

**Minutes of the Meeting of the Board of Directors
United Way of Northeast Mississippi
11:30 a.m., Wednesday, January 2, 2019**

Members Present: Brandi Abbott, Jesse Bandre, Tyler Basil, Rodger Brown, Jeff Cox, Beth Davis, Hilary Hamblin, Jeff King, Stewart McMillan, Buzzy Mize, Greg Pirkle, Evie Storey, Mike Webb, David Wilson and Eddie Wright

Members Absent: Shane Hooper, Neal McCoy, Bentley Nolan and Aaron Washington

Staff Present: Melinda Tidwell, Mary Ann Plasencia, Mattie Mize, Russ Wilson, Mike Mitchell, Robin McKinney and Cara Waters

Chairman Beth Davis called the meeting to order and gave the invocation. Mrs. Davis introduced new Board members Brandi Abbott, Stewart McMillan, Buzzy Mize and Evie Storey.

Approval of Consent Agenda. Beth Davis, Chairman, stated everyone received the minutes prior to the meeting for review. Mrs. Davis stated that if there were no objections or discussion needed the minutes would be adopted as written.

Audit Report. Eddie Wright, Chair, stated on page 5 we received a clean audit report. Mr. Wright noted on page 7, the two lines of pledge receivable difference was due to us receiving NMMC campaign report earlier than normal. On page 8 and 9 we see the total of unrestricted net assets which is the money spent to perform our mission. Approximately 73% of revenue is spent toward our mission. On page 10, we increased our bad debt expense to 9%. Mr. Wright stated if there were no questions regarding the audit report it will be filed for audit.

Financial Report. Cara Waters, reporting for Kevin Chapman, Secretary-Treasurer, stated we are a little behind in our collections, with 80% of 17/18 pledges collected compared to 82% of 16/17 pledges collected at this time last year. Mrs. Waters reported on the Statement of Financial Position that our cash and investments accounts have decreased this year compared to last year by \$127,713 and our pledge receivables are down by \$19,983 compared to this time last year. Our total net assets have decreased \$140,048 compared to this time last year. Mrs. Waters noted on the Statement of Function Operating Expense the postage line item is over budget due to the deposit of a large check to cover the mailing cost of the \$50K giveaway. The financial reports will be filed for audit.

Develop Enhanced Resource Development Efforts

Campaign Update. David Wilson, Campaign Chair, stated we have raised 87% of the campaign goal which is approximately \$2.216 million. As of right now we have a short fall of \$330,000. Mr. Wilson stated some divisions are lagging behind. Mr. Wilson reported alternate ways to raise money will have to be looked at strongly in the future.

Thank You Letters. Russ Wilson, Campaign Chair, asked Board members to help in writing thank you notes to those companies who have completed their employee campaigns.

Raffle Fundraiser. Mary Ann Plasencia, Director of Community Impact, stated 331 tickets have been sold to date. Ms. Plasencia reported the 50K Giveaway is being shared on as many platforms as we can think of to help spread the word. We are using the digital billboards, placing tent cards at various retailers and restaurants, placing stickers on pizza boxes and passing out small information cards at drive-thru windows. We will also be drawing for a flash prize each week.

Refresh Our Value Proposition and Brand.

Fall Customer Survey. Rodger Brown, Human Resources Committee Chair, presented the end of year 2018 results with a rating of 99.74% agree or strongly agree. Mr. Brown stated there was a time when we were not receiving these kinds of results and thanked the staff for their hard work.

Refine Allocations Process. No report.

Explore Community Level Focus. No report.

Chairman's Message. Beth Davis stated she was honored to have served as Chairman of the Board for 2018 and thanked everyone for their support and hard work this year. Mr. Davis then introduced Jeff King as the incoming Chairman. Mr. King stated he appreciated all the work Mrs. Davis has done for United Way of NE MS. Mr. King presented Mrs. Davis with a plaque recognizing her service as Chairman. Mr. King then welcomed all the new Board members and stated we are faced with a challenge of raising funds.

With no further business, the meeting was adjourned.

Beth Davis, Chairman

A/R Trial Balance Summary Report

Campaign Type	Pledged	Received	Adjusted	Balance
Period From 12/01/2018 To 12/31/2018				
Corp Gift	\$87,383.66	\$51,739.00	\$0.00	\$35,644.66
Employee Gift	\$393,988.86	\$48,883.25	\$0.00	\$345,105.61
Individual	\$27,292.75	\$23,142.75	\$0.00	\$4,150.00
Other Campaign Gift	\$36,750.00	\$33,100.00	\$0.00	\$3,650.00
Other Non-Campaign Gift	\$407.03	\$407.03	\$0.00	\$0.00
Non-Memo Total	\$545,822.30	\$157,272.03	\$0.00	\$388,550.27
Campaign Total	\$545,415.27	\$156,865.00	\$0.00	\$388,550.27
Non-Campaign Total	\$407.03	\$407.03	\$0.00	\$0.00
Employee Gift	\$600.00	\$0.00	\$0.00	\$600.00
Memo Total	\$600.00	\$0.00	\$0.00	\$600.00
Campaign Total	\$600.00	\$0.00	\$0.00	\$600.00
Campaign Type Total	\$546,422.30	\$157,272.03	\$0.00	\$389,150.27

We have collected 85% of 2017/18 pledges.
We had collected 86% of 2016/17 pledges at this time last year.

Balance = Pledged - Received - Adjusted

United Way of Northeast Mississippi Statement of Financial Position

DECEMBER 2018

		This Year	Last Year
Assets			
Current Assets			
<p style="color: red;">cash & investment accts for 2018 1,032,214 for 2017 was 1,136,628 a decrease of (104,414)</p> <p style="color: blue;">Pledges Receivable less allowances decreased (149,199.55) from last year</p>	<p>01-1000 PETTY CASH</p> <p>01-1010 RENASANT CHECKING</p> <p>01-1080 HARDY REED - CASH ACCT #674451</p> <p>01-1100 HARDY REED # 674451</p> <p>01-1110 HARDY REED # 679313</p> <p>01-1120 HARDY REED - CASH ACCT #679313</p> <p>01-1200 PREPAID EXPENSES</p> <p>01-1300 PLEDGES RECEIVABLE 18-19</p> <p>01-1310 PLEDGES RECEIVABLE 16-17</p> <p>01-1315 PLEDGES RECEIVABLE 17-18</p> <p>01-1350 ALLOW. FOR UNCOLLECTABLES</p> <p>01-1600 INVENTORY</p> <p>04-1080 HARDY REED CASH ACCOUNT</p> <p>04-1105 HARDY REED - ENDOWMENT # 674460</p>	<p>200.00</p> <p style="color: red;">183,944.75</p> <p style="color: red;">30,911.39</p> <p style="color: red;">572,377.13</p> <p style="color: red;">93,063.14</p> <p style="color: red;">6,745.31</p> <p>3,866.50</p> <p style="color: blue;">1,786,862.32</p> <p style="color: blue;">-</p> <p style="color: blue;">371,284.82</p> <p style="color: blue;">(346,594.58)</p> <p>1,410.50</p> <p style="color: blue;">11,382.77</p> <p style="color: red;">145,172.08</p> <hr style="border: 1px solid black;"/> <p style="color: red;">2,860,626.13</p>	<p>200.00</p> <p style="color: red;">194,460.40</p> <p style="color: red;">20,397.37</p> <p style="color: red;">652,473.96</p> <p style="color: red;">97,693.11</p> <p style="color: red;">4,345.74</p> <p>2,024.75</p> <p style="color: blue;">-</p> <p style="color: blue;">342,249.48</p> <p style="color: blue;">1,965,201.45</p> <p style="color: blue;">(342,127.07)</p> <p>1,464.75</p> <p style="color: blue;">6,811.02</p> <p style="color: red;">167,256.97</p> <hr style="border: 1px solid black;"/> <p style="color: red;">3,112,451.93</p>
Property/Equipment			
	<p>01-1810 FURNITURE & FIXTURES</p> <p>01-1820 SOFTWARE</p> <p>01-1890 RESERVE FOR DEPRECIATION</p>	<p>51,071.47</p> <p>59,119.86</p> <p style="color: blue;">(84,943.16)</p> <hr style="border: 1px solid black;"/> <p style="color: blue;">25,248.17</p>	<p>53,699.34</p> <p>51,611.36</p> <p style="color: blue;">(89,947.24)</p> <hr style="border: 1px solid black;"/> <p style="color: blue;">15,363.46</p>
Total Current Assets		2,885,874.30	3,127,815.39
Liabilities and Fund Balances			
Current Liabilities			
	<p>01-2000 ACCOUNTS PAYABLE</p> <p>01-2015 BACK TO SCHOOL FAIR PAYABLE</p> <p>01-2025 FICA PAYABLE</p> <p>01-2045 EMPLOYEE PLEDGE PAYABLE</p> <p>01-2055 EMPLOYEE HEALTH INS. PAYABLE</p> <p>01-2060 401K PAYABLE</p> <p>01-2065 ACCRUED COMPENSATION</p>	<p>0.00</p> <p>6,636.72</p> <p>0.00</p> <p>1,638.00</p> <p>1,561.80</p> <p>561.75</p> <p>13,772.36</p> <hr style="border: 1px solid black;"/> <p style="color: red;">24,170.63</p>	<p>2,719.86</p> <p>2,300.00</p> <p>100.00</p> <p>1,373.00</p> <p style="color: blue;">-</p> <p>529.24</p> <p>13,820.50</p> <hr style="border: 1px solid black;"/> <p style="color: red;">20,842.60</p>
Net Assets			
<p style="color: purple;">Total net assets decreased (245,269.12) from last year</p>	<p>01-3000 NET ASSETS</p> <p>01-3002 PLEDGES-OFFSET FUND BALANCE</p> <p>01-3003 UNCOL ACC-OFFSET FUND BALANCE</p> <p>04-3000 NET ASSETS</p>	<p>1,029,332.33</p> <p>1,809,399.30</p> <p style="color: blue;">(133,582.81)</p> <p>156,554.85</p> <hr style="border: 1px solid black;"/> <p style="color: red;">2,861,703.67</p>	<p>1,153,272.34</p> <p>1,913,583.28</p> <p style="color: blue;">(133,950.82)</p> <p>174,067.99</p> <hr style="border: 1px solid black;"/> <p style="color: red;">3,106,972.79</p>
Total Liabilities and Fund Balances		2,885,874.30	3,127,815.39

United Way of Northeast Mississippi Statement of Functional Operating Expense

DECEMBER 2018

Number	Account Description	Community			YTD Actual	YTD Budget	(Over)/Under Budget	Annual Budget	(Over)/Under Budget
		Admin	Campaign	Service					
01-7000	SALARIES	43,596.40	35,882.04	12,605.36	92,083.80	98,874.00	6,790.20	395,500.00	303,416.20
01-7002	COMMUNITY PROJECT SALARIES	-	-	15,288.58	15,289.98	15,624.99	335.01	62,500.00	47,210.02
01-7005	HEALTH INSURANCE	4,826.25	4,882.04	1,526.66	11,234.95	11,499.00	264.05	46,000.00	34,765.05
01-7010	DISABILITY INSURANCE	259.61	262.61	82.12	604.34	999.00	394.66	4,000.00	3,395.66
01-7015	LIFE INSURANCE	800.16	809.41	253.11	1,862.68	1,623.00	(239.68)	6,500.00	4,637.32
01-7020	401K/RETIREMENT	2,473.80	2,036.04	715.17	5,225.02	7,248.00	2,022.98	29,000.00	23,774.98
01-7025	STAFF UNIFORMS	475.99			475.99	500.00	24.01	500.00	24.01
01-7030	FICA EXPENSE	3,147.71	2,564.02	2,122.24	7,833.97	8,820.00	986.03	35,280.00	27,446.03
01-7035	SUI EXPENSE	120.60	121.99	38.15	280.74	225.00	(55.74)	900.00	619.26
01-7040	WORKMAN'S COMP INSURANCE	149.49	151.22	47.29	348.00	423.00	75.00	1,700.00	1,352.00
01-8006	BROKERAGE FEES	1,395.41			1,395.41	2,000.00	604.59	8,000.00	6,604.59
01-8008	LEGAL AND ACCOUNTING	-			-	-	-	11,200.00	11,200.00
01-8980	SPECIAL EVENT - ADVERTISING			97.90	97.90	600.00	502.10	2,400.00	2,302.10
01-9005	BOARD MEETING EXPENSE	1,133.87			1,133.87	1,249.98	116.11	5,000.00	3,866.13
01-9010	CREDIT CARD EXPENSE		327.83		327.83	624.00	296.17	2,500.00	2,172.17
01-9015	OFFICE SUPPLIES	2,249.55			2,249.55	1,875.00	(374.55)	7,500.00	5,250.45
01-9025	MISC. OFFICE EXPENSE	60.33			60.33	424.98	364.65	1,700.00	1,639.67
01-9030	TELEPHONE	832.33	841.96	263.29	1,937.58	1,875.00	(62.58)	7,500.00	5,562.42
01-9033	INTERNET	225.86	228.48	71.45	525.79	675.00	149.21	2,700.00	2,174.21
01-9035	POSTAGE	7,390.04	-	-	7,390.04	300.00	(7,090.04)	1,200.00	(6,190.04)
01-9040	OFFICE RENT	2,255.26	2,281.34	713.40	5,250.00	5,250.00	-	21,000.00	15,750.00
01-9045	EQUIPMENT MAINTENANCE	634.84	642.19	200.82	1,477.85	1,500.00	22.15	6,000.00	4,522.15
01-9047	DATA MAINTENANCE SERVICES	611.15	618.22	193.32	1,422.69	3,423.00	2,000.31	13,700.00	12,277.31
01-9060	CONFERENCE/TRAINING-STAFF	-			-	1,000.00	1,000.00	4,000.00	4,000.00
01-9065	TRAVEL - GENERAL	-			-	50.00	50.00	200.00	200.00
01-9066	TRAVEL - EXCEL BY 5			57.77	57.77	75.00	17.23	350.00	292.23
01-9075	DUES AND SUBSCRIPTIONS	853.06	862.93	269.85	1,985.84	1,686.00	(299.84)	6,750.00	4,764.16
01-9085	NAME BOND	288.00			288.00	81.00	(207.00)	325.00	37.00
01-9090	OFFICE CONTENT INSURANCE	547.00			547.00	210.00	(337.00)	850.00	303.00
01-9095	OFFICER/DIRECTOR LIABILITY	432.00			432.00	450.00	18.00	1,800.00	1,368.00
01-9105	FUNDS DIST. MEETING EXPENSE			-	-	-	-	3,500.00	3,500.00
01-9135	CAMPAIGN PRINTING		2,472.13		2,472.13	2,500.00	27.87	13,000.00	10,527.87
01-9140	CAMPAIGN SUPPLIES		1,100.40		1,100.40	1,500.00	399.60	3,000.00	1,899.60
01-9145	CAMPAIGN MEETING EXPENSE		75.00		75.00	240.00	165.00	1,200.00	1,125.00
01-9150	CAMPAIGN RECOGNITION		-		-	-	-	4,500.00	4,500.00
01-9155	CAMPAIGN ADVERTISING		9,513.63		9,513.63	5,655.00	(3,858.63)	22,600.00	13,086.37
01-9160	CAMPAIGN POSTAGE		200.00		200.00	400.00	200.00	2,800.00	2,600.00
01-9165	CAMPAIGN TRAVEL		3,008.41		3,008.41	2,700.00	(308.41)	7,150.00	4,141.59
01-9170	CAMPAIGN VOLUNTEER AWARDS		-		-	-	-	1,000.00	1,000.00
01-9180	CAMPAIGN GIVEAWAYS		50.00		50.00	-	(50.00)	34,000.00	33,950.00
01-9190	FUNDRAISING EVENT - COOPER TIRE					6,000.00	6,000.00	6,000.00	6,000.00
01-9617	COMMUNITY PROJECTS - B2S				-	34,000.00	34,000.00	34,000.00	34,000.00
01-9618	COMMUNITY PROJECTS - SUMMER				-	-	-	4,000.00	
04-8006	BROKERAGE FEES	328.89			328.89	500.00	171.11	2,000.00	1,671.11
		75,087.60	67,931.89	34,296.48	177,317.38	222,679.95	45,362.57	825,305.00	643,987.62

Under Budget

Percentage of yearly budget used in

3 month

21.49%

Statement of Activities

December 2018

	<u>Unrestricted</u>		<u>Temporarily Restricted</u>		<u>Permanently Restricted</u>	
	Current Period	Year to Date	Current Period	Year to Date	Current Period	Year to Date
	12/31/2018	12/31/2018	12/31/2018	9/30/2019	12/31/2018	9/30/2019
SUPPORT AND REVENUE						
PLEDGES CURRENT CAMPAIGN	109,869.81	188,981.82	0.00	0.00	0.00	0.00
NET ASSETS RELEASED	91,174.46	273,522.57	0.00	0.00	0.00	0.00
ALLOWANCE FOR UNCOLLECTABLES	(18,616.91)	(36,919.17)	0.00	0.00	0.00	0.00
SERVICE FEES EARNED	455.78	455.78	0.00	0.00	0.00	0.00
SPECIAL EVENTS - COMMUNITY SERVICE	272.03	522.03	0.00	0.00	0.00	0.00
CONTRIBUTIONS OTHER	0.00	1,000.00	0.00	0.00	0.00	0.00
GOVERNMENT GRANTS	0.00	218.50	0.00	0.00	0.00	0.00
INTEREST INCOME	93.79	203.01	0.00	0.00	0.00	0.00
DIVIDEND INCOME	13,848.14	15,062.20	0.00	0.00	0.00	0.00
(GAIN)/LOSS ON ASSETS	(48,325.71)	(88,139.66)	0.00	0.00	0.00	0.00
MISCELLANEOUS REVENUE	0.00	50.00	0.00	0.00	0.00	0.00
NET ASSETS RELEASED	0.00	0.00	0.00	(1,017,507.05)	0.00	0.00
INCOME ON ENDOWMENT	0.00	0.00	0.00	0.00	3,352.94	3,588.15
(GAIN)/LOSS ON ASSETS	0.00	0.00	0.00	0.00	(12,374.62)	(22,094.94)
TOTAL SUPPORT AND REVENUE	148,771.39	354,957.08	0.00	(1,017,507.05)	(9,021.68)	(18,506.79)
OPERATING EXPENSES						
SALARIES	30,694.60	92,083.80	0.00	0.00	0.00	0.00
COMMUNITY PROJECTS SALARIES	5,096.66	15,289.98	0.00	0.00	0.00	0.00
HEALTH INSURANCE	3,197.83	11,234.95	0.00	0.00	0.00	0.00
DISABILITY INSURANCE	0.00	604.34	0.00	0.00	0.00	0.00
LIFE INSURANCE	494.85	1,862.68	0.00	0.00	0.00	0.00
RETIREMENT	1,795.84	5,225.02	0.00	0.00	0.00	0.00
STAFF UNIFORMS	475.99	475.99	0.00	0.00	0.00	0.00
FICA EXPENSE	2,511.43	7,833.97	0.00	0.00	0.00	0.00
SUI EXPENSE	0.00	280.74	0.00	0.00	0.00	0.00
WORKMAN'S COMP INSURANCE	116.00	348.00	0.00	0.00	0.00	0.00
BROKERAGE FEES	0.00	1,395.41	0.00	0.00	0.00	0.00
SPECIAL EVENTS - ADVERTISING	41.77	97.90	0.00	0.00	0.00	0.00
BOARD MEETING EXPENSE	151.42	1,133.87	0.00	0.00	0.00	0.00
CREDIT CARD EXPENSE	177.56	327.83	0.00	0.00	0.00	0.00
OFFICE SUPPLIES	1,050.08	2,249.55	0.00	0.00	0.00	0.00
MISC. OFFICE EXPENSE	0.00	60.33	0.00	0.00	0.00	0.00

Statement of Activities

December 2018

	<u>Unrestricted</u>		<u>Temporarily Restricted</u>		<u>Permanently Restricted</u>	
	Current Period	Year to Date	Current Period	Year to Date	Current Period	Year to Date
	12/31/2018	12/31/2018	12/31/2018	9/30/2019	12/31/2018	9/30/2019
TELEPHONE	623.17	1,937.58	0.00	0.00	0.00	0.00
INTERNET	189.93	525.79	0.00	0.00	0.00	0.00
POSTAGE	0.00	7,390.04	0.00	0.00	0.00	0.00
OFFICE RENT	1,750.00	5,250.00	0.00	0.00	0.00	0.00
EQUIPMENT MAINTENANCE	928.45	1,477.85	0.00	0.00	0.00	0.00
DATA MAINTENANCE SERVICES	249.00	1,422.69	0.00	0.00	0.00	0.00
TRAVEL - COMMUNITY PROJECTS	0.00	57.77	0.00	0.00	0.00	0.00
DUES AND SUBSCRIPTIONS	775.35	1,985.84	0.00	0.00	0.00	0.00
NAME BOND	96.00	288.00	0.00	0.00	0.00	0.00
OFFICE CONTENT INSURANCE	54.00	547.00	0.00	0.00	0.00	0.00
OFFICER/DIRECTOR LIABILITY	144.00	432.00	0.00	0.00	0.00	0.00
CAMPAIGN PRINTING	2,472.13	2,472.13	0.00	0.00	0.00	0.00
CAMPAIGN SUPPLIES	929.07	1,100.40	0.00	0.00	0.00	0.00
CAMPAIGN MEETING EXPENSE	0.00	75.00	0.00	0.00	0.00	0.00
CAMPAIGN ADVERTISING	5,005.26	9,513.63	0.00	0.00	0.00	0.00
CAMPAIGN POSTAGE	100.00	200.00	0.00	0.00	0.00	0.00
CAMPAIGN TRAVEL	1,123.25	3,008.41	0.00	0.00	0.00	0.00
CAMPAIGN GIVEAWAYS	0.00	50.00	0.00	0.00	0.00	0.00
BROKERAGE FEES	0.00	0.00	0.00	0.00	0.00	328.89
TOTAL OPERATING EXPENSES	60,243.64	178,238.49	0.00	0.00	0.00	328.89
AGENCY ALLOCATIONS						
AGENCY ALLOCATION EXPENSE	394,733.50	401,233.50	0.00	0.00	0.00	0.00
TOTAL AGENCY ALLOCATIONS	394,733.50	401,233.50	0.00	0.00	0.00	0.00
UNITED WAY DUES						
UNITED WAY WORLDWIDE	6,531.65	6,531.65	0.00	0.00	0.00	0.00
TOTAL UNITED WAY DUES	6,531.65	6,531.65	0.00	0.00	0.00	0.00
TOTAL EXPENSES	(461,508.79)	(586,003.64)	0.00	0.00	0.00	(328.89)
CHANGE IN NET ASSETS	(312,737.40)	(231,046.56)	0.00	(1,017,507.05)	(9,021.68)	(18,835.68)

2017 TAX RETURN

Preparer Review Copy

Client: 495**Prepared for:** United Way of Northeast Mississippi, Inc
P. O. Box 334
Tupelo, MS 38802
(662) 841-9133**Prepared by:** Joe Cash, CPA
M.M.Winkler & Associates CPA's
PO Box 499
Tupelo, MS 38802-0499
662-842-4641**Date:** January 8, 2019**Comments:****Route to:** _____

CLIENT 495

M.M.WINKLER & ASSOCIATES CPA'S
PO BOX 499
TUPELO, MS 38802-0499
662-842-4641

January 8, 2019

United Way of Northeast Mississippi, Inc
P. O. Box 334
Tupelo, MS 38802

Dear Client:

Your 2017 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8453-EO - Exempt Organization Declaration and Signature for Electronic Filing. No tax is payable with the filing of this return.

Please be sure to call us if you have any questions.

Sincerely,

Joe Cash, CPA

Form **8453-EO**

Exempt Organization Declaration and Signature for Electronic Filing

OMB No. 1545-1879

For calendar year 2017, or tax year beginning 10/01, 2017, and ending 9/30, 2018

2017

Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

Name of exempt organization

Employer identification number

United Way of Northeast Mississippi, Inc

64-0392972

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

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1 a Form 990 check here... <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1 b	<u>2,754,114.</u>
2 a Form 990-EZ check here... <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2 b	_____
3 a Form 1120-POL check here... <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3 b	_____
4 a Form 990-PF check here... <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4 b	_____
5 a Form 8868 check here... <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5 b	_____

Part II Declaration of Officer

6 I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here Signature of officer Date Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature <input type="text"/>	Date <input type="text"/>	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN <u>P00366015</u>
	Firm's name (or yours if self-employed), address, and ZIP code <u>M.M.Winkler & Associates CPA's</u> <u>PO Box 499</u> <u>Tupelo, MS 38802-0499</u>				EIN <u>64-0947574</u>
					Phone no. <u>662-842-4641</u>

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only	Print/Type preparer's name <input type="text"/>	Preparer's signature <input type="text"/>	Date <input type="text"/>	Check if self-employed <input type="checkbox"/>	PTIN <input type="text"/>
	Firm's name <input type="text"/>				Firm's EIN <input type="text"/>
	Firm's address <input type="text"/>				Phone no. <input type="text"/>

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8453-EO** (2017)

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 10/01, 2017, and ending 9/30, 2018

B Check if applicable:

<input type="checkbox"/> Address change	C United Way of Northeast Mississippi, Inc P. O. Box 334 Tupelo, MS 38802	D Employer identification number 64-0392972
<input type="checkbox"/> Name change		E Telephone number (662) 841-9133
<input type="checkbox"/> Initial return		
<input type="checkbox"/> Final return/terminated		
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		

F Name and address of principal officer: Melinda Tidwell
Same As C Above

G Gross receipts \$ 2,833,499.

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)

I Tax-exempt status 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ unitedwaynems.org

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: 1961 **M** State of legal domicile: MS

Part I Summary

1 Briefly describe the organization's mission or most significant activities: To create opportunities to improve lives in the communities we serve.

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)	3	23
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	23
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	7
6 Total number of volunteers (estimate if necessary)	6	653
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	2,150,095.	2,601,997.
9 Program service revenue (Part VIII, line 2g)	83,980.	113,635.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	22,966.	38,482.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,257,041.	2,754,114.

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,546,330.	1,475,139.
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	424,551.	484,785.
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 233,193.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	272,978.	369,921.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,243,859.	2,329,845.
19 Revenue less expenses. Subtract line 18 from line 12	13,182.	424,269.

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,972,968.	2,401,722.
21 Total liabilities (Part X, line 26)	25,872.	21,202.
22 Net assets or fund balances. Subtract line 21 from line 20	1,947,096.	2,380,520.

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: Melinda Tidwell Date: _____
Type or print name and title: President

Paid Preparer Use Only

Print/Type preparer's name: Joe Cash, CPA Preparer's signature: _____ Date: _____
Check if self-employed PTIN: P00366015

Firm's name: ▶ M.M.Winkler & Associates CPA's Firm's EIN: ▶ 64-0947574
Firm's address: ▶ PO Box 499 Phone no. 662-842-4641
Tupelo, MS 38802-0499

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

To create opportunities to improve lives in the communities we serve.

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 \$ 1,648,863. including grants of \$ 1,475,139.) (Revenue \$ 113,635.)

Allocations to Agencies - distributed funds to 68 agencies. Conducted approval process to determine agencies eligible to receive funds, determined funds available for distribution in each area served, determined needs and amounts of grants/allocations that would be made to each agency and assisted in providing a network of information to help agencies who provide emergency assistance to individuals.

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

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

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

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

4e Total program service expenses **▶ 1,648,863.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II.</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III.</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>	X	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i>	X	
b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i>		X
c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII.</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI and XII.</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV.</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If 'Yes,' complete Schedule F, Parts II and IV.</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I</i> (see instructions).		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i>		X

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>		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	X	
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>		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>		X
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>		X
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>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
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>		X
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>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
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>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
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>		X
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>		X
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>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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>		X
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>		X
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.	X	

BAA

Form 990 (2017)

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No columns. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (23), 1b (23), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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 (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed None
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O
20 State the name, address, and telephone number of the person who possesses the organization's books and records: Melinda Tidwell 213 West Main Street Tupelo MS 38801 (662) 841-9133

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Tyler Basil Director	1 0	X						0.	0.	0.
(2) Laura Land Director	1 0	X						0.	0.	0.
(3) Tommy Chamblee Director	1 0	X						0.	0.	0.
(4) Jesse Bandre Director	1 0	X						0.	0.	0.
(5) Beth Davis Chair	1 0	X		X				0.	0.	0.
(6) Derric Morrison Director	1 0	X						0.	0.	0.
(7) Troy Allen Director	1 0	X						0.	0.	0.
(8) Rodger Brown Director	1 0	X						0.	0.	0.
(9) Kevin Chapman Secretary/Treas	1 0	X		X				0.	0.	0.
(10) Patrick Eaton Director	1 0	X						0.	0.	0.
(11) Rob Rice Director	1 0	X						0.	0.	0.
(12) Jeff Cox Director	1 0	X						0.	0.	0.
(13) David Wilson Director	1 0	X						0.	0.	0.
(14) Shane Hooper Director	1 0	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) Hilary Hamblin Director	1 0	X					0.	0.	0.
(16) Jerrilyn Billingsley Director	1 0	X					0.	0.	0.
(17) Burton B Hosch President	1 0	X					0.	0.	0.
(18) Gary Sparkman Director	1 0	X					0.	0.	0.
(19) Neal McCoy Director	1 0	X					0.	0.	0.
(20) Michael Webb Director	1 0	X					0.	0.	0.
(21) Jeff King Chair-Elect	1 0	X		X			0.	0.	0.
(22) Greg Pirkle Director	1 0	X					0.	0.	0.
(23) Eddie Wright Director	1 0	X					0.	0.	0.
(24) Melinda Tidwell President	40 0			X			99,408.	0.	0.
(25)									
1 b Sub-total							99,408.	0.	0.
c Total from continuation sheets to Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							99,408.	0.	0.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0									

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e 776.				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 2,601,221.				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f	▶ 2,601,997.				
Program Service Revenue	Business Code					
	2 a <u>Special Event</u>	900099	96,915.	96,915.		
	b <u>Service Fees</u>	900099	16,720.	16,720.		
	c					
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f	▶	113,635.				
Other Revenue	3 Investment income (including dividends, interest and other similar amounts)	▶	33,879.		33,879.	
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)	▶				
	7 a Gross amount from sales of assets other than inventory	(i) Securities	83,988.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	79,385.			
		c Gain or (loss)	4,603.			
d Net gain or (loss)	▶	4,603.	4,603.			
8 a 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	▶				
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
10 a 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				
11 a						
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	▶				
12 Total revenue. See instructions	▶	2,754,114.	118,238.	0.	33,879.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.....	1,475,139.	1,475,139.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.....				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.....				
4 Benefits paid to or for members.....				
5 Compensation of current officers, directors, trustees, and key employees.....	97,725.	13,515.	74,105.	10,105.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).....	0.	0.	0.	0.
7 Other salaries and wages.....	282,255.	80,887.	112,101.	89,267.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).....	22,163.	7,080.	7,630.	7,453.
9 Other employee benefits.....	54,176.	8,442.	28,054.	17,680.
10 Payroll taxes.....	28,466.	6,995.	14,107.	7,364.
11 Fees for services (non-employees):				
a Management.....				
b Legal.....				
c Accounting.....	10,900.		10,900.	
d Lobbying.....				
e Professional fundraising services. See Part IV, line 17.....				
f Investment management fees.....	7,268.		7,268.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.).....				
12 Advertising and promotion.....	15,135.	577.		14,558.
13 Office expenses.....	22,844.	2,465.	12,577.	7,802.
14 Information technology.....				
15 Royalties.....				
16 Occupancy.....	21,000.	3,150.	10,290.	7,560.
17 Travel.....	7,229.	968.	134.	6,127.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.....				
19 Conferences, conventions, and meetings.....	16,306.	2,006.	9,455.	4,845.
20 Interest.....				
21 Payments to affiliates.....	26,359.		26,359.	
22 Depreciation, depletion, and amortization.....	6,203.		6,203.	
23 Insurance.....	2,958.		2,958.	
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 <u>Bad Debt Expense</u>	107,949.		107,949.	
b <u>Back to School Fair</u>	37,761.	37,761.		
c <u>Giveaways</u>	33,008.	468.		32,540.
d <u>Equipment Rental and Maintenan</u>	17,008.	2,896.	8,595.	5,517.
e All other expenses.....	37,993.	6,514.	9,104.	22,375.
25 Total functional expenses. Add lines 1 through 24e.	2,329,845.	1,648,863.	447,789.	233,193.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).....				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash – non-interest-bearing.....	200.	1	200.
	2 Savings and temporary cash investments.....	137,550.	2	124,559.
	3 Pledges and grants receivable, net.....	915,243.	3	1,331,074.
	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.....	1,465.	8	1,410.
	9 Prepaid expenses and deferred charges.....	5,593.	9	5,843.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.....	10a 103,295.		
	b Less: accumulated depreciation.....	10b 85,506.	15,363.	10c 17,789.
	11 Investments – publicly traded securities.....	897,554.	11	920,847.
	12 Investments – other securities. See Part IV, line 11.....		12	
	13 Investments – program-related. See Part IV, line 11.....		13	
	14 Intangible assets.....		14	
	15 Other assets. See Part IV, line 11.....		15	
16 Total assets. Add lines 1 through 15 (must equal line 34).....	1,972,968.	16	2,401,722.	
Liabilities	17 Accounts payable and accrued expenses.....	25,872.	17	21,202.
	18 Grants payable.....		18	
	19 Deferred revenue.....		19	
	20 Tax-exempt bond liabilities.....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.....		21	
	22 Loans and other payables to 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.....		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.....		25	
	26 Total liabilities. Add lines 17 through 25.....	25,872.	26	21,202.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets.....	1,436,730.	27	1,364,410.
	28 Temporarily restricted net assets.....	510,366.	28	1,016,110.
	29 Permanently restricted net assets.....		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds.....		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund.....		31	
	32 Retained earnings, endowment, accumulated income, or other funds.....		32	
	33 Total net assets or fund balances.....	1,947,096.	33	2,380,520.
	34 Total liabilities and net assets/fund balances.....	1,972,968.	34	2,401,722.

BAA

Form 990 (2017)

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	2,754,114.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,329,845.
3	Revenue less expenses. Subtract line 2 from line 1	3	424,269.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,947,096.
5	Net unrealized gains (losses) on investments	5	9,155.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,380,520.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
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			
2 b	Were the organization's financial statements audited by an independent accountant?	X	
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			
2 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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3 a	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?		X
3 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.		

BAA

Form 990 (2017)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization United Way of Northeast Mississippi, Inc	Employer identification number 64-0392972
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 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		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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'.)	2,090,525.	2,332,972.	2,087,505.	2,149,306.	2,601,221.	11,261,529.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 Total. Add lines 1 through 3.	2,090,525.	2,332,972.	2,087,505.	2,149,306.	2,601,221.	11,261,529.
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).						0.
6 Public support. Subtract line 5 from line 4.						11,261,529.

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.	2,090,525.	2,332,972.	2,087,505.	2,149,306.	2,601,221.	11,261,529.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	26,533.	29,683.	30,357.	22,966.	33,879.	143,418.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11 Total support. Add lines 7 through 10.						11,404,947.
12 Gross receipts from related activities, etc. (see instructions)					12	0.
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)).	14	98.74 %
15 Public support percentage from 2016 Schedule A, Part II, line 14.	15	98.78 %

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

Section A. All Supporting Organizations

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

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?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI .	11c	

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? 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.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? 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.	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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).	1	

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - The organization satisfied the Activities Test. Complete **line 2** below.
 - The organization is the parent of each of its supported organizations. Complete **line 3** below.
 - 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.**

- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
 - Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. **Answer (a) and (b) below.**
- Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI**.
 - Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in **Part VI** the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

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

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

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

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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).		

BAA

Schedule A (Form 990 or 990-EZ) 2017

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. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result 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			

BAA

Schedule A (Form 990 or 990-EZ) 2017

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.)

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2017

Name of the organization

United Way of Northeast Mississippi, Inc

Employer identification number

64-0392972

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization United Way of Northeast Mississippi, Inc	Employer identification number 64-0392972
--	--

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BancorpSouth P. O. Box 789 Tupelo, MS 38802	\$ 116,725.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Renasant Bank P. O. Box 709 Tupelo, MS 38802	\$ 110,286.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Franklin Corporation P. O. Box 569 Houston, MS 38851	\$ 79,190.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Toyota Motor Manufacturing MS 1200 Magnolia Drive Blue Springs, MS 38828	\$ 215,657.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	North Mississippi Health Services 830 South Gloster St Tupelo, MS 38801	\$ 484,098.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

United Way of Northeast Mississippi, Inc

64-0392972

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	N/A ----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

Name of organization United Way of Northeast Mississippi, Inc	Employer identification number 64-0392972
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____ *N/A*
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
N/A			

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
-----	-----
-----	-----
-----	-----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
-----	-----
-----	-----
-----	-----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
-----	-----
-----	-----
-----	-----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
-----	-----
-----	-----
-----	-----

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

Employer identification number

United Way of Northeast Mississippi, Inc

64-0392972

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.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number and aggregate values.

- 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...
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes...

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).
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.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows 2a-2d for conservation easement statistics.

- 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?
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)?
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.

- 1 a 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:
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:

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.

- 1 a 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 | 1 c |
| d Additions during the year | 1 d |
| e Distributions during the year | 1 e |
| f Ending balance | 1 f |
- 2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance	167,615.	152,638.	140,275.	150,140.	139,573.
b Contributions					
c Net investment earnings, gains, and losses	9,230.	16,169.	13,543.	-1,065.	11,879.
d Grants or scholarships					
e Other expenditures for facilities and programs				0.	
f Administrative expenses	1,454.	1,192.	1,180.	8,800.	1,312.
g End of year balance	175,391.	167,615.	152,638.	140,275.	150,140.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ 100.00 %
 - b Permanent endowment ▶ _____ %
 - c Temporarily restricted endowment ▶ _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3 a 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds. See Part XIII

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
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment		81,274.	63,485.	17,789.
e Other		22,021.	22,021.	0.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 17,789.

Part VII Investments – Other Securities.

N/A

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		

Part VIII Investments – Program Related.

N/A

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)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part IX Other Assets.

N/A

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	

Part X Other Liabilities.

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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	2,763,269.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains (losses) on investments	2 a	9,155.
	b Donated services and use of facilities	2 b	
	c Recoveries of prior year grants	2 c	
	d Other (Describe in Part XIII.)	2 d	
	e Add lines 2 a through 2 d	2 e	9,155.
3	Subtract line 2 e from line 1	3	2,754,114.
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	4 a	
	b Other (Describe in Part XIII.)	4 b	
	c Add lines 4 a and 4 b	4 c	
5	Total revenue. Add lines 3 and 4 c . (This must equal Form 990, Part I, line 12.)	5	2,754,114.

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	2,329,845.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2 a	
	b Prior year adjustments	2 b	
	c Other losses	2 c	
	d Other (Describe in Part XIII.)	2 d	
	e Add lines 2 a through 2 d	2 e	
3	Subtract line 2 e from line 1	3	2,329,845.
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	4 a	
	b Other (Describe in Part XIII.)	4 b	
	c Add lines 4 a and 4 b	4 c	
5	Total expenses. Add lines 3 and 4 c . (This must equal Form 990, Part I, line 18.)	5	2,329,845.

Part XIII Supplemental Information.

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

Part V, Line 4 - Intended Uses Of Endowment Fund

The Board Designated Endowment was established to provide income to pay the administrative costs of operating the United Way of Northeast Mississippi, Inc. so that all funds raised by the community each year will go directly into agency programs.

**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.

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

Name of the organization United Way of Northeast Mississippi, Inc	Employer identification number 64-0392972
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Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) 4-H Clubs - Lee County P.O. Box 2297 Tupelo, MS 38803	64-0595034		19,750.	0.			Provide experience to youth.
(2) 4-H Clubs - Prentiss Co. P.O. Box 130 Booneville, MS 38829	64-6001000		7,625.	0.			Provide experience to youth.
(3) AEE (Association for Excellan P.O. Box 1053 Tupelo, MS 38802	23-7248582		11,250.	0.			Improve education in schools.
(4) Agape Health Services, Inc 505 North St New Albany, MS 38652	64-0735276		16,726.	0.			Provides free healthcare
(5) American Red Cross Northeast 4127 Westside Drive Tupelo, MS 38801	64-0303064		101,600.	0.			Provide community services.
(6) Big Brothers/Big Sisters of M 213 West Main, Suite 200 Tupelo, MS 38802	58-1919149		11,750.	0.			Mentoring for children.
(7) Boy Scouts, Yocona Area Counc 505 Air Park Road Tupelo, MS 38801	64-0315213		71,363.	0.			Provide mentoring.
(8) Boys & Girls Club of Boonevi P.O. Box 57 Booneville, MS 38829	64-0389412		23,150.	0.			Inspire/enable young people.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **58**
- 3 Enter total number of other organizations listed in the line 1 table ▶ **0**

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.**Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.**

The United Way of Northeast Mississippi conducts annual reviews and evaluation of performance outcomes based on information provided by funded agencies. They provide funding in five categories (Improving Education, Strengthening Children & Families, Promoting Health & Wellness, Providing Community & Emergency Assistance, Improving & Increasing Affordable Housing.) Each year funding request forms are received and reviewed for accuracy. Community Volunteers are trained by United Way of Northeast MS staff and divided into panels with 3 to 5 agencies assigned. The Volunteers visit their agencies to see programs and services in action. The Volunteers review the most recent audit; financial statements; program and organizational budgets; outcome measurement and improvements; and an executive summary. The Community Volunteers

2017

Schedule I, Part IV - Supplemental Information

Page 3

Client 495

United Way of Northeast Mississippi, Inc

64-0392972

1/08/19

02:49PM

Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S. (continued)

host agency interviews and ask about funding requests, budgets, mission, board makeup etc. Then the Volunteers make funding recommendations to the Board of Directors.

Continuation Sheet for Schedule I (Form 990)

2017

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Continuation Page 1 of 5

Name of the organization

United Way of Northeast Mississippi, Inc

Employer identification number

64-0392972

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Boys and Girls Clubs of NE MS 1500 Whitehouse Road Iuka, MS 38852	64-0389412		10,000.				Inspire/enable young people.
Boys and Girls Clubs of North P.O. Box 1098 Tupelo, MS 38802	64-0880602		91,313.				Inspire/enable young people.
El Centro, Inc. 1800 W Main St Suite 116 Tupelo, MS 38801	20-5657071		10,375.				Education/Training for immigrants
C.A.S.A. (The Church After Sc 1800 W. Main Street Tupelo, MS 38801	64-0661776		11,000.				Provide security to kids.
CATCH Kids P.O. Box 796 Tupelo, MS 38802	64-0906563		40,975.				Assist with healthcare
Excel, Inc. 230 West Main Street Okolona, MS 38860	64-0801905		15,674.				Provide community services.
ExPect P.O. Box 845 Tupelo, MS 38802	23-7248582		15,750.				Provide quality education.
F.A.I.T.H. Food Pantry 102 Front Avenue Nettleton, MS 38858	64-0914186		27,500.				Provide food to residents.
Faith Haven Inc. P.O. Box 835 Tupelo, MS 38802	64-0568121		70,625.				Provide emergency care.
Family Resource Center of NE 425 Magazine Street Tupelo, MS 38804	64-0895266		41,775.				Helping kids.

Continuation Sheet for Schedule I (Form 990)

2017

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Continuation Page 2 of 5

Name of the organization

United Way of Northeast Mississippi, Inc

Employer identification number

64-0392972

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Food Pantry West 235 Highway 371 North Mantachie, MS 38855	64-0763326		11,500.				Provide food to residents.
Fulton Food Pantry P.O. Box 907 Fulton, MS 38843	64-0561211		19,250.				Provide food to residents.
Girl Scouts Heart of the Sout 1800 West Main Street Tupelo, MS 38802	62-0502197		31,463.				Inspire young girls.
Good Samaritan Health Service 420 Magazine Street Tupelo, MS 38802	64-0509457		41,250.				Assist Lee County with healthcare.
Union County Good Samaritan C 806 Jay Street New Albany, MS 38652	58-2084749		15,750.				Assist basic needs.
Habitat for Humanity of NE Mi 213 West Maint, Suite 210 Tupelo, MS 38803	64-0744873		62,250.				Provide adequate housing.
Habitat for Humanity - Pontot P.O. Box 486 Pontotoc, MS 38863	64-0805086		13,000.				Provide adequate housing.
L.I.F.E. of Mississippi, Inc. 1051 Cliff Gookin Blvd. Tupelo, MS 38801	58-2062107		7,594.				Empower disabled people.
Meals on Wheels 2800 West Main Street Tupelo, MS 38801	64-6026549		63,000.				Meal for elders.
NCADD 200 North Spring Street Tupelo, MS 38804	64-0695980		66,263.				Provide help for addicts.

Continuation Sheet for Schedule I (Form 990)

2017

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Continuation Page 3 of 5

Name of the organization

United Way of Northeast Mississippi, Inc

Employer identification number

64-0392972

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<u>NMMC - Diabetes Assistance Fu</u> <u>830 South Gloster</u> <u>Tupelo, MS 38801</u>	64-0914704		9,508.				Educate & train diabetics.
<u>NMMC - Social Work Fund</u> <u>830 South Gloster</u> <u>Tupelo, MS 38801</u>	64-0914704		18,850.				Help patients & families.
<u>North Mississippi Kidney Fdn</u> <u>1031 South Madison</u> <u>Tupelo, MS 38801</u>	23-7129215		13,663.				Provide support to patients.
<u>Misson Okolona Food Pantry</u> <u>PO Box 537</u> <u>Okolona, MS 38860</u>	64-0940178		8,175.				Provide food to those in need
<u>Regional Rehabilitation Cente</u> <u>615 Pegram Drive</u> <u>Tupelo, MS 38801</u>	64-0413349		64,475.				Provide therapy.
<u>S.A.F.E., Inc.</u> <u>P.O. Box 985</u> <u>Tupelo, MS 38802</u>	64-0642220		88,775.				Help victims of violence.
<u>The Salvation Army - Chickasa</u> <u>P.O. Box 404</u> <u>Houston, MS 38851</u>	63-0288866		14,875.				Provide necessities.
<u>The Salvation Army</u> <u>527 Carnation Street</u> <u>Tupelo, MS 38802</u>	68-0288866		167,150.				Provide necessities.
<u>The Salvation Army - Pontotoc</u> <u>P.O. Box 267</u> <u>Pontotoc, MS 38863</u>	63-0288866		17,950.				Provide necessities.
<u>Sp. Ed. & Handicapped Student</u> <u>3473 Hwy 178</u> <u>Mooreville, MS 38857</u>	23-7248582		11,968.				Bowling activities.

Continuation Sheet for Schedule I (Form 990)

2017

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Continuation Page 4 of 5

Name of the organization

United Way of Northeast Mississippi, Inc

Employer identification number

64-0392972

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<u>The Sunday Fund, MMSS</u> <u>P.O. Box 1567</u> <u>Tupelo, MS 38802</u>	64-6026549		10,000.				Assist residents
<u>Women First</u> <u>215 North Gloster, Suite D</u> <u>Tupelo, MS 38804</u>	72-1350605		9,888.				Educate & inform women.
<u>New Haven Center</u> <u>PO Box 135</u> <u>New Albany, MS 38652</u>	64-0395453		19,625.				Day facility for adults
<u>NMMC - Hospice Patient Assita</u> <u>422 A President Avenue</u> <u>Tupelo, MS 38801</u>	64-0914704		6,827.				Help with terminal illness
<u>Autism Center Tupelo</u> <u>615 Pergam Dr</u> <u>Tupelo, MS 38801</u>	23-7248582		64,826.				Affordable service to children
<u>Boys&Girls Club Baldw</u> <u>PO Box 642</u> <u>Corinth, MS 38829</u>	64-0389412		21,125.				Inspire/enable young people.
<u>Hope Family Ministries</u> <u>2754 Mattox St</u> <u>Tupelo, MS 38801</u>	64-0861075		9,800.				Biblical counseling
<u>Shepherd's Center of Tupelo</u> <u>PO Box 584</u> <u>Tupelo, MS 38802</u>	58-2022014		6,500.				Empowers senior adults
<u>Banah Pregnancy Testing Cente</u> <u>PO Box 216</u> <u>Pontotoc, MS 38863</u>	20-5449676		9,431.				Pregnancy testing and support
<u>Fuller Center for Housing</u> <u>111 East Washington St</u> <u>Houston, MS 38851</u>	64-0877420		17,150.				Provide affordable housing

Continuation Sheet for Schedule I (Form 990)

2017

▶ Attach to Form 990 to list additional information for
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Continuation Page 5 of 5

Name of the organization

United Way of Northeast Mississippi, Inc

Employer identification number

64-0392972

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<u>Parkgate Pregnancy Clinic, Inc</u> <u>100 Parkgate Extension, A2H</u> <u>Tupelo, MS 38801</u>	64-0678049		15,488.				Empower life-affirming choices
<u>St. Luke Methodist Food Pantr</u> <u>1400 Clayton Ave</u> <u>Tupelo, MS 38804</u>	64-0383876		10,750.				Food baskets for Lee County
<u>3 Rivers Area Agency on Aging</u> <u>P.O. Box 690</u> <u>Pontotoc, MS 38663</u>	64-0507939		7,675.				Provide meals to senior citizens
<u>Saint's Brew</u> <u>608 West Jefferson St</u> <u>Tupelo, MS 38804</u>	64-0682103		6,000.				Provides hot breakfast
<u>Sally Kate Winters Family Ser</u> <u>PO BOX 1233</u> <u>West Point, MS 39773</u>	64-0761099		5,875.				Emergency Shelter for Children
<u>Fellowship Christian Athletes</u> <u>P.O. Box 636</u> <u>Amory, MS 38821</u>	44-0610626		8,950.				Encouraging christian fellowship
<u>NMMC Camp Blue Bird</u> <u>830 S Gloster</u> <u>Tupelo, MS 38801</u>	64-0914704		5,650.				Provides support to cancer survivor
<u>Weekend Backpack Program</u> <u>412 West Main St</u> <u>Tupelo, MS 38801</u>	64-0364238		5,461.				Food for students on weekends
<u>Sanctuary Hospice House</u> <u>PO Box 2177</u> <u>Tupelo, MS 38803</u>	64-0934888		5,588.				End of life care
<u>CREATE</u> <u>PO Box 1053</u> <u>Tupelo, MS 38802</u>	23-7248582		20,000.				Hunger Coalition

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service

Name of the organization

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017**Open to Public
Inspection**United Way of Northeast Mississippi, Inc

Employer identification number

64-0392972**Form 990, Part VI, Line 11b - Form 990 Review Process**

A copy of the Form 990 is e-mailed to each director for their review prior to filing the form.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Annually each Director is required to review the Code of Ethics Policy which includes the conflict of interest policy and sign that they have read and agree to the policy.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

Performance appraisals are conducted for all staff annually. The President completes the performance appraisals for all employees. The Board Chairman performs the performance appraisal for the President. The Chairman of Personnel Committee and Chairman of the Board of Directors approve the evaluation of the President and performance appraisals performed by the President for the other employees. All salary / wage changes and incentive pay are presented to the Board of Directors for approval.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Governing Documents and Policies: Some available on website others upon request.

Financial Statements: Available on website.

Recap Report (Format C)

Campaign Year:	2018	Override Goal/Projected From structure node setting:	Yes/Yes
Structure Selected:	2018/CAMPAIGN MAP (226)	Roll up the overriding goal & proj to parent node:	Yes
Master/Checkoff Account:	All Master/Checkoff accounts	Include Final Campaigns:	Yes
Report Format:	C	Include Unknown Campaigns:	Yes
		Include Partial Campaigns:	Yes
		Only accounts with outstanding CV	No
Campaign Account:	All Combined Campaigns		

Node	#Accounts Total	#Accounts Final	Goal	Is Node Goal	Total In	Total In % Goal	Final Gain/Loss vs CV	Final Total In %Chg CV
2018/CAMPAIGN MAP (226)	1617	1287	2,550,000	*	2,634,015	103.29%	238,182	23.91%
Business (227)	119	35	650,000	*	559,354	86.05%	34,420	18.77%
Education (251)	73	10	230,000	*	257,688	112.04%	17,197	39.75%
Healthcare (235)	40	27	582,000	*	551,925	94.83%	10,080	29.72%
Individual Gifts (238)	1166	1140	58,000	*	193,087	332.91%	156,854	447.73%
Industry (231)	56	23	800,000	*	693,781	86.72%	51,488-	-9.06%
Non-Solicited (254)	40	5	10,000	*	104,357	1,043.57%	2,525	0.0%
Nonprofits (241)	50	24	80,000	*	132,220	165.28%	59,677	123.56%
Professionals (244)	24	18	45,000	*	45,458	101.02%	1,999	5.88%
Public Service (248)	49	5	95,000	*	96,144	101.2%	6,919	13.94%

Notes: 1. A '*' on the 'Goal','Projected' column indicates the figure is partially or fully overridden from structure node setup. Where as a '#' indicates it is the rollup from child nodes with overriding amount. 2. The figures DO NOT include non-campaign dollars. 3. A '+++++' in the p
4. The 'Final Total In' is the 'Total In' of accounts/campaigns which are final. The 'Final Gain/Loss vs CV' is the difference between their 'Total In' and 'CV'. The 'Final Total In %chg CV' equals the difference / CV X 100%.

Increases

Agencies	\$ 44,545.00
Schools	\$ 30,625.00
General Atomics	\$ 13,611.00
Renasant Bank	\$ 10,080.00
SDI	\$ 7,600.00
Caterpillar	\$ 6,948.00
Barnes Crossing Auto	\$ 6,771.00
City of Tupelo	\$ 5,955.00
Roll Form	\$ 5,938.00
West Rock	\$ 4,268.00
MTD	\$ 3,155.00
	<u>\$ 139,496.00</u>

Decreases

Toyota Mississippi	\$ 180,094.00
Wal-Mart	\$ 20,285.00
Pepsi	\$ 18,418.00
BancorpSouth	\$ 12,550.00
NMMC	\$ 9,846.00
Comfort Revolution	\$ 8,034.00
Magnolia Business Ctr.	\$ 5,586.00
Cooper Tire	\$ 5,563.00
American Furniture	\$ 4,300.00
Plumrose	\$ 4,239.00
Kroger	\$ 4,163.60
ACCO	\$ 4,000.00
Jesco-Cooper Tire	\$ 3,496.00
SSA	\$ 3,076.00
Swift Staffing	\$ 2,500.00
	<u>\$ 286,150.60</u>

Amount Raised To Date:

Campagin		\$ 2,389,015
\$50K Giveaway		\$ 245,000
Grants and Other Income		\$ 92,500
Sponsorships		\$ 50,000
Initiative Campaigns		\$ 10,000
Interest and Investment Income		\$ 25,000
Miscellaneous Income		\$ 7,000
Total		\$ 2,818,515
Less: Administrative Budget	\$ 301,734	
 Campaign and \$50K Expenses	\$ 361,056	
 Pledge Loss (8%)	\$ 191,121	
 UWW Dues	\$ 23,890	
Total Obligations		\$ 877,801
Balance		\$ 1,940,714
Less Restricted Donations		\$ (18,500)
Less Designations to Other United Ways		\$ (58,024)
Total Remaining for Allocations		\$ 1,864,189
Community Initiatives and Service		\$ (231,664)
Less Allocations of the Previous Year		\$ (1,576,934)
Increase/Decrease in Allocations		\$ 55,591

Tupelo/Lee County Hunger Coalition
Budget
10/01/2018-09/30/2019

INCOME	Original Plan	Rev. Plan		
Contributions (Individuals)	25,000			25,000
Families First for MS Grant	300,000			100,000
Marchbanks Foundation	100,000			100,000
Fundraisers & Corporate grants	25,000			75,000
TOTAL INCOME	\$ 450,000			\$ 300,000
EXPENSES		Families First	All other sources	Total
Personnel & Admin Expenses				
Executive Director	56,763	28,382	28,381	56,763
Travel & Conferences	3,500	400	2,100	2,500
Technology	5,000	2,500	1,500	4,000
Printing/Media/PR	11,000	718	4,282	5,000
<i>sub-total</i>	<i>76,263</i>	<i>\$ 32,000</i>	<i>\$ 36,263</i>	<i>\$ 68,263</i>
Program Expenses				
Mid-South Food Bank	125,000	25,000	25,000	50,000
Food Pantries	35,000	12,500	12,500	25,000
Weekend backpack program support	25,000	10,500	14,500	25,000
In-School Pantry (2 new programs)	25,000			
Hot Meal Services	38,737	7,500	7,500	15,000
Summer Food Program	110,000	10,000	100,000	110,000
Transportation	15,000	2,500	4,237	6,737
<i>sub-total</i>	<i>373,737</i>	<i>\$ 68,000</i>	<i>\$ 163,737</i>	<i>\$ 231,737</i>
TOTAL EXPENSES	\$ 450,000	\$ 100,000	\$ 200,000	\$ 300,000

(\$42k + taxes & benefits)

**United Way of Northeast Mississippi
2018**

	<u>Budgeted Cost Per Dollar Raised</u>				<u>Actual Cost Per Dollar Raised</u>					
	<u>Budget</u>		<u>Goal</u>		<u>9-30 Actual Cost</u>		<u>1-31 Amount Raised</u>			
2009	493,250	÷	2,100,000	=	.235	492,119	÷	2,180,406	=	.226
2010	489,550	÷	2,150,000	=	.228	487,000	÷	2,201,570	=	.221
2011	492,350	÷	2,200,000	=	.224	472,317	÷	2,275,681	=	.208
2012	494,850	÷	2,300,000	=	.215	481,350	÷	2,440,133	=	.197
2013	548,780	÷	2,400,000	=	.229	538,852	÷	2,427,717	=	.222
2014	539,400	÷	2,425,000	=	.222	536,400	÷	2,507,090	=	.214
2015	538,700	÷	2,500,000	=	.215	532,763	÷	2,564,763	=	.208
2016	548,950	÷	2,525,000	=	.217	515,659	÷	2,471,534	=	.209
2017	592,800	÷	2,535,000	=	.234	579,783	÷	2,427,112	=	.239
2018	746,750	÷	2,639,500	=	.283	706,927	÷	2,724,945	=	.259

<u>Customer Service</u>		<u>Customer Service</u>	
	<u>Goal</u>		<u>Actual</u>
2009	95%	2009	98.90
2010	95%	2010	99.40
2011	95%	2011	100.00
2012	95%	2012	99.40
2013	95%	2013	99.90
2014	95%	2014	99.40
2015	95%	2015	98.60
2016	95%	2016	99.90
2017	95%	2017	98.90
2018	95%	2018	99.74

2018 Goals

	<u>Threshold</u>	<u>Target</u>	<u>Max</u>
Cost Per Dollar Raised	.290	.283	.275
Customer Service	93.1%	95%	96.9%

2018 Bonus Opportunities

	<u>Threshold</u>	<u>Target</u>	<u>Max</u>
Cost Per Dollar Raised	1.5%	2.0%	2.5%
Customer Service	1.5%	2.0%	2.5%

Formula

Cost Per Dollar Raised: Target is budgeted fundraising and administrative costs net of depreciation, brokerage fees, bad debt and United Way Worldwide membership dues, divided by budgeted income (campaign pledges, grants, sponsorships, ticket sales, etc.) Grants will be included in income in the year they are recognized as income in the financial statements. Threshold is 102% of Target and Max is 97% of Target.

Customer Service: Survey sent to all board members, all agency directors, chief volunteers, CEO's and human resource representatives at contributor companies twice per year. Goal is 95% Strongly Agree and Agree.

**United Way of Northeast Mississippi
2017**

<u>Budgeted Cost Per Dollar Raised</u>				<u>Actual Cost Per Dollar Raised</u>					
	<u>Budget</u>		<u>Goal</u>		9-30 <u>Actual Cost</u>		12-31 <u>Amount Raised</u>		
2008	501,890	÷	2,100,000	=	494,130	÷	2,170,919	=	.228
2009	493,250	÷	2,100,000	=	492,119	÷	2,180,406	=	.226
2010	489,550	÷	2,150,000	=	487,000	÷	2,201,570	=	.221
2011	492,350	÷	2,200,000	=	472,317	÷	2,275,681	=	.208
2012	494,850	÷	2,300,000	=	481,350	÷	2,440,133	=	.197
2013	548,780	÷	2,400,000	=	538,852	÷	2,427,717	=	.222
2014	539,400	÷	2,425,000	=	536,400	÷	2,507,090	=	.214
2015	538,700	÷	2,500,000	=	532,763	÷	2,564,763	=	.208
2016	548,950	÷	2,525,000	=	515,659	÷	2,471,534	=	.209
2017	592,800	÷	2,535,000	=	579,783	÷	2,355,124	=	.246

<u>Customer Service</u>		<u>Customer Service</u>	
	<u>Goal</u>		<u>Actual</u>
2008	95%	2008	99.02
2009	95%	2009	98.90
2010	95%	2010	99.40
2011	95%	2011	100.00
2012	95%	2012	99.40
2013	95%	2013	99.90
2014	95%	2014	99.40
2015	95%	2015	98.60
2016	95%	2016	99.90
2017	95%	2017	98.90

2017 Goals

	<u>Threshold</u>	<u>Target</u>	<u>Max</u>
Cost Per Dollar Raised	.239	.234	.227
Customer Service	93.1%	95%	96.9%

2017 Bonus Opportunities

	<u>Threshold</u>	<u>Target</u>	<u>Max</u>
Cost Per Dollar Raised	1.5%	2.0%	2.5%
Customer Service	1.5%	2.0%	2.5%

Formula

Cost Per Dollar Raised: Target is the Administrative Budget less Depreciation and net of Special Event expenses divided by the Goal. Threshold is 102% of Target and Max is 97% of Target.

Customer Service: Survey sent to all board members, all agency directors, chief volunteers, CEO's and human resource representatives at contributor companies twice per year. Goal is 95% Strongly Agree and Agree.

Cost per dollar raised calculation:

Budgeted:

Campaign	\$2,550,000
Grants	\$30,000
Sponsorships	\$19,500
Events	<u>\$40,000</u>
Budgeted	\$2,639,500

Budgeted Expenses: \$746,750

Budgeted Cost per dollar raised= .283

Actual:

Campaign	\$2,634,015 (<i>Includes \$50K Giveaway</i>)
Other Income	\$76,430 (<i>page 8 of audit – includes: \$360, Groundswell; \$29,515.27 grants for initiatives; \$36,794 Back 2 School Sponsors; \$7,065.50 Summer Food Program; \$2,695.50 Misc. Income such as agency trainings, etc.</i>)
T-shirt Sponsorships	<u>\$14,500</u>
Actual	\$2,724,945

Actual Expenses: \$706,927 (*from audit page 10 \$848,503 less: Bad debt, Payments to UWW, Brokerage Fees*)

Actual Cost per dollar raised= .259