

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

- 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

D Employer identification number
56-1010742

E Telephone number
(901) 433-4300

G Gross receipts \$ 18,365,015

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

1 Briefly describe the organization's mission or most significant activities
FOR OVER 95 YEARS, UNITED WAY OF THE MID-SOUTH HAS BROUGHT THE TIME, TALENTS, AND TREASURES OF OUR CITIZENS TOGETHER SO INDIVIDUALS AND FAMILIES IN NEED CAN ENJOY A BETTER QUALITY OF LIFE, MAKING THE MID-SOUTH AN EVEN BETTER PLACE FOR ALL WE DO THIS BY BEING THE LEADING CATALYST IN STIMULATING SUPPORT AND SERVICES FOR INDIVIDUALS AND FAMILIES AS THEY PROGRESS FROM POVERTY TO PROSPERITY THE MISSION OF UNITED WAY IS TO IMPROVE THE QUALITY OF LIFE FOR MID- SOUTHERNERS BY MOBILIZING AND ALIGNING COMMUNITY RESOURCES TO ADDRESS PRIORITY ISSUES WE STRIVE TO ADVANCE PEOPLE FROM WHERE THEY ARE TO WHERE THEY DREAM TO BE BY ADDRESSING THE BUILDING BLOCKS FOR SUCCESS--EDUCATION, FINANCIAL STABILITY AND HEALTH UNITED WAY OFFERS PARTNERS, DONORS AND VOLUNTEERS THE ABILITY TO FULFILL THEIR DREAMS OF HOW THEY CAN SUPPORT THEIR COMMUNITY THROUGH THEIR FINANCIAL CONTRIBUTIONS AND THEIR COMMITMENT OF TIME AND TALENT

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)	33
4 Number of independent voting members of the governing body (Part VI, line 1b)	33
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	72
6 Total number of volunteers (estimate if necessary)	2,813
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	20,305,729	17,474,196
9 Program service revenue (Part VIII, line 2g)		0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	189,536	464,374
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	24,555	64,559
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,519,820	18,003,129

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	14,482,051	12,577,638
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,062,972	3,912,385
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,234,906		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,741,993	2,047,420
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	20,287,016	18,537,443
19 Revenue less expenses Subtract line 18 from line 12	232,804	-534,314

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	15,809,711	15,137,246
21 Total liabilities (Part X, line 26)	2,576,743	2,472,996
22 Net assets or fund balances Subtract line 21 from line 20	13,232,968	12,664,250

Part II Signature Block

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

Sign Here
Signature of officer: ***** Date: 2018-11-08
DR KENNETH S ROBINSON PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: DAVID CURBO Preparer's signature: DAVID CURBO Date: 2018-11-08
Check if self-employed PTIN: P00316246
Firm's name: ALEXANDER THOMPSON ARNOLD PLLC Firm's EIN: 62-1110839
Firm's address: 6525 N QUAIL HOLLOW SUITE 500 MEMPHIS, TN 38120 Phone no: (901) 684-1170

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

FOR OVER 95 YEARS, UNITED WAY OF THE MID-SOUTH HAS BROUGHT THE TIME, TALENTS, AND TREASURES OF OUR CITIZENS TOGETHER SO INDIVIDUALS AND FAMILIES IN NEED CAN ENJOY A BETTER QUALITY OF LIFE, MAKING THE MID-SOUTH AN EVEN BETTER PLACE FOR ALL WE DO THIS BY BEING THE LEADING CATALYST IN STIMULATING SUPPORT AND SERVICES FOR INDIVIDUALS AND FAMILIES AS THEY PROGRESS FROM POVERTY TO PROSPERITY THE MISSION OF UNITED WAY IS TO IMPROVE THE QUALITY OF LIFE FOR MID- SOUTHERNERS BY MOBILIZING AND ALIGNING COMMUNITY RESOURCES TO ADDRESS PRIORITY ISSUES WE STRIVE TO ADVANCE PEOPLE FROM WHERE THEY ARE TO WHERE THEY DREAM TO BE BY ADDRESSING THE BUILDING BLOCKS FOR SUCCESS--EDUCATION, FINANCIAL STABILITY AND HEALTH UNITED WAY OFFERS PARTNERS, DONORS AND VOLUNTEERS THE ABILITY TO FULFILL THEIR DREAMS OF HOW THEY CAN SUPPORT THEIR COMMUNITY THROUGH THEIR FINANCIAL CONTRIBUTIONS AND THEIR COMMITMENT OF TIME AND TALENT

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 \$ 14,952,952 including grants of \$ 12,577,636) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ 184,262 including grants of \$) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ 301,101 including grants of \$) (Revenue \$)
See Additional Data

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

4e Total program service expenses ▶ 15,438,315

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>	Yes	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		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? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		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>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	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>		No
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>	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>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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>		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>		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>		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>		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>		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>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	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>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>		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>		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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>		
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>		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>		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	Yes	

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (33), 1b (33), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (MS, TN), 18 (Own website, Another's website, Upon request, Other), 19, 20 (GIA STOKES 1005 TILLMAN STREET MEMPHIS, TN 38112 (901) 433-4371).

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a					
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	648,651				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	16,825,545				
	g Noncash contributions included in lines 1a-1f \$ _____		189,020				
	h Total. Add lines 1a-1f		17,474,196				
Program Service Revenue	2a _____	Business Code					
	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)		128,223			128,223	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses		698,037			
		c Gain or (loss)		361,886			
		d Net gain or (loss)		336,151			336,151
	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 ANNUAL MEETING REVENUE		33,669	33,669				
b LOANED EXEC SPONSOR FUND		27,700	27,700				
c OTHER MISC REVENUE		3,190	3,190				
d All other revenue							
e Total. Add lines 11a-11d		64,559					
12 Total revenue. See Instructions		18,003,129	64,559		464,374		

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	12,573,638	12,573,638		
2 Grants and other assistance to domestic individuals See Part IV, line 22	4,000	4,000		
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	669,549	326,215	206,526	136,808
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	2,319,082	1,130,267	715,109	473,706
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	307,848	149,356	95,338	63,154
9 Other employee benefits	404,019	196,015	125,121	82,883
10 Payroll taxes	211,887	104,322	64,704	42,861
11 Fees for services (non-employees)				
a Management	144,286	61,175	49,994	33,117
b Legal				
c Accounting	35,209	14,928	12,200	8,081
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	61,041	25,881	21,150	14,010
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	21,272	9,019	7,371	4,882
12 Advertising and promotion	137,894	58,465	47,779	31,650
13 Office expenses	489,809	207,672	169,714	112,423
14 Information technology				
15 Royalties				
16 Occupancy	324,257	137,482	112,349	74,426
17 Travel	71,575	30,347	24,800	16,428
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	20,811	8,823	7,211	4,777
20 Interest	24,373	10,334	8,445	5,594
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	167,407	70,978	58,005	38,424
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 DUES	199,742	84,689	69,207	45,846
b DONOR RECOGNITION	138,501	58,720	47,993	31,788
c SPECIFIC PROGRAM EXPENSE	132,592	132,592		
d OTHER COMMUNITY EVENTS	57,191	24,248	19,816	13,127
e All other expenses	21,460	19,149	1,390	921
25 Total functional expenses. Add lines 1 through 24e	18,537,443	15,438,315	1,864,222	1,234,906
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	717	1	299
	2 Savings and temporary cash investments	125,000	2	173,500
	3 Pledges and grants receivable, net	5,208,472	3	5,068,981
	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	16,299	9	11,684
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 2,443,719		
	b Less accumulated depreciation	10b 686,721	1,890,000	10c 1,756,998
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11	7,855,161	12	7,349,268
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	714,062	15	776,516
16 Total assets. Add lines 1 through 15 (must equal line 34)	15,809,711	16	15,137,246	
Liabilities	17 Accounts payable and accrued expenses	504,575	17	386,234
	18 Grants payable	177,963	18	356,545
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D	138,232	21	116,441
	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	1,688,775	24	1,469,497
	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	67,198	25	144,279
	26 Total liabilities. Add lines 17 through 25	2,576,743	26	2,472,996
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	2,294,992	27	1,854,876
	28 Temporarily restricted net assets	5,794,911	28	5,665,553
	29 Permanently restricted net assets	5,143,065	29	5,143,821
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. 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	13,232,968	33	12,664,250
	34 Total liabilities and net assets/fund balances	15,809,711	34	15,137,246

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,003,129
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,537,443
3	Revenue less expenses Subtract line 2 from line 1	3	-534,314
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,232,968
5	Net unrealized gains (losses) on investments	5	-34,411
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	7
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	12,664,250

Part XII Financial Statements and Reporting

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

	Yes	No
<p>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</p>		
<p>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</p>		No
<p>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</p>	Yes	
<p>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</p>	Yes	
<p>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?</p>		No
<p>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</p>		

Additional Data

Software ID:

Software Version:

EIN: 56-1010742

Name: UNITED WAY OF THE MID SOUTH

Form 990 (2017)

Form 990, Part III, Line 4a:

THE ORGANIZATION PROVIDES FUNDING TO OVER 500 NON-PROFIT AGENCIES THROUGHOUT THE UNITED STATES THROUGH DONOR DESIGNATED FUNDS. IN ADDITION, UNITED WAY PROVIDES GRANT FUNDING TO APPROXIMATELY 100 AGENCIES WITHIN THE 8-COUNTY SERVICE AREA. GRANTS ARE TARGETED TO PROGRAMS THAT IMPROVE EDUCATION, FINANCIAL STABILITY, AND HEALTH AND WORK COLLABORATIVELY TO REDUCE MID-SOUTH POVERTY.

Form 990, Part III, Line 4b:

UNITED WAY COORDINATES THE WORK OF MULTIPLE AGENCIES TO IMPLEMENT THE FREE TAX PREP/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 PREP/VITA PROGRAM WAS FUNDED THROUGH MULTIPLE SOURCES INTERNAL REVENUE SERVICE, TN DEPARTMENT OF HUMAN SERVICES, WELLS FARGO, ENTERGY AND UNITED WAY OF THE MID-SOUTH INVESTMENTS FUNDS WERE USED TO SUPPORT THE OPERATION OF SUPER VITA SITES, MOBILE TAX PREPARATION, 2-1-1 INFORMATION SYSTEM, A MARKETING CAMPAIGN, AND VOLUNTEER RECOGNITION IN FISCAL YEAR ENDED 6/2018, OVER 10,000 TAX RETURNS WERE PREPARED, RETURNING ALMOST 12 MILLION TO MID-SOUTH FAMILIES

Form 990, Part III, Line 4c:

DRIVING THE DREAM (DTD) IS AN UWMS INITIATIVE THAT WORKS TO ENSURE ALL PEOPLE HAVE EQUITABLE ACCESS TO THE NECESSARY RESOURCES AND SUPPORT THAT IS NEEDED TO ACHIEVE THEIR HOPES AND DREAMS. DTD PROVIDES PARTNER AGENCIES WITH THE TOOLS, KNOWLEDGE, AND TRAINING TO HELP MOVE THEIR CLIENTS FROM POVERTY TO PROSPERITY. DTD PARTNERSHIPS ENGAGE THROUGH CARE COORDINATION HUBS, REFERRAL NETWORK PARTNERS, AND OUTREACH AND EDUCATION PARTNERS.

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			
DR KENNETH S ROBINSON PRESIDENT &	40 00	X		X				260,479	0	58,564
JERRY R COLLINS JR BOARD CHAIRM	1 00	X		X				0	0	0
RICHARD WRIGHT TREASURER	1 00	X		X				0	0	0
R SCOTT BARBER CORP & COMMU	1 00	X						0	0	0
SHANNON BROWN PAST CHAIRMA	1 00	X						0	0	0
IRVIN CALLISTE LABOR PARTIC	1 00	X						0	0	0
GEORGE COGSWELL III MARKETING &	1 00	X						0	0	0
MICHAEL EDWARDS CAMPAIGN CHA	1 00	X						0	0	0
SCOTT FOUNTAIN CHAIRMAN ELE	1 00	X		X				0	0	0
TIM HAYNES 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			
MARY ANN JACKSON SECRETARY &	1 00	X		X				0	0	0
BILL MARTIN BOARD MEMBER	1 00	X						0	0	0
DAVID MAY INVESTMENT C	1 00	X						0	0	0
JEAN M MORTON COMMUNITY IM	1 00	X						0	0	0
PAUL SHAFFER BOARD MEMBER	1 00	X						0	0	0
MARK SKOBEL BOARD MEMBER	1 00	X						0	0	0
CRAIG L WEISS PUBLIC POLIC	1 00	X						0	0	0
SEAN M LEE BOARD MEMBER	1 00	X						0	0	0
JOHN PETTY III TOCQUEVILLE	1 00	X						0	0	0
SHEA FLIN 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			
JW GIBSON BOARD MEMBER	1 00	X						0	0	0
DR ALICE HAUSHAULTER BOARD MEMBER	1 00	X						0	0	0
JEFF LIEBEMAN BOARD MEMBER	1 00	X						0	0	0
URSULA MADDEN MARKETING &	1 00	X						0	0	0
CHUCK THOMAS 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			
CHRIS VAN STEENBERG BOARD MEMBER	1 00	X						0	0	0
MANOUCHEKA THERMITUS BOARD MEMBER	1 00	X						0	0	0
CHRISTOPHER ANDERSON BOARD MEMBER	1 00	X						0	0	0
DARREL COBBINS BOARD MEMBER	1 00	X						0	0	0
CATHY CULANE BOARD MEMBER	1 00	X						0	0	0
GREG GIBSON BOARD MEMBER	1 00	X						0	0	0
RANDY STOKZ BOARD MEMBER	1 00	X						0	0	0
JOSH TULINO BOARD MEMBER	1 00	X						0	0	0
KEVIN WOODS BOARD MEMBER	1 00	X						0	0	0
JT YOUNG 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			
GEORGE COGSWELL BOARD MEMBER	1 00	X						0	0	0
STEPHANIE BUTLER CHIEF STRATE	40 00			X				173,799	0	35,583
GREGG SMITH CFO	40 00			X				172,492	0	35,921
LORI ROBERTSON CHIEF COMMUN	40 00			X				115,652	0	27,786
RICHARD CHAMPLIN SR VP INFORM	40 00					X		125,443	0	27,434

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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) 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 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), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	21,242,059	19,816,729	19,724,933	20,305,729	17,474,196	98,563,646
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	21,242,059	19,816,729	19,724,933	20,305,729	17,474,196	98,563,646
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						98,563,646

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4	21,242,059	19,816,729	19,724,933	20,305,729	17,474,196	98,563,646
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	122,893	127,382	105,453	140,512	127,223	623,463
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						99,187,109

12 Gross receipts from related activities, etc (see instructions) **12** 64,559

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 2017 (line 6, column (f) divided by line 11, column (f))	14	99.370 %
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	98.790 %

16a **33 1/3% support test—2017.** 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—2016.** 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—2017.** 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—2016.** 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. 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? 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.		
	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)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	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)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	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)? 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.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	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? If "Yes," provide detail in Part VI .		
	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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	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))? If "Yes," provide detail in Part VI .		
	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? If "Yes," provide detail in Part VI .		
	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? If "Yes," provide detail in Part VI .		
	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)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	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>		

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>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

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>		
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>		
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>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 56-1010742

Name: UNITED WAY OF THE MID SOUTH

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047
2017
Open to Public Inspection

▶ 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.

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? Yes 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? Yes 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)
- Preservation of land for public use (e g , recreation or education)
 - Preservation of an historically important land area
 - Protection of natural habitat
 - Preservation of a certified historic structure
 - Preservation of open space

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

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

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|----------------------------------------|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided 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	7,855,161	7,114,445	8,221,638	8,249,268	7,490,822
b Contributions					
c Net investment earnings, gains, and losses	396,112	956,842	-856,325	93,634	1,177,976
d Grants or scholarships	48,740	169,250	212,000	80,500	380,900
e Other expenditures for facilities and programs					
f Administrative expenses	61,041	46,876	38,868	40,764	38,630
g End of year balance	7,349,268	7,855,161	7,114,445	8,221,638	8,249,268

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		281,489		281,489
b Buildings		1,048,511	49,289	999,222
c Leasehold improvements		154,561	43,521	111,040
d Equipment		959,158	593,911	365,247
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				1,756,998

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	7,349,268	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	7,349,268	

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) BENEFICIAL INTEREST IN TRUSTS	776,516
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	776,516

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 DEPOSIT	144,279
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	144,279

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	13,404,457
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-34,411
b	Donated services and use of facilities	2b	54,574
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	20,163
3	Subtract line 2e from line 1	3	13,384,294
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	4,618,835
c	Add lines 4a and 4b	4c	4,618,835
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	18,003,129

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	13,973,173
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	54,574
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	54,574
3	Subtract line 2e from line 1	3	13,918,599
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	4,618,844
c	Add lines 4a and 4b	4c	4,618,844
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	18,537,443

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
SCHEDULE D, PAGE 2, 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 FUNDS ARE DISTRIBUTED AT THE DISCRETION OF BOYD GAMING FOR THE BENEFIT OF ITS EMPLOYEES

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 4B	DONOR DESIGNATIONS 4,618,837 ROUNDING -2

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 4B	DONOR DESIGNATIONS 4,618,837 ROUNDING 7

Schedule I (Form 990)

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

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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...
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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(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
SCHEDULE I, PAGE 1, PART I, LINE 2	NON-PROFIT AGENCIES SUBMIT APPLICATIONS FOR PROGRAMMATIC FUNDING ALL APPLICATIONS ARE VETTED THROUGH A GRANT REVIEW COMMITTEE PROCESS APPLICANTS ARE RATED IN THE AREAS OF COMMUNITY NEED, PROGRAM QUALITY & DESIGN, PROGRAM RESULTS, ORGANIZATIONAL STRENGTH AND FIT WITH THE FUNDING PRIORITY THE GRANT REVIEW COMMITTEES DEVELOP RECOMMENDATIONS FOR FUNDING THAT ARE APPROVED BY THE UNITED WAY BOARD OF DIRECTORS ALL FUNDED ENTITIES ARE REQUIRED TO SUBMIT ANNUAL REPORTS DETAILING SERVICES PROVIDED, PEOPLE SERVED AND RESULTS OBTAINED AS WELL AS, USE OF FUNDING

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	23-7039683	501 C3	40,682				SEE SCH O
ALLIANCE HEATHCARE SERVICES 222 UNION AVE MEMPHIS, TN 38104	62-0841121	501 C3	180,036				SEE SCH O

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	58-1761468	501 C3	236,291				SEE SCH O
AMERICAN HEART ASSN SHELBY CTY CHA 2170 BUSINESS CENTER DR SUITE 1 MEMPHIS, TN 38134	13-5613797	501 C3	10,061				SEE SCH O

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 RED CROSS MID SOUTH CHAPT 1400 CENTRAL AVE MEMPHIS, TN 38104	53-0196605	501 C3	453,788				SEE SCH O
THE ARC OF THE MID-SOUTH 3485 POPLAR AVE 225 MEMPHIS, TN 38111	62-0673808	501 C3	14,658				SEE SCH O

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
ARTS MEMPHIS PO BOX 1000 DEPT 882 MEMPHIS, TN 38148	62-0693547	501 C3	5,500				SEE SCH O
ASSOCIATED CATHOLIC CHARITIES 1325 JEFFERSON AVE MEMPHIS, TN 38104	62-1317811	501 C3	47,959				SEE SCH O

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	58-1544781	501 C3	57,206				SEE SCH O
BIG BROTHERS & BIG SISTERS 1005 TILLMAN ST SECOND FLOOR MEMPHIS, TN 38112	23-7113070	501 C3	35,968				SEE SCH O

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	62-1555775	501 C3	9,500				SEE SCH O
BINGHAMPTON DEVELOPMENT CORP 280 TILLMAN ST MEMPHIS, TN 38112	20-0062075	501 C3	14,831				SEE SCH O

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
BIRTHRIGHT INC 115 ALEXANDER MEMPHIS, TN 38111	23-7219353	501 C3	7,122				SEE SCH O
BOY SCOUTS OF AMERICA CHICKASAW CO 171 S HOLLYWOOD MEMPHIS, TN 38112	62-0499713	501 C3	132,028				SEE SCH O

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
BOYS & GIRLS CLUB OF GREATER MEMPHI 44 S REMBERT ST MEMPHIS, TN 38104	62-0646371	501 C3	296,741				SEE SCH O
BRIDGES USA 477 N FIFTH ST MEMPHIS, TN 38105	23-7081488	501 C3	12,998				SEE SCH O

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
CALVARY RESCUE MISSION 960 SOUTH THIRD STREET MEMPHIS, TN 38106	62-0815254	501 C3	10,494				SEE SCH O
CATHOLIC CHARITITES OF WEST TN 1325 JEFFERSON AVE MEMPHIS, TN 38104	62-1451404	501 C3	95,723				SEE SCH O

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 1210 PEABODY AVE MEMPHIS, TN 38104	58-1716113	501 C3	128,320				SEE SCH O
COLDWATER FIRE DEPARTMENT 713 2ND ST COLDWATER, MS 38618	64-0938401	501 C3	5,500				SEE SCH O

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	58-1860713	501 C3	55,434				SEE SCH O
COLLIERVILLE YOUNG LIFE 340 NEW BYHALIA RD COLLIERVILLE, TN 38017	84-0385934	501 C3	8,760				SEE SCH O

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 MEM 1900 UNION AVE MEMPHIS, TN 38104	58-1723645	501 C3	117,157				SEE SCH O
CRISIS CENTER PO BOX 40068 MEMPHIS, TN 38174	23-7193652	501 C3	106,082				SEE SCH O

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	71-0488818	501 C3	7,500				SEE SCH O
DESOTO COUNTY FOUNDATION FOR EXCELL 316 W COMMERCE ST HERNANDO, MS 38632	58-1927983	501 C3	39,447				SEE SCH O

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	58-1922561	501 C3	38,333				SEE SCH O
DEWITT COMMUNITY COALITION 905 SETTLES DR MOSCOW, TN 38057	62-1550688	501 C3	15,395				SEE SCH O

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	62-0943809	501 C3	16,795				SEE SCH O
EXCHANGE CLUB FAMILY CENTER OF THE 2180 UNION AVE MEMPHIS, TN 38104	58-1502697	501 C3	145,139				SEE SCH O

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	27-3168812	501 C3	5,057				SEE SCH O
FAYETTE CARES 13300 N MAIN ST SOMERVILLE, TN 38068	62-1249662	501 C3	41,520				SEE SCH O

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	62-0950766	501 C3	11,100				SEE SCH O
FAYETTE CO LITERACY COUNCIL 211 WEST MARKET ST SOMERVILLE, TN 38068	62-1583753	501 C3	15,376				SEE SCH O

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	02-0550828	501 C3	18,500				SEE SCH O
FEDEX FAMILY HOUSE 918 POPLAR AVE MEMPHIS, TN 38105	62-0479367	501 C3	41,085				SEE SCH O

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	45-2607026	501 C3	11,216				SEE SCH O
FELLOWSHIP CHRISTIAN ATHLETES 1584 YORKSHIRE DR MEMPHIS, TN 38119	44-0610626	501 C3	12,728				SEE SCH O

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
FRAYSER COMMUNITY DEVELOPMENT 3684 N WATKINS ST MEMPHIS, TN 38127	58-2158058	501 C3	33,606				SEE SCH O
FRIENDS FOR LIFE 43 N CLEVELAND AVE MEMPHIS, TN 38104	62-1511959	501 C3	79,045				SEE SCH O

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
GIRL SCOUTS HEART OF THE SOUTH PO BOX 240246 MEMPHIS, TN 38124	62-0502197	501 C3	149,202				SEE SCH O
GIRLS INCORPORATED OF MEMPHIS 2670 UNION AVE EXTENDED SUITE 606 MEMPHIS, TN 38112	62-0512078	501 C3	121,820				SEE SCH O

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 PO BOX 161282 MEMPHIS, TN 38186	62-0611545	501 C3	287,195				SEE SCH O
GRACE HOUSE OF MEMPHIS INC 329 N BELLEVUE MEMPHIS, TN 38105	62-0993096	501 C3	149,695				SEE SCH O

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

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HARWOOD CENTER INC 711 JEFFERSON AVE MEMPHIS, TN 38105	62-1104419	501 C3	177,438				SEE SCH O
HEALING HEARTS CHILD ADVOCACY CENTE 5627 GETWELL RD SUITE B3 SOUTHAVEN, MS 38672	45-4962693	501 C3	32,103				SEE SCH O

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	64-0688913	501 C3	30,571				SEE SCH O
HOPE CHRISTIAN COMMUNITY FOUNDATION 4515 POPLAR AVE SUITE 324 MEMPHIS, TN 38117	62-1752885	501 C3	167,018				SEE SCH O

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

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HOPE HOUSE 23 S IDLEWILD ST MEMPHIS, TN 38104	62-1579024	501 C3	105,295				SEE SCH O
HOUSE OF GRACE 8625 US-51 SOUTHAVEN, MS 38671	62-0993096	501 C3	7,280				SEE SCH O

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

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JUNIOR LEAGUE OF MEMPHIS 3475 CENTRAL AVE MEMPHIS, TN 38111	62-0492165	501 C3	5,671				SEE SCH O
KNOWLEDGE QUEST 590 JENNETTE PL MEMPHIS, TN 38126	62-1589188	501 C3	309,443				SEE SCH O

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

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LATINO MEMPHIS 6041 MT MORIAH RD EXTENDED 16 MEMPHIS, TN 38115	31-1694878	501 C3	47,617				SEE SCH O
LAUDERDALE COUNTY FAMILY 5226 VALLEY ST MERIDIAN, MS 39307		501 C3	6,000				SEE SCH O

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

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LEBONHEUR CLUB 1047 CRESTHAVEN RD MEMPHIS, TN 38117	62-6047293	501 C3	10,828				SEE SCH O
LEBONHEUR COMMUNITY HEALTH & WELL-B 50 PEABODY PL SUITE 400 MEMPHIS, TN 38103	62-0479367	501 C3	20,000				SEE SCH O

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

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LEBONHEUR EARLY INTERVENTION & DEVE 50 PEABODY PL SUITE 400 MEMPHIS, TN 38103	62-0479367	501 C3	75,186				SEE SCH O
LEBONHEUR FOUNDATION PO BOX 41817 MEMPHIS, TN 38174	62-1872938	501 C3	43,640				SEE SCH O

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

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LEBONHEUR FOUNDATION-FEDEX PO BOX 41817 MEMPHIS, TN 38174	62-1872938	501 C3	31,982				SEE SCH O
LINCJOB LINC-LIBRARY INFORMATION CE 3030 POPLAR AVE MEMPHIS, TN 38111	62-1590768	501 C3	70,125				SEE SCH O

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

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LITERACY MIDSOUTH 66 COOPER ST SUITE 400 MEMPHIS, TN 38104	62-0960143	501 C3	71,394				SEE SCH O
LOWENSTEIN HOUSE INC 821 S BARKSDALE AVE MEMPHIS, TN 38104	62-1036037	501 C3	57,198				SEE SCH O

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

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MADONNA LEARNING CENTER 7007 POPLAR AVE GERMANTOWN, TN 38138	62-0858169	501 C3	35,898				SEE SCH O
MAKE-A-WISH OF THE MID-SOUTH 1780 MORIAH WOODS BLVD SUITE 10 MEMPHIS, TN 38117	62-1253153	501 C3	9,418				SEE SCH O

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	62-0841436	501 C3	6,661				SEE SCH O
MEMPHIS ATHLETIC MINISTRIES 2107 BALL RD MEMPHIS, TN 38114	62-1751253	501 C3	11,550				SEE SCH O

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MEMPHIS BROOKS MUSEUM OF ART 1934 POPLAR AVE OVERTON PARK MEMPHIS, TN 38104	62-6063304	501 C3	20,500				SEE SCH O
MEMPHIS CHILD ADVOCACY CENTER 1085 POPLAR AVE MEMPHIS, TN 38105	58-1745787	501 C3	151,292				SEE SCH O

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

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MEMPHIS DEVELOPMENT FOUNDATION 203 SOUTH MAIN ST MEMPHIS, TN 38103	58-1330667	501 C3	5,500				SEE SCH O
MEMPHIS JEWISH COMMUNITY CENTER 6560 POPLAR AVE MEMPHIS, TN 38138	62-0481800	501 C3	150,398				SEE SCH O

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

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MEMPHIS JEWISH FEDERATION 6560 POPLAR AVE MEMPHIS, TN 38138	62-0475747	501 C3	5,150				SEE SCH O
MEMPHIS JEWISH HOME 36 BAZEBERRY RD CORDOVA, TN 38018	62-0499939	501 C3	29,666				SEE SCH O

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

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MEMPHIS ORAL SCHOOL 7901 POPLAR AVE GERMANTOWN, TN 38138	62-0757178	501 C3	119,889				SEE SCH O
MEMPHIS RECOVERY CENTERS INC 219 N MONTGOMERY MEMPHIS, TN 38104	23-7067459	501 C3	192,665				SEE SCH O

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

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MEMPHIS UNION MISSION 383 POPLAR AVE MEMPHIS, TN 38105	62-0541811	501 C3	9,784				SEE SCH O
MERITAN INC 4700 POPLAR AVE SUITE 400 MEMPHIS, TN 38117	62-0674655	501 C3	507,828				SEE SCH O

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

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METHODIST ALLIANCE HOSPICE 6400 SHELBY VIEW DR SUITE 101 MEMPHIS, TN 38134	62-0841121	501 C3	35,211				SEE SCH O
METHODIST HEALTHCARE FOUNDATION 1211 UNION AVE SUITE 450 MEMPHIS, TN 38104	23-7320638	501 C3	8,105				SEE SCH O

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

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METROPOLITAN INTERFAITH ASSOCIATION PO BOX 3130 MEMPHIS, TN 38173	62-0803601	501 C3	51,730				SEE SCH O
MID-SOUTH FOOD BANK 239 S DUDLEY ST MEMPHIS, TN 38104	62-1340755	501 C3	16,938				SEE SCH O

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

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MID-SOUTH THERAPY DOGS 2095 EXETER DR GERMANTOWN, TN 38138	35-2290246	501 C3	5,125				SEE SCH O
MULTIPLE SCLEROSIS MEMPHIS 214 OVERLOOK CIRCLE BRENTWOOD, TN 37027	13-5661935	501 C3	14,120				SEE SCH O

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	58-1484027	501 C3	26,262				SEE SCH O
OLIVE BRANCH COMMUNITY EMERGENCY FO 10947 HIGHWAY 178 OLIVE BRANCH, MS 38654	64-0768593	501 C3	16,228				SEE SCH O

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

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ORBIS 520 8TH AVE 11TH FLOOR NEW YORK, NY 10018	23-7297651	501 C3	15,012				SEE SCH O
OVERTON PARK CONSERVANCY 1914 POPLAR AVE SUITE 202 MEMPHIS, TN 38104	45-2031097	501 C3	10,000				SEE SCH O

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

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PEER POWER FOUNDATION 850 RIDGELAKE BLVD MEMPHIS, TN 38120		501 C3	10,000				SEE SCH O
PI KAPPA ALPHA EDUCATION FOUNDATION 8347 WEST RANGE CV MEMPHIS, TN 38125	62-6039877	501 C3	10,000				SEE SCH O

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

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PORTER-LEATH CHILDREN'S CENTER 868 N MANASSAS ST MEMPHIS, TN 38107	58-1409385	501 C3	462,769				SEE SCH O
RISE 2650 THOUSAN OAKS BLVD SUITE 2400 MEMPHIS, TN 38118	31-1712061	501 C3	19,685				SEE SCH O

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

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RONALD MCDONALD HOUSE 535 ALABAMA ST MEMPHIS, TN 38105	62-1220396	501 C3	6,995				SEE SCH O
ROSE BROOKS CENTER P O BOX 320599 KANSAS CITY, KS 66211		501 C3	10,000				SEE SCH O

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
RUST COLLEGE 150 RUST AVE HOLLY SPRINGS, MS 38635	64-0303805	501 C3	8,981				SEE SCH O
SACRED HEART SOUTHERN MISSIONS INC 6050 HIGHWAY 161 N WALLS, MS 38686	64-0358092	501 C3	58,255				SEE SCH O

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
SALVATION ARMY 696 JACKSON AVE MEMPHIS, TN 38105	58-0660607	501 C3	453,076				SEE SCH O
SAMARITANS PO BOX 576 HORN LAKE, MS 38637		501 C3	26,286				SEE SCH O

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
SEARCH DOGS SOUTH PO BOX 1440 BYHALIA, MS 38611	62-1611491	501 C3	30,149				SEE SCH O
SHELBY RESIDENTIAL AND VOC SERVICE 3971 KNIGHT ARNOLD RD MEMPHIS, TN 38118	62-0854890	501 C3	133,223				SEE SCH O

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
SPECIAL OLYMPICS 1355 LYNNFIELD SUITE 273 MEMPHIS, TN 38119		501 C3	40,331				SEE SCH O
ST JUDE CHILDREN'S HOSPITAL 501 ST JUDE PL MEMPHIS, TN 38105	62-0646012	501 C3	122,957				SEE SCH O

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
STREETS MINISTRIES 430 VANCE AVE MEMPHIS, TN 38126	62-1763815	501 C3	6,702				SEE SCH O
SYNERGY TREATMENT CENTERS PO BOX 16217 MEMPHIS, TN 38186	62-1386914	501 C3	98,140				SEE SCH O

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
TENNESSEE POISON CENTER VANDERBILT UNIV 501 OXFORD HOUSE 1 NASHVILLE, TN 37232	35-2528741	501 C3	61,123				SEE SCH O
THE ARC OF NORTHWEST MISSISSIPPI 6515 GOODMAN RD OLIVE BRANCH, MS 38654	46-4985893	501 C3	15,000				SEE SCH O

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 BADDOUR CENTER 626 BADDOUR BLVD SENATOBIA, MS 38668	64-0578661	501 C3	17,905				SEE SCH O
THE WORKS 1471 GENESIS CIR MEMPHIS, TN 38106	62-1751430	501 C3	21,290				SEE SCH O

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	62-0931560	501 C3	13,546				SEE SCH O
TUNICA COUNTY LITERACY COUNCIL PO BOX 1788 TUNICA, MS 38676	58-1824776	501 C3	21,000				SEE SCH O

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	62-1597364	501 C3	52,802				SEE SCH O
UNITED WAY OF ST FRANCOIS 739 EAST KARSCH BLVD FARMINGTON, MO 63640	43-1680212	501 C3	10,929				SEE SCH O

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 WEST GEORGIA 200 MAIN ST LAGRANGE, GA 30240	58-0686480	501 C3	17,196				SEE SCH O
MEMPHIS URBAN LEAGUE INC 413 N CLEVELAND MEMPHIS, TN 38104	62-0481465	501 C3	171,528				SEE SCH O

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
WEST CANCER CENTER 100 N HUMPHREYS BLVD MEMPHIS, TN 38120	47-1358542	501 C3	25,700				SEE SCH O
WKNO 7151 CHERRY FARMS RD CORDOVA, TN 38016	62-0525567	501 C3	5,650				SEE SCH O

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
WOMENS FOUNDATION OF GTR MEMPHIS 40 SOUTH MAIN ST SUITE 2280 MEMPHIS, TN 38103	58-2207247	501 C3	9,660				SEE SCH O
YMCA OF MEMPHIS AND THE MID-SOUTH 6373 QUAIL HOLLOW RD SUITE 201 MEMPHIS, TN 38120	62-0476304	501 C3	382,308				SEE SCH O

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	58-1716970	501 C3	1,202,599				SEE SCH O
YWCA OF GREATER MEMPHIS 766 S HIGHLAND ST MEMPHIS, TN 38111	62-0475754	501 C3	57,615				SEE SCH O

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
GRANTS UNDER 5000		501 C3	2,923,926				SEE SCH O

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2017

Open to Public Inspection

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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF THE MID SOUTH

Employer identification number
56-1010742

Part I Questions Regarding Compensation

	Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<p>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.</p>	1b			
<p>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?</p>	2			
<p>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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	No		
	4b	No		
	4c	No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	No		
	5b	No		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	No		
	6b	No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	No		
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8	No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9			

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)	260,479 -----	-----	-----	46,212 -----	12,352 -----	319,043 -----	-----
	(ii)							
2 STEPHANIE BUTLER CHIEF STRATEGY OFFIC	(i)	173,799 -----	-----	-----	28,281 -----	7,302 -----	209,382 -----	-----
	(ii)							
3 GREGG SMITH CFO	(i)	172,492 -----	-----	-----	19,396 -----	16,525 -----	208,413 -----	-----
	(ii)							
4 RICHARD CHAMPLIN SR VP INFORMATION S	(i)	125,443 -----	-----	-----	20,298 -----	7,136 -----	152,877 -----	-----
	(ii)							

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
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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2017

▶ **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**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 ▶ (_____)	X	1	189,020	ACTUAL MARKET VALUE
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		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 nonstandard contributions?		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		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		

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)

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF THE MID SOUTH

Employer identification number

56-1010742

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	<p>FOR OVER 95 YEARS, UNITED WAY OF THE MID-SOUTH HAS BROUGHT THE TIME, TALENTS, AND TREASURE S OF OUR CITIZENS TOGETHER SO INDIVIDUALS AND FAMILIES IN NEED CAN ENJOY A BETTER QUALITY OF LIFE, MAKING THE MID-SOUTH AN EVEN BETTER PLACE FOR ALL WE DO THIS BY BEING THE LEADIN G CATALYST IN STIMULATING SUPPORT AND SERVICES FOR INDIVIDUALS AND FAMILIES AS THEY PROGRE SS FROM POVERTY TO PROSPERITY THE MISSION OF UNITED WAY IS TO IMPROVE THE QUALITY OF LIFE FOR MID- SOUTHERNERS BY MOBILIZING AND ALIGNING COMMUNITY RESOURCES TO ADDRESS PRIORITY I SSUES WE STRIVE TO ADVANCE PEOPLE FROM WHERE THEY ARE TO WHERE THEY DREAM TO BE BY ADDRES SING THE BUILDING BLOCKS FOR SUCCESS--EDUCATION, FINANCIAL STABILITY AND HEALTH UNITED WA Y OFFERS PARTNERS, DONORS AND VOLUNTEERS THE ABILITY TO FULFILL THEIR DREAMS OF HOW THEY C AN SUPPORT THEIR COMMUNITY THROUGH THEIR FINANCIAL CONTRIBUTIONS AND THEIR COMMITMENT OF T IME AND TALENT</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990	SCH I, PART II, COLUMN H - PURPOSE OF GRANTS- HEALTH, EDUCATION, FINANCIAL STABILITY, OR EMERGENCY ASSISTANCE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, 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, IT 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, PAGE 6, PART VI, 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, PAGE 6, PART VI, LINE 15A	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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	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, REVIEWS 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, PAGE 6, PART VI, 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 7