER	1 00	X						0	0	0
MANOUCHEKA THERMITUS BOARD MEMBER	1 00	X						0	0	0
STEPHANIE BUTLER CHIEF STRATEGY OFFICER	40 00			X				159,554	0	30,198
GREGG SMITH CFO	40 00			X				144,729	0	11,115
RICHARD CHAMPLIN SR VP INFORMATION SERVICES	40 00					X		122,294	0	38,568
BRENDA GAINES OLLIE VP OF MAJOR GIFTS	40 00					X		108,037	0	20,394
DOUG BYRNES FORMER CFO & INTERIM CEO	40 00						X	176,503	0	49,541

SCHEDULE A (Form 990 or 990-EZ)	Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .	OMB No 1545-0047 2016 Open to Public Inspection
	Department of the Treasury Internal Revenue Service Name of the organization UNION WAY OF THE MID SOUTH	Employer identification number 56-1010742

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s) _____

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

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	24,509,157	21,242,059	19,816,729	19,724,933	20,305,729	105,598,607
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	24,509,157	21,242,059	19,816,729	19,724,933	20,305,729	105,598,607
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						105,598,607

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7	Amounts from line 4	24,509,157	21,242,059	19,816,729	19,724,933	20,305,729	105,598,607
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	125,587	122,893	127,382	105,453	140,512	621,827
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	183,068	162,322	130,733	170,072	24,555	670,750
11	Total support. Add lines 7 through 10						106,891,184

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**

14	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	98.790 %
15	Public support percentage for 2015 Schedule A, Part II, line 14	15	98.540 %

16a **33 1/3% support test—2016.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒**b** **33 1/3% support test—2015.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐**17a** **10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐**b** **10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐**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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income

	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI)		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

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

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

Part VI **Supplemental Information.**

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

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493303017897	
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>► 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.</div>			<div>OMB No 1545-0047</div> <div>2016</div> <div>Open to Public Inspection</div>
Name of the organization UNITED WAY OF THE MID SOUTH				Employer identification number 56-1010742	
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 an 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				
a	Total number of conservation easements	Held at the End of the Year			
b	Total acreage restricted by conservation easements	2a			
c	Number of conservation easements on a certified historic structure included in (a)	2b			
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c			
		2d			
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►				
4	Number of states where property subject to conservation easement is located ►				
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?				<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►				
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$				
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?				<input type="checkbox"/> Yes <input type="checkbox"/> No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements				
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.					
1a	If the organization elected, as permitted under 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				► \$
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
			Cat No 52283D	Schedule D (Form 990) 2016	

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☒ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☒

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	7,114,445	8,221,638	8,249,268	7,490,822	6,899,907
b Contributions					
c Net investment earnings, gains, and losses	956,842	-856,325	93,634	1,177,976	866,344
d Grants or scholarships	169,250	212,000	80,500	380,900	240,000
e Other expenditures for facilities and programs					
f Administrative expenses	46,876	38,868	40,764	38,630	35,430
g End of year balance	7,855,161	7,114,445	8,221,638	8,249,268	7,490,822

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

No

No

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	281,489			281,489
b Buildings	1,048,511		22,404	1,026,107
c Leasehold improvements	120,157		18,820	101,337
d Equipment	959,158		478,091	481,067
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				1,890,000

Part VII

Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) ASSETS HELD BY COMMUNITY FOUNDATION	7,855,161	F
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	7,855,161	

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c.
See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
CASH WITHDRAWALS IN EXCESS OF DEPOSITS	67,198
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	67,198

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.

1	Total revenue, gains, and other support per audited financial statements	1	16,254,869
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	627,159
b	Donated services and use of facilities	2b	33,953
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	661,112
3	Subtract line 2e from line 1	3	15,593,757
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	4,926,063
c	Add lines 4a and 4b	4c	4,926,063
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	20,519,820

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

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

1	Total expenses and losses per audited financial statements	1	15,394,907
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	33,953
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	33,953
3	Subtract line 2e from line 1	3	15,360,954
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	4,926,062
c	Add lines 4a and 4b	4c	4,926,062
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	20,287,016

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 56-1010742
Name: UNITED WAY OF THE MID SOUTH

Supplemental Information

Return Reference	Explanation
PART IV, LINE 2B	CONTRIBUTIONS MADE TO THE ALEXIS DE TOCQUEVILLE SOCIETY WITH THE UNITED WAY THAT ARE DONOR RESTRICTED ARE FOR THE BENEFIT OF OTHER 501(C)(3) ORGANIZATIONS THESE ARE DISBURSED PER THE DONORS' REQUEST THE ORGANIZATION HOLDS FUNDS FOR THE BOYD GAMING CRISIS FUND THESE F UNDS ARE DISTRIBUTED AT THE DISCRETION OF BOYD GAMING FOR THE BENEFIT OF ITS EMPLOYEES

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATIONS 4,926,063

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATIONS 4,926,063 ROUNDDING -1

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493303017897

Schedule I
(Form 990)

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

Name of the organization
UNITED WAY OF THE MID SOUTH

Employer identification number
56-1010742

Part I

General Information on Grants and Assistance

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

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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 ▶

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) YOUTH YOUTH UNITED WAY PROMOTES PHILANTHROPY, LEADERSHIP DEVELOPMENT, AND CHARACTER BUILDING AMONG SCHOOL STUDENTS MIDDLE SCHOOL AND HIGH SCHOOL STUDENTS (AGES 10 TO 18), IN PARTNERSHIP WITH ELEMENTARY AGED SCHOOL CHILDREN, RAISE FUNDS TO ASSIST LOCAL ORGANIZATIONS WITH THE IMPLEMENTATION OF PROGRAMS AND PROJECTS THAT ADDRESS THE NEEDS OF YOUTH MIDDLE AND HIGH SCHOOL YOUTH FORM AN EXECUTIVE BOARD THAT COORDINATES FUND-RAISING EVENTS, FUND-DISTRIBUTION PROCESSES AND COMMUNITY SERVICE ACTIVITIES	1	3,000			
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	UPON SUBMISSION OF A REQUEST FOR FUNDING, MEMBER NONPROFIT AGENCIES PARTICIPATE IN A VOLUNTEER REVIEW PROCESS THAT INCLUDES A REVIEW OF PROGRAM SERVICES, FINANCIAL INFORMATION, AND AN ON-SITE VISIT VOLUNTEERS RECOMMEND FUNDING BASED ON COMMUNITY NEED, PROGRAM QUALITY, EFFECTIVENESS, AND FISCAL HEALTH BOARD APPROVAL OF RECOMMENDATIONS IS REQUIRED ANNUALLY AWARDS ARE MADE TO FUND BOTH SPECIFIC DIRECT PROGRAMMATIC EXPENDITURES, AS WELL AS ADMINISTRATIVE FUNCTIONS OF NONPROFITS (CONTINUED IN PART IV) FEDERAL GRANT PROGRAMS ARE ADMINISTERED AND REVIEWED BY BOTH PROGRAM AND FISCAL STAFF FOR COMPLIANCE WITH CONTRACTS MONITORING VISITS FROM THE FEDERAL OVERSIGHT AGENCY ARE CONDUCTED ANNUALLY ADDITIONALLY, IF CERTAIN THRESHOLDS ARE MET, AN AUDIT IN ACCORDANCE WITH A-133 FEDERAL REGULATIONS IS CONDUCTED ANNUALLY NON MEMBER AGENCIES RECEIVE FUNDS THROUGH DONOR DESIGNATIONS, AND HAVE TO BE A 501C3 ORGANIZATION

Additional Data

Software ID:
Software Version:
EIN: 56-1010742
Name: UNITED WAY OF THE MID SOUTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
AGAPE 111 RACINE ST MEMPHIS, TN 38111		501(C)(3)	74,896				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
ALLIANCE HEATHCARE SERVICES 222 UNION AVE MEMPHIS, TN 38104		501(C)(3)	180,172				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ALPHA OMEGA VETERANS SERVICES 1183 MADISON AVE MEMPHIS, TN 38104		501(C)(3)	240,862				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
ALZHEIMER'S DAY SERVICES INC 3185 HICKORY HILL MEMPHIS, TN 38115		501(C)(3)	5,001				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AMERICAN & ASIAN INDIAN 7250 CORSICA DR GERMANTOWN, TN 38138		501(C)(3)	5,100				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
AMERICAN CANCER SOCIETY 1378 UNION AVE MEMPHIS, TN 38104		501(C)(3)	8,833				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AMERICAN HEART ASSN SHELBY CTY CHAPTER 2170 BUSINESS CENTER DR SUITE 1 MEMPHIS, TN 38134		501(C)(3)	39,684				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
AMERICAN RED CROSS MID SOUTH CHAPTER 1400 CENTRAL AVE MEMPHIS, TN 38104		501(C)(3)	455,973				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AMERICA'S CHARITIES 14150 NEWBROOK DR CHANTILLY, VA 20151		501(C)(3)	7,946				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
ANIMAL CHARITIES OF AMERICA 1100 LARKSPUR LANDING CIRCLE 340 LARKSPUR, CA 94939		501(C)(3)	17,377				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
THE ARC OF THE MID-SOUTH 3485 POPLAR AVE 225 MEMPHIS, TN 38111		501(C)(3)	66,229				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
ASSOCIATED CATHOLIC CHARITIES 1325 JEFFERSON AVE MEMPHIS, TN 38104		501(C)(3)	46,164				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BAPTIST MEMORIAL HEALTH CARE 350 N HUMPHREYS BLVD MEMPHIS, TN 38120		501(C)(3)	95,615				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
BIG BROTHERS & BIG SISTERS 1005 TILLMAN ST SECOND FLOOR MEMPHIS, TN 38112		501(C)(3)	41,093				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BINGHAMPTON CHRISTIAN ACADEMY 175 N TILLMAN ST MEMPHIS, TN 38111		501(C)(3)	9,385				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
BINGHAMPTON DEVELOPMENT CORP 280 TILLMAN ST MEMPHIS, TN 38112		501(C)(3)	46,119				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BOY SCOUTS OF AMERICA CHICKASAW COUNCIL 171 S HOLLYWOOD MEMPHIS, TN 38112		501(C)(3)	178,187				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
BOYS & GIRLS CLUB OF GREATER MEMPHIS INC 44 S REMBERT ST MEMPHIS, TN 38104		501(C)(3)	450,840				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BRIDGES USA 477 N FIFTH ST MEMPHIS, TN 38105		501(C)(3)	163,612				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
CANCERCURE OF AMERICA 1100 LARKSPUR LANDING CIRCLE 340 LARKSPUR, CA 94939		501(C)(3)	13,499				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CATHOLIC CHARITITES OF WEST TN 1325 JEFFERSON AVE MEMPHIS, TN 38104		501(C)(3)	102,662				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
CATHOLIC DIOCESE OF MEMPHIS 5825 SHELBY OAKS DR MEMPHIS, TN 38134		501(C)(3)	9,700				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CATHOLIC SERVICE ORGANIZATIONS 1100 LARKSPUR LANDING CIRCLE 340 LARKSPUR, CA 94939		501(C)(3)	10,616				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
CHARITIES UNDER 1 OVERHEAD 1100 LARKSPUR LANDING CIRCLE 340 LARKSPUR, CA 94939		501(C)(3)	6,366				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CHILDREN & FAMILY SERVICES 230 INDUSTRIAL RD N COVINGTON, TN 38109		501(C)(3)	17,602				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
CHILDREN'S CHARITIES OF AMERICA 1100 LARKSPUR LANDING CIRCLE 340 LARKSPUR, CA 94939		501(C)(3)	6,355				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CHILDREN'S MEDICAL & RESEARCH 1100 LARKSPUR LANDING CIRCLE 340 LARKSPUR, CA 94939		501(C)(3)	8,077				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
CHRISTIAN CHARITIES USA 1100 LARKSPUR LANDING CIRCLE 340 LAGRANGE, CA 94939	94-3255961	501(C)(3)	13,031				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CHURCH HEALTH CENTER 1350 CONCOURSE AVE STE 142 MEMPHIS, TN 38104	58-1716113	501(C)(3)	109,874				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
COLDWATER FIRE DEPARTMENT 713 2ND ST COLDWATER, MS 38618		501(C)(3)	6,179				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
COLLIERVILLE LITERACY FOUNDATION 176 WASHINGTON ST COLLIERVILLE, TN 38017		501(C)(3)	59,483				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
COLLIERVILLE YOUNG LIFE 340 NEW BYHALIA RD COLLIERVILLE, TN 38017		501(C)(3)	8,292				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY FOUNDATION OF GREATER MEMPHIS 1900 UNION AVE MEMPHIS, TN 38104		501(C)(3)	171,968				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
CRISIS CENTER PO BOX 40068 MEMPHIS, TN 38174		501(C)(3)	79,503				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
DELTAARTS 301 S RHODES ST WEST MEMPHIS, AR 72301		501(C)(3)	6,150				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
DESOTO COUNTY FOUNDATION FOR EXCELLENCE IN EDUCATION 316 W COMMERCE ST HERNANDO, MS 38632		501(C)(3)	37,680				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
DESOTO COUNTY LITERACY COUNCIL 2601 ELM ST HERNANDO, MS 38632		501(C)(3)	29,200				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
DEWITT COMMUNITY COALITION 905 SETTLES DR MOSCOW, TN 38057		501(C)(3)	20,866				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
DIXON GALLERY 4339 PARK AVE MEMPHIS, TN 38117		501(C)(3)	15,500				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
DUCKS UNLIMITED ONE WATERFOWL WAY MEMPHIS, TN 38120		501(C)(3)	10,000				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
EARTH SHARE 7735 OLD GEORGETOWN RD SUITE 900 BETHESDA, MD 20814		501(C)(3)	10,000				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
EAST ARKANSAS YOUTH SERVICES 104 CYPRESS ST MARION, AR 72364		501(C)(3)	6,832				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
EMMANUEL EPISCOPAL CENTER 604 ST PAUL AVE MEMPHIS, TN 38126		501(C)(3)	6,665				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
EXCHANGE CLUB FAMILY CENTER OF THE MID-SOUTH 2180 UNION AVE MEMPHIS, TN 38104		501(C)(3)	189,344				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
FAMILY SAFETY CENTER 1750 MADISON AVE SUITE 600 MEMPHIS, TN 38104		501(C)(3)	10,672				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
FAYETTE CARES 13300 N MAIN ST SOMERVILLE, TN 38068		501(C)(3)	51,020				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
FAYETTE CO COMMISSION ON AGING 108 KAY DR SOMERVILLE, TN 38068		501(C)(3)	15,295				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
FAYETTE CO LITERACY COUNCIL 211 WEST MARKET ST SOMERVILLE, TN 38068		501(C)(3)	20,180				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
FAYETTE CO SCHOOLS ALUMNI ASSOC PO BOX 586 SOMERVILLE, TN 38068		501(C)(3)	25,495				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
FEDEX FAMILY HOUSE 918 POPLAR AVE MEMPHIS, TN 38105		501(C)(3)	23,331				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
FEEDING FAYETTE PO BOX 246 MOSCOW, TN 38057		501(C)(3)	25,869				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
FELLOWSHIP CHRISTIAN ATHLETES 1584 YORKSHIRE DR MEMPHIS, TN 38119		501(C)(3)	14,771				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
FIRST TEE 974 FIRESTONE AVE MEMPHIS, TN 38107		501(C)(3)	5,164				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
FRAYSER COMMUNITY DEVELOPMENT 3684 N WATKINS ST MEMPHIS, TN 38127		501(C)(3)	38,000				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
FRIENDS FOR LIFE 43 N CLEVELAND AVE MEMPHIS, TN 38104		501(C)(3)	77,756				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
GIRL SCOUTS HEART OF THE SOUTH PO BOX 240246 MEMPHIS, TN 38124		501(C)(3)	184,747				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
GIRLS INCORPORATED OF MEMPHIS 2670 UNION AVE EXTENDED SUITE 606 MEMPHIS, TN 38112		501(C)(3)	317,270				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
GLOBAL IMPACT 125 RED OAK RD STOCKBRIDGE, GA 30281		501(C)(3)	14,385				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
GOODWILL HOMES COMMUNITY SERVICES INC PO BOX 161282 MEMPHIS, TN 38186		501(C)(3)	335,194				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
GRACE HOUSE OF MEMPHIS INC 329 N BELLEVUE MEMPHIS, TN 38105		501(C)(3)	150,674				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
HARWOOD CENTER INC 711 JEFFERSON AVE MEMPHIS, TN 38105		501(C)(3)	194,699				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
HEALING HEARTS CHILD ADVOCACY CENTER 5627 GETWELL RD SUITE B3 SOUTHAVEN, MS 38672		501(C)(3)	24,117				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
HEALTH & MEDICAL RESEARCH 1100 LARKSPUR LANDING CIRCLE 340 LARKSPUR, CA 94939		501(C)(3)	17,412				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
HEARTS AND HANDS MINISTRIES 32 W BRUNSWICK BYHALIA, MS 38611		501(C)(3)	6,625				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
HISTORIC DESOTO FOUNDATION 111 E COMMERCE ST HERNANDO, MS 38632		501(C)(3)	16,462				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
HOPE CHRISTIAN COMMUNITY FOUNDATION 4515 POPLAR AVE SUITE 324 MEMPHIS, TN 38117		501(C)(3)	116,190				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPE HOUSE 23 S IDLEWILD ST MEMPHIS, TN 38104		501(C)(3)	106,999				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
HOUSE OF GRACE 8625 US-51 SOUTHAVEN, MS 38671		501(C)(3)	19,469				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
JUNIOR LEAGUE OF MEMPHIS 3475 CENTRAL AVE MEMPHIS, TN 38111		501(C)(3)	9,523				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
KNOWLEDGE QUEST 590 JENNETTE PL MEMPHIS, TN 38126		501(C)(3)	375,925				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
LATINO MEMPHIS 6041 MT MORIAH RD EXTENDED 16 MEMPHIS, TN 38115		501(C)(3)	50,758				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
LAUDERDALE COUNTY FAMILY 5226 VALLEY ST MERIDIAN, MS 39307		501(C)(3)	5,259				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
LEADERSHIP MEMPHIS 365 SOUTH MAIN ST MEMPHIS, TN 38103		501(C)(3)	11,910				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
LEBONHEUR CLUB 1047 CRESTHAVEN RD MEMPHIS, TN 38117		501(C)(3)	9,873				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
LEBONHEUR COMMUNITY HEALTH & WELL-BEING 50 PEABODY PL SUITE 400 MEMPHIS, TN 38103		501(C)(3)	40,000				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
LEBONHEUR EARLY INTERVENTION & DEVELOPMENT PRG 50 PEABODY PL SUITE 400 MEMPHIS, TN 38103		501(C)(3)	87,153				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
LEBONHEUR FOUNDATION PO BOX 41817 MEMPHIS, TN 38174		501(C)(3)	47,743				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
LEBONHEUR FOUNDATION-FEDEX PO BOX 41817 MEMPHIS, TN 38174		501(C)(3)	26,500				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
LEMOYNE OWEN COLLEGE 807 WALKER AVE MEMPHIS, TN 38126		501(C)(3)	13,226				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
LINCJOBLINC-LIBRARY INFORMATION CENTER 3030 POPLAR AVE MEMPHIS, TN 38111		501(C)(3)	68,392				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
LITERACY MIDSOUTH 66 COOPER ST SUITE 400 MEMPHIS, TN 38104		501(C)(3)	92,414				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
LOWENSTEIN HOUSE INC 821 S BARKSDALE AVE MEMPHIS, TN 38104		501(C)(3)	60,659				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MADONNA LEARNING CENTER 7007 POPLAR AVE GERMANTOWN, TN 38138		501(C)(3)	41,416				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
MAKE-A-WISH OF THE MID-SOUTH 1780 MORIAH WOODS BLVD SUITE 10 MEMPHIS, TN 38117		501(C)(3)	12,837				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MANRISE FOUNDATION 2000 FARMINGTON BLVD GERMANTOWN, TN 38139		501(C)(3)	10,000				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
MEDICAL RESEARCH CHARITIES 125 WASHINGTON ST SUITE 201 SALEM, MA 01970		501(C)(3)	5,720				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MEMPHIS AREA LEGAL SERVICES 22 NORTH FRONT ST SUITE 1100 MEMPHIS, TN 38103		501(C)(3)	6,135				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
MEMPHIS BROOKS MUSEUM OF ART 1934 POPLAR AVE OVERTON PARK MEMPHIS, TN 38104		501(C)(3)	16,000				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MEMPHIS CHILD ADVOCACY CENTER 1085 POPLAR AVE MEMPHIS, TN 38105		501(C)(3)	172,466				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
MEMPHIS DEVELOPMENT FOUNDATION 203 SOUTH MAIN ST MEMPHIS, TN 38103		501(C)(3)	5,500				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MEMPHIS JEWISH COMMUNITY CENTER 6560 POPLAR AVE GERMANTOWN, TN 38138		501(C)(3)	184,950				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
MEMPHIS JEWISH HOME 36 BAZEBERRY RD CORDOVA, TN 38018		501(C)(3)	36,733				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MEMPHIS ORAL SCHOOL 7901 POPLAR AVE GERMANTOWN, TN 38138		501(C)(3)	123,706				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
MEMPHIS RECOVERY CENTERS INC 219 N MONTGOMERY MEMPHIS, TN 38104		501(C)(3)	188,879				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MEMPHIS UNION MISSION 383 POPLAR AVE MEMPHIS, TN 38105		501(C)(3)	9,717				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
MEMPHIS ZOO 2000 PRENTISS PL MEMPHIS, TN 38112		501(C)(3)	14,500				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MERITAN INC 4700 POPLAR AVE SUITE 400 MEMPHIS, TN 38117		501(C)(3)	576,789				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
METHODIST ALLIANCE HOSPICE 6400 SHELBY VIEW DR SUITE 101 MEMPHIS, TN 38134		501(C)(3)	39,067				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
METHODIST HEALTHCARE FOUNDATION 1211 UNION AVE SUITE 450 MEMPHIS, TN 38104		501(C)(3)	53,430				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
METROPOLITAN INTERFAITH ASSOCIATION PO BOX 3130 MEMPHIS, TN 38173		501(C)(3)	47,971				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MID-SOUTH FOOD BANK 239 S DUDLEY ST MEMPHIS, TN 38104		501(C)(3)	27,883				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
MILITARY SUPPORT GROUPS 1100 LARKSPUR LANDING CIRCLE 340 LARKSPUR, CA 94939		501(C)(3)	8,060				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MISSION POSSIBLE 2400 POPLAR AVE SUITE 428 MEMPHIS, TN 38112		501(C)(3)	12,256				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
MLITARY FAMILY & VETERANS 1100 LARKSPUR LANDING CIRCLE 340 LARKSPUR, CA 94939		501(C)(3)	18,718				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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NATIONAL CIVIL RIGHTS MUSEUM 450 MULBERRY ST MEMPHIS, TN 38103		501(C)(3)	24,865				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
NEIGHBORHOOD CHRISTIAN CENTER 785 JACKSON AVE MEMPHIS, TN 38107		501(C)(3)	25,010				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
OLIVE BRANCH COMMUNITY EMERGENCY FOOD 10947 HIGHWAY 178 OLIVE BRANCH, MS 38654		501(C)(3)	13,085				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
ORBIS 520 8TH AVE 11TH FLOOR NEW YORK, NY 10018		501(C)(3)	16,000				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
OVERTON PARK CONSERVANCY 1914 POPLAR AVE SUITE 202 MEMPHIS, TN 38104		501(C)(3)	5,000				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
PAGE ROBBINS ADULT DAY CARE 1961 S HOUSTON LEVEE COLLIERVILLE, TN 38017		501(C)(3)	7,666				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

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(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
PI KAPPA ALPHA EDUCATION FOUNDATION 8347 WEST RANGE CV MEMPHIS, TN 38125		501(C)(3)	5,000				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
PORTER-LEATH CHILDREN'S CENTER 868 N MANASSAS ST MEMPHIS, TN 38107		501(C)(3)	462,523				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

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(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
RISE 2650 THOUSAN OAKS BLVD SUITE 2400 MEMPHIS, TN 38118		501(C)(3)	12,797				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
RONALD MCDONALD HOUSE 535 ALABAMA ST MEMPHIS, TN 38105		501(C)(3)	13,023				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

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ROSE BROOKS CENTER P O BOX 320599 KANSAS CITY, KS 64132		501(C)(3)	10,000				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
RUST COLLEGE 150 RUST AVE HOLLY SPRINGS, MS 38635		501(C)(3)	6,625				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

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SACRED HEART SOUTHERN MISSIONS INC 6050 HIGHWAY 161 N WALLS, MS 38686		501(C)(3)	64,790				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
SALVATION ARMY 696 JACKSON AVE MEMPHIS, TN 38105		501(C)(3)	522,791				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

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(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
SAMARITANS PO BOX 576 HORN LAKE, MS 38637		501(C)(3)	16,673				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
SEARCH DOGS SOUTH PO BOX 1440 BYHALIA, MS 38611		501(C)(3)	43,380				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SHELBY FARMS PARK CONSERVANCY 500 NORTH PINE LAKE DR MEMPHIS, TN 38134		501(C)(3)	5,086				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
SHELBY RESIDENTIAL AND VOC SERVICES (SRVS) 3971 KNIGHT ARNOLD RD MEMPHIS, TN 38118		501(C)(3)	215,937				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

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(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
SHINING BRIGHT MINISTRIES 7341 GINGER SNAP COVE MEMPHIS, TN 38125		501(C)(3)	23,890				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
SPECIAL OLYMPICS 1355 LYNNFIELD SUITE 273 MEMPHIS, TN 38119		501(C)(3)	48,879				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ST JUDE CHILDREN'S HOSPITAL 501 ST JUDE PL MEMPHIS, TN 38105		501(C)(3)	93,467				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
STREETS MINISTRIES 430 VANCE AVE MEMPHIS, TN 38126		501(C)(3)	6,007				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SUSAN G KOMEN FOUNDATION 6645 POPLAR AVE SUITE 211 GERMANTOWN, TN 38138		501(C)(3)	9,423				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
SYNERGY TREATMENT CENTERS PO BOX 16217 MEMPHIS, TN 38186		501(C)(3)	96,783				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
TEACH FOR AMERICA 175 TOYOTA PLAZA SUITE 350 MEMPHIS, TN 38103		501(C)(3)	6,000				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
TENNESSEE POISON CENTER VANDERBILT UNIV 501 OXFORD HOUSE 1161 21ST AVE S NASHVILLE, TN 37232		501(C)(3)	62,023				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
TENNIS MEMPHIS 1500 FINLEY ROAD MEMPHIS, TN 38116		501(C)(3)	5,000				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
THE BADDOUR CENTER 626 BADDOUR BLVD SENATOBIA, MS 38668		501(C)(3)	14,312				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
THE NEIGHBORHOOD SCHOOL 175 TILLMAN ST MEMPHIS, TN 38111		501(C)(3)	25,010				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
THE WORKS 1471 GENESIS CIR MEMPHIS, TN 38106		501(C)(3)	45,000				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
TIPTON COUNTY COMMISSION ON AGING PO BOX 631 COVINGTON, TN 38019		501(C)(3)	12,285				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
TREZEVANT MANOR FOUNDATION 177 N HIGHLAND ST MEMPHIS, TN 38111		501(C)(3)	5,000				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
TUNICA COUNTY COMMUNITY DEVELOPMENT COALITION PO BOX 1402 TUNICA, MS 38676		501(C)(3)	11,674				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
TUNICA COUNTY LITERACY COUNCIL PO BOX 1788 TUNICA, MS 38676		501(C)(3)	18,561				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
UNITED HOUSING INC 2750 COLONY PARK DR MEMPHIS, TN 38118		501(C)(3)	47,252				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
UNITED NEGRO COLLEGE FUND 229 PEACHTREE ST NE SUITE 2350 ATLANTA, GA 30303		501(C)(3)	9,376				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
UNITED WAY OF ST FRANCOIS 739 EAST KARSCH BLVD FARMINGTON, MO 63640		501(C)(3)	11,032				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
UNITED WAY OF WEST GEORGIA 200 MAIN ST LAGRANGE, GA 30240		501(C)(3)	6,442				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MEMPHIS URBAN LEAGUE INC 413 N CLEVELAND MEMPHIS, TN 38104		501(C)(3)	203,150				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
WEST CANCER CENTER 100 N HUMPHREYS BLVD MEMPHIS, TN 38120		501(C)(3)	10,400				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
WKNO 7151 CHERRY FARMS RD CORDOVA, TN 38016		501(C)(3)	5,650				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
WOLF RIVER CONSEVANCY P O BOX 11031 MEMPHIS, TN 38111		501(C)(3)	5,000				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
WOMEN CHILDREN & FAMILY 1100 LARKSPUR LANDING CIRCLE 340 LARKSPUR, CA 94939		501(C)(3)	5,360				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
WOMENS FOUNDATION OF GTR MEMPHIS 40 SOUTH MAIN ST SUITE 2280 MEMPHIS, TN 38103		501(C)(3)	5,557				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
WOUNDED WARRIOR PROJECT 4899 BELFORT RD SUITE 300 JACKSONVILLE, FL 32256		501(C)(3)	8,555				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
YMCA OF MEMPHIS AND THE MID-SOUTH 6373 QUAIL HOLLOW RD SUITE 201 MEMPHIS, TN 38120		501(C)(3)	419,930				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
YOUNG LIFE 658 COLONIAL RD MEMPHIS, TN 38117		501(C)(3)	7,800				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
YOUTH STRIVING FOR EXCELLENCE 2886 ALLEN RD MEMPHIS, TN 38128		501(C)(3)	6,405				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
YOUTH VILLAGES 3320 BROTHER BLVD MEMPHIS, TN 38133		501(C)(3)	1,197,210				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE
YWCA OF GREATER MEMPHIS 766 S HIGHLAND ST MEMPHIS, TN 38111		501(C)(3)	267,554				TO PROVIDE FUNDS TO ORGANIZATION TO CARRY OUT ITS EXEMPT PURPOSE

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization UNITED WAY OF THE MID SOUTH	Employer identification number 56-1010742
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Part I

Questions Regarding Compensation

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

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DR KENNETH S ROBINSON PRESIDENT & CEO	(i)	262,700 -----	0 -----	0 -----	46,388 -----	8,839 -----	317,927 -----	0 -----
	(ii)	0	0	0	0	0	0	0
2 STEPHANIE BUTLER CHIEF STRATEGY OFFICER	(i)	159,554 -----	0 -----	0 -----	22,819 -----	7,379 -----	189,752 -----	0 -----
	(ii)	0	0	0	0	0	0	0
3 GREGG SMITHCFO	(i)	144,729 -----	0 -----	0 -----	0 -----	11,115 -----	155,844 -----	0 -----
	(ii)	0	0	0	0	0	0	0
4 RICHARD CHAMPLIN SR VP INFORMATION SERVICES	(i)	122,294 -----	0 -----	0 -----	21,971 -----	16,597 -----	160,862 -----	0 -----
	(ii)	0	0	0	0	0	0	0
5 DOUG BYRNES FORMER CFO & INTERIM CEO	(i)	176,503 -----	0 -----	0 -----	32,442 -----	17,098 -----	226,043 -----	0 -----
	(ii)	0	0	0	0	0	0	0

Part III **Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 1A	MEMBERSHIP DUES TO A LOCAL FACILITY WERE PAID AND THE FACILITIES ARE AVAILABLE FOR USE BY EXECUTIVES OF THE ORGANIZATION

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SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047
2016
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

►Attach to Form 990.

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

Name of the organization
UNITED WAY OF THE MID SOUTH

Employer identification number
56-1010742

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures . .				
3 Art—Fractional interests . .				
4 Books and publications . .				
5 Clothing and household goods				
6 Cars and other vehicles . . .				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded .				
10 Securities—Closely held stock .				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous . .				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential . .				
16 Real estate—Commercial . .				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies .				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts . . .				
25 Other ► (ADVERTISING- 16 BLACK & WHITE 1/4 PAGE ADS & RADIO ANNOUNCEMENTS)	X	2	147,689	RETAIL VALUE
26 Other ► (MCDONALDS FOOD COUPONS)	X	1	12,000	RETAIL VALUE
27 Other ► ()				
28 Other ► ()				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that
it must hold for at least three years from the date of the initial contribution, and which is not required to be used
for exempt purposes for the entire holding period?

30a

Yes

No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

No

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

32a

Yes

No

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II

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

Cat No 51227J

Schedule M (Form 990) (2016)

Part II**Supplemental Information.**

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

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF THE MID SOUTH

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.

OMB No 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

56-1010742

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	AFTER THE FORM 990 IS PREPARED, MANAGEMENT REVIEWS IT AND PRESENTS IT TO THE FINANCE COMMITTEE FOR REVIEW AND ACCEPTANCE AFTER THE FINANCE COMMITTEE HAS ACCEPTED THE DRAFT OF THE RETURN, THE ACCEPTED DRAFT OF THE RETURN IS MADE AVAILABLE TO THE FULL BOARD PRIOR TO FILING THE 990 IS SUBMITTED TO VARIOUS AGENCIES INCLUDING THE STATES OF TENNESSEE AND MISSISSIPPI FOR CHARITABLE SOLICITATION REGISTRATION AND ALSO TO UNITED WAY WORLDWIDE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY, ALL EMPLOYEES AND MEMBERS OF THE BOARD ARE ASKED TO SIGN A CONFLICT OF INTEREST DISCLOSURE STATING THEY ARE AWARE OF THE POLICY AND THAT THEY HAVE NO KNOWN CONFLICTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE ORGANIZATION USES DATA FROM OTHER UNITED WAY ORGANIZATIONS AND A REPORT PREPARED BY AN INDEPENDENT COMPENSATION CONSULTANT TO DETERMINE APPROPRIATE COMPENSATION PACKAGES BASED ON JOB DESCRIPTION AND REFERENCING ORGANIZATIONS OF A SIMILAR SIZE THE COMPENSATION COMMITTEE, WHICH IS MADE UP OF VOLUNTEER FORMER, CURRENT, AND INCOMING BOARD CHAIRS, APPROVES THE PRESIDENT'S SALARY AND BONUS PLAN THE APPROVED COMPENSATION PACKAGE FOR THE PRESIDENT IS THEN FORWARDED TO THE EXECUTIVE COMMITTEE FOR FINAL APPROVAL THE COMPENSATION OF KEY EMPLOYEES IS REVIEWED BY THE COMMITTEE AND APPROVED BY THE PRESIDENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST STATEMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. ADDITIONALLY, THE FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	ROUNDING -1