

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2015**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

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

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.**A For the 2015 calendar year, or tax year beginning** 07/01, 2015, and ending 06/30, 2016**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

MISSISSIPPI FOOD NETWORK, INC.

Doing business as

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

Room/suite

POST OFFICE BOX 411

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

JACKSON, MS 39205-0411

F Name and address of principal officer:

CHARLES H. BEADY, JR.

P.O. BOX 411 JACKSON, MS 39205-0411

D Employer identification number

64-0676325

E Telephone number

(601) 353-7286

G Gross receipts \$ 21,829,872.**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: ▶ WWW.MSFOODNET.ORG**H(c)** Group exemption number ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1983 **M** State of legal domicile: MS**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO RELIEVE POVERTY-RELATED HUNGER BY DISTRIBUTING DONATED AND PURCHASED FOOD AND GROCERY PRODUCTS THROUGH A NETWORK OF MEMBER CHURCHES AND (SEE SCHEDULE O FOR CONTINUATION)		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	22.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	22.
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	32.
	6	Total number of volunteers (estimate if necessary)	6	1,565.
	Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a
7b		Net unrelated business taxable income from Form 990-T, line 34	7b	0.
8		Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9		Program service revenue (Part VIII, line 2g)	21,505,778.	21,376,118.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	375,926.	434,626.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,657.	2,111.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,855.	7,637.
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	21,890,216.	21,820,492.
14		Benefits paid to or for members (Part IX, column (A), line 4)	18,706,573.	19,020,388.
Expenses		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	1,386,875.	1,481,305.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 556,321.	293,358.	257,939.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,455,287.	1,579,925.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	21,842,093.	22,339,557.
	19	Revenue less expenses. Subtract line 18 from line 12	48,123.	-519,065.
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year
21		Total liabilities (Part X, line 26)	6,319,780.	5,860,022.
22		Net assets or fund balances. Subtract line 21 from line 20	122,558.	182,734.

Part II Signature Block

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

Sign Here	Signature of officer		Date	
	CHARLES H. BEADY, JR.		02/15/2017	
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date
	DUSTIN W TAYLOR, CPA			02/15/2017
	Firm's name ▶ BKD, LLP		Check <input type="checkbox"/> if self-employed	PTIN
	Firm's address ▶ 190 E CAPITOL STREET, STE 500 JACKSON, MS 39201-2190			P01250644
		Firm's EIN ▶ 44-0160260	Phone no. 601-948-6700	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2015)

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

TO RELIEVE POVERTY-RELATED HUNGER BY DISTRIBUTING DONATED AND
PURCHASED FOOD AND GROCERY PRODUCTS THROUGH A NETWORK OF MEMBER
CHURCHES AND NONPROFIT ORGANIZATIONS; TO PROVIDE NUTRITION EDUCATION
TO THE NEEDY; AND TO EMPHASIZE ADVOCACY AND RELATED NEEDS.

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 \$ 21,313,809. including grants of \$ 19,020,388.) (Revenue \$ 434,626.)

MISSISSIPPI FOOD NETWORK (MFN) PROVIDES FOOD TO AS MANY AS 150,000
HUNGRY MISSISSIPPIANS EACH MONTH. MFN ALSO OFFERS CHILD FEEDING
PROGRAMS AND SENIOR FOOD BOX PROGRAMS. THE ORGANIZATION BEGAN THE
SNAP OUTREACH PROGRAM TO ASSIST THE CLIENTS OF MEMBER AGENCIES IN
PROVIDING FAMILIES WITH INFORMATION AND GUIDANCE TO HELP THEM
RECEIVE BENEFITS THROUGH THE PROGRAMS.

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 21,313,809.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.		X
20b 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? If "Yes," complete Schedule I, Parts I and II.	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? If "Yes," complete Schedule I, Parts I and III.		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.		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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d 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? If "Yes," complete Schedule L, Part I.		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.		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? If "Yes," complete Schedule L, Part II.		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? If "Yes," complete Schedule L, Part III.		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):		
28a a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.		X
28b b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.		X
28c 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? If "Yes," complete Schedule L, Part IV.		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.		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? If "Yes," complete Schedule R, Part I.		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.		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? If "Yes," complete Schedule R, Part VI.		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	

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	22	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0.	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	32	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: ▶		
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5c	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6b	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
7	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state?		
13b	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	22		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b Enter the number of voting members included in line 1a, above, who are independent	1b	22		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6		X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► MS,

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ►
 CHARLES H. BEADY, JR. P.O. BOX 411 JACKSON, MS 39205-0411 601-353-7286

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) AARON RAY AKERS VICE-CHAIR	1.00 0.	X		X				0.	0.	0.
(2) KEN LEFOLDT BOARD MEMBER	1.00 0.	X						0.	0.	0.
(3) BETTINA BEECH BOARD MEMBER	1.00 0.	X						0.	0.	0.
(4) FELICIA LYLES SECRETARY	1.00 0.	X		X				0.	0.	0.
(5) JEAN JACOBS PAST CHAIRMAN	1.00 0.	X		X				0.	0.	0.
(6) PAM CONFER BOARD MEMBER	1.00 0.	X						0.	0.	0.
(7) REMONICA MCBRIDE BOARD MEMBER	1.00 0.	X						0.	0.	0.
(8) DANIELLE JOYNER BOARD MEMBER	1.00 0.	X						0.	0.	0.
(9) TAMMIE SIMMONS BOARD MEMBER	1.00 0.	X						0.	0.	0.
(10) REBECCA TURNER BOARD MEMBER	1.00 0.	X						0.	0.	0.
(11) ARRINGTON WIDEMIRE BOARD MEMBER	1.00 0.	X						0.	0.	0.
(12) SCOTT LITTLE BOARD MEMBER	1.00 0.	X						0.	0.	0.
(13) ROSEMARY CARGIN BOARD MEMBER	1.00 0.	X						0.	0.	0.
(14) TERRY L. WOODARD BOARD MEMBER	1.00 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	Former			
(15) DEBRA MCGEE CHAIRMAN	1.00 0.	X		X				0.	0.	0.
(16) HOWARD E BOONE BOARD MEMBER	1.00 0.	X						0.	0.	0.
(17) CHUCK HEAD BOARD MEMBER	1.00 0.	X						0.	0.	0.
(18) SHANNON MCMILLAN TREASURER	1.00 0.	X		X				0.	0.	0.
(19) DICK LARGEL BOARD MEMBER	1.00 0.	X						0.	0.	0.
(20) BILL SNEED BOARD MEMBER	1.00 0.	X						0.	0.	0.
(21) JEFF WOLFE BOARD MEMBER	1.00 0.	X						0.	0.	0.
(22) CHARLES H. BEADY, JR. CHIEF EXECUTIVE OFFICER	40.00 0.			X				97,517.	0.	16,520.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								97,517.	0.	16,520.
d Total (add lines 1b and 1c)								97,517.	0.	16,520.

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.**

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4		X
5		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? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

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 in compensation from the organization **0.**

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII. ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	10,375,131.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	11,000,987.			
	g	Noncash contributions included in lines 1a-1f: \$		18,017,846.			
	h	Total. Add lines 1a-1f		21,376,118.			
Program Service Revenue	2a	FOOD PURCHASE REVENUE	Business Code	900099	54,553.	54,553.	
	b	SHARED MAINTENANCE FEE	900099	359,750.	359,750.		
	c	DELIVERY INCOME	900099	19,308.	19,308.		
	d	MISCELLANEOUS REVENUE	900099	1,015.	1,015.		
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		434,626.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).		2,111.		
4		Income from investment of tax-exempt bond proceeds		0.			
5		Royalties		0.			
6a		Gross rents	(i) Real				
b		Less: rental expenses	(ii) Personal				
c		Rental income or (loss)					
d		Net rental income or (loss)		0.			
7a		Gross amount from sales of assets other than inventory	(i) Securities				
b		Less: cost or other basis and sales expenses	(ii) Other				
c		Gain or (loss)					
d		Net gain or (loss)		0.			
8a		Gross income from fundraising events (not including \$ 17,017. of contributions reported on line 1c). See Part IV, line 18 a	ATCH 1	17,017.			
b	Less: direct expenses b		9,380.				
c	Net income or (loss) from fundraising events. ATCH 2		7,637.				
9a	Gross income from gaming activities. See Part IV, line 19 a						
b	Less: direct expenses b						
c	Net income or (loss) from gaming activities		0.				
10a	Gross sales of inventory, less returns and allowances a						
b	Less: cost of goods sold b						
c	Net income or (loss) from sales of inventory		0.				
Miscellaneous Revenue				Business Code			
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		0.				
12	Total revenue. See instructions.		21,820,492.	434,626.		2,111.	

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	19,020,388.	19,020,388.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	117,569.	17,635.	76,420.	23,514.
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.			
7 Other salaries and wages	1,022,504.	646,629.	241,540.	134,335.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	59,042.	39,170.	12,376.	7,496.
9 Other employee benefits	199,877.	134,965.	40,609.	24,303.
10 Payroll taxes	82,313.	52,408.	19,360.	10,545.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	0.			
c Accounting	32,737.	32,433.	210.	94.
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	257,939.			257,939.
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	275,588.	273,025.	1,767.	796.
12 Advertising and promotion	52,460.	488.	1,712.	50,260.
13 Office expenses	536,904.	514,373.	2,872.	19,659.
14 Information technology	32,518.	18,553.	5,867.	8,098.
15 Royalties	0.			
16 Occupancy	110,784.	64,362.	41,431.	4,991.
17 Travel	106,914.	105,203.	1,593.	118.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	55,954.	47,985.	7,476.	493.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	114,107.	109,532.	4,318.	257.
23 Insurance	61,040.	58,125.	2,915.	
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 MAINTENANCE AND REPAIRS	101,223.	101,016.		207.
b VOLUNTEER EXPENSE	38,628.	28,641.	3,837.	6,150.
c DUES AND SUBSCRIPTIONS	29,731.	23,883.	2,714.	3,134.
d OTHER MISCELLANEOUS EXPENSE	23,923.	17,581.	2,410.	3,932.
e All other expenses	7,414.	7,414.		
25 Total functional expenses. Add lines 1 through 24e	22,339,557.	21,313,809.	469,427.	556,321.
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)	0.			

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	1,479,677.	1	2,075,826.
	2 Savings and temporary cash investments	873,580.	2	874,167.
	3 Pledges and grants receivable, net	678,556.	3	204,133.
	4 Accounts receivable, net	22,655.	4	31,088.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	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	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	2,120,065.	8	1,521,262.
	9 Prepaid expenses and deferred charges	53,296.	9	67,734.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,599,799.		
	b Less: accumulated depreciation	10b 2,513,987.		
		1,091,951.	10c	1,085,812.
	11 Investments - publicly traded securities	0.	11	0.
	12 Investments - other securities. See Part IV, line 11	0.	12	0.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
15 Other assets. See Part IV, line 11	0.	15	0.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	6,319,780.	16	5,860,022.	
Liabilities	17 Accounts payable and accrued expenses	95,539.	17	135,044.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	27,019.	19	47,690.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	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	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	0.
	26 Total liabilities. Add lines 17 through 25	122,558.	26	182,734.
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	3,107,028.	27	3,314,761.
	28 Temporarily restricted net assets	3,090,194.	28	2,362,527.
	29 Permanently restricted net assets	0.	29	0.
	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	6,197,222.	33	5,677,288.
	34 Total liabilities and net assets/fund balances.	6,319,780.	34	5,860,022.

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	21,820,492.
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,339,557.
3	Revenue less expenses. Subtract line 2 from line 1	3	-519,065.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,197,222.
5	Net unrealized gains (losses) on investments	5	-869.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
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	5,677,288.

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

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

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2015)

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.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

MISSISSIPPI FOOD NETWORK, INC.

Employer identification number

64-0676325

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2015

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	18,927,809.	22,630,052.	22,037,815.	21,494,778.	21,376,118.	106,466,572.
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.	18,927,809.	22,630,052.	22,037,815.	21,494,778.	21,376,118.	106,466,572.
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.						106,466,572.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	18,927,809.	22,630,052.	22,037,815.	21,494,778.	21,376,118.	106,466,572.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,433.	2,449.	3,942.	3,657.	2,111.	14,592.
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.						106,481,164.
12 Gross receipts from related activities, etc. (see instructions)					12	2,088,722.
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 2015 (line 6, column (f) divided by line 11, column (f))	14	99.99 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	99.98 %
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
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	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV**Supporting Organizations**

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	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

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

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

Section D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

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.

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization

MISSISSIPPI FOOD NETWORK, INC.

Employer identification number

64-0676325

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

Form 990-PF

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

General Rule

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

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization **MISSISSIPPI FOOD NETWORK, INC.**Employer identification number
64-0676325**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE EMERGENCY FOOD ASSISTANCE PROGRAM 3101 PARK CENTER DRIVE, ROOM 504 ALEXANDRIA, VA 22302-1500	\$ 6,525,761.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	COMMODITY SUPPLEMENTAL FOOD PROGRAM 3101 PARK CENTER DRIVE, ROOM 504 ALEXANDRIA, VA 22302	\$ 2,311,055.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	THE EMERGENCY FOOD ASSISTANCE PROGRAM 3101 PARK CENTER DRIVE, ROOM 504 ALEXANDRIA, VA 22302-1500	\$ 608,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	COMMODITY SUPPLEMENTAL FOOD PROGRAM 3101 PARK CENTER DRIVE, ROOM 504 ALEXANDRIA, VA 22302	\$ 717,206.	Person <input checked="" type="checkbox"/> Payroll <input 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.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **MISSISSIPPI FOOD NETWORK, INC.**

Employer identification number

64-0676325

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
1	FOOD	\$ 6,525,761.	VAR
2	FOOD	\$ 2,311,055.	VAR
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization **MISSISSIPPI FOOD NETWORK, INC.**Employer identification number
64-0676325

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.) ▶ \$ _____

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

Name of the organization

MISSISSIPPI FOOD NETWORK, INC.

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Employer identification number

64-0676325

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

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

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

Part II Conservation Easements.

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

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

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

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

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

(i) Revenue included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X. ▶ \$ _____

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

a Revenue included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X. ▶ \$ _____

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

Schedule D (Form 990) 2015

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:

b. If "Yes," explain the arrangement in Part XIII and complete the following table:		Amount	
c. Beginning balance		1c	
d. Additions during the year		1d	
e. Distributions during the year		1e	
f. Ending balance		1f	

- | | | | |
|-----------|--|------------------------------|-----------------------------|
| 2a | Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b | If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII <input type="checkbox"/> | | |

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

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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

2. Provide the estimated percentage of the current year's
- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ _____ %
- c Temporarily restricted endowment ▶ _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
3a(i)		
3a(ii)		
3b		

- (i) unrelated organizations
- (ii) related organizations

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

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 14a; Form 990-E, Part III, line 14a; or Form 990-B, Part III, line 14a.				
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		92,985.		92,985.
b Buildings		967,795.	481,570.	486,225.
c Leasehold improvements		1,087,289.	698,015.	389,274.
d Equipment		965,738.	865,623.	100,115.
e Other		485,992.	468,779.	17,213.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,085,812.

Schedule D (Form 990) 2015

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (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 (Required)

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	21,829,872.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	21,829,872.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	-9,380.
c	Add lines 4a and 4b	4c	-9,380.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	21,820,492.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements		1	22,349,806.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c	869.	
d	Other (Describe in Part XIII.)	2d	9,380.	
e	Add lines 2a through 2d		2e	10,249.
3	Subtract line 2e from line 1		3	22,339,557.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	22,339,557.

Part XII 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.

SEE PAGE 5

Part XIII Supplemental Information *(continued)*

SCHEDULE D, PART X, LINE 2:

MANAGEMENT HAS EVALUATED THE COMPANY'S INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

SCHEDULE D, PART XI, LINE 4B:

FUNDRAISING EXPENSES OF (9,380)

SCHEDULE D, PART XII, LINE 2D:

FUNDRAISING EXPENSES OF 9,380

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization
MISSISSIPPI FOOD NETWORK, INC.

Employer identification number
64-0676325

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.

Form 990-EZ filers are not required to complete this part.

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | | | | | |
|---|-------------------------------------|----------------------------------|---|--------------------------|---------------------------------------|
| a | <input checked="" type="checkbox"/> | Mail solicitations | e | <input type="checkbox"/> | Solicitation of non-government grants |
| b | <input type="checkbox"/> | Internet and email solicitations | f | <input type="checkbox"/> | Solicitation of government grants |
| c | <input type="checkbox"/> | Phone solicitations | g | <input type="checkbox"/> | Special fundraising events |
| d | <input type="checkbox"/> | In-person solicitations | | | |

- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 GRIZZARD COMMUNICATIONS GROUP	DIRECT MAIL SOLICIT.		X	538,919.	257,939.	280,980.
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				538,919.	257,939.	280,980.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

MS,

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		5K RUN (event type)	MOONLIGHT MKT (event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	7,474.	9,544.		17,018.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2).	7,474.	9,544.		17,018.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs		435.		435.
	7 Food and beverages	107.	77.		184.
	8 Entertainment				
	9 Other direct expenses	4,845.	3,916.		8,761.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				9,380.
	11 Net income summary. Subtract line 10 from line 3, column (d)				7,638.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

SCHEDULE I
(Form 990)

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

MISSISSIPPI FOOD NETWORK, INC.

Employer identification number

64-0676325

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) TWELVE BASKETS FOOD BANK 333 COWAN ROAD GULFPORT, MS 39507-0000	64-0466850	501(C)(3)		1,485,652.	SEE PART IV	FOOD	SEE PART IV
(2) JACKSON REVIVAL CENTER CHURCH 5818 HIGHLAND DRIVE JACKSON, MS 39206-0000	74-5051852	501(C)(3)		480,291.	SEE PART IV	FOOD	SEE PART IV
(3) CHRISTIAN SERVICES, INC. P.O. BOX 1994 HATTIESBURG, MS 39403-0000	64-0730835	501(C)(3)		438,575.	SEE PART IV	FOOD	SEE PART IV
(4) COPTAH COUNTY HUMAN RESOURCES P.O. BOX 448 HAZLEHURST, MS 39083-0000	64-0837421	501(C)(3)		372,978.	SEE PART IV	FOOD	SEE PART IV
(5) PINELAKE CARE CENTER 6071 HWY 25 BRANDON, MS 39047-0000	64-0538192	501(C)(3)		355,587.	SEE PART IV	FOOD	SEE PART IV
(6) MARION COUNTY FOOD PANTRY P.O. BOX 27 COLUMBIA, MS 39429-0000	64-0828677	501(C)(3)		347,041.	SEE PART IV	FOOD	SEE PART IV
(7) SCOTT CO. BAPTIST ASSOC. CRISIS 518 AIRPORT ROAD FOREST, MS 39074-0000	64-0527876	501(C)(3)		311,270.	SEE PART IV	FOOD	SEE PART IV
(8) SOUTH RANKIN FOOD RES. CENTER P.O. BOX 180444 RICHLAND, MS 39218-0000	14-1981732	501(C)(3)		306,418.	SEE PART IV	FOOD	SEE PART IV
(9) SUNFLOWER CO./CSEF P.O. BOX 423 INDIANOLA, MS 38751-0000	64-0910480	501(C)(3)		283,331.	SEE PART IV	FOOD	SEE PART IV
(10) STARKVILLE CHURCH OF GOD 100 LOCKSLEY WAY STARKVILLE, MS 39759-0000	23-7002419	501(C)(3)		276,367.	SEE PART IV	FOOD	SEE PART IV
(11) SOUTHWEST MISS. OPPORTUNITY P.O. BOX 1667 MCCOMB, MS 39648-0000	64-0433629	501(C)(3)		275,604.	SEE PART IV	FOOD	SEE PART IV
(12) PRVO, INC. - FORREST COUNTY PO BOX 509 HATTIESBURG, MS 39401-0000	64-0433756	501(C)(3)		263,772.	SEE PART IV	FOOD	SEE PART IV

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

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

Schedule I (Form 990) (2015)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

MISSISSIPPI FOOD NETWORK, INC.

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? X Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) RC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MADISON COUNTY CSA PO BOX 1358 CANTON, MS 39046-0000	71-1027302	501(C)(3)		241,655.	SEE PART IV	FOOD	SEE PART IV
(2) PINE LAKE CARE CTR.-STARKVILLE 200 HWY 25 N STARKVILLE, MS 39759	64-0538192	501(C)(3)		237,057.	SEE PART IV	FOOD	SEE PART IV
(3) NEW WHITE STONE M. B. CHURCH 422 PAP BROWN STREET GREENVILLE, MS 38701	84-1725294	501(C)(3)		237,031.	SEE PART IV	FOOD	SEE PART IV
(4) CHOCTAW COUNTY BAPTIST ASSOC. 991 CUTTS ROAD ACKERMAN, MS 39735-0000	64-0917300	501(C)(3)		236,989.	SEE PART IV	FOOD	SEE PART IV
(5) GRENADA FOOD PANTRY P.O. BOX 104 GRENADA, MS 38902-0000	64-0805470	501(C)(3)		236,050.	SEE PART IV	FOOD	SEE PART IV
(6) EDWARDS STREET FELLOWSHIP CENT P.O. BOX 17532 HATTIESBURG, MS 39404-0000	64-0698304	501(C)(3)		234,466.	SEE PART IV	FOOD	SEE PART IV
(7) DELIVER ME SR. SUPPORT SVC 1405 S GALLATIN ST. JACKSON, MS 39201-0000	64-0644351	501(C)(3)		228,859.	SEE PART IV	FOOD	SEE PART IV
(8) HICKORY BAP. CHURCH FOOD PANTR PO BOX 219 HICKORY, MS 39332-0000	64-0655271	501(C)(3)		225,228.	SEE PART IV	FOOD	SEE PART IV
(9) HELPING HANDS MINISTRIES P.O. BOX 299 KOSCIUSKO, MS 39090-0000	64-0744335	501(C)(3)		217,981.	SEE PART IV	FOOD	SEE PART IV
(10) MORRISON HEIGHTS BAPTIST CHURCH 3000 HAMPSHIRE BLVD. CLINTON, MS 39056-0000	64-6011952	501(C)(3)		213,432.	SEE PART IV	FOOD	SEE PART IV
(11) REVELS UNITED METH/CH - CSFP 711 S. BROADWAY ST. GREENVILLE, MS 38701	64-0782005	501(C)(3)		207,808.	SEE PART IV	FOOD	SEE PART IV
(12) BERAN SEVENTH DAY ADVENTIST 770 JASMINE COURT JACKSON, MS 39206-0000	64-0901825	501(C)(3)		206,780.	SEE PART IV	FOOD	SEE PART IV

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

3 Enter total number of other organizations listed in the line 1 table ▲

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

Schedule I (Form 990) (2015)

SCHEDULE I
(Form 990)

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

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

MISSISSIPPI FOOD NETWORK, INC.

Employer identification number
64-0676325

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) FEEDING THE GULF COAST 5248 MOBILE S. ST. THEODORE, AL 36582	63-0821997	501(C)(3)		203,592.	SEE PART IV	FOOD	SEE PART IV
(2) PROJECT HOMESTEAD P.O. BOX 891 WEST POINT, MS 39773-0000	64-0908819	501(C)(3)		197,489.	SEE PART IV	FOOD	SEE PART IV
(3) NOXUBEE CO. HUMAN RESOURCE AGE 501 WASHINGTON STREET MACON, MS 39341-0000	64-6000917	501(C)(3)		195,840.	SEE PART IV	FOOD	SEE PART IV
(4) GREATER MT. CALVARY 450 WATERFORD RD. BRANDON, MS 39042-0000	64-0519382	501(C)(3)		193,088.	SEE PART IV	FOOD	SEE PART IV
(5) BETHEL A.M.E. CHURCH 712 SOUTH FIRST STREET BROOKHAVEN, MS 39601	64-0608185	501(C)(3)		183,649.	SEE PART IV	FOOD	SEE PART IV
(6) HEAVENLY MANNA MINISTRIES 2864 MCGUFFEE ROAD CLINTON, MS 39056-0000	36-4539281	501(C)(3)		179,510.	SEE PART IV	FOOD	SEE PART IV
(7) SALVATION ARMY- COLUMBUS P.O. BOX 8 COLUMBUS, MS 39703-0000	13-5562351	501(C)(3)		177,604.	SEE PART IV	FOOD	SEE PART IV
(8) PARKVIEW CHURCH OF CHRIST 149 MANCHESTER AVE. JACKSON, MS 39209	57-1237447	501(C)(3)		172,997.	SEE PART IV	FOOD	SEE PART IV
(9) PINELAKE CARE CENTER 223 OLD JACKSON RD. MADISON, MS 39110	64-0538192	501(C)(3)		169,261.	SEE PART IV	FOOD	SEE PART IV
(10) WESLEY YOUTH FOUNDATION, INC. PO BOX 713 TCHULA, MS 39169	64-0859429	501(C)(3)		164,050.	SEE PART IV	FOOD	SEE PART IV
(11) DREW AREA - CSFP 502 OLIVER STREET DREW, MS 38737	64-0910480	501(C)(3)		156,375.	SEE PART IV	FOOD	SEE PART IV
(12) BROOKHAVEN OUTREACH MINISTRIES P.O. BOX 1158 BROOKHAVEN, MS 39602-0000	64-0804351	501(C)(3)		155,317.	SEE PART IV	FOOD	SEE PART IV

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

3 Enter total number of other organizations listed in the line 1 table ▶

Schedule I (Form 990) (2015)

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

SCHEDULE I
(Form 990)

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

Department of the Treasury
Internal Revenue Service

Name of the organization

MISSISSIPPI FOOD NETWORK, INC.

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Employer identification number

64-0676325

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MY BROTHER'S KEEPER 407 ORCHARD PARK RIDGELAND, MS 39157	64-0937314	501(C)(3)		153,734.	SEE PART IV	FOOD	SEE PART IV
(2) JEREMIAH'S BREAD P.O. BOX 658 MENDENHALL, MS 39114	46-1303797	501(C)(3)		152,922.	SEE PART IV	FOOD	SEE PART IV
(3) SALVATION ARMY - VICKSBURG P.O. BOX 1166 VICKSBURG, MS 39180-0000	13-5562351	501(C)(3)		152,791.	SEE PART IV	FOOD	SEE PART IV
(4) PILGRIM BAPTIST CHURCH 117 PILGRIM BLVD. NATCHEZ, MS 39120-0000	30-0271263	501(C)(3)		150,056.	SEE PART IV	FOOD	SEE PART IV
(5) TEAM INC. 1511 BRIDWELL LANE PORT GIBSON, MS 39150	74-3094030	501(C)(3)		148,895.	SEE PART IV	FOOD	SEE PART IV
(6) CENTER RIDGE BAPTIST CHURCH 2715 OLD BENTON RD YAZOO CITY, MS 39194	72-1383105	501(C)(3)		146,521.	SEE PART IV	FOOD	SEE PART IV
(7) PRVO - MARION COUNTY 1183 HWY 13 SOUTH COLUMBIA, MS 39429-0000	64-0433756	501(C)(3)		144,364.	SEE PART IV	FOOD	SEE PART IV
(8) FIRST UMC OF MAGEE P.O. BOX 661 MAGEE, MS 39111	64-0385677	501(C)(3)		144,252.	SEE PART IV	FOOD	SEE PART IV
(9) MILES MEMORIAL CME CHURCH C/O BUTLER MCLEOD WATER VALLEY, MS 38965	64-0922254	501(C)(3)		141,721.	SEE PART IV	FOOD	SEE PART IV
(10) JONES CHAPEL M.B. CHURCH 119 ERVIN DRIVE CARTHAGE, MS 39051	68-0487744	501(C)(3)		140,488.	SEE PART IV	FOOD	SEE PART IV
(11) ANDERSON UNITED METHODIST CH 6205 HANGING MOSS RD JACKSON, MS 39206	83-0385896	501(C)(3)		139,077.	SEE PART IV	FOOD	SEE PART IV
(12) WE CARE MISSION P. O. BOX 56 MORTON, MS 39117-0000	64-0876007	501(C)(3)		137,301.	SEE PART IV	FOOD	SEE PART IV

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

3 Enter total number of other organizations listed in the line 1 table ▶

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Schedule I (Form 990) (2015)

SCHEDULE I
(Form 990)

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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OMB No. 1545-0047

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Name of the organization

MISSISSIPPI FOOD NETWORK, INC.

Employer identification number

64-0676325

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CENTRAL UNITED METHODIST CHURCH 500 NORTH FAIRISH ST. JACKSON, MS 39202-0000	64-0647770	501(C)(3)		135,757.	SEE PART IV	FOOD	SEE PART IV
(2) PRVO, INC.- JONES COUNTY 130 NORTH 12TH AVENUE LAUREL, MS 39442-0000	64-0433756	501(C)(3)		131,240.	SEE PART IV	FOOD	SEE PART IV
(3) PRVO - LAMAR COUNTY PO BOX 787 PURVIS, MS 39475-0000	64-0433756	501(C)(3)		131,240.	SEE PART IV	FOOD	SEE PART IV
(4) PRVO - COVINGTON COUNTY PO BOX 2343 COLLINS, MS 39428-0000	64-0433756	501(C)(3)		131,240.	SEE PART IV	FOOD	SEE PART IV
(5) RULEVILLE AREA - CSFP P. O. BOX 53 RULEVILLE, MS 38771-0000	64-0910480	501(C)(3)		130,835.	SEE PART IV	FOOD	SEE PART IV
(6) PRVO - PERRY COUNTY PO BOX 348 NEW AUGUSTA, MS 39462	64-0433756	501(C)(3)		130,560.	SEE PART IV	FOOD	SEE PART IV
(7) MALLORY COMMUNITY HEALTH CENTE PO BOX 479 LEXINGTON, MS 39095-0000	64-0829371	501(C)(3)		130,560.	SEE PART IV	FOOD	SEE PART IV
(8) TINNIN ROAD CHURCH OF CHRIST 118 BLUEBERRY LANE CLINTON, MS 39056-0000	64-0855968	501(C)(3)		130,477.	SEE PART IV	FOOD	SEE PART IV
(9) GOLDEN TRIANGLE PLANNING & DEV PO BOX 828 STARKVILLE, MS 39579	64-0508015	501(C)(3)		129,880.	SEE PART IV	FOOD	SEE PART IV
(10) M.I.C.A. MCCOMB IN-DOM CARE P.O. BOX 7206 MCCOMB, MS 39649-0000	64-0739514	501(C)(3)		129,736.	SEE PART IV	FOOD	SEE PART IV
(11) FIRST ASSEMBLY FOOD PANTRY 150 LIBERTY ROAD NATCHEZ, MS 39120-0000	64-6008816	501(C)(3)		129,511.	SEE PART IV	FOOD	SEE PART IV
(12) WE CARE COMMUNITY SER. CSFP 909 WALNUT STREET VICKSBURG, MS 39183-0000	51-0188737	501(C)(3)		129,200.	SEE PART IV	FOOD	SEE PART IV
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							
3 Enter total number of other organizations listed in the line 1 table							

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

Schedule I (Form 990) (2015)

SCHEDULE I
(Form 990)

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

MISSISSIPPI FOOD NETWORK, INC.

Employer identification number

64-0676325

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) P.B.M. MINISTRIES, INC. P.O. BOX 874 WOODVILLE, MS 39669-0000	43-1954220	501 (C) (3)		127,575.	SEE PART IV	FOOD	SEE PART IV
(2) HEARTY HELPINGS FOOD PANTRY P.O. BOX 5005 GREENVILLE, MS 38701	26-3170356	501 (C) (3)		127,237.	SEE PART IV	FOOD	SEE PART IV
(3) SALVATION ARMY - JACKSON P.O. BOX 31954 JACKSON, MS 39286-0000	13-5562351	501 (C) (3)		123,323.	SEE PART IV	FOOD	SEE PART IV
(4) TRUE LIGHT MINISTRY P.O. BOX 1263 YAZOO CITY, MS 39194	56-2664789	501 (C) (3)		123,104.	SEE PART IV	FOOD	SEE PART IV
(5) CHRISTIANS UNITED M.B. CHURCH 5394 METHODIST HOME RD JACKSON, MS 39213	64-0832411	501 (C) (3)		122,823.	SEE PART IV	FOOD	SEE PART IV
(6) GATEWAY RESCUE MISSION P.O. BOX 3763 JACKSON, MS 39207	64-0369382	501 (C) (3)		122,801.	SEE PART IV	FOOD	SEE PART IV
(7) MADCAPP FOOD PANTRY P.O. BOX 217 CANTON, MS 39046-0000	64-0719803	501 (C) (3)		121,674.	SEE PART IV	FOOD	SEE PART IV
(8) BETHLEHEM BAPTIST CH/FOOD/PAN. 138 WASHINGTON CIRCLE NATCHEZ, MS 39120	64-0649774	501 (C) (3)		119,838.	SEE PART IV	FOOD	SEE PART IV
(9) UNION HILL M.B. CHURCH P.O. BOX 797 FLORA, MS 39071-0000	64-0909922	501 (C) (3)		117,754.	SEE PART IV	FOOD	SEE PART IV
(10) RIVER OF LIFE FELLOWSHIP P.O. BOX 1573 PRENTISS, MS 39474-0000	64-0848253	501 (C) (3)		115,807.	SEE PART IV	FOOD	SEE PART IV
(11) YALOBUSHA COUNTY ACTION AGENCY 114 VAUGHN ST COFFEYVILLE, MS 38922	64-0922354	501 (C) (3)		115,704.	SEE PART IV	FOOD	SEE PART IV
(12) WE 2GETHER CREATING CHANGE 167 N. MAIN STREET DREW, MS 38737	80-0438253	501 (C) (3)		114,947.	SEE PART IV	FOOD	SEE PART IV

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

3 Enter total number of other organizations listed in the line 1 table ▶

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Schedule I (Form 990) (2015)

SCHEDULE I
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Grants and Other Assistance to Organizations,
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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) LINTONIA CHAPEL 7TH DAY ADV P.O. BOX 63 YAZOO CITY, MS 39194-0000	64-0675816	501(C)(3)		114,896.	SEE PART IV	FOOD	SEE PART IV
(2) KEMPER SPRINGS COMM. CENTER 2397 KEMPER SPRINGS RD. DEKALB, MS 39328	64-0700991	501(C)(3)		114,883.	SEE PART IV	FOOD	SEE PART IV
(3) PRVO, INC. - JEFF DAVIS CO. PO BOX 773 PRENTISS, MS 39474	64-0433756	501(C)(3)		114,835.	SEE PART IV	FOOD	SEE PART IV
(4) ST. JAMES BETHEL 2517 HARRIOTTE AVE JACKSON, MS 39209	58-1944916	501(C)(3)		113,144.	SEE PART IV	FOOD	SEE PART IV
(5) MAGEE'S CREEK M.E. CHURCH P.O. BOX 513 TYLER TOWN, MS 39667-0000	64-0808876	501(C)(3)		110,735.	SEE PART IV	FOOD	SEE PART IV
(6) AMITE RIVER BAPTIST ASSN. P.O. BOX 192 LIBERTY, MS 39645-0000	20-3686043	501(C)(3)		110,512.	SEE PART IV	FOOD	SEE PART IV
(7) SOUTHSIDE BAPTIST CHURCH 167 CHISLOW RD. LEXINGTON, MS 39095-0000	64-0516771	501(C)(3)		110,350.	SEE PART IV	FOOD	SEE PART IV
(8) CLARKE CO. ASSOC. FOR NEEDY P.O. BOX 195 QUITMAN, MS 39355-0000	64-0778155	501(C)(3)		110,092.	SEE PART IV	FOOD	SEE PART IV
(9) MT. ZION FOOD PANTRY 2973 SANDYLAND RD. MACON, MS 39341	27-4709425	501(C)(3)		109,958.	SEE PART IV	FOOD	SEE PART IV
(10) ST. JAMES CHURCH OF GOD IN CHR PO BOX 258 BENTON, MS 39039-0000	23-7002419	501(C)(3)		109,888.	SEE PART IV	FOOD	SEE PART IV
(11) ST. LUKE THE EVANG./CATH./CH. P.O. BOX 230 BRUCE, MS 38915-0000	64-0466850	501(C)(3)		107,993.	SEE PART IV	FOOD	SEE PART IV
(12) STATE LINE BAPTIST FOOD PANTRY PO BOX 2371 COLUMBUS, MS 39702	20-0751119	501(C)(3)		107,761.	SEE PART IV	FOOD	SEE PART IV

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Schedule I (Form 990) (2015)

SCHEDULE I
(Form 990)

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

MISSISSIPPI FOOD NETWORK, INC.

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Employer identification number

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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.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) DURANT MISSIONARY BAPTIST CHUR 16455 N. JACKSON ST., DURANT, MS 39063	31-1698632	501(C)(3)		107,590.	SEE PART IV	FOOD	SEE PART IV
(2) WORLD OVERCOMERS FOOD OUTREACH P.O. BOX 2772 MADISON, MS 39130	64-0927276	501(C)(3)		106,838.	SEE PART IV	FOOD	SEE PART IV
(3) WE CARE COMMUNITY SERVICES 909 WALNUT STREET VICKSBURG, MS 39183-0000	51-0188737	501(C)(3)		106,626.	SEE PART IV	FOOD	SEE PART IV
(4) ROSE HILL M.B.C FOOD PANTRY 6132 HWY 48 EAST MAGNOLIA, MS 39652-0000	64-0675585	501(C)(3)		106,500.	SEE PART IV	FOOD	SEE PART IV
(5) STEPHEN CHAPEL MB CHURCH 2421 23RD AVE. NORTH COLUMBUS, MS 39701	64-0771503	501(C)(3)		106,437.	SEE PART IV	FOOD	SEE PART IV
(6) COMPASSION FOOD MINISTRIES 70 COUNTY RD 386 WATER VALLEY, MS 38965	26-1235369	501(C)(3)		106,345.	SEE PART IV	FOOD	SEE PART IV
(7) BETHLEHEM M.B. CHURCH 1142 SHUBUTA EDUCUTA RD. SHUBUTA, MS 39360	64-0913005	501(C)(3)		104,910.	SEE PART IV	FOOD	SEE PART IV
(8) MULTI-COUNTY CSA PO BOX 905 MERIDIAN, MS 39302-0000	64-0440512	501(C)(3)		104,448.	SEE PART IV	FOOD	SEE PART IV
(9) FULTON UNITED METH. CHURCH P.O. BOX 907 FULTON, MS 38843-0000	36-2167731	501(C)(3)		104,304.	SEE PART IV	FOOD	SEE PART IV
(10) UNITED COMMUNITY DEV. OUTREACH 403 HARPOND CHURCH RD MENDENHALL, MS 39114	71-0932119	501(C)(3)		103,855.	SEE PART IV	FOOD	SEE PART IV
(11) CORNERSTONE CHURCH FOOD PANTRY 3585 BOWERS STREET JACKSON, MS 39212-0000	53-2101736	501(C)(3)		103,724.	SEE PART IV	FOOD	SEE PART IV
(12) ST. ANDREWS MISSION, INC. P.O. BOX 1407 MCCOMB, MS 39649	64-0880295	501(C)(3)		102,976.	SEE PART IV	FOOD	SEE PART IV

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

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Schedule I (Form 990) (2015)

SCHEDULE I
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**Grants and Other Assistance to Organizations,
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Department of the Treasury
Internal Revenue Service

Name of the organization

MISSISSIPPI FOOD NETWORK, INC.

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) FIRST BAPTIST CHURCH TAYLORSVILLE, MS 39168 P.O. BOX 357 TAYLORSVILLE, MS 39168	64-0578960	501(C)(3)		102,235.	SEE PART IV	FOOD	SEE PART IV
(2) CHUNKEY UMC FOOD PANTRY P.O. BOX 101 CHUNKEY, MS 39323	64-0655937	501(C)(3)		101,631.	SEE PART IV	FOOD	SEE PART IV
(3) PENTECOSTAL CHURCH OF GOD P.O. BOX 1390 MERIDIAN, MS 39305	45-3428422	501(C)(3)		100,837.	SEE PART IV	FOOD	SEE PART IV
(4) HELPING HANDS OF HUMPHREYS CO. P.O. BOX 511 BELZONI, MS 39038-0000	64-0792268	501(C)(3)		100,445.	SEE PART IV	FOOD	SEE PART IV
(5) TRIUMPHANT BAPTIST CHURCH 224 R L CHASE CIR VICKSBURG, MS 39183-0000	31-1693496	501(C)(3)		100,011.	SEE PART IV	FOOD	SEE PART IV
(6) SMITH COUNTY BAPTIST ASSOC. P.O. BOX 55 RALEIGH, MS 39153-0000	64-0698653	501(C)(3)		99,598.	SEE PART IV	FOOD	SEE PART IV
(7) ROSE HILL M.B.C. SOUP KITCHEN 6132 HWY 48 EAST MAGNOLIA, MS 39652-0000	64-0675585	501(C)(3)		98,534.	SEE PART IV	FOOD	SEE PART IV
(8) PLEASANT HOME BAPTIST CHURCH P.O. BOX 3 BAY SPRINGS, MS 39422	64-0516771	501(C)(3)		98,233.	SEE PART IV	FOOD	SEE PART IV
(9) MUSTARD TREE MISSIONS P.O. BOX 8048 MERIDIAN, MS 39303-0000	06-1667783	501(C)(3)		97,728.	SEE PART IV	FOOD	SEE PART IV
(10) OAKLAND CSFP (YC2A) C/O MRS LIZZIE EARL OAKLAND, MS 38948-0000	64-0910480	501(C)(3)		97,685.	SEE PART IV	FOOD	SEE PART IV
(11) CALVARY CHAPEL BAPTIST CHURCH 709 E. MAIN CHARLESTON, MS 38921	64-0223390	501(C)(3)		96,597.	SEE PART IV	FOOD	SEE PART IV
(12) CARING HANDS OF SWEET HOME 404 FRONT ST. ITTA BENA, MS 38941	45-1488941	501(C)(3)		95,880.	SEE PART IV	FOOD	SEE PART IV
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							
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Employer identification number

64-0676325

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SHEKINAH GLORY BC FOOD PANTRY 1611 BAILEY AVENUE JACKSON, MS 39203	26-3731027	501(C)(3)		95,515.	SEE PART IV	FOOD	SEE PART IV
(2) FEEDING HEARTS 5669 HWY 178 WEST REDBANK, MS 38661	26-4684686	501(C)(3)		95,101.	SEE PART IV	FOOD	SEE PART IV
(3) NEW COVENANT COMMUNITY FP 17794 HWY 46 CEDAR BLUFF, MS 39741	64-0836310	501(C)(3)		94,886.	SEE PART IV	FOOD	SEE PART IV
(4) ST. JOHN M.B. CHURCH F. P. 5456 MORRISON RD. UTICA, MS 39175	64-0930642	501(C)(3)		94,807.	SEE PART IV	FOOD	SEE PART IV
(5) THE SALVATION ARMY FOOD PANTRY P.O. BOX 422 MERIDIAN, MS 39302-0000	13-5562351	501(C)(3)		93,964.	SEE PART IV	FOOD	SEE PART IV
(6) CENTER HILL BAPTIST CHURCH 10860 RD. 123 PHILADELPHIA, MS 39350	64-0784193	501(C)(3)		93,522.	SEE PART IV	FOOD	SEE PART IV
(7) GREATER FAIRVIEW MB CHURCH 60 PEACE STREET PICKENS, MS 39146-0000	77-0645340	501(C)(3)		93,350.	SEE PART IV	FOOD	SEE PART IV
(8) MANNA FOOD PANTRY PO BOX 615 CRYSTAL SPRINGS, MS 39059-0000	69-0692926	501(C)(3)		93,204.	SEE PART IV	FOOD	SEE PART IV
(9) HARMONY M.B. CHURCH P.O. BOX 137 LENA, MS 39094	33-1215831	501(C)(3)		92,992.	SEE PART IV	FOOD	SEE PART IV
(10) ST. COLUMB'S IONA HOUSE FP 416 MEADOWGREEN LANE CANTON, MS 39046	64-0747951	501(C)(3)		92,857.	SEE PART IV	FOOD	SEE PART IV
(11) COUNTRY WOODS BAPTIST CHURCH 6737 SIWELL RD. BYRAM, MS 39272	64-0764805	501(C)(3)		92,431.	SEE PART IV	FOOD	SEE PART IV
(12) BETHESDA UNITED METHODIST CH 1085 THOMAS RD. CRYSTAL SPRINGS, MS 39059	64-0812460	501(C)(3)		92,239.	SEE PART IV	FOOD	SEE PART IV

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(1) MISSION OKOLONA							
P.O. BOX 537 OKOLONA, MS 38860-0000	64-0940178	501(C)(3)		92,047.	SEE PART IV	FOOD	SEE PART IV
(2) CHURCHES UNITED FOOD BANK OF P							
P.O. BOX 1172 PONTOTOC, MS 38863-0000	64-0930625	501(C)(3)		91,747.	SEE PART IV	FOOD	SEE PART IV
(3) FEED BY FAITH							
P.O. BOX 1064 MERIDIAN, MS 39302-0000	11-3814582	501(C)(3)		91,450.	SEE PART IV	FOOD	SEE PART IV
(4) SOS CRYSTAL SPRINGS FP, INC.							
P.O. BOX 720762 BYRAM BYRAM, MS 39272	64-0823130	501(C)(3)		91,181.	SEE PART IV	FOOD	SEE PART IV
(5) JASPER COUNTY BAPTIST ASSOC.							
P.O. BOX 472 BAY SPRINGS, MS 39422-0000	64-0682511	501(C)(3)		90,644.	SEE PART IV	FOOD	SEE PART IV
(6) GATEWAY RESCUE MISSION							
P.O. BOX 3763 JACKSON, MS 39207-0000	64-0369382	501(C)(3)		89,597.	SEE PART IV	FOOD	SEE PART IV
(7) LOVING KINDNESS OUTREACH							
86 BRANDON BAY RD. TYLER TOWN, MS 39667	36-4738196	501(C)(3)		89,257.	SEE PART IV	FOOD	SEE PART IV
(8) SOUTH PLEASANT HILL M. E. CHUR							
P.O. BOX 1741 PRENTISS, MS 39474	64-0739331	501(C)(3)		87,800.	SEE PART IV	FOOD	SEE PART IV
(9) HIGHER DIMENSIONS OF MT. OLIVE							
1640 THORNTON ROAD CARTHAGE, MS 39051	90-0518252	501(C)(3)		87,681.	SEE PART IV	FOOD	SEE PART IV
(10) OAK GROVE MB CHURCH							
935 TAMPA ST. PEARL, MS 39208-0000	36-4539281	501(C)(3)		87,472.	SEE PART IV	FOOD	SEE PART IV
(11) FAITH BAPTIST CHURCH							
709 E. MAIN ST. CHARLESTON, MS 38921	64-0808675	501(C)(3)		87,298.	SEE PART IV	FOOD	SEE PART IV
(12) HOSANNA FWC FOOD PANTRY							
226 DOGWOOD LANE BATESVILLE, MS 38606-0000	64-0865968	501(C)(3)		87,288.	SEE PART IV	FOOD	SEE PART IV
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							
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1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) EMA SDA CHURCH 6428 US HWY 11 LUMBERTON, MS 39455	64-6012951	501(C)(3)		87,055.	SEE PART IV	FOOD	SEE PART IV
(2) MASJID MUHAMMAD 6100 FLORAL DRIVE JACKSON, MS 39206	64-0624134	501(C)(3)		85,167.	SEE PART IV	FOOD	SEE PART IV
(3) ST. LUKE UMC FOOD PANTRY 1400 CLAYTON AVENUE TUPELO, MS 38804-0000	64-0583876	501(C)(3)		85,163.	SEE PART IV	FOOD	SEE PART IV
(4) SOUTH LAKE FOOD PANTRY 7444 MUDLINE RD LAKE, MS 39092-0000	54-2117127	501(C)(3)		84,179.	SEE PART IV	FOOD	SEE PART IV
(5) FAITH FOOD PANTRY PO BOX 314 NETTLETON, MS 38858-0000	64-0914186	501(C)(3)		83,948.	SEE PART IV	FOOD	SEE PART IV
(6) TRUE WORD MINISTRIES 360 WAYNESBORO SHUBUTA SHUBUTA, MS 39360	64-0741598	501(C)(3)		83,943.	SEE PART IV	FOOD	SEE PART IV
(7) JEFFERSON COMPREH./HEALTH/CTR. P.O. BOX 98 FAYETTE, MS 39069-0000	64-0667610	501(C)(3)		83,307.	SEE PART IV	FOOD	SEE PART IV
(8) SACRED HEART SOUTHERN MISSION P.O. BOX 5 WALLS, MS 38680-0000	64-0358092	501(C)(3)		82,698.	SEE PART IV	FOOD	SEE PART IV
(9) MIDWAY FREEWILL BAPTIST CHURCH 3 BERRYWOOD COVE JACKSON, MS 39213-0000	64-0936109	501(C)(3)		82,501.	SEE PART IV	FOOD	SEE PART IV
(10) SOUTH DELTA CHARITIES PO BOX 955 LELAND, MS 38756-0000	35-2268408	501(C)(3)		82,110.	SEE PART IV	FOOD	SEE PART IV
(11) CORNERSTONE CHURCH 510 RAPER STREET WINONA, MS 38967-0000	64-0855106	501(C)(3)		81,325.	SEE PART IV	FOOD	SEE PART IV
(12) POTTERS HOUSE FOAM/SEW/CTR. P.O. BOX 656 HOUSTON, MS 38851-0000	64-0864601	501(C)(3)		81,201.	SEE PART IV	FOOD	SEE PART IV

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

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2015)

SCHEDULE I
(Form 990)

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

MISSISSIPPI FOOD NETWORK, INC.

Employer identification number

64-0676325

Part I General Information on Grants and Assistance

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

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

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(1) EMMANUEL M.B. CHURCH 1109 COOPER ROAD JACKSON, MS 39212-0000	64-0606071	501(C)(3)		80,925.	SEE PART IV	FOOD	SEE PART IV
(2) ST. ANDREWS MISSION S/K P.O. BOX 1407 MCCOMB, MS 39649-0000	64-0880295	501(C)(3)		80,441.	SEE PART IV	FOOD	SEE PART IV
(3) PINE LAKE CARE CTR.-CLINTON 816 E. NORTHSIDE DRIVE CLINTON, MS 39056	64-0538192	501(C)(3)		80,291.	SEE PART IV	FOOD	SEE PART IV
(4) PETAL CHILDREN'S TASK FORCE 314 S. GEORGE ST. PETAL, MS 39465	64-0897384	501(C)(3)		80,005.	SEE PART IV	FOOD	SEE PART IV
(5) QUITMAN COUNTY FOOD PANTRY P.O. BOX 1779 LAMBERT, MS 38643	20-8949020	501(C)(3)		79,682.	SEE PART IV	FOOD	SEE PART IV
(6) FIRST ASSEMBLY OF GOD 203 CHURCH STREET CLARKSDALE, MS 38614	44-0577787	501(C)(3)		79,229.	SEE PART IV	FOOD	SEE PART IV
(7) TIPPAH CO. GOOD SAMARITAN CTR. P.O. BOX 76 RIPLEY, MS 38663-0000	64-0886879	501(C)(3)		79,152.	SEE PART IV	FOOD	SEE PART IV
(8) M.E.G.A. P.O. BOX 648 SHELBY, MS 38774	61-1455387	501(C)(3)		78,766.	SEE PART IV	FOOD	SEE PART IV
(9) JERICHO BAPTIST CHURCH (FOOD) 2179 COUNTY RD. 171 GUNTOWN, MS 38849-0000	64-0682716	501(C)(3)		78,642.	SEE PART IV	FOOD	SEE PART IV
(10) ABERDEEN LOAVES & FISHES PO BOX 545 ABERDEEN, MS 39730-0000	31-1813333	501(C)(3)		77,982.	SEE PART IV	FOOD	SEE PART IV
(11) BURIED TREASURES FOOD PANTRY BOX 720672 BYRAM, MS 39272-0000	64-0931808	501(C)(3)		77,896.	SEE PART IV	FOOD	SEE PART IV
(12) CRUDUP-WARD CENTER P.O. BOX 1113 FOREST, MS 39074-0000	72-1357124	501(C)(3)		77,840.	SEE PART IV	FOOD	SEE PART IV

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

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Schedule I (Form 990) (2015)

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SCHEDULE I
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**Grants and Other Assistance to Organizations,
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MISSISSIPPI FOOD NETWORK, INC.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) AMORY FOOD PANTRY 60010 LONDON COVE SMITHVILLE, MS 38870	64-0758372	501(C)(3)		77,811.	SEE PART IV	FOOD	SEE PART IV
(2) HOUSE OF HOPE MIN/OUTREACH 418 MORGANTOWN ROAD NATCHEZ, MS 39120-0000	72-1353551	501(C)(3)		77,615.	SEE PART IV	FOOD	SEE PART IV
(3) ORANGE HILL M.B. CHURCH 1083 JONES RD EDWARDS, MS 39066	36-4539281	501(C)(3)		77,546.	SEE PART IV	FOOD	SEE PART IV
(4) A.M.E.N. FOOD PANTRY P.O. BOX 101 CORINTH, MS 38835	64-0842836	501(C)(3)		76,473.	SEE PART IV	FOOD	SEE PART IV
(5) MOUNT CHARITY M.B. CHURCH 535 WOODS ROAD CARTHAGE, MS 39051-0000	45-0512838	501(C)(3)		76,388.	SEE PART IV	FOOD	SEE PART IV
(6) LAUDERDALE BAPTIST CRISIS CENT P.O. BOX 549 MARION, MS 39342-0000	64-0372439	501(C)(3)		75,888.	SEE PART IV	FOOD	SEE PART IV
(7) THE FOOD DEPOT OF TISHOMINGO C P.O. BOX 36 IUKA, MS 38852-0000	64-0745527	501(C)(3)		75,040.	SEE PART IV	FOOD	SEE PART IV
(8) BIBLE BARN, INC. P.O. BOX 948 UTICA, MS 39175-0000	64-0923724	501(C)(3)		74,552.	SEE PART IV	FOOD	SEE PART IV
(9) CHRISTIAN LIBERTY MB CHURCH 507 TIPTON ST. KOSCIUSKO, MS 39090	20-5781062	501(C)(3)		73,562.	SEE PART IV	FOOD	SEE PART IV
(10) MS DELTA COUNCIL 1005 N. STATE ST CLARKSDALE, MS 38614	64-0507946	501(C)(3)		73,122.	SEE PART IV	FOOD	SEE PART IV
(11) ST. VINCENT DEPAUL P.O. BOX 1523 GREENVILLE, MS 38701-1523	41-2245261	501(C)(3)		73,058.	SEE PART IV	FOOD	SEE PART IV
(12) JERUSALEM BAPT. CHURCH-P.F.F. P.O. BOX 106 LAWRENCE, MS 39336-0000	64-0520467	501(C)(3)		71,575.	SEE PART IV	FOOD	SEE PART IV

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Schedule I (Form 990) (2015)

SCHEDULE I
(Form 990)

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

Name of the organization

MISSISSIPPI FOOD NETWORK, INC.

Employer identification number

64-0676325

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SMO, INC. - AMITE COUNTY PO BOX 1667 MCCOMB, MS 39648	64-0433629	501(C)(3)		71,050.	SEE PART IV	FOOD	SEE PART IV
(2) JOSEPH'S FOOD PANTRY 1021 SOUTH MLK BLVD. GRENADA, MS 38901-0000	69-0856777	501(C)(3)		70,839.	SEE PART IV	FOOD	SEE PART IV
(3) PANOLA COUNTY FOOD PANTRY P.O. BOX 1375 BATESVILLE, MS 38606-0000	64-0864435	501(C)(3)		69,777.	SEE PART IV	FOOD	SEE PART IV
(4) SEMINARY BAPTIST CHURCH P.O. BOX 81 SEMINARY, MS 39479	64-0350964	501(C)(3)		69,535.	SEE PART IV	FOOD	SEE PART IV
(5) WESLEY YOUTH FOUNDATION P.O. BOX 713 TCHULA, MS 39169-0000	64-0859429	501(C)(3)		69,176.	SEE PART IV	FOOD	SEE PART IV
(6) ETERNITY PREP. MINISTRIES 211 TUTHEVILLE RD. GRENADA, MS 38901	26-4283153	501(C)(3)		69,886.	SEE PART IV	FOOD	SEE PART IV
(7) ITAWAMBA UMC FP 1605 HWY 371 NORTH MANTACHIE, MS 38855-0000	42-1682719	501(C)(3)		68,857.	SEE PART IV	FOOD	SEE PART IV
(8) EPHEUS BAPTIST CHURCH 5921 LANGS MILL RD FOREST, MS 39074-0000	64-0654541	501(C)(3)		68,612.	SEE PART IV	FOOD	SEE PART IV
(9) CHRISTIAN FELLOWSHIP CHURCH P.O. BOX 411 HOUSTON, MS 38851-0000	64-0727774	501(C)(3)		68,505.	SEE PART IV	FOOD	SEE PART IV
(10) MOOREHEAD AREA - CSEF PO BOX 795 MOOREHEAD, MS 38671-0000	64-0910480	501(C)(3)		68,474.	SEE PART IV	FOOD	SEE PART IV
(11) OXFORD FOOD PANTRY P.O. BOX 588 OXFORD, MS 38655-0000	64-0901339	501(C)(3)		68,019.	SEE PART IV	FOOD	SEE PART IV
(12) MOUNT ELAM M B CHURCH 1703 COLONY PARK DRIVE PEARL, MS 39208-0000	64-0825676	501(C)(3)		67,997.	SEE PART IV	FOOD	SEE PART IV

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Schedule I (Form 990) (2015)

SCHEDULE I
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**Grants and Other Assistance to Organizations,
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Department of the Treasury
Internal Revenue Service

Name of the organization

MISSISSIPPI FOOD NETWORK, INC.

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 ☐
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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MULTI-COUNTY CSA FOOD PANTRY 2906 ST. PAUL ST. MERIDIAN, MS 39301	64-0440512	501(C)(3)		67,888.	SEE PART IV	FOOD	SEE PART IV
(2) COLUMBUS CHURCH OF CHRIST 2401 7TH STREET NORTH COLUMBUS, MS 39705	64-0645861	501(C)(3)		66,261.	SEE PART IV	FOOD	SEE PART IV
(3) HANDS ON MISSISSIPPI 11975 SEAWAY RD. GULFPORT, MS 39503	26-1732124	501(C)(3)		65,613.	SEE PART IV	FOOD	SEE PART IV
(4) WALDEN CHAPEL UNITED METHODIST 60 CEDAR GROVES APT. D1 GOODMAN, MS 39079	64-0872876	501(C)(3)		65,515.	SEE PART IV	FOOD	SEE PART IV
(5) GOOD SAMARITAN CENTER 540 ELLISVILLE BLVD LAUREL, MS 39440-0000	64-0538126	501(C)(3)		65,494.	SEE PART IV	FOOD	SEE PART IV
(6) OPERATION UPWARD 1000 WINTER STREET JACKSON, MS 39204-0000	36-4593750	501(C)(3)		65,192.	SEE PART IV	FOOD	SEE PART IV
(7) STAR OF DAVID CSEP PO BOX 1888 CLEVELAND, MS 38732	64-0743693	501(C)(3)		65,059.	SEE PART IV	FOOD	SEE PART IV
(8) COLLEGE HILL B.C. FOOD PANTRY 5740 KIRKLEY DR JACKSON, MS 39206	02-0596703	501(C)(3)		64,694.	SEE PART IV	FOOD	SEE PART IV
(9) ST. JOSEPH'S FOOD PANTRY 102 DOGWOOD DR. STARKVILLE, MS 39759-4338	86-1152276	501(C)(3)		64,231.	SEE PART IV	FOOD	SEE PART IV
(10) GREATER SPRINGFIELD CHURCH 802 HARRIS STREET GREENVILLE, MS 38701	27-1874311	501(C)(3)		63,577.	SEE PART IV	FOOD	SEE PART IV
(11) UNITY M.B. CHURCH P.O. BOX 349 LOUISVILLE, MS 39339-0000	30-0533145	501(C)(3)		63,388.	SEE PART IV	FOOD	SEE PART IV
(12) CARROLL-MONTGOMERY BAP. ASSN. P.O. BOX 461 WINONA, MS 38967-0000	64-0635647	501(C)(3)		62,980.	SEE PART IV	FOOD	SEE PART IV

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

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Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

MISSISSIPPI FOOD NETWORK, INC.

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

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OMB No. 1545-0047

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Employer identification number

64-0676325

Part I General Information on Grants and Assistance

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) FIRST UNITED METHODIST CHURCH P.O. BOX 146 BALDWIN, MS 38824-0000	64-0681185	501(C)(3)		62,914.	SEE PART IV	FOOD	SEE PART IV
(2) TILTON UMC OUTREACH MINISTRY 142 WALT MCNEESE RD. MONTICELLO, MS 39654	64-0871861	501(C)(3)		62,591.	SEE PART IV	FOOD	SEE PART IV
(3) CHRISTIAN FELLOWSHIP OUTREACH 460 ST. PAUL ROAD TULETOWN, MS 39667-0000	64-0864238	501(C)(3)		62,572.	SEE PART IV	FOOD	SEE PART IV
(4) STAR OF DAVID P.O. BOX 1888 CLEVELAND, MS 38732	64-0743693	501(C)(3)		62,421.	SEE PART IV	FOOD	SEE PART IV
(5) SAND CREEK CHAPEL P.O. BOX 2433 STARKVILLE, MS 39760-0000	35-2259044	501(C)(3)		62,363.	SEE PART IV	FOOD	SEE PART IV
(6) PLANTING SEEDS MINISTRY P.O. BOX 31772 JACKSON, MS 39286-0000	64-0842983	501(C)(3)		62,048.	SEE PART IV	FOOD	SEE PART IV
(7) NORTH PLEASANT HILL/FOOD/PAN. P.O. BOX 237 NEW HEBRON, MS 39140-0000	64-0679101	501(C)(3)		62,006.	SEE PART IV	FOOD	SEE PART IV
(8) HOPE VILLAGE FOR CHILDREN P.O. BOX 26 MERIDIAN, MS 39302-0000	64-0927575	501(C)(3)		61,877.	SEE PART IV	FOOD	SEE PART IV
(9) HEARTLAND HANDS 385 STATELINE ROAD W SOUTHAVEN, MS 38671	81-0665156	501(C)(3)		61,441.	SEE PART IV	FOOD	SEE PART IV
(10) LIFE CHANGERS 2211 PEGG ST GRENADA, MS 38901-0000	64-0830923	501(C)(3)		61,268.	SEE PART IV	FOOD	SEE PART IV
(11) ST. JAMES TEMPLE COGIC/OUTREACH 398 SUNFLOWER AVE. CLARKSDALE, MS 38614	23-7002419	501(C)(3)		61,078.	SEE PART IV	FOOD	SEE PART IV
(12) CROSSGATES BAPTIST CHURCH 8 CROSS WOODS ROAD BRANDON, MS 39042-0000	64-0636492	501(C)(3)		60,510.	SEE PART IV	FOOD	SEE PART IV
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	▶						
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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) WEBSTER CO BAPTIST ASSOCIATION 2313 VETERAN'S MEM. BLVD. EUPORA, MS 39744	43-2058266	501(C)(3)		60,221.	SEE PART IV	FOOD	SEE PART IV
(2) FREE MISSION BAPTIST CHURCH 85 JEE GREEN RD. CARTHAGE, MS 39051	64-0899848	501(C)(3)		59,905.	SEE PART IV	FOOD	SEE PART IV
(3) HELPING HANDS OF CLEVELAND P.O. BOX 291 CLEVELAND, MS 38732-0000	64-0797349	501(C)(3)		59,842.	SEE PART IV	FOOD	SEE PART IV
(4) SAMARITANS, INC. P. O. BOX 576 HORN LAKE, MS 38637-0000	64-0538126	501(C)(3)		58,847.	SEE PART IV	FOOD	SEE PART IV
(5) ANGULA UNITED METHODIST CHURCH 631 FRONT STREET ANGULA, MS 38721-0000	64-0678443	501(C)(3)		58,652.	SEE PART IV	FOOD	SEE PART IV
(6) SUNFLOWER AREA - CSEP P.O. BOX 1608 INDIANOLA, MS 38751-0000	64-0910480	501(C)(3)		58,494.	SEE PART IV	FOOD	SEE PART IV
(7) HEALING PLACE P.O. BOX 7255 JACKSON, MS 39203	27-1055031	501(C)(3)		58,429.	SEE PART IV	FOOD	SEE PART IV
(8) PINECREST SNACKPACKS - PANTRY P.O. BOX 2489 CORINTH, MS 38835	46-0779704	501(C)(3)		57,985.	SEE PART IV	FOOD	SEE PART IV
(9) LAMAR EDUCATIONAL ENHANCEMENT P.O. BOX 510 LUMBERTON, MS 39455	64-0915558	501(C)(3)		57,880.	SEE PART IV	FOOD	SEE PART IV
(10) MCCLAURIN HEIGHTS UNITED/METH/C 325 MARY ANN DRIVE PEARL, MS 39208-0000	64-0427251	501(C)(3)		57,713.	SEE PART IV	FOOD	SEE PART IV
(11) CHARITY FULL GOSPEL 1524 6TH AVENUE SOUTH COLUMBUS, MS 39701	64-0707603	501(C)(3)		57,112.	SEE PART IV	FOOD	SEE PART IV
(12) NEW DIMENSIONS DEV. FOUNDATION 111 W. MONUMENT STREET JACKSON, MS 39202	64-0800603	501(C)(3)		56,707.	SEE PART IV	FOOD	SEE PART IV
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table▶▶						
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**Grants and Other Assistance to Organizations,
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

MISSISSIPPI FOOD NETWORK, INC.

Employer identification number

64-0676325

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) JORDAN RIVERS 3069 HWY 51, MM MCCOMB, MS 39648	61-1750382	501(C)(3)		55,435.	SEE PART IV	FOOD	SEE PART IV
(2) PEARL STREET COMM. DEV. CORP. 2519 ROBINSON ST. 2ND FL. JACKSON, MS 39209	75-2982650	501(C)(3)		54,784.	SEE PART IV	FOOD	SEE PART IV
(3) SAM QUINN C.O.G.I.C. 804 MCCOMB STREET MCCOMB, MS 39648	71-0893839	501(C)(3)		54,369.	SEE PART IV	FOOD	SEE PART IV
(4) PROVIDENCE MB CHURCH 12011 RD. 101 PHILADELPHIA, MS 39350-0000	64-0782736	501(C)(3)		54,305.	SEE PART IV	FOOD	SEE PART IV
(5) TIPPAH GOOD SAMARITAN NORTH P.O. BOX 411 WALNUT, MS 39683-0000	64-0886879	501(C)(3)		54,087.	SEE PART IV	FOOD	SEE PART IV
(6) GREATER BEAVER MEADOW BAPTIST P.O. BOX 907 HEIDELBERG, MS 39439	64-0685077	501(C)(3)		54,035.	SEE PART IV	FOOD	SEE PART IV
(7) JUBILEE MENNONITE CHURCH 2660 HWY. 496 MERIDIAN, MS 39301	25-2157800	501(C)(3)		52,984.	SEE PART IV	FOOD	SEE PART IV
(8) ONE WAY INTERNATIONAL MIN. P.O. BOX 15602 HATTIESBURG, MS 39404	80-0156565	501(C)(3)		52,748.	SEE PART IV	FOOD	SEE PART IV
(9) GOOD SAMARITAN CENTER, INC. P.O. BOX 4955 JACKSON, MS 39296-0000	64-0538126	501(C)(3)		52,729.	SEE PART IV	FOOD	SEE PART IV
(10) MIDTOWN PARTNERS INC. 329 ADELL STREET JACKSON, MS 39202	64-0862113	501(C)(3)		52,360.	SEE PART IV	FOOD	SEE PART IV
(11) FIRST ASSEMBLY OF GOD CARE CT 2201 MILITARY ROAD COLUMBUS, MS 39705-0000	64-0429438	501(C)(3)		52,195.	SEE PART IV	FOOD	SEE PART IV
(12) NATCHEZ COMMUNITY STEWART P. O. BOX 298, NATCHEZ, MS 39120-0000	64-0705915	501(C)(3)		52,105.	SEE PART IV	FOOD	SEE PART IV

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

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Schedule I (Form 990) (2015)

SCHEDULE I
(Form 990)

Department of the Treasury
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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) NEW LIFE CENTER P.O. BOX 8 KOSCIUSKO, MS 39090-0000	64-0686068	501(C)(3)		51,996.	SEE PART IV	FOOD	SEE PART IV
(2) EMANUEL CHURCH OF GOD P.O. BOX 7145 TUPELO, MS 38802-0000	64-0762599	501(C)(3)		51,627.	SEE PART IV	FOOD	SEE PART IV
(3) COUNTIES OF MS BAPTIST DISTRICT 203 W. NORTHSIDE DR. MADISON, MS 39056	64-0134513	501(C)(3)		51,051.	SEE PART IV	FOOD	SEE PART IV
(4) BIBLEWAY CHURCH FP 4085 NORTHVIEW DRIVE JACKSON, MS 39206	47-1613466	501(C)(3)		50,910.	SEE PART IV	FOOD	SEE PART IV
(5) SHILOH SDA COMM. SERVICE CENTE P.O. BOX 212 SIDON, MS 38954-0000	64-0609776	501(C)(3)		50,386.	SEE PART IV	FOOD	SEE PART IV
(6) INVERNESS - CSFP PO BOX 465 INVERNESS, MS 38753-0000	64-0910480	501(C)(3)		49,484.	SEE PART IV	FOOD	SEE PART IV
(7) BONANZA BUYING CENTER, INC. PO BOX 26 DUNCAN, MS 38740	64-0923087	501(C)(3)		48,833.	SEE PART IV	FOOD	SEE PART IV
(8) NEW MORNING STAR CHURCH PO BOX 266 BENOIT, MS 38725	82-0676946	501(C)(3)		48,705.	SEE PART IV	FOOD	SEE PART IV
(9) CENTER AND MARS HILL 10951 RD. 838 PHILADELPHIA, MS 39350-0000	31-1790086	501(C)(3)		48,438.	SEE PART IV	FOOD	SEE PART IV
(10) DOERS OF THE WORD OUTREACH 93 OAK GROVE ROAD MONTICELLO, MS 39654-0000	36-4156342	501(C)(3)		46,468.	SEE PART IV	FOOD	SEE PART IV
(11) GOOD SAMARITAN SOUP KITCHEN 540 ELLISVILLE BLVD. LAUREL, MS 39440-0000	64-0538126	501(C)(3)		46,320.	SEE PART IV	FOOD	SEE PART IV
(12) FIRST CHURCH OF DELIVERANCE P.O. 413 RAYMOND, MS 39154-0000	64-0762418	501(C)(3)		46,232.	SEE PART IV	FOOD	SEE PART IV

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Schedule I (Form 990) (2015)

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**Grants and Other Assistance to Organizations,
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- 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.

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SALVATION ARMY FP- HATTIESBURG P.O. BOX 1750 HATTIESBURG, MS 39403	13-5562351	501(C)(3)		45,730.	SEE PART IV	FOOD	SEE PART IV
(2) ODESSA GRANT FOOD PANTRY P.O. BOX 881 TUNICA, MS 38676-0000	23-6393377	501(C)(3)		45,562.	SEE PART IV	FOOD	SEE PART IV
(3) SMITHVILLE HELPING HANDS 60139 STAFFORD RD. SMITHVILLE, MS 38870	64-0872472	501(C)(3)		45,201.	SEE PART IV	FOOD	SEE PART IV
(4) EPIPHANY LUTHERAN CHURCH 1230 ISALAH MONTGOMERY JACKSON, MS 39203	23-7084836	501(C)(3)		44,858.	SEE PART IV	FOOD	SEE PART IV
(5) FIFASANT VALLEY UMC 625 NORTH THAYER AVE. ABERDEEN, MS 39730	64-0798426	501(C)(3)		44,851.	SEE PART IV	FOOD	SEE PART IV
(6) WORD OF TRUTH WOR. CTR. 4491 W. NORTHSIDE DR. JACKSON, MS 39209	64-0719665	501(C)(3)		43,816.	SEE PART IV	FOOD	SEE PART IV
(7) PETER'S ROCK C.O.G.I.C. 223 MARTIN LUTHER KING STARKVILLE, MS 39759	23-7002419	501(C)(3)		43,627.	SEE PART IV	FOOD	SEE PART IV
(8) AJFC COMMUNITY ACTION AGENCY 1038 N. UNION ST., BLDG A NATCHEZ, MS 39121	64-0442959	501(C)(3)		43,520.	SEE PART IV	FOOD	SEE PART IV
(9) GREENWOOD INTERFAITH MINISTRIE P.O. BOX 8223 GREENWOOD, MS 38935-8223	30-0215847	501(C)(3)		43,160.	SEE PART IV	FOOD	SEE PART IV
(10) UNION CO. BAPTIST ASSOC. P.O. BOX 588 NEW ALBANY, MS 38652-0000	43-2058266	501(C)(3)		43,030.	SEE PART IV	FOOD	SEE PART IV
(11) FRENCH CAMP ACADEMY ONE FINE PLACE FRENCH CAMP, MS 39745	64-0321520	501(C)(3)		42,782.	SEE PART IV	FOOD	SEE PART IV
(12) HEARTY HELPINGS SOUP KITCHEN PO BOX 5005 GREENVILLE, MS 38701	26-3170356	501(C)(3)		41,757.	SEE PART IV	FOOD	SEE PART IV
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							
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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.

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(1) TOWN OF BOLTON DEV. CORP. PO BOX 300 BOLTON, MS 39041-0000	64-0548173	501(C)(3)		41,562.	SEE PART IV	FOOD	SEE PART IV
(2) SOUTHSIDE ASSEMBLY OF GOD 2865 FAIRHILL DR. JACKSON, MS 39212-0000	64-0524693	501(C)(3)		41,310.	SEE PART IV	FOOD	SEE PART IV
(3) MCCSA - WAYNE COUNTY 1100 BRADLEY DRIVE WAYNESBORO, MS 39367	64-0440512	501(C)(3)		40,256.	SEE PART IV	FOOD	SEE PART IV
(4) ZION HILL CME CHURCH P.O. BOX 4471 MERIDIAN, MS 39301-0000	64-0922284	501(C)(3)		39,857.	SEE PART IV	FOOD	SEE PART IV
(5) SOUTH JACKSON SDA 5125 ROBINSON ROAD STE A JACKSON, MS 39204	20-4825011	501(C)(3)		39,556.	SEE PART IV	FOOD	SEE PART IV
(6) MARSHALL COUNTY DEV. P.O. BOX 5342 HOLLY SPRINGS, MS 38634-0000	64-0847551	501(C)(3)		39,314.	SEE PART IV	FOOD	SEE PART IV
(7) THE SALVATION ARMY-LAUREL P.O. BOX 7548 LAUREL, MS 39442-0000	13-5562351	501(C)(3)		39,306.	SEE PART IV	FOOD	SEE PART IV
(8) INTERFAITH FOOD PANTRY P.O. BOX 152 HERNANDO, MS 38632-0000	31-1789782	501(C)(3)		38,524.	SEE PART IV	FOOD	SEE PART IV
(9) MCCSA - KEMPER COUNTY 39 BELL STREET DEKALB, MS 39328	64-0440512	501(C)(3)		38,080.	SEE PART IV	FOOD	SEE PART IV
(10) MID-STATE OPPORTUNITY, INC. 204 N CHURCH STREET CHARLESTON, MS 38921	64-0432686	501(C)(3)		38,080.	SEE PART IV	FOOD	SEE PART IV
(11) MADONNA MANOR SENIOR APTS. 1405 S. GALLATIN ST. JACKSON, MS 39201	64-0644351	501(C)(3)		37,648.	SEE PART IV	FOOD	SEE PART IV
(12) PLEASANT GROVE UMC 1098 PLEASANT GROVE MONTICELLO, MS 39654	64-0724347	501(C)(3)		37,628.	SEE PART IV	FOOD	SEE PART IV

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

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Schedule I (Form 990) (2015)

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Grants and Other Assistance to Organizations,
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(1) HELPING HANDS MINISTRY P.O. BOX 854 TUPELO, MS 38802-0000	64-0364238	501(C)(3)		35,374.	SEE PART IV	FOOD	SEE PART IV
(2) APOSTOLIC FAITH TABERNACLE 14 ROTAN CR. BRANDON, MS 39042	02-0693603	501(C)(3)		34,632.	SEE PART IV	FOOD	SEE PART IV
(3) ST. PAUL M.B. CHURCH (PANTRY) 358 HARTMAN ST. BROOKHAVEN, MS 39601-0000	64-0766309	501(C)(3)		34,350.	SEE PART IV	FOOD	SEE PART IV
(4) EVANGELICAL CRUSADE FOR CHRIST P.O. BOX 5114 MERIDIAN, MS 39302	61-1542023	501(C)(3)		33,750.	SEE PART IV	FOOD	SEE PART IV
(5) F.E.E.D. 1 JOHN CALVIN CIR. GREENVILLE, MS 38701	64-0741363	501(C)(3)		33,482.	SEE PART IV	FOOD	SEE PART IV
(6) JERUSALEM TEMPLE COGIC 12 ELIZABETH ROAD LELAND, MS 38756	64-0717718	501(C)(3)		33,466.	SEE PART IV	FOOD	SEE PART IV
(7) HEARTS & HANDS FOOD PANTRY 286 NEW HOME CHURCH RD. JAYESS, MS 39641	11-3771501	501(C)(3)		33,143.	SEE PART IV	FOOD	SEE PART IV
(8) DODOSVILLE AREA - CSFP PO BOX 1608 INDIANOLA, MS 38751-0000	64-0910480	501(C)(3)		33,101.	SEE PART IV	FOOD	SEE PART IV
(9) STEWART COMM. SVC. - FOOD PANTRY 1100 W CAPITOL ST. JACKSON, MS 39203	64-0655566	501(C)(3)		22,961.	SEE PART IV	FOOD	SEE PART IV
(10) MULTI-COUNTY CSA - NESHOBIA CO. 268 CARVER AVE PHILADELPHIA, MS 39350	64-0440512	501(C)(3)		32,640.	SEE PART IV	FOOD	SEE PART IV
(11) CARY CHRISTIAN CENTER P.O. BOX 54 CARY, MS 39054	64-0781589	501(C)(3)		32,492.	SEE PART IV	FOOD	SEE PART IV
(12) GOLDEN KEY SENIOR/HOUSING-CSFP (3430 ALBERMARLE RD) JACKSON, MS 39213-0000	64-0519361	501(C)(3)		32,470.	SEE PART IV	FOOD	SEE PART IV
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶							
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(1) ABUNDANT LIFE FAITH MINISTRY 840 N THEOBALD ST. GREENVILLE, MS 38701	16-1390166	501(C)(3)		32,470.	SEE PART IV	FOOD	SEE PART IV
(2) WALTHAM COUNTY FOOD PANTRY P.O. BOX 334 TYLER TOWN, MS 39667-0000	64-0845831	501(C)(3)		32,157.	SEE PART IV	FOOD	SEE PART IV
(3) LIVING MANNA FOOD PANTRY P.O. BOX 9307 COLUMBUS, MS 39705-0000	35-2268423	501(C)(3)		31,907.	SEE PART IV	FOOD	SEE PART IV
(4) FRIENDS OF THE ENVIRONMENT P.O. BOX 41 ALLIGATOR, MS 38720	30-0104170	501(C)(3)		31,535.	SEE PART IV	FOOD	SEE PART IV
(5) LIGHTHOUSE OUTREACH MIN., INC. 1814 SHADY LANE JACKSON, MS 39209-0000	64-0826925	501(C)(3)		29,864.	SEE PART IV	FOOD	SEE PART IV
(6) ALTA WOODS UMC 109 ALTA WOODS BLVD. JACKSON, MS 39204-0000	64-0345118	501(C)(3)		29,835.	SEE PART IV	FOOD	SEE PART IV
(7) BAPTIST CHILDREN'S VILLAGE DICKERSON PLACE CAMPUS RIDGELAND, MS 39157	64-0317257	501(C)(3)		29,714.	SEE PART IV	FOOD	SEE PART IV
(8) SHILOH SDA COMMUNITY SERVICES PO BOX 212 SIDON, MS 38954-0000	64-0609776	501(C)(3)		29,529.	SEE PART IV	FOOD	SEE PART IV
(9) MCCSA - CLARKE CO. 106 CHURCH STREET QUITMAN, MS 39355	64-0440512	501(C)(3)		29,376.	SEE PART IV	FOOD	SEE PART IV
(10) MCCSA - JASPER CO. SERV AGENCY 3870 CR 8 HEIDLEBURG, MS 39439	64-0440512	501(C)(3)		28,288.	SEE PART IV	FOOD	SEE PART IV
(11) COVENANT PRESBYTERIAN CHURCH P.O. BOX 896 CLEVELAND, MS 38732	64-0663450	501(C)(3)		27,530.	SEE PART IV	FOOD	SEE PART IV
(12) MT. ZION FOOD MINISTRY 812 MT. ZION ROAD WESSON, MS 39191-0000	27-4709425	501(C)(3)		27,292.	SEE PART IV	FOOD	SEE PART IV

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(1) PINE GROVE BAPTIST CHURCH 3682 MCNAIR RD. FAYETTE, MS 39069-0000	43-2058266	501(C)(3)		27,101.	SEE PART IV	FOOD	SEE PART IV
(2) FIRST BAPTIST CHURCH FLORA 102 JACKSON ST. FLORA, MS 39071	64-0388542	501(C)(3)		26,513.	SEE PART IV	FOOD	SEE PART IV
(3) AZALEA CHRISTIAN MANOR 1405 S. GALLATIN ST. JACKSON, MS 39201	64-0644351	501(C)(3)		25,327.	SEE PART IV	FOOD	SEE PART IV
(4) GREATER NEW JERUSALEM 2626 SIMPSON HWY 49 MENDENHALL, MS 39114	80-0593201	501(C)(3)		24,545.	SEE PART IV	FOOD	SEE PART IV
(5) ST. GABRIEL MERCY CENTER P.O. BOX 824 MOUND, MS 38762-0824	64-0926061	501(C)(3)		24,483.	SEE PART IV	FOOD	SEE PART IV
(6) HERITAGE BAPTIST CH FOOD PANTRY 5911 TERRY ROAD JACKSON, MS 39272-0000	64-0540845	501(C)(3)		24,383.	SEE PART IV	FOOD	SEE PART IV
(7) CALHOUN BAPTIST ASSOCIATION P.O. DRAWER 5 CALHOUN CITY, MS 38916	64-0433197	501(C)(3)		24,145.	SEE PART IV	FOOD	SEE PART IV
(8) SHEPHERDS TENT FOOD PANTRY P.O. BOX 223 LAUREL, MS 39440	47-3092977	501(C)(3)		24,026.	SEE PART IV	FOOD	SEE PART IV
(9) FAITH FELLOWSHIP CHURCH/FOOD P 16555 HIGHWAY 51 N. GRENADA, MS 38901	64-0689419	501(C)(3)		23,795.	SEE PART IV	FOOD	SEE PART IV
(10) LEVEUR HAVEN SENIOR APTS. 1405 S. GALLATIN ST. JACKSON, MS 39201	64-0644351	501(C)(3)		23,440.	SEE PART IV	FOOD	SEE PART IV
(11) BUFORD YERGER/SEN/HOUSING 1405 S. GALLATIN ST. JACKSON, MS 39201	64-0644351	501(C)(3)		23,361.	SEE PART IV	FOOD	SEE PART IV
(12) MAGNOLIA TERRACE APARTMENTS 840 N. THEOBALD ST. GREENVILLE, MS 38701	58-1828174	501(C)(3)		22,729.	SEE PART IV	FOOD	SEE PART IV
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							
3 Enter total number of other organizations listed in the line 1 table							

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

Schedule I (Form 990) (2015)

SCHEDULE I
(Form 990)

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

Department of the Treasury
Internal Revenue Service

Name of the organization

MISSISSIPPI FOOD NETWORK, INC.

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

Employer identification number

64-0676325

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) EC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MT. CARMEL MB CHURCH 1101 N. MAIN STREET HATTIESBURG, MS 39401	64-3424650	501(C)(3)		22,175.	SEE PART IV	FOOD	SEE PART IV
(2) STEWART COMM SVC - SOUP KITCHEN 1100 W. CAPITOL ST. JACKSON, MS 39203	64-0655566	501(C)(3)		22,013.	SEE PART IV	FOOD	SEE PART IV
(3) SWO, INC. - WILKINSON COUNTY 1495 US HWY 61 S. WOODVILLE, MS 39669	64-0433629	501(C)(3)		21,760.	SEE PART IV	FOOD	SEE PART IV
(4) PARKWAY PENTECOSTAL CHURCH 127 KEHLE ROAD MADISON, MS 39110-0000	43-0679185	501(C)(3)		20,696.	SEE PART IV	FOOD	SEE PART IV
(5) DURANT MISS. BAPTIST CHURCH P.O. BOX 29 DURANT, MS 39063-0000	31-1698632	501(C)(3)		20,641.	SEE PART IV	FOOD	SEE PART IV
(6) ROSE HILL M B CHURCH P.O. BOX 501 NATCHEZ, MS 39121-0060	64-0522030	501(C)(3)		20,494.	SEE PART IV	FOOD	SEE PART IV
(7) FIRST HYDE M. B. CHURCH 2750 COLEMAN AVENUE JACKSON, MS 39213-0000	64-0789932	501(C)(3)		20,342.	SEE PART IV	FOOD	SEE PART IV
(8) RIVER CITY MISSION FP 3705 WASHINGTON ST. VICKSBURG, MS 39180	64-0851447	501(C)(3)		19,161.	SEE PART IV	FOOD	SEE PART IV
(9) EVER REACHING COMM. OUTREACH 426 REHOBETH ROAD PELAHATCHIE, MS 39145	36-4756928	501(C)(3)		18,892.	SEE PART IV	FOOD	SEE PART IV
(10) RIVER CITY MISSION SK 3705 WASHINGTON ST. VICKSBURG, MS 39180	64-0851447	501(C)(3)		18,625.	SEE PART IV	FOOD	SEE PART IV
(11) WINDSONG SENIOR APARTMENTS 1789 RAYMOND ROAD JACKSON, MS 39204-0000	13-1672595	501(C)(3)		18,450.	SEE PART IV	FOOD	SEE PART IV
(12) DOWNTOWN JACKSON COMM/DEV. 258 VALLEY RIDGE DR. JACKSON, MS 39206	64-0915987	501(C)(3)		18,380.	SEE PART IV	FOOD	SEE PART IV
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							
3 Enter total number of other organizations listed in the line 1 table							

Schedule I (Form 990) (2015)

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

SCHEDULE I
(Form 990)

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

OMB No. 1545-0047

2015

**Open to Public
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Department of the Treasury
Internal Revenue Service

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

Name of the organization

MISSISSIPPI FOOD NETWORK, INC.

Employer identification number

64-0676325

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) JACKSON RUN SENIOR APTS. 1405 S. GALLATIN ST. JACKSON, MS 39201	64-0644351	501(C)(3)		18,183.	SEE PART IV	FOOD	SEE PART IV
(2) FAYETTE HELPING HANDS P. O. BOX 639 FAYETTE, MS 39069-0000	64-0930662	501(C)(3)		17,661.	SEE PART IV	FOOD	SEE PART IV
(3) MABANATHA FELLOWSHIP CHURCH 720 JOHN C. STENNIS DR., MERIDIAN, MS 39305	64-0712653	501(C)(3)		17,031.	SEE PART IV	FOOD	SEE PART IV
(4) FIRST BAPTIST CH COLDWATER P.O. BOX 347 COLDWATER, MS 38618-0000	62-1174616	501(C)(3)		16,512.	SEE PART IV	FOOD	SEE PART IV
(5) VILLAGE OF DREAMS 564 CYPRESS LANE GREENVILLE, MS 38701	27-3768302	501(C)(3)		16,272.	SEE PART IV	FOOD	SEE PART IV
(6) POSITIVE LIVING, INC./UTOPIA P.O. BOX 11503 JACKSON, MS 39283	64-0942338	501(C)(3)		15,987.	SEE PART IV	FOOD	SEE PART IV
(7) FAITH ASSEMBLY DAYCARE CENTER 2065 MURRAY DRIVE PEARL, MS 39208-0000	64-0657508	501(C)(3)		15,910.	SEE PART IV	FOOD	SEE PART IV
(8) GREATER HOPE FOUNDATION 2433 BRIGNALL RD. NE BROOKHAVEN, MS 39601	54-2165419	501(C)(3)		15,312.	SEE PART IV	FOOD	SEE PART IV
(9) SACRED HEART FAMILY CENTER 1493 HWY 17 PARISH CENTER CAMDEN, MS 39045	64-0391585	501(C)(3)		14,945.	SEE PART IV	FOOD	SEE PART IV
(10) NCEA ESTATES 1405 S. GALLATIN ST. JACKSON, MS 39201	64-0644351	501(C)(3)		14,936.	SEE PART IV	FOOD	SEE PART IV
(11) STEMPOT COMM.SERV. SN PROGRAM 1100 W. CAPITOL ST. JACKSON, MS 39203	64-0655566	501(C)(3)		14,691.	SEE PART IV	FOOD	SEE PART IV
(12) SACRED HEART FC SOUP KITCHEN 1493 HWY 17 CAMDEN, MS 39045	64-0391585	501(C)(3)		14,603.	SEE PART IV	FOOD	SEE PART IV
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶							
3 Enter total number of other organizations listed in the line 1 table ▶							

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

Schedule I (Form 990) (2015)

SCHEDULE I
(Form 990)

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

MISSISSIPPI FOOD NETWORK, INC.

Employer identification number

64-0676325

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ALEX WAITES SENIOR APARTMENTS 1405 S. GALLATIN ST. JACKSON, MS 39201	64-0644351	501(C)(3)		13,637.	SEE PART IV	FOOD	SEE PART IV
(2) MATT'S HOUSE 343 ADELLE STREET JACKSON, MS 39202-0000	64-0655566	501(C)(3)		13,576.	SEE PART IV	FOOD	SEE PART IV
(3) FLOWERS SHELTER 355 LIVINGSTON ST. JACKSON, MS 39203	64-0655566	501(C)(3)		13,257.	SEE PART IV	FOOD	SEE PART IV
(4) LELAND FOOD PANTRY P.O. BOX 129 LELAND, MS 38756-0000	64-0383876	501(C)(3)		13,173.	SEE PART IV	FOOD	SEE PART IV
(5) HIGHLAND VIEW SEN/APTS.-CSEF 1405 S. GALLATIN ST. JACKSON, MS 39201	64-0644351	501(C)(3)		13,065.	SEE PART IV	FOOD	SEE PART IV
(6) PINEY GROVE CHURCH 153 SHEEPLO LOOP PETAL, MS 39465-0000	51-0188566	501(C)(3)		13,056.	SEE PART IV	FOOD	SEE PART IV
(7) JACKSON MANOR SENIOR LIVING 332 JOSANNA ST. JACKSON, MS 39205-0000	64-0644351	501(C)(3)		12,682.	SEE PART IV	FOOD	SEE PART IV
(8) PLUM STREET SOUP KITCHEN 290 S. LINE ST. GRENADA, MS 38901-9440	64-0843457	501(C)(3)		12,478.	SEE PART IV	FOOD	SEE PART IV
(9) WYNDALE BAPTIST CHURCH 11287 SPRINGRIDGE ROAD TERRY, MS 39170	64-0687388	501(C)(3)		11,827.	SEE PART IV	FOOD	SEE PART IV
(10) ST. MARK COGIC 10039 JACKS ROAD WEST POINT, MS 39773-0000	64-0754227	501(C)(3)		11,240.	SEE PART IV	FOOD	SEE PART IV
(11) DELTA STREETS ACADEMY P.O. BOX 9895 GREENWOOD, MS 38930	27-3045571	501(C)(3)		10,491.	SEE PART IV	FOOD	SEE PART IV
(12) LOVE'S INCORPORATED (KITCHEN) P.O. BOX 562 MERIDIAN, MS 39302-0000	64-0670858	501(C)(3)		10,394.	SEE PART IV	FOOD	SEE PART IV
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							
3 Enter total number of other organizations listed in the line 1 table							

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

Schedule I (Form 990) (2015)

SCHEDULE I
(Form 990)

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

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2015

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Employer identification number

64-0676325

Name of the organization

MISSISSIPPI FOOD NETWORK, INC.

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CROSSROADS OUTREACH MINISTRIES P.O. BOX 3075 RIDGELAND, MS 39158	26-4700099	501(C)(3)		10,226.	SEE PART IV	FOOD	SEE PART IV
(2) SOLID ROCK ASSEMBLY OF GOD FC P.O. BOX 1127 SENATOBIA, MS 38668	44-0577787	501(C)(3)		9,811.	SEE PART IV	FOOD	SEE PART IV
(3) SALVATION ARMY - GREENVILLE P.O. BOX 1144 GREENVILLE, MS 38702-0000	13-5562351	501(C)(3)		9,391.	SEE PART IV	FOOD	SEE PART IV
(4) SOCIETY OF ST. VINCENT DEPAUL 89 WIND WOOD TRACE HATTIESBURG, MS 39402	27-2000421	501(C)(3)		9,024.	SEE PART IV	FOOD	SEE PART IV
(5) MOTHERS LOVE DAYCARE P.O. BOX 1494 CANTON, MS 39046-0000	80-0517877	501(C)(3)		8,871.	SEE PART IV	FOOD	SEE PART IV
(6) STURGIS BAPTIST CHURCH 4160 LOUISVILLE RD., STURGIS, MS 39769	64-0147200	501(C)(3)		8,408.	SEE PART IV	FOOD	SEE PART IV
(7) MY FATHER'S HOUSE OF FREEDOM 836 NW ST. JACKSON, MS 39202	64-0894842	501(C)(3)		8,344.	SEE PART IV	FOOD	SEE PART IV
(8) FAITH HAVEN, INC. P.O. BOX 835 TUPELO, MS 38802-0000	64-0568121	501(C)(3)		8,070.	SEE PART IV	FOOD	SEE PART IV
(9) MANNA HOUSE P.O. BOX 145 YAZOO, MS 39195	64-0668490	501(C)(3)		7,732.	SEE PART IV	FOOD	SEE PART IV
(10) MS CENTER P & SH. (HOPE HOME) PO BOX 1201 RAYMOND, MS 39154-0000	71-1004096	501(C)(3)		7,657.	SEE PART IV	FOOD	SEE PART IV
(11) CATHOLIC CHARITIES - BORN FREE 200 N. CONGRESS ST. JACKSON, MS 39201	64-0466850	501(C)(3)		7,368.	SEE PART IV	FOOD	SEE PART IV
(12) NOAH'S ARK CHRISTIAN CENTER P.O. BOX 465 ISOLA, MS 38754-0000	02-0646721	501(C)(3)		7,149.	SEE PART IV	FOOD	SEE PART IV
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							
3 Enter total number of other organizations listed in the line 1 table							

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

Schedule I (Form 990) (2015)

SCHEDULE I
(Form 990)

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

Department of the Treasury
Internal Revenue Service

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

Employer identification number

Name of the organization

MISSISSIPPI FOOD NETWORK, INC.

64-0676325

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) STEWART COMM. AFTER SCHOOL 1100 W. CAPITAL ST. JACKSON, MS 39203	64-0655566	501(C)(3)		6,911.	SEE PART IV	FOOD	SEE PART IV
(2) ALPHA & OMEGA P.O. BOX 3628 JACKSON, MS 39207-0000	64-0849757	501(C)(3)		6,164.	SEE PART IV	FOOD	SEE PART IV
(3) E.E. ROGERS SDA CHRISTIAN/SCHOO 2048 MARSHALL PLACE JACKSON, MS 39213-0000	64-0889888	501(C)(3)		6,125.	SEE PART IV	FOOD	SEE PART IV
(4) GRACE HOUSE, INC P.O. BOX 88924 JACKSON, MS 39286-8924	64-0836580	501(C)(3)		6,086.	SEE PART IV	FOOD	SEE PART IV
(5) PLEASANT GREEN M.B. CHURCH P.O. BOX 476 MOOREHEAD, MS 38761	64-0704754	501(C)(3)		5,814.	SEE PART IV	FOOD	SEE PART IV
(6) MC COMMUNITY DEVELOPMENT CORP. 12 MCCRAY ROAD JAYESS, MS 39641-0000	75-3158704	501(C)(3)		5,773.	SEE PART IV	FOOD	SEE PART IV
(7) LAMAR EDUCATIONAL ENHANCEMENT P.O. BOX 510 LUMBERTON, MS 39455	64-0915558	501(C)(3)		5,627.	SEE PART IV	FOOD	SEE PART IV
(8) ALABASTER COGIC FOOD PANTRY 940 W. McDOWELL ROAD JACKSON, MS 39204	64-0936300	501(C)(3)		5,544.	SEE PART IV	FOOD	SEE PART IV
(9) I CHALLENGE YOU, INC. P.O. BOX 4152 GREENVILLE, MS 38704-4152	64-0826603	501(C)(3)		5,483.	SEE PART IV	FOOD	SEE PART IV
(10) CENTER FOR FAMILY LIFE EXT. 1160 MCLEAN STREET JACKSON, MS 39209-0000	72-1383105	501(C)(3)		5,389.	SEE PART IV	FOOD	SEE PART IV
(11) 100 BLACK MEN OF JACKSON 5360 HIGHLAND DR. JACKSON, MS 39206	64-0817928	501(C)(3)		5,345.	SEE PART IV	FOOD	SEE PART IV
(12) OXFORD PRE-SCHOOL ACADEMY 4406 WHIP POOR WILL DR. JACKSON, MS 39204	58-3008067	501(C)(3)		5,273.	SEE PART IV	FOOD	SEE PART IV

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

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2015)

SCHEDULE I
(Form 990)

OMB No. 1545-0047

2015

Open to Public
Inspection

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

Department of the Treasury
Internal Revenue Service

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

Employer identification number
64-0676325

Name of the organization
MISSISSIPPI FOOD NETWORK, INC.

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) HARBOR HOUSES OF JACKSON, INC. 5354 I-55 S. FRONTAGE RD. JACKSON, MS 39272	64-0534899	501(C)(3)		5,032.	SEE PART IV	FOOD	SEE PART IV
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							361.

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

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

Schedule I (Form 990) (2015)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

GRANTS TO AGENCIES ARE BASED ON MEMBERSHIP AND LEGITIMATE NEED. MEMBERSHIP IS LIMITED TO RELIGIOUS ORGANIZATIONS OR TO OUT-REACH PROGRAMS RECOGNIZED BY THE IRS AS BEING NON-PROFIT 501(C)(3) ORGANIZATIONS AND WHO MEET CERTAIN STANDARDS SUCH AS NOT CHARGING THE NEEDY FOR FOOD, NON-DISCRIMINATING, PROPER RECORD KEEPING, FOLLOWING FOOD HANDLING PROCEDURES AND AVOIDING DUPLICATION OF SERVICE. PERIODIC VISITS TO MEMBER CHARITIES ARE CONDUCTED BY BOTH THE ORGANIZATION'S PERSONNEL AND PERSONNEL OF THE MS DEPARTMENT OF HUMAN SERVICES FOR THE PURPOSE OF MONITORING PERFORMANCE.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART II, COLUMN (F) :

FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS OF VALUE PER POUND OF DONATED PRODUCT. THE VALUES WERE DERIVED FROM THE UNITED STATES DEPARTMENT OF AGRICULTURE (USDA) AND FEEDING AMERICA.

PART II, COLUMN (H) :

TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

- Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

**Open To Public
Inspection**

Name of the organization

MISSISSIPPI FOOD NETWORK, INC.

Employer identification number

64-0676325

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles	X	248.	18,017,846.	SEE PART II
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

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

29

Yes No

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

30a

X

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

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

31

X

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

32a

X

b If "Yes," describe in Part II.

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

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

Schedule M (Form 990) (2015)

JSA

5E1298 1.000

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

PART I, LINE 19, COLUMN (D) :

FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS OF VALUE PER
POUND OF DONATED PRODUCT. THE VALUES WERE DERIVED FROM THE UNITED STATES
DEPARTMENT OF AGRICULTURE (USDA) AND FEEDING AMERICA.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

MISSISSIPPI FOOD NETWORK, INC.

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Employer identification number

64-0676325

FORM 990, PAGE 1, PART I, LINE 1:

NONPROFIT ORGANIZATIONS; TO PROVIDE NUTRITION EDUCATION TO THE NEEDY; AND
TO EMPHASIZE ADVOCACY AND RELATED NEEDS.

FORM 990, PAGE 6, PART VI, SECTION A, LINE 6:

MEMBERSHIP IS LIMITED TO RELIGIOUS ORGANIZATIONS OR TO OUT-REACH PROGRAMS
RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS BEING NON-PROFIT 501(C)(3),
AND WHO MEET CERTAIN STANDARDS. THESE STANDARDS DEAL WITH SUCH THINGS AS
DETERMINING LEGITIMATE NEED; NOT CHARGING THE NEEDY FOR FOOD;
NON-DISCRIMINATION IN ANY FORM; PROPER RECORD-KEEPING; FOOD HANDLING
PROCEDURES AND AVOIDING DUPLICATION OF SERVICE. THERE IS NO CHARGE TO
BECOME A MEMBER, NOR IS THERE A MINIMUM ORDER SIZE. PERIODIC VISITS TO
MEMBER CHARITIES ARE CONDUCTED BY BOTH MISSISSIPPI FOOD NETWORK (MFN)
PERSONNEL AND PERSONNEL OF THE MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
FOR THE PURPOSE OF MONITORING PERFORMANCE. THERE ARE OVER 430
ORGANIZATIONS THAT ARE MEMBER CHARITIES OF MFN.

FORM 990, PAGE 6, PART VI, SECTION A, LINE 7A & B:

THE ORGANIZATION'S MEMBER AGENCIES APPROVE NEW BOARD MEMBERS.

FORM 990, PAGE 6, PART VI, SECTION B, LINE 11B:

AN ELECTRONIC COPY OF THE FORM 990 IS PROVIDED TO THE BOARD FOR REVIEW
PRIOR TO FILING WITH THE IRS.

Name of the organization

MISSISSIPPI FOOD NETWORK, INC.

Employer identification number

FORM 990, PAGE 6, PART VI, SECTION B, LINE 12B&C:

NEW DIRECTORS, AT APPOINTMENT, MUST DISCLOSE TO THE EXECUTIVE DIRECTOR ANY KNOWN OR POTENTIAL CONFLICTS OF INTERESTS. THE EXECUTIVE DIRECTOR CONTINUES TO MONITOR ACTIVITIES THROUGHOUT THE YEAR AND PREVENTS ANY CONFLICTS OF INTEREST. PERSONS WITH CONFLICTS ARE PROHIBITED FROM PARTICIPATING IN THE DELIBERATIONS AND DECISIONS REGARDING THE TRANSACTION.

FORM 990, PAGE 6, PART VI, SECTION B, LINE 15A&B:

THE COMPENSATION OF THE EXECUTIVE DIRECTOR WAS SET BY THE BOARD BASED ON THE COMPENSATION OF OTHERS IN SIMILAR POSITIONS AT SIMILAR ORGANIZATIONS. THE EXECUTIVE DIRECTOR IS THE ONLY COMPENSATED OFFICER OF THE ORGANIZATION.

FORM 990, PAGE 6, PART VI, SECTION C, LINE 18:

THE ORGANIZATION PUBLISHES THE FORM 990 ON ITS WEBSITE. THE FORM 1023 IS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PAGE 6, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

ATTACHMENT 1

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
"FEED OUR NEIGHBORS" 5K RUN	7,474.
MOONLIGHT MARKET	9,543.
TOTAL	<u>17,017.</u>

Name of the organization

MISSISSIPPI FOOD NETWORK, INC.

Employer identification number

ATTACHMENT 2

FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
"FEED OUR NEIGHBORS" 5K RUN	7,474.	4,952.	2,522.
MOONLIGHT MARKET	9,543.	4,428.	5,115.
TOTALS	<u>17,017.</u>	<u>9,380.</u>	<u>7,637.</u>