

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization****SCANNED**
1/16/2020

OMB No. 1545-1878

Department of the Treasury
Internal Revenue ServiceFor calendar year 2018, or fiscal year beginning 07/01, 2018, and ending 06/30, 20 19

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

▶ Go to www.irs.gov/Form8879EO for the latest information.**2018**

Name of exempt organization

MISSISSIPPI FOOD NETWORK, INC.

Employer identification number

64-0676325

Name and title of officer

CHARLES H. BEADY, JR., CEO**Part I Type of Return and Return Information (Whole Dollars Only)**

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

1a	Form 990 check here ▶ <input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b	<u>35742744.</u>
2a	Form 990-EZ check here ▶ <input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here ▶ <input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here ▶ <input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5).	4b	
5a	Form 8868 check here ▶ <input type="checkbox"/>	b	Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize BKD, LLP

ERO firm name

to enter my PIN

3 8 2 3 5

as my signature

Enter five numbers, but
do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Charles H. Beady Jr., CEODate ▶ 1/15/2020**Part III Certification and Authentication**

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

6 4 2 4 8 1 4 4 0 1 6

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Kotun ChareDate ▶ 1/14/2020**ERO Must Retain This Form - See Instructions****Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2018)

SCANNED

[Handwritten signature]

1070-FC

THE SECRETARY OF THE ARMY
WASHINGTON, D.C. 20315

TO: THE SECRETARY OF THE ARMY
FROM: THE SECRETARY OF THE ARMY
SUBJECT: [Illegible]

[Illegible text block]

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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) RUSSELL MORRISON BOARD MEMBER	1.00 0.	X						0.	0.	0.
(16) CINDY BARRON BOARD MEMBER	1.00 0.	X						0.	0.	0.
(17) MARCUS WILSON BOARD MEMBER	1.00 0.	X						0.	0.	0.
(18) TODD LAWSON BOARD MEMBER	1.00 0.	X						0.	0.	0.
(19) LARRY HOCHINS BOARD MEMBER	1.00 0.	X						0.	0.	0.
(20) WORTH THOMAS BOARD MEMBER	1.00 0.	X						0.	0.	0.
(21) ROBERT PELUSO BOARD MEMBER	1.00 0.	X						0.	0.	0.
(22) MATT WILLIAMSON BOARD MEMBER	1.00 0.	X						0.	0.	0.
(23) TRISHA RICHARDSON BOARD MEMBER	1.00 0.	X						0.	0.	0.
(24) SAM WALKER BOARD MEMBER	1.00 0.	X						0.	0.	0.
(25) KEITH YOUNG BOARD MEMBER	1.00 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								104,130.	0.	17,832.
d Total (add lines 1b and 1c)								104,130.	0.	17,832.

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 **1**

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

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

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

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

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

Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>
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[illegible]

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1

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

Section B. Independent Contractors

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

Mississippi Food Network, Inc.
Instructions for Filing
Form 83-105

Mississippi Corporate Income and Franchise Tax Return
for the year ended June 30, 2019

The original return should be signed (using full name and title) and dated on page 3 by an authorized officer of the corporation.

This return shows an overpayment of \$120. We have applied it as follows:

Amount to be refunded	\$120
Total Overpayment	\$120

The original return should be filed on or before May 15, 2020 with the following:

Department of Revenue
P. O. Box 23191
Jackson, MS 39225-3191

To document the timely filing of your tax return(s), we suggest that you obtain and retain proof of mailing. Proof of mailing can be accomplished by sending the tax return(s) by registered or certified mail (metered by the U.S. Postal Service).



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Mississippi

Corporate Income and Franchise Tax Return

2018

Tax Year Beginning 07012018

Tax Year Ending 06302019

FEIN 640676325

Mississippi Secretary of State ID 509940

Legal Name and DBA MISSISSIPPI FOOD NETWORK, INC. Address POST OFFICE BOX 411 City State Zip +4 JACKSON MS 39205-0411 County Code 25 NAICS Code 812930	CHECK ALL THAT APPLY Amended Return Final Return <input checked="" type="checkbox"/> Non Profit	CHECK ONE <input checked="" type="checkbox"/> 100% Mississippi Multistate Apportioning Multistate Direct Accounting
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FRANCHISE TAX	(ROUND TO THE NEAREST DOLLAR)
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1	Taxable capital (from Form 83-110, line 18)	1	0
2	Franchise tax (minimum tax \$25)	Fee-In-Lieu 2	0
3	Franchise tax credit (from Form 83-401, line 1)	3	0
4	Net franchise tax due (line 2 minus line 3)	4	0

INCOME TAX

Combined income tax return (enter FEIN of reporting corporation)

5	Mississippi net taxable income (from Form 83-122, line 30 or Form 83-310, line 5, column C)	5	0
6	Income tax	6	0
7	Income tax credits (from Form 83-401, line 3 or Form 83-310, line 5, column B)	7	0
8	Net income tax due (line 6 minus line 7)	8	0

PAYMENTS AND TAX DUE

9	Total franchise and income tax (line 4 plus line 8)	9	0
10	Overpayments from prior year	10	0
11	Estimated tax payments and payment with extension	11	120
12	Total payments (line 10 plus line 11)	12	120
13	Net total franchise and income tax (line 9 minus line 12)	13	0
14	Interest and penalty on underestimated income tax payments (from Form 83-305, line 19)	14	0
15	Late payment interest	15	0
16	Late payment penalty	16	0



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Mississippi

Corporate Income and Franchise Tax Return

2018

Page 2

FEIN 640676325

17 Late filing penalty (minimum income tax penalty \$100)	17	0
18 Total balance due (if line 9 is larger than line 12, add line 13 through line 17)	18	0
19 Total overpayment (if line 12 is larger than line 9, subtract line 9 from line 12)	19	120
20 Overpayment credited to next year (from line 19)	20	0
21 Overpayment to be refunded (line 19 minus line 20)	21	120

See instructions for electronic payment options or attach payment voucher, Form 83-300, with check or money order for balance due.

PART I: CORPORATE INFORMATION

1 Is this a publicly traded corporation? ☐ Yes If yes, under what symbol? ☒ No

2 If final return, enter reason and date effective: _____ Date _____

3 If the corporation has been sold or merged, complete the following: Name, address and FEIN of the new existing corporation:

 FEIN _____

4 If amended return, check reason. ☐ Mississippi Correction ☐ Federal Correction ☐ Other

5 Check if the company has been audited by the IRS. ☐ If the company has been audited, what year(s) are involved? _____

6 Principal business activity in Mississippi POVERTY-RELATED 6a County location in Mississippi HINDS

7 Principal product or service in Mississippi POVERTY-RELATED HUNGER RELIEF

8 Contact person for this return CHARLES H. BEADY, JR. 8a Location and phone number MS 601-353-7286

PART II: CORPORATE OFFICER INFORMATION

List the owners, officers, directors or partners who have a responsibility in the fiscal management of the organization.

STMT 1

OFFICER NAME AND TITLE	SSN	ADDRESS	OWNERSHIP PERCENTAGE
AARON RAY AKERS, IM		POST OFFICE BOX 411, JACKSON, M	NONE
KEN LEFOLDT, TREASU		POST OFFICE BOX 411, JACKSON, M	NONE
FELICIA LYLES, CHAI		POST OFFICE BOX 411, JACKSON, M	NONE
REBECCA TURNER, VIC		POST OFFICE BOX 411, JACKSON, M	NONE
JOSIE BIDWELL, SECR		POST OFFICE BOX 411, JACKSON, M	NONE
SHANNON MCMILLAN, I		POST OFFICE BOX 411, JACKSON, M	NONE

Page 3

PART III: CORPORATE AFFILIATION SCHEDULE

[illegible]

CEO	01/15/2020	601-353-7286	
Officer Signature and Title	Date	Business Phone	
		190 E CAPITOL STREET, STE 500	
Paid Preparer Signature	Date	Paid Preparer Address	
P01677201	601-948-6700	JACKSON	MS 39201-2190
Paid Preparer PTIN	Paid Preparer Phone	City	State Zip Code

802731 1.000

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Mississippi Corporate Franchise Tax Schedule 2018

FEIN 640676325

CAPITAL BASE		(ROUND TO THE NEAREST DOLLAR)	
1	Capital stock	1	0
2	Paid in capital	2	0
3	Surplus and retained earnings	3	0
4	Loans from shareholders or affiliates	4	0
5	Deferred taxes, contingent liabilities, all true reserves, and other elements (attach schedule)	5	0
6	Less treasury stock	6	0
7	Holding company exclusion (attach schedule)	7	0
8	Total capital base (add line 1 through line 7)	8	0

APPORTIONMENT RATIO		A MISSISSIPPI	B EVERYWHERE
9	Real and tangible personal property owned at year end (net book value)	9A 0	9B 0
10	Gross receipts	10A 0	10B 0
11	Total (line 9 plus line 10)	11A 0	11B 0
12	Mississippi ratio (line 11A divided by line 11B)	12	
13	Taxable capital apportioned to Mississippi (line 8 multiplied by line 12. If 100% Mississippi, enter amount from line 8)	13	0

ASSESSED VALUE OF MISSISSIPPI PROPERTY		
Mississippi County	Mississippi Assessed Value of Real Property	Mississippi Assessed Value of Personal Property

TAXABLE CAPITAL	
14	Total assessed value of Mississippi property (attach additional schedule if needed)
15	Taxable capital (enter the larger of line 13 or line 14)
16	Prorate (except for initial return; if period is less than twelve months, multiply line 15 by the number of months covered by the return and divide by twelve)
17	Capital exemption (attach schedule)
18	Final taxable capital (line 15 or line 16 minus line 17. Round amount up to the next highest \$1,000 and enter amount on Form 83-105, line 1. If negative, enter zero on Form 83-105, line 1)

Mississippi Balance Sheet Per Books

FEIN 640676325

SCHEDULE L - BALANCE SHEETS PER BOOKS		Beginning of Tax Year		End of Tax Year	
ASSETS		(A)	(B)	(C)	(D)
1 Cash			2909980		2892572
2a Trade notes and accounts receivable		698244		349262	
b Less allowance for bad debts	()	0	698244	()	349262
3 Inventories			1910966		5177793
4 U.S. government obligations			0		0
5 Tax-exempt securities (see instructions)			0		0
6 Other current assets (attach statement) . . . STMT. 2.			58105		70968
7 Loans to shareholders			0		0
8 Mortgage and real estate loans			0		0
9 Other investments (attach statement)			0		0
10 a Buildings and other depreciable assets		3920271		4060298	
b Less accumulated depreciation	()	2721749	1198522	()	2857341
11a Depletable assets		0		0	
b Less accumulated depletion	()	0	0	()	0
12 Land (net of any amortization)			0		0
13a Intangible assets (amortizable only)		0		0	
b Less accumulated amortization	()	0	0	()	0
14 Other assets (attach statement)			0		0
15 Total assets			6775817		9693552
LIABILITIES AND SHAREHOLDERS' EQUITY					
16 Accounts payable			166446		188346
17 Mortgages, notes, bonds payable in less than 1 year			0		0
18 Other current liabilities (attach statement)			0		0
19 Loans from shareholders			0		0
20 Mortgages, notes, bonds payable in 1 year or more			0		0
21 Other liabilities (attach statement) STMT. 2.			26201		37311
22 Capital stock: a Preferred stock		0		0	
b Common stock		0	0	0	0
23 Additional paid-in capital			0		0
24 Retained earnings - Appropriated (attach statement)			0		0
25 Retained earnings - Unappropriated			6583170		9467895
26 Adjustments to shareholders' equity (attach statement)			0		0
27 Less cost of treasury stock			()		()
28 Total liabilities and shareholders' equity			6775817		9693552
SCHEDULE M-1, RECONCILIATION OF INCOME (LOSS) PER BOOKS WITH FEDERAL INCOME PER RETURN					
Note: The corporation may be required to file Schedule M-3. See instructions.					
1 Net income (loss) per books	2884725	7 Income recorded on books this year not included on this return (itemize):			
2 Federal income tax per books	0	Tax-Exempt interest \$		0	
3 Excess of capital losses over capital gains	0			0	
4 Income subject to tax not recorded on books this year (itemize):					0
	0				
5 Expenses recorded on books this year not deducted on this return (itemize):		8 Deductions on this return not charged against book income this year (itemize):			
a Depreciation \$	0	a Depreciation \$		0	
b Charitable contributions . . . \$	0	b Charitable contributions \$		0	
c Travel and entertainment . . \$	0				0
	0				
6 Add lines 1 through 5	2884725	9 Add lines 7 and 8			0
		10 Income (page 1, line 28) line 6 less line 9			2884725
SCHEDULE M-2, ANALYSIS OF UNAPPROPRIATED RETAINED EARNINGS PER BOOKS (LINE 25, SCHEDULE L)					
1 Balance at beginning of year	6583170	5 Distributions: a Cash			0
2 Net income (loss) per books	2884725	b Stock			0
3 Other increases (itemize):		c Property			0
	0	6 Other decreases (itemize):			0
4 Add lines 1, 2, and 3	9467895	7 Add lines 5 and 6			0
		8 Balance at end of year (line 4 less line 7)			9467895



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Mississippi

Net Taxable Income Schedule

2018

FEIN 640676325

COMPUTATION OF MISSISSIPPI NET TAXABLE INCOME**(ROUND TO THE NEAREST DOLLAR)**

1 Federal taxable income (loss) before net operating loss deductions and special deductions (from federal Form 1120, page 1, line 28. If multistate direct accounting, enter zero and skip to line 23)	1	0
--	---	---

STATE ADDITIONS TO FEDERAL TAXABLE INCOME

2 State, local or foreign government taxes based on income	2	0
3 Interest on obligations of other states or political subdivisions (net of expenses)	3	0
4 Depletion expense in excess of cost	4	0
5 Federal capital loss carryover deduction	5	0
6 Federal special depreciation allowance	6	0
7 Other additions required by law (attach schedule)	7	0
8 Total additions (add line 2 through line 7)	8	0

STATE DEDUCTIONS FROM FEDERAL TAXABLE INCOME

9 Interest on obligations of the United States (net of expenses)	9	0
10 Wages reduced on federal return for federal employment tax credits	10	0
11 Income (loss) from partnership, S corporation or trust	11	0
12 Income (loss) from construction contracting or production of natural mineral resource products (net of expenses)	12	0
13 Additional depreciation due to a difference in the depreciable base for federal and state purposes (attach schedule)	13	0
14 Other deductions (attach schedule)	14	0
15 Total deductions (add line 9 through line 14)	15	0

APPORTIONMENT / ALLOCATION (MULTISTATE ONLY)

If 100% Mississippi, complete line 16 then skip to page 2, line 20

16 Adjusted federal income (loss) (line 1 plus line 8 minus line 15)	16	NONE
17 Adjustment for nonbusiness income (loss) net of expenses (from Form 83-150, column E, line 2)	17	
18 Apportionable business income (loss) (line 16 minus line 17)	18	
19 Apportionment ratio (enter ratio and check box as shown on Form 83-125, part II)	19	100.0000

Sales
retailManufacturers
retail
802733 1.000Manufacturers (wholesale),
Financial institutions, Pipelines
(for pharmaceutical suppliers,
see instructions)

Special Formula

01/13/2020 10:41:09



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Mississippi

Net Taxable Income Schedule

2018

Page 2

FEIN 640676325

APPORTIONMENT / ALLOCATION

20 Mississippi apportioned income (loss)(if 100% Mississippi, enter line 16, otherwise, multiply line 18 by line 19)	20	0
21 Nonbusiness income (loss) allocated to Mississippi (from Form 83-150, column F, line 2)	21	0
22 Mississippi income (loss) from partnership, S corporation or trust (attach Mississippi K-1's, Form 84-132)	22	0
23 Mississippi income (loss) from construction contracting or production of natural mineral resource products (from Form 83-124, page 2, line 31 and/or page 3, line 46)	23	0
24 Adjustments related to Mississippi tax credits claimed	24	0
25 Mississippi capital loss carryover/carryback deduction (from Form 83-155, part II, line 2)	25	0
26 Other adjustments (attach schedule)	26	0

MISSISSIPPI TAXABLE INCOME

27 Income (loss) apportioned and allocated to Mississippi (add line 20 through line 26)	27	0
28 Mississippi net operating loss deduction (from Form 83-155, part I, line 2)	28	0
29 Income exemption (attach schedule; if not applicable enter zero)	29	0
30 Mississippi net taxable income (loss) (line 27 minus line 28 and line 29. Enter on Form 83-105, line 5; If filing combined, enter income (loss) on Form 83-310. If negative, enter zero on Form 83-105, line 5)	30	0

PART II - CORPORATE OFFICER INFORMATION

NAME:	CHARLES H. BEADY, JR., CE
ADDRESS:	POST OFFICE BOX 411
CITY, STATE, ZIP:	JACKSON, MS 39205-0411
OWNERSHIP %:	NONE

MISSISSIPPI FORM 83-120 -- SCHEDULE L DETAIL

LINE 6 - OTHER CURRENT ASSETS

	BEGINNING	ENDING
PREPAID EXPENSES	58105	70968
TOTAL	58105	70968

LINE 21 - OTHER LIABILITIES

DEFERRED REVENUE	26201	37311
TOTAL	26201	37311

SCH L, LINE 6 -
OTHER CURRENT ASSETS

	BEGINNING	ENDING
-----	-----	-----
PREPAID EXPENSES	58,105.	70,968.
	-----	-----
TOTAL	58,105.	70,968.
	=====	=====

SCH L, LINE 21 - OTHER LIABILITIES

DEFERRED REVENUE	26,201.	37,311.
	-----	-----
TOTAL	26,201.	37,311.
	=====	=====

Department of the Treasury
Internal Revenue Service

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

OMB No. 1545-0687

2018

**Open to Public Inspection for
501(c)(3) Organizations Only**

For calendar year 2018 or other tax year beginning 07/01, 2018, and ending 06/30, 2019

► Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

A <input type="checkbox"/> Check box if address changed		Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) MISSISSIPPI FOOD NETWORK, INC.		D Employer identification number (Employees' trust, see instructions.) 64-0676325	
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		Print or Type Number, street, and room or suite no. If a P.O. box, see instructions. POST OFFICE BOX 411		E Unrelated business activity code (See instructions.) 812930	
C Book value of all assets at end of year 9,693,552.		City or town, state or province, country, and ZIP or foreign postal code JACKSON, MS 39205-0411			
F Group exemption number (See instructions.) ▶					
G Check organization type ▶		<input checked="" type="checkbox"/> 501(c) corporation	<input type="checkbox"/> 501(c) trust	<input type="checkbox"/> 401(a) trust	<input type="checkbox"/> Other trust

H Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ ATCH 1. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

1 During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ►CHARLES H. BEADY, JR. Telephone number ► 601-353-7286

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c Balance ▶		1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from a partnership or an S corporation (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions; attach schedule)	12		
13	Total. Combine lines 3 through 12	13	0.	

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
29	Total deductions. Add lines 14 through 28	29	
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31	
32	Unrelated business taxable income. Subtract line 31 from line 30	32	

For Paperwork Reduction Act Notice, see instructions.

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Part III Total Unrelated Business Taxable Income

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions).	33	
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions).	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34.	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36.	38	0.

Part IV Tax Computation

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21).	39	
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041).	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only).	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	

Part V Tax and Payments

45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116).	45a	
b	Other credits (see instructions).	45b	
c	General business credit. Attach Form 3800 (see instructions).	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827).	45d	
e	Total credits. Add lines 45a through 45d.	45e	
46	Subtract line 45e from line 44.	46	
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule).	47	
48	Total tax. Add lines 46 and 47 (see instructions).	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2.	49	
50a	Payments: A 2017 overpayment credited to 2018	50a	
b	2018 estimated tax payments	50b	705.
c	Tax deposited with Form 8868.	50c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	50g	
51	Total payments. Add lines 50a through 50g.	51	705.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached.	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed.	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid.	54	705.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	55	705.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
			X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer

Date

Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No**Paid Preparer Use Only**

Print/Type preparer's name

FATIMA CHASE CPA

Preparer's signature

Date

01/15/2020

Check ☐ if self-employed

PTIN

P01677201

Firm's name ☒ BKD, LLPFirm's EIN ☒ 44-0160260Firm's address ☒ 190 E CAPITOL STREET, STE 500, JACKSON, MS 39201-2190

Phone no. 601-948-6700

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ►

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3				
4a Additional section 263A costs (attach schedule)	4a				
b Other costs (attach schedule)	4b		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
5 Total. Add lines 1 through 4b	5				X

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ►**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals ►				
Total dividends-received deductions included in column 8 ►				

Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals				

Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals				

Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.
Totals						

Schedule J—Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ..						

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I. ▶						
	Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) ▶						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14 ▶			

Form **990-T** (2018)

ORGANIZATION'S ONLY UNRELATED TRADE OR BUSINESS ACTIVITY

FORMER QUALIFIED TRANSPORTATION FRINGE BENEFITS

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	5,829.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	20,751,395.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	14,636,015.			
	g	Noncash contributions included in lines 1a-1f: \$		31,594,829.			
	h	Total. Add lines 1a-1f		35,393,239.			
Program Service Revenue	2a	FOOD PURCHASE REVENUE	Business Code	900099	63,260.	63,260.	
	b	SHARED MAINTENANCE FEE		900099	243,050.	243,050.	
	c	DELIVERY INCOME		900099	15,980.	15,980.	
	d	MISCELLANEOUS REVENUE		900099	192.	192.	
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		322,482.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).			16,095.	
4		Income from investment of tax-exempt bond proceeds			0.		
5		Royalties			0.		
			(i) Real	(ii) Personal			
6a		Gross rents					
b		Less: rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)			0.		
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b		Less: cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)			0.		
8a		Gross income from fundraising events (not including \$ 5,829. of contributions reported on line 1c). See Part IV, line 18	a	28,408.			
b		Less: direct expenses	b	17,480.			
c		Net income or (loss) from fundraising events		10,928.		10,928.	
9a		Gross income from gaming activities. See Part IV, line 19	a	0.			
b		Less: direct expenses	b	0.			
c		Net income or (loss) from gaming activities		0.			
10a	Gross sales of inventory, less returns and allowances	a	0.				
b	Less: cost of goods sold	b	0.				
c	Net income or (loss) from sales of inventory		0.				
Miscellaneous Revenue		Business Code					
11a	MISCELLANEOUS REVENUE						
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		0.				
12	Total revenue. See instructions.		35,742,744.	322,482.		27,023.	

Part IX Statement of Functional Expenses**Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).**Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	28,959,968.	28,959,968.		
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	125,506.	47,692.	53,968.	23,846.
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	1,198,041.	767,507.	246,564.	183,970.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	85,000.	55,188.	16,862.	12,950.
9 Other employee benefits	223,876.	148,557.	42,867.	32,452.
10 Payroll taxes	94,936.	61,002.	19,730.	14,204.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	0.			
c Accounting	36,490.	36,443.	47.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	364,713.			364,713.
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.)	197,579.	197,326.	253.	
12 Advertising and promotion	14,857.	14,857.		
13 Office expenses	648,719.	635,577.	2,172.	10,970.
14 Information technology	40,749.	21,130.	8,881.	10,738.
15 Royalties	0.			
16 Occupancy	119,522.	77,352.	37,958.	4,212.
17 Travel	166,694.	166,410.	146.	138.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	72,182.	65,496.	3,443.	3,243.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	135,591.	131,112.	3,891.	588.
23 Insurance	60,309.	57,322.	2,987.	
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 REPAIRS & MAINT	135,745.	135,745.		
b OTHER PROGRAM EXPENSE	85,385.	79,422.	5,963.	
c VOLUNTEER EXPENSE	43,478.	40,442.	3,036.	
d DUES & SUBSCRIPTION	41,315.	36,346.	1,896.	3,073.
e All other expenses	7,364.	7,364.		
25 Total functional expenses. Add lines 1 through 24e	32,858,019.	31,742,258.	450,664.	665,097.
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 SheetCheck 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	2,021,669.	1	2,004,286.
	2 Savings and temporary cash investments	888,311.	2	888,286.
	3 Pledges and grants receivable, net	669,830.	3	327,816.
	4 Accounts receivable, net	28,414.	4	21,446.
	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	1,910,966.	8	5,177,793.
	9 Prepaid expenses and deferred charges	58,105.	9	70,968.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,060,298.		
	b Less: accumulated depreciation.	10b 2,857,341.		
		1,198,522.	10c	1,202,957.
	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)	6,775,817.	16	9,693,552.	
Liabilities	17 Accounts payable and accrued expenses	166,446.	17	188,346.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	26,201.	19	37,311.
	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.	192,647.	26	225,657.
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	3,051,750.	27	2,683,390.
	28 Temporarily restricted net assets	3,531,420.	28	6,784,505.
	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	6,583,170.	33	9,467,895.
34 Total liabilities and net assets/fund balances.	6,775,817.	34	9,693,552.	

Form 990 (2018)

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	35,742,744.
2	Total expenses (must equal Part IX, column (A), line 25)	2	32,858,019.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,884,725.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,583,170.
5	Net unrealized gains (losses) on investments	5	0.
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	9,467,895.

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

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

Form **990** (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

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 12, check only one box.)

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

f Enter the number of supported organizations

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	21,494,778.	21,376,118.	23,742,391.	26,012,152.	35,393,239.	128,018,678.
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.	21,494,778.	21,376,118.	23,742,391.	26,012,152.	35,393,239.	128,018,678.
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						128,018,678.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4.	21,494,778.	21,376,118.	23,742,391.	26,012,152.	35,393,239.	128,018,678.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,657.	2,111.	4,270.	6,362.	16,095.	32,495.
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						128,051,173.
12 Gross receipts from related activities, etc. (see instructions)					12	1,815,283.
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 2018 (line 6, column (f) divided by line 11, column (f)).	14	99.97 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	99.98 %
16a 33 1/3% support test - 2018. 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 - 2017. 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 - 2018. 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 - 2017. 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 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests - 2018. 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 - 2017. 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 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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.		Yes	No
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.	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
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.	3b		

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

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

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

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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule B

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

Schedule of Contributors

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

OMB No. 1545-0047

2018

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

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

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	\$ 14,573,143.	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	\$ 4,403,475.	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	\$ 752,600.	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	\$ 840,139.	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 _____ _____ _____	\$ 14,573,143.	VAR
2	FOOD _____ _____ _____	\$ 4,403,475.	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	

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.

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

OMB No. 1545-0047

2018

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 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule D (Form 990) 2018

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

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

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs
 e ☐ Other _____

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

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

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	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? ☐ Yes ☐ No

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a 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:

- a Board designated or quasi-endowment %
 b Permanent endowment %
 c Temporarily restricted endowment %

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

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

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

	Yes	No
3a(i)	<input type="checkbox"/>	<input type="checkbox"/>
3a(ii)	<input type="checkbox"/>	<input type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		92,985.		92,985.
b Buildings		967,795.	562,179.	405,616.
c Leasehold improvements		1,102,374.	794,589.	307,785.
d Equipment		1,284,912.	988,326.	297,655.
e Other		612,232.	513,315.	98,916.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,202,957.

Schedule D (Form 990) 2018

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 With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements	1	35,760,224.
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	35,760,224.
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	-17,480.
c	Add lines 4a and 4b	4c	-17,480.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	35,742,744.

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

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

1	Total expenses and losses per audited financial statements	1	32,875,499.
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	
d	Other (Describe in Part XIII.)	2d	17,480.
e	Add lines 2a through 2d	2e	17,480.
3	Subtract line 2e from line 1	3	32,858,019.
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	32,858,019.

Part XIII Supplemental Information.

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

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 (17,480)

SCHEDULE D, PART XII, LINE 2D:

FUNDRAISING EXPENSES OF 17,480

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

MISSISSIPPI FOOD NETWORK, INC.

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

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 10 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 ALPHA DOG GROUP	DIRECT MAIL SOLICIT.		X	486,508.	364,713.	121,795.
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				486,508.	364,713.	121,795.

- | | |
|---|--|
| 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
		MOONLIGHT MARKE (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	34,237.			34,237.
	2 Less: Contributions	5,829.			5,829.
	3 Gross income (line 1 minus line 2)	28,408.			28,408.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	17,480.			17,480.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				17,480.
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				10,928.	

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				
Direct Expenses	2 Cash prizes				
	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)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

**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 noncash assistance	(h) Purpose of grant or assistance
(1) GLEANERS, INC 359 NORTH MART PLAZA JACKSON, MS 39206	64-0676325	501 (C) (3)		1,410,123.	SEE PART IV	FOOD	SEE PART IV
(2) CHRISTIAN SERVICES, INC. P.O. BOX 1994 HATTIESBURG, MS 39403	64-0730835	501 (C) (3)		541,764.	SEE PART IV	FOOD	SEE PART IV
(3) EBENEZER APOSTOLIC MINISTRIES 2508 EMMETT AVE. JACKSON, MS 39213	42-1708740	501 (C) (3)		407,895.	SEE PART IV	FOOD	SEE PART IV
(4) PINELAKE CARE CENTER 6071 HWY 25 BRANDON, MS 39047	64-0538192	501 (C) (3)		345,980.	SEE PART IV	FOOD	SEE PART IV
(5) CORNERSTONE CHURCH FOOD PANTRY 3585 BOWERS STREET JACKSON, MS 39212	53-2101736	501 (C) (3)		271,846.	SEE PART IV	FOOD	SEE PART IV
(6) FRIENDS OF ALCOHOLICS 1298 FOA ROAD JACKSON, MS 39209	64-6025471	501 (C) (3)		270,101.	SEE PART IV	FOOD	SEE PART IV
(7) FEED BY FAITH P.O. BOX 1064 MERIDIAN, MS 39302	11-3814582	501 (C) (3)		244,494.	SEE PART IV	FOOD	SEE PART IV
(8) SALVATION ARMY- COLUMBUS P.O. BOX 8 COLUMBUS, MS 39703	13-5562351	501 (C) (3)		219,248.	SEE PART IV	FOOD	SEE PART IV
(9) THE POINTE CHURCH FP 1120 STAR ROAD BRANDON, MS 39042	81-5377308	501 (C) (3)		219,150.	SEE PART IV	FOOD	SEE PART IV
(10) HOPE VILLAGE FOR CHILDREN P.O. BOX 26 MERIDIAN, MS 39302	64-0927575	501 (C) (3)		218,033.	SEE PART IV	FOOD	SEE PART IV
(11) SCOTT CO. BAPTIST ASSOC.CRISIS 518 AIRPORT ROAD FOREST, MS 39074	64-0527876	501 (C) (3)		183,450.	SEE PART IV	FOOD	SEE PART IV
(12) THE SALVATION ARMY FOOD PANTRY P.O. BOX 422 MERIDIAN, MS 39302	13-5562351	501 (C) (3)		179,935.	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) (2018)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

**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 noncash assistance	(h) Purpose of grant or assistance
(1) MARION COUNTY FOOD PANTRY P.O. BOX 27 COLUMBIA, MS 39429	64-0828677	501 (C) (3)		168,088.	SEE PART IV	FOOD	SEE PART IV
(2) WORLD OVERCOMERS FOOD OUTREACH P.O. BOX 2772 MADISON, MS 39130	64-0927276	501 (C) (3)		158,538.	SEE PART IV	FOOD	SEE PART IV
(3) SALVATION ARMY - GREENVILLE P.O. BOX 1144 GREENVILLE, MS 38702	13-5562351	501 (C) (3)		149,238.	SEE PART IV	FOOD	SEE PART IV
(4) NEW WAY MISSISSIPPI P.O. BOX 24404 JACKSON, MS 39209	73-1631055	501 (C) (3)		149,121.	SEE PART IV	FOOD	SEE PART IV
(5) GRENADA FOOD PANTRY P.O. BOX 104 GRENADA, MS 38902	64-0805470	501 (C) (3)		148,326.	SEE PART IV	FOOD	SEE PART IV
(6) COUNTRY WOODS BAPTIST CHURCH 6737 SIWELL RD. BYRAM, MS 39272	64-0764805	501 (C) (3)		139,160.	SEE PART IV	FOOD	SEE PART IV
(7) PETAL CHILDREN'S TASK FORCE 314 S. GEORGE ST. PETAL, MS 39465	64-0897384	501 (C) (3)		136,747.	SEE PART IV	FOOD	SEE PART IV
(8) STARKVILLE CHURCH OF GOD 100 LOCKSLEY WAY STARKVILLE, MS 39759	23-7002419	501 (C) (3)		128,359.	SEE PART IV	FOOD	SEE PART IV
(9) FIRST UMC OF MAGEE P.O. BOX 661 MAGEE, MS 39111	64-0388677	501 (C) (3)		127,771.	SEE PART IV	FOOD	SEE PART IV
(10) THE SALVATION ARMY-LAUREL P.O. BOX 2548 LAUREL, MS 39442	13-5562351	501 (C) (3)		121,617.	SEE PART IV	FOOD	SEE PART IV
(11) EVER REACHING COMM. OUTREACH PO BOX 981 PELAHATCHIE, MS 39145	36-4756928	501 (C) (3)		121,519.	SEE PART IV	FOOD	SEE PART IV
(12) BROOKHAVEN OUTREACH MINISTRIES P.O. BOX 1158 BROOKHAVEN, MS 39602	64-0804351	501 (C) (3)		119,998.	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) (2018)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

**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 noncash assistance	(h) Purpose of grant or assistance
(1) PROJECT HOMESTEAD P.O. BOX 891 WEST POINT, MS 39773	64-0908819	501 (C) (3)		117,111.	SEE PART IV	FOOD	SEE PART IV
(2) WE 2GETHER CREATING CHANGE 167 N. MAIN STREET DREW, MS 38737	80-0438253	501 (C) (3)		112,927.	SEE PART IV	FOOD	SEE PART IV
(3) PINE LAKE CARE CTR.-STARKVILLE 200 HWY 25 N STARKVILLE, MS 39759	64-0538192	501 (C) (3)		112,882.	SEE PART IV	FOOD	SEE PART IV
(4) WARREN COUNTY MOBILE PANTRY 440 W. BEATTY ST. VICKSBURG, MS 39180	64-0676325	501 (C) (3)		111,194.	SEE PART IV	FOOD	SEE PART IV
(5) CENTER RIDGE BAPTIST CHURCH 2715 OLD BENTON RD YAZOO CITY, MS 39194	72-1383105	501 (C) (3)		104,715.	SEE PART IV	FOOD	SEE PART IV
(6) GREENWOOD INTERFAITH MINISTRIE P.O. BOX 8223 GREENWOOD, MS 38935	30-0215847	501 (C) (3)		104,561.	SEE PART IV	FOOD	SEE PART IV
(7) TRUE VINE MBC FOOD PANTRY 124 VINE DRIVE BRANDON, MS 39047	64-0693282	501 (C) (3)		97,472.	SEE PART IV	FOOD	SEE PART IV
(8) M.I.C.A. MCCOMB IN-DOM CARE P.O. BOX 7206 MCCOMB, MS 39649	64-0739514	501 (C) (3)		94,935.	SEE PART IV	FOOD	SEE PART IV
(9) HELPING HANDS MINISTRIES P.O. BOX 299 KOSCIUSKO, MS 39090	64-0744335	501 (C) (3)		94,678.	SEE PART IV	FOOD	SEE PART IV
(10) HEARTY HELPINGS FOOD PANTRY P.O. BOX 5005 GREENVILLE, MS 38701	26-3170356	501 (C) (3)		94,290.	SEE PART IV	FOOD	SEE PART IV
(11) STATE LINE BAPTIST FOOD PANTRY PO BOX 2371 COLUMBUS, MS 39702	20-0751119	501 (C) (3)		92,734.	SEE PART IV	FOOD	SEE PART IV
(12) WINGARD HOME, INC. 1279 N. WEST ST. JACKSON, MS 39202	20-3861944	501 (C) (3)		86,540.	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) (2018)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

**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 noncash assistance	(h) Purpose of grant or assistance
(1) PILGRIM BAPTIST CHURCH 117 PILGRIM BLVD. NATCHEZ, MS 39120	30-0271263	501 (C) (3)		83,965.	SEE PART IV	FOOD	SEE PART IV
(2) HICKORY BAP. CHURCH FOOD PANTR PO BOX 219 HICKORY, MS 39332	64-0655271	501 (C) (3)		83,707.	SEE PART IV	FOOD	SEE PART IV
(3) TRUE LIGHT MINISTRY P.O.BOX 1263 YAZOO CITY, MS 39194	56-2664789	501 (C) (3)		80,209.	SEE PART IV	FOOD	SEE PART IV
(4) CHOCTAW COUNTY FOOD MINISTRY P.O. BOX 854 ACKERMAN, MS 39735	64-0917300	501 (C) (3)		74,224.	SEE PART IV	FOOD	SEE PART IV
(5) OUR DAILY BREAD P.O. BOX 1021 CANTON, MS 39046	42-1741521	501 (C) (3)		73,483.	SEE PART IV	FOOD	SEE PART IV
(6) GREATER MT. CALVARY 450 WATERFORD RD. BRANDON, MS 39042	64-0519382	501 (C) (3)		68,946.	SEE PART IV	FOOD	SEE PART IV
(7) EDWARDS STREET FELLOWSHIP CENT P.O. BOX 17532 HATTIESBURG, MS 39404	64-0698304	501 (C) (3)		68,349.	SEE PART IV	FOOD	SEE PART IV
(8) FIRST ASSEMBLY FOOD PANTRY 150 LIBERTY ROAD NATCHEZ, MS 39120	64-6008816	501 (C) (3)		59,784.	SEE PART IV	FOOD	SEE PART IV
(9) RIVER CITY MISSION FP 3705 WASHINGTON ST. VICKSBURG, MS 39180	64-0851447	501 (C) (3)		59,410.	SEE PART IV	FOOD	SEE PART IV
(10) MUSTARD TREE MISSIONS P.O. BOX 8048 MERIDIAN, MS 39303	06-1667783	501 (C) (3)		59,158.	SEE PART IV	FOOD	SEE PART IV
(11) SOCIETY OF ST. ANDREW P.O. BOX 5362 JACKSON, MS 39296	64-0676325	501 (C) (3)		57,962.	SEE PART IV	FOOD	SEE PART IV
(12) SHEKINAH GLORY BC FOOD PANTRY 1625 BAILEY AVENUE JACKSON, MS 39203	26-3731027	501 (C) (3)		57,423.	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) VILLAGE OF DREAMS 1156 SOUTH COLORADO STREET	27-3768302	501 (C) (3)		57,327.	SEE PART IV	FOOD	SEE PART IV
(2) SALVATION ARMY - VICKSBURG P.O. BOX 1166 VICKSBURG, MS 39180	13-5562351	501 (C) (3)		57,048.	SEE PART IV	FOOD	SEE PART IV
(3) HAPPINESS HILLS CHRISTIAN HOME 11901 ROAD 505 UNION, MS 39365	64-0838431	501 (C) (3)		54,963.	SEE PART IV	FOOD	SEE PART IV
(4) V A MEDICAL CENTER FOOD PANTRY 1500 E. WOODROW WILSON JACKSON, MS 39216	74-1612229	501 (C) (3)		51,411.	SEE PART IV	FOOD	SEE PART IV
(5) JUBILEE MENNONITE CHURCH 812 28TH AVENUE MERIDIAN, MS 39301	35-2157800	501 (C) (3)		48,934.	SEE PART IV	FOOD	SEE PART IV
(6) CHRISTIAN FOOD MISSION 506 CHANTILLY ST. LAUREL, MS 39442	64-0719890	501 (C) (3)		44,957.	SEE PART IV	FOOD	SEE PART IV
(7) LIGHTHOUSE MANNA FOOD PANTRY P.O. BOX 658 MENDENHALL, MS 39114	46-1303797	501 (C) (3)		42,531.	SEE PART IV	FOOD	SEE PART IV
(8) DELIVER ME SR. SUPPORT SVC 1405 SOUTH GALLATIN STREET	64-0644351	501 (C) (3)		42,233.	SEE PART IV	FOOD	SEE PART IV
(9) MERCY HOUSE OF GEORGETOWN-TC P.O. BOX 266 GEORGETOWN, MS 39078	45-4670832	501 (C) (3)		41,616.	SEE PART IV	FOOD	SEE PART IV
(10) ANDERSON UNITED METHODIST CH 6205 HANGING MOSS ROAD JACKSON, MS 39206	83-0385896	501 (C) (3)		41,605.	SEE PART IV	FOOD	SEE PART IV
(11) CROSSGATES BAPTIST CHURCH 8 CROSS WOODS ROAD BRANDON, MS 39042	64-0636492	501 (C) (3)		41,245.	SEE PART IV	FOOD	SEE PART IV
(12) HELPING HANDS OF CLEVELAND P.O. BOX 291 CLEVELAND, MS 38732	64-0797349	501 (C) (3)		38,827.	SEE PART IV	FOOD	SEE PART IV

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SCHEDULE I
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Name of the organization

MISSISSIPPI FOOD NETWORK, INC.

**Grants and Other Assistance to Organizations,
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(1) TEAM INC. 1511 BRIDEWELL LANE PORT GIBSON, MS 39150	74-3094030	501 (C) (3)		36,006.	SEE PART IV	FOOD	SEE PART IV
(2) CHRISTIANS UNITED M.B. CHURCH 5394 METHODIST HOME ROAD JACKSON, MS 39213	64-0832411	501 (C) (3)		35,766.	SEE PART IV	FOOD	SEE PART IV
(3) BEREAN SEVENTH DAY ADVENTIST 770 JASMINE COURT 39206 JACKSON, MS 39206	64-0901825	501 (C) (3)		34,849.	SEE PART IV	FOOD	SEE PART IV
(4) MORRISON HEIGHTS BAPTIST CHURCH 3000 HAMPSTEAD BLVD CLINTON, MS 39056	64-6011952	501 (C) (3)		33,881.	SEE PART IV	FOOD	SEE PART IV
(5) JACKSON REVIVAL CENTER CHURCH 5818 HIGHLAND DRIVE JACKSON, MS 39206	74-6051852	501 (C) (3)		32,855.	SEE PART IV	FOOD	SEE PART IV
(6) MY BROTHER'S KEEPER 805 RIVER PLACE DR JACKSON, MS 39202	64-0937314	501 (C) (3)		32,423.	SEE PART IV	FOOD	SEE PART IV
(7) WE CARE COMMUNITY SERVICES 909 WALNUT STREET VICKSBURG, MS 39183	51-0188737	501 (C) (3)		31,912.	SEE PART IV	FOOD	SEE PART IV
(8) ST. ANDREWS MISSION S/K P.O. BOX 1407 MCCOMB, MS 39649	64-0880295	501 (C) (3)		31,240.	SEE PART IV	FOOD	SEE PART IV
(9) P.B.M. MINISTRIES, INC. P.O. BOX 874 WOODVILLE, MS 39669	43-1954220	501 (C) (3)		31,093.	SEE PART IV	FOOD	SEE PART IV
(10) COPIAH COUNTY HUMAN RESOURCES P.O. BOX 448 HAZLEHURST, MS 39083	64-0837421	501 (C) (3)		30,440.	SEE PART IV	FOOD	SEE PART IV
(11) COVENANT PRESBYTERIAN CHURCH P.O. BOX 896 CLEVELAND, MS 38732	64-0663450	501 (C) (3)		28,413.	SEE PART IV	FOOD	SEE PART IV
(12) MISSION OKOLONA P.O. BOX 537 OKOLONA, MS 38860	64-0940178	501 (C) (3)		28,110.	SEE PART IV	FOOD	SEE PART IV

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(1) RIVER CITY MISSION SK 3705 WASHINGTON ST. VICKSBURG, MS 39180	64-0851447	501 (C) (3)		27,574.	SEE PART IV	FOOD	SEE PART IV
(2) MADCAPP FOOD PANTRY P.O. BOX 217 CANTON, MS 39046	64-0719803	501 (C) (3)		27,535.	SEE PART IV	FOOD	SEE PART IV
(3) CHUNKY UMC FOOD PANTRY P. O. BOX 47 CHUNKY, MS 39323	64-0655937	501 (C) (3)		25,366.	SEE PART IV	FOOD	SEE PART IV
(4) MISSISSIPPI RIVER MINISTRY 900 NATCHITOCES HWY MANY, MS 71449	72-0471378	501 (C) (3)		25,008.	SEE PART IV	FOOD	SEE PART IV
(5) CENTER HILL BAPTIST CHURCH 10860 RD. 123 PHILADELPHIA, MS 39350	64-0784193	501 (C) (3)		24,622.	SEE PART IV	FOOD	SEE PART IV
(6) WE WILL GO MINISTRIES 806 NORTH FARISH ST. JACKSON, MS 39202	33-1069413	501 (C) (3)		23,288.	SEE PART IV	FOOD	SEE PART IV
(7) UNION HILL M.B. CHURCH P.O. BOX 797 FLORA, MS 39071	64-0909922	501 (C) (3)		23,247.	SEE PART IV	FOOD	SEE PART IV
(8) MOUNT CHARITY M.B. CHURCH 535 WOODS ROAD CARTHAGE, MS 39051	45-0512838	501 (C) (3)		23,032.	SEE PART IV	FOOD	SEE PART IV
(9) BETHLEHEM BAPTIST CH/FOOD/PAN. 138 WASHINGTON CIRCLE NATCHEZ, MS 39120	64-0649774	501 (C) (3)		22,630.	SEE PART IV	FOOD	SEE PART IV
(10) SALVATION ARMY FP- HATTIESBURG P.O. BOX 1750 HATTIESBURG, MS 39403	13-5562351	501 (C) (3)		22,251.	SEE PART IV	FOOD	SEE PART IV
(11) OUR DAILY BREAD OF CALHOUN P.O. BOX 206 BRUCE, MS 38915	64-0466850	501 (C) (3)		22,244.	SEE PART IV	FOOD	SEE PART IV
(12) CENTER AND MARS HILL 10951 RD. 838 PHILADELPHIA, MS 39350	31-1790086	501 (C) (3)		22,108.	SEE PART IV	FOOD	SEE PART IV

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(1) SALVATION ARMY - JACKSON P.O. BOX 31954 JACKSON, MS 39286	13-5562351	501 (C) (3)		22,105.	SEE PART IV	FOOD	SEE PART IV
(2) LINTONIA CHAPEL 7TH DAY ADV P.O. BOX 63 YAZOO CITY, MS 39194	64-0675816	501 (C) (3)		21,457.	SEE PART IV	FOOD	SEE PART IV
(3) NEW COVENANT COMMUNITY FP P.O. BOX 39 MANTEE, MS 39751	64-0836310	501 (C) (3)		21,219.	SEE PART IV	FOOD	SEE PART IV
(4) HELPING HANDS OF HUMPHREYS CO. P.O. BOX 511 BELZONI, MS 39038	64-0792268	501 (C) (3)		21,002.	SEE PART IV	FOOD	SEE PART IV
(5) TINNIN ROAD CHURCH OF CHRIST P.O. BOX 121 CLINTON, MS 39056	64-0855968	501 (C) (3)		20,820.	SEE PART IV	FOOD	SEE PART IV
(6) STEPHEN CHAPEL MB CHURCH 2421 23RD AVE. NORTH COLUMBUS, MS 39701	64-0771503	501 (C) (3)		20,708.	SEE PART IV	FOOD	SEE PART IV
(7) NEW DIMENSIONS DEV. FOUNDATION 111 W. MONUMENT STREET JACKSON, MS 39202	64-0800603	501 (C) (3)		20,190.	SEE PART IV	FOOD	SEE PART IV
(8) GATEWAY RESCUE MISSION 328 S. GALLATIN ST. JACKSON, MS 39207	64-0369382	501 (C) (3)		19,843.	SEE PART IV	FOOD	SEE PART IV
(9) MANNA FOOD PANTRY P.O. BOX 549 CRYSTAL SPRINGS, MS 39059	69-0692926	501 (C) (3)		19,790.	SEE PART IV	FOOD	SEE PART IV
(10) FIRST BAPTIST CHURCH TAYLORSVI P.O. BOX 357 TAYLORSVILLE, MS 39168	64-0578960	501 (C) (3)		19,268.	SEE PART IV	FOOD	SEE PART IV
(11) MS CENTER P & SH. (HOPE HOME) PO BOX 1201 RAYMOND, MS 39154	71-1004096	501 (C) (3)		19,225.	SEE PART IV	FOOD	SEE PART IV
(12) SOS CRYSTAL SPRINGS FP, INC. P.O. BOX 995 CRYSTAL SPRINGS, MS 39059	64-0823130	501 (C) (3)		19,202.	SEE PART IV	FOOD	SEE PART IV

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(1) STURGIS BAPTIST CHURCH 4160 LOUISVILLE RD. STURGIS, MS 39769	64-0147200	501 (C) (3)		18,883.	SEE PART IV	FOOD	SEE PART IV
(2) NATCHEZ COMMUNITY STEWPOT P. O. BOX 298 NATCHEZ, MS 39120	64-0705915	501 (C) (3)		18,784.	SEE PART IV	FOOD	SEE PART IV
(3) RIVER OF LIFE FELLOWSHIP P.O. BOX 1573 PRENTISS, MS 39474	64-0848253	501 (C) (3)		18,735.	SEE PART IV	FOOD	SEE PART IV
(4) PURVIS CHURCH OF GOD 72 HIGHWAY 589 PURVIS, MS 39475	72-1344899	501 (C) (3)		18,708.	SEE PART IV	FOOD	SEE PART IV
(5) PLEASANT HOME BAPTIST CHURCH P.O. BOX 3 BAY SPRINGS, MS 39422	64-0516771	501 (C) (3)		18,483.	SEE PART IV	FOOD	SEE PART IV
(6) MAGEE'S CREEK M.B. CHURCH P.O. BOX 513 TYLERTOWN, MS 39667	64-0808876	501 (C) (3)		18,348.	SEE PART IV	FOOD	SEE PART IV
(7) ENDLESS CHARITIES PO BOX 955 LELAND, MS 38756	35-2268408	501 (C) (3)		18,042.	SEE PART IV	FOOD	SEE PART IV
(8) AMITE RIVER BAPTIST ASSN. P.O. BOX 192 LIBERTY, MS 39645	20-3686043	501 (C) (3)		17,812.	SEE PART IV	FOOD	SEE PART IV
(9) ST. VINCENT DEPAUL P.O. BOX 1523 GREENVILLE, MS 38701	41-2245261	501 (C) (3)		17,451.	SEE PART IV	FOOD	SEE PART IV
(10) NEW VISION OUTREACH MINISTRY 7600 HWY 84 EAST WAYNESBORO, MS 39367	77-0698762	501 (C) (3)		17,250.	SEE PART IV	FOOD	SEE PART IV
(11) SOUTHSIDE BAPTIST CHURCH 167 CHISLUM RD. LEXINGTON, MS 39095	64-0516771	501 (C) (3)		17,110.	SEE PART IV	FOOD	SEE PART IV
(12) HOUSE OF HOPE MIN/OUTREACH 418 MORGANTOWN ROAD NATCHEZ, MS 39120	72-1353551	501 (C) (3)		17,034.	SEE PART IV	FOOD	SEE PART IV

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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 noncash assistance	(h) Purpose of grant or assistance
(1) PENTECOSTAL CHURCH OF GOD P.O. BOX 1390 MERIDIAN, MS 39305	45-3428422	501 (C) (3)		16,757.	SEE PART IV	FOOD	SEE PART IV
(2) FAITH BAPTIST CHURCH 705 GEORGE PAYNE COSSAR BLVD	64-0808675	501 (C) (3)		16,723.	SEE PART IV	FOOD	SEE PART IV
(3) HEAVENLY MANNA MINISTRIES 2864 MCGUFFIE ROAD CLINTON, MS 39056	36-4539281	501 (C) (3)		16,621.	SEE PART IV	FOOD	SEE PART IV
(4) SACRED HEART FAMILY CENTER 1493 HWY 17 CAMDEN, MS 39045	64-0391585	501 (C) (3)		16,548.	SEE PART IV	FOOD	SEE PART IV
(5) POTTERS HOUSE FQAM/SER/CTR. P.O. BOX 656 HOUSTON, MS 38851	64-0864601	501 (C) (3)		16,537.	SEE PART IV	FOOD	SEE PART IV
(6) OAK GROVE MB CHURCH 935 TAMPA ST. PEARL, MS 39208	36-4539281	501 (C) (3)		16,359.	SEE PART IV	FOOD	SEE PART IV
(7) PLANTING SEEDS MINISTRY P.O. BOX 31772 JACKSON, MS 39286	64-0842983	501 (C) (3)		16,242.	SEE PART IV	FOOD	SEE PART IV
(8) ST. PAUL MB CHURCH SNACK PROG 508 N SECOND STREET BROOKHAVEN, MS 39601	64-0766309	501 (C) (3)		16,205.	SEE PART IV	FOOD	SEE PART IV
(9) CALVARY CHAPEL BAPTIST CHURCH 705 GEORGE PAYNE COSSAR BLVD	64-0223390	501 (C) (3)		15,951.	SEE PART IV	FOOD	SEE PART IV
(10) ST. JAMES BETHEL 2517 HARRIOTTE AVENUE JACKSON, MS 39209	58-1944916	501 (C) (3)		15,824.	SEE PART IV	FOOD	SEE PART IV
(11) CENTRAL MS FOOD PANTRY 2190 PINE GROVE ROAD WALNUT GROVE, MS 39189	20-4825011	501 (C) (3)		15,544.	SEE PART IV	FOOD	SEE PART IV
(12) CARING HANDS OF SWEET HOME P.O. BOX 197 ITTA BENA, MS 38941	46-1488941	501 (C) (3)		15,534.	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) (2018)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

**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 noncash assistance	(h) Purpose of grant or assistance
(1) LOVING KINDNESS OUTREACH 86 BRANDON BAY RD. TYLERTOWN, MS 39667	36-4738196	501 (C) (3)		15,390.	SEE PART IV	FOOD	SEE PART IV
(2) ST. COLUMB'S IONA HOUSE FP 550 SUNNYBROOK RD RIDGELAND, MS 39157	64-0747951	501 (C) (3)		15,311.	SEE PART IV	FOOD	SEE PART IV
(3) RIVER CITY MISSION 3705 S WASHINGTON ST VICKSBURG, MS 39180	64-0851447	501 (C) (3)		15,309.	SEE PART IV	FOOD	SEE PART IV
(4) CALHOUN BAPTIST ASSOCIATION P.O. DRAWER S CALHOUN CITY, MS 38916	64-0433197	501 (C) (3)		15,272.	SEE PART IV	FOOD	SEE PART IV
(5) KEMPER SPRINGS COMM. CENTER 2397 KEMPER SPRINGS RD. DEKALB, MS 39328	64-0700991	501 (C) (3)		15,215.	SEE PART IV	FOOD	SEE PART IV
(6) MASJID MUHAMMAD 6100 FLORAL DRIVE JACKSON, MS 39206	64-0624134	501 (C) (3)		15,090.	SEE PART IV	FOOD	SEE PART IV
(7) SMITH COUNTY BAPTIST ASSOC. P.O. BOX 55 RALEIGH, MS 39153	64-0698653	501 (C) (3)		14,982.	SEE PART IV	FOOD	SEE PART IV
(8) ROSEMONT HUMAN SERVICES FP 3930 OFFICE THOMAS CATCHING DR	64-0902648	501 (C) (3)		14,946.	SEE PART IV	FOOD	SEE PART IV
(9) CHINA LEE CHRIST MINISTRY FP 2726 RIVER ROAD SILVER CREEK, MS 39663	64-0699817	501 (C) (3)		14,771.	SEE PART IV	FOOD	SEE PART IV
(10) VOICE OF CALVARY 531 W. CAPITOL STREET JACKSON, MS 39203	64-0564343	501 (C) (3)		14,387.	SEE PART IV	FOOD	SEE PART IV
(11) CARY CHRISTIAN CENTER P.O. BOX 54 CARY, MS 39054	64-0781589	501 (C) (3)		14,100.	SEE PART IV	FOOD	SEE PART IV
(12) PEARL STREET COMM. DEV. CORP. 2519 ROBINSON ST. 2ND FL. JACKSON, MS 39209	75-2982650	501 (C) (3)		13,961.	SEE PART IV	FOOD	SEE PART IV

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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 noncash assistance	(h) Purpose of grant or assistance
(1) HARMONY M.B. CHURCH P.O. BOX 137 LENA, MS 39094	33-1215831	501 (C) (3)		13,307.	SEE PART IV	FOOD	SEE PART IV
(2) PINELAKE CARE CENTER 223 OLD JACKSON RD. MADISON, MS 39110	64-0538192	501 (C) (3)		13,130.	SEE PART IV	FOOD	SEE PART IV
(3) JACKSON STREET MB CHURCH 1416 JACKSON ST. VICKSBURG, MS 39183	46-1310655	501 (C) (3)		13,065.	SEE PART IV	FOOD	SEE PART IV
(4) FIRST CHURCH OF DELIVERANCE P.O. 413 RAYMOND, MS 39154	64-0762418	501 (C) (3)		13,049.	SEE PART IV	FOOD	SEE PART IV
(5) COMPASSION FOOD MINISTRIES 18 COUNTY ROAD 386 WATER VALLEY, MS 38965	26-1235369	501 (C) (3)		12,945.	SEE PART IV	FOOD	SEE PART IV
(6) JEFFERSON COMPREH./HEALTH/CTR. P.O. BOX 98 FAYETTE, MS 39069	64-0667610	501 (C) (3)		12,934.	SEE PART IV	FOOD	SEE PART IV
(7) JONES CHAPEL M.B. CHURCH 119 IRWINS DR. CARTHAGE, MS 39051	68-0487744	501 (C) (3)		12,806.	SEE PART IV	FOOD	SEE PART IV
(8) HIGHER DIMENSIONS OF MT. OLIVE 1540 THORNTON ROAD CARTHAGE, MS 39051	90-0518252	501 (C) (3)		12,772.	SEE PART IV	FOOD	SEE PART IV
(9) SEMINARY BAPTIST CHURCH P.O. BOX 81 SEMINARY, MS 39479	64-0350864	501 (C) (3)		12,477.	SEE PART IV	FOOD	SEE PART IV
(10) WE CARE MISSION P. O. BOX 56 MORTON, MS 39117	64-0876007	501 (C) (3)		11,852.	SEE PART IV	FOOD	SEE PART IV
(11) BETHESDA UNITED METHODIST CH 1085 THOMAS RD. CRYSTAL SPRINGS, MS 39059	64-0812460	501 (C) (3)		11,679.	SEE PART IV	FOOD	SEE PART IV
(12) FAITH ASSEMBLY DAYCARE CENTER 2065 MURRAY DRIVE PEARL, MS 39208	64-0657508	501 (C) (3)		11,351.	SEE PART IV	FOOD	SEE PART IV

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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
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(1) COUNTIES OF MS BAPTIST DISTRIC 203 W. NORTHSIDE DR. MADISON, MS 39056	64-0134513	501 (C) (3)		11,340.	SEE PART IV	FOOD	SEE PART IV
(2) WESLEY HOUSE COMMUNITY CENTER P.O. BOX 1207 MERIDIAN, MS 39301	64-0308403	501 (C) (3)		11,152.	SEE PART IV	FOOD	SEE PART IV
(3) ST. ANDREWS MISSION, INC. P.O. BOX 1407 MCCOMB, MS 39649	64-0880295	501 (C) (3)		11,050.	SEE PART IV	FOOD	SEE PART IV
(4) JERUSALEM BAPT. CHURCH-P.F.F. P. O. BOX 106 LAWRENCE, MS 39336	64-0520467	501 (C) (3)		10,765.	SEE PART IV	FOOD	SEE PART IV
(5) SOUTH LAKE FOOD PANTRY 7444 MUDLINE RD LAKE, MS 39092	54-2117127	501 (C) (3)		10,548.	SEE PART IV	FOOD	SEE PART IV
(6) EMMANUEL M.B.CHURCH 1109 COOPER ROAD JACKSON, MS 39212	64-0606071	501 (C) (3)		10,507.	SEE PART IV	FOOD	SEE PART IV
(7) TRIUMPHANT BAPTIST CHURCH P.O. BOX 1643 VICKSBURG, MS 39181	31-1693496	501 (C) (3)		10,417.	SEE PART IV	FOOD	SEE PART IV
(8) GOOD SAMARITAN CENTER, INC P.O.BOX 4955 JACKSON, MS 39296	64-0538126	501 (C) (3)		10,166.	SEE PART IV	FOOD	SEE PART IV
(9) STEWPOT COMM SVC - FOOD PANTR 1100 W CAPITOL STREET JACKSON, MS 39203	64-0655566	501 (C) (3)		9,999.	SEE PART IV	FOOD	SEE PART IV
(10) COLUMBUS CHURCH OF CHRIST 2401 7TH STREET NORTH COLUMBUS, MS 39705	64-0645861	501 (C) (3)		9,829.	SEE PART IV	FOOD	SEE PART IV
(11) ALTA WOODS UMC 109 ALTA WOODS BLVD. JACKSON, MS 39204	64-0345118	501 (C) (3)		9,660.	SEE PART IV	FOOD	SEE PART IV
(12) GRACE EPISCOPAL CHURCH PO BOX 252 CANTON, MS 39046	64-0303076	501 (C) (3)		9,584.	SEE PART IV	FOOD	SEE PART IV

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(1) NEWMAN SERVICES FOUNDATION P.O. BOX 962 TERRY, MS 39170	27-2390800	501 (C) (3)		9,529.	SEE PART IV	FOOD	SEE PART IV
(2) CHARITY FULL GOSPEL 1524 6TH AVENUE SOUTH COLUMBUS, MS 39701	64-0707603	501 (C) (3)		9,500.	SEE PART IV	FOOD	SEE PART IV
(3) MT. ZION FOOD PANTRY 1357 MT. ZION ROAD BROOKSVILLE, MS 39739	27-4709425	501 (C) (3)		9,386.	SEE PART IV	FOOD	SEE PART IV
(4) SHEPHERDS TENT FOOD PANTRY P.O. BOX 223 LAUREL, MS 39440	47-3092977	501 (C) (3)		9,302.	SEE PART IV	FOOD	SEE PART IV
(5) SR. GROCERY PROG - ADAMS CO. P.O. BOX 411 NATCHEZ, MS 39120	64-0676325	501 (C) (3)		9,153.	SEE PART IV	FOOD	SEE PART IV
(6) LAUDERDALE BAPTIST CRISIS CENT P.O. BOX 549 MARION, MS 39342	64-0372439	501 (C) (3)		9,022.	SEE PART IV	FOOD	SEE PART IV
(7) JASPER COUNTY BAPTIST ASSOC. P. O. BOX 472 BAY SPRINGS, MS 39422	64-0682511	501 (C) (3)		8,996.	SEE PART IV	FOOD	SEE PART IV
(8) SAMARITAN'S CLOSET FP P.O. BOX 408 WAYNESBORO, MS 39367	47-4025298	501 (C) (3)		8,955.	SEE PART IV	FOOD	SEE PART IV
(9) LELAND FOOD PANTRY P.O. BOX 129 LELAND, MS 38756	64-0383876	501 (C) (3)		8,729.	SEE PART IV	FOOD	SEE PART IV
(10) FRENCH CAMP ACADEMY ONE FINE PLACE FRENCH CAMP, MS 39745	64-0321520	501 (C) (3)		8,337.	SEE PART IV	FOOD	SEE PART IV
(11) BETHLEHEM M.B. CHURCH 1142 SHUBUTA EUCUTTA RD. SHUBUTA, MS 39360	64-0913005	501 (C) (3)		8,262.	SEE PART IV	FOOD	SEE PART IV
(12) PETER'S ROCK C.O.G.I.C. 223 MARTIN LUTHER KING DR	23-7002419	501 (C) (3)		8,016.	SEE PART IV	FOOD	SEE PART IV

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Schedule I (Form 990) (2018)

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**Grants and Other Assistance to Organizations,
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(1) SOUTH PLEASANT HILL M. B. CHUR P.O. BOX 1741 PRENTISS, MS 39474	64-0739331	501 (C) (3)		8,014.	SEE PART IV	FOOD	SEE PART IV
(2) ST. JOHN M.B. CHURCH F. P. 5456 MORRISON RD. UTICA, MS 39175	64-0930642	501 (C) (3)		7,970.	SEE PART IV	FOOD	SEE PART IV
(3) COLLEGE HILL B.C. FOOD PANTRY 5740 KIRKLEY DR JACKSON, MS 39206	02-0596703	501 (C) (3)		7,894.	SEE PART IV	FOOD	SEE PART IV
(4) WESLEY YOUTH FOUNDATION P.O. BOX 713 TCHULA, MS 39169	64-0859429	501 (C) (3)		7,891.	SEE PART IV	FOOD	SEE PART IV
(5) CORNERSTONE CHURCH 510 RAPER STREET WINONA, MS 38967	64-0855106	501 (C) (3)		7,888.	SEE PART IV	FOOD	SEE PART IV
(6) CLARKE CO. ASSOC. FOR NEEDY P.O. BOX 195 QUITMAN, MS 39355	64-0778155	501 (C) (3)		7,878.	SEE PART IV	FOOD	SEE PART IV
(7) ROSE HILL M.B.C FOOD PANTRY 6132 HWY 48 EAST MAGNOLIA, MS 39652	64-0675585	501 (C) (3)		7,815.	SEE PART IV	FOOD	SEE PART IV
(8) ZION HILL CME CHURCH 830 26TH ST MERIDIAN, MS 39301	64-0922284	501 (C) (3)		7,737.	SEE PART IV	FOOD	SEE PART IV
(9) GREATER BEAVER MEADOW BAPTIST P.O. BOX 907 HEIDELBERG, MS 39439	64-0685077	501 (C) (3)		7,659.	SEE PART IV	FOOD	SEE PART IV
(10) WEBSTER CO BAPTIST ASSOCIATION 2313 VETERAN'S MEMORIAL BLVD.	43-2058266	501 (C) (3)		7,656.	SEE PART IV	FOOD	SEE PART IV
(11) WORD OF TRUTH WOR. CTR. 4491 W. NORTHSIDE DR. JACKSON, MS 39209	64-0719665	501 (C) (3)		7,622.	SEE PART IV	FOOD	SEE PART IV
(12) MT. CARMEL MB CHURCH 1101 N. MAIN STREET HATTIESBURG, MS 39401	64-3424650	501 (C) (3)		7,497.	SEE PART IV	FOOD	SEE PART IV

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(1) BMA SDA CHURCH 6428 US HWY 11 LUMBERTON, MS 39455	64-6012951	501 (C) (3)		7,329.	SEE PART IV	FOOD	SEE PART IV
(2) EPHEsus BAPTIST CHURCH 5921 LANGS MILL RD FOREST, MS 39074	64-0654541	501 (C) (3)		7,324.	SEE PART IV	FOOD	SEE PART IV
(3) ETERNITY PREP. MINISTRIES 211 FUTHEYVILLE RD. GRENADA, MS 38901	26-4283153	501 (C) (3)		7,175.	SEE PART IV	FOOD	SEE PART IV
(4) ANGUILA UNITED METHODIST CHURCH 631 FRONT STREET ANGUILA, MS 38721	64-0678443	501 (C) (3)		7,134.	SEE PART IV	FOOD	SEE PART IV
(5) CHRISTIAN FELLOWSHIP OUTREACH 460 ST. PAUL ROAD TYLERTOWN, MS 39667	64-0864238	501 (C) (3)		7,094.	SEE PART IV	FOOD	SEE PART IV
(6) BURIED TREASURES FOOD PANTRY BOX 720672 BYRAM, MS 39272	64-0931808	501 (C) (3)		7,068.	SEE PART IV	FOOD	SEE PART IV
(7) STEWPOT COMM SVC - SOUP KITCHEN 1100 WEST CAPITOL STREET JACKSON, MS 39203	64-0655566	501 (C) (3)		7,015.	SEE PART IV	FOOD	SEE PART IV
(8) 100 BLACK MEN OF JACKSON 5360 HIGHLAND DR. JACKSON, MS 39206	64-0817928	501 (C) (3)		6,984.	SEE PART IV	FOOD	SEE PART IV
(9) TILTON UMC OUTREACH MINISTRY 142 WALT MCNEESE RD. MONTICELLO, MS 39654	64-0871861	501 (C) (3)		6,870.	SEE PART IV	FOOD	SEE PART IV
(10) CHRISTIAN FELLOWSHIP CHURCH P.O. BOX 411 HOUSTON, MS 38851	64-0727774	501 (C) (3)		6,700.	SEE PART IV	FOOD	SEE PART IV
(11) GOOD SHEPHERD CTR.DAYCARE 629 CHERRY ST VICKSBURG, MS 39183	64-0733081	501 (C) (3)		6,644.	SEE PART IV	FOOD	SEE PART IV
(12) ORANGE HILL M.B. CHURCH 4080 COX'S FERRY RD BOLTON, MS 39041	36-4539281	501 (C) (3)		6,639.	SEE PART IV	FOOD	SEE PART IV

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Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

**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 noncash assistance	(h) Purpose of grant or assistance
(1) THE SALVATION ARMY MEN'S SHELTER P.O. BOX 422 MERIDIAN, MS 39302	58-0660607	501 (C) (3)		6,522.	SEE PART IV	FOOD	SEE PART IV
(2) CARROLL-MONTGOMERY BAP. ASSN. P.O. BOX 461 WINONA, MS 38967	64-0635647	501 (C) (3)		6,521.	SEE PART IV	FOOD	SEE PART IV
(3) BIBLEWAY CHURCH FP 5530 N. STATE STREET JACKSON, MS 39206	47-1613466	501 (C) (3)		6,516.	SEE PART IV	FOOD	SEE PART IV
(4) POSITIVE LIVING, INC./UTOPIA P.O. BOX 11503 JACKSON, MS 39283	64-0942338	501 (C) (3)		6,451.	SEE PART IV	FOOD	SEE PART IV
(5) MCLAURIN HEIGHTS UNITED/METH/C 325 MARY ANN DRIVE PEARL, MS 39208	64-0427251	501 (C) (3)		6,436.	SEE PART IV	FOOD	SEE PART IV
(6) MOUNT ELAM M B CHURCH 330 CROSSPARK DRIVE PEARL, MS 39208	64-0825676	501 (C) (3)		6,328.	SEE PART IV	FOOD	SEE PART IV
(7) GRACE HOUSE, INC P. O. BOX 68924 JACKSON, MS 39286	64-0836580	501 (C) (3)		6,302.	SEE PART IV	FOOD	SEE PART IV
(8) PROVIDENCE MB CHURCH 12011 RD. 101 PHILADELPHIA, MS 39350	64-0782736	501 (C) (3)		6,260.	SEE PART IV	FOOD	SEE PART IV
(9) ROSE HILL M.B.C. SOUP KITCHEN 6132 HWY 48 EAST MAGNOLIA, MS 39652	64-0675585	501 (C) (3)		6,237.	SEE PART IV	FOOD	SEE PART IV
(10) HEALING PLACE 1233 VALLEY STREET JACKSON, MS 39203	27-1055031	501 (C) (3)		6,062.	SEE PART IV	FOOD	SEE PART IV
(11) CARE CENTER MINISTRIES MS 258 E. NORTHSIDE DR. JACKSON, MS 39206	83-3042924	501 (C) (3)		6,031.	SEE PART IV	FOOD	SEE PART IV
(12) NORTH PLEASANT HILL/FOOD/PAN. P.O. BOX 237 NEW HEBRON, MS 39140	64-0679101	501 (C) (3)		5,978.	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) (2018)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

**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 noncash assistance	(h) Purpose of grant or assistance
(1) JOSEPH'S FOOD PANTRY 1021 SOUTH MLK BLVD. GRENADA, MS 38901	69-0856777	501 (C) (3)		5,740.	SEE PART IV	FOOD	SEE PART IV
(2) OPERATION UPWARD 1000 WINTER STREET JACKSON, MS 39204	36-4593750	501 (C) (3)		5,557.	SEE PART IV	FOOD	SEE PART IV
(3) HARBOR HOUSES OF JACKSON, INC. 5354 I-55 SOUTH FRONTAGE ROAD	64-0534899	501 (C) (3)		5,393.	SEE PART IV	FOOD	SEE PART IV
(4) SOUTH JACKSON SDA 5125 ROBINSON ROAD SUITE A	20-4825011	501 (C) (3)		5,387.	SEE PART IV	FOOD	SEE PART IV
(5) GOOD SAMARITAN SOUP KITCHEN 540 ELLISVILLE BLVD. LAUREL, MS 39440	64-0538126	501 (C) (3)		5,265.	SEE PART IV	FOOD	SEE PART IV
(6) HOUSE OF BLESSINGS OUTREACH FP 2120 OAK GROVE ROAD HATTIESBURG, MS 39403	46-1833365	501 (C) (3)		5,184.	SEE PART IV	FOOD	SEE PART IV
(7) BETHEL A.M.E. CHURCH 712 SOUTH FIRST STREET BROOKHAVEN, MS 39601	64-0688185	501 (C) (3)		5,153.	SEE PART IV	FOOD	SEE PART IV
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 211.

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) (2018)

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

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

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

PART I, LINE 2:

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 Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

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

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

OMB No. 1545-0047

2018

**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				
19 Food inventory	X	200.	31,594,829.	SEE PART II
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 isn't 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 nonstandard 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 didn't 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) 2018

JSA

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

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.

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

OMB No. 1545-0047

2018

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

64-0676325

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.

Mississippi Food Network, Inc.
Instructions for Filing
Form 8879-EO
IRS e-file Signature Authorization for Form 990
For the year ended June 30, 2019

The original IRS E-file Signature Authorization form should be signed (use full name) and dated by an authorized officer of the organization.

Return your signed IRS e-file Signature Authorization Form 8879-EO to:

BKD, LLP
190 E. Capitol Street, Suite 500
JACKSON, MS 39201-2190

Fax 601-948-6000 Attn: Amber Warner

jkefile@bkd.com

There is no tax due with the filing of this return.

Under current IRS regulations, your return is subject to public inspection. Before filing, you should review all information in this return to determine that the disclosures are appropriate, accurate and complete. Please contact us if you believe any of the disclosures should be modified.

Do NOT separately file Form 990 with the Internal Revenue Service. Doing so will delay the processing of your return. We must receive your signed form before we can electronically transmit your return, which is due on or before May 15, 2020. We would appreciate you returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

Department of the Treasury
Internal Revenue ServiceFor calendar year 2018, or fiscal year beginning 07/01, 2018, and ending 06/30, 20 19

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

▶ Go to www.irs.gov/Form8879EO for the latest information.**2018**

Name of exempt organization

MISSISSIPPI FOOD NETWORK, INC.

Employer identification number

64-0676325

Name and title of officer

CHARLES H. BEADY, JR., CEO**Part I Type of Return and Return Information (Whole Dollars Only)**

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

1a	Form 990 check here ▶ <input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b	<u>35742744.</u>
2a	Form 990-EZ check here ▶ <input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here ▶ <input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here ▶ <input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5).	4b	
5a	Form 8868 check here ▶ <input type="checkbox"/>	b	Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize BKD, LLP to enter my PIN 3 8 2 3 5 as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶ 1/15/2020**Part III Certification and Authentication**

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

6 4 2 4 8 1 4 4 0 1 6

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶ 1/14/2020**ERO Must Retain This Form - See Instructions****Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2018)

Mississippi Food Network, Inc.
Instructions for Filing
Form 990-T
990-T - Exempt Organization Business Income Tax Return
For the year ended June 30, 2019

The original return should be signed (using full name and title) and dated on page 2 by an authorized officer of the organization.

File the signed return by May 15, 2020 with:

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

There is no tax due with the filing of this return.

The return shows a \$705 overpayment. Of this amount, \$705 will be refunded to you.

Under current IRS regulations, your return is subject to public inspection. Before filing, you should review all information in this return to determine that the disclosures are appropriate, accurate and complete. Please contact us if you believe any of the disclosures should be modified.

To document the timely filing of your tax return(s), we suggest that you obtain and retain proof of mailing. Proof of mailing can be accomplished by sending the tax return(s) by registered or certified mail (metered by the U.S. Postal Service) or through the use of an IRS approved delivery method provided by an IRS designated private delivery service.

No estimated tax payments for 2019 will be required, nor will you be subject to underpayment penalties because you have no 2018 tax liability.

Form 990-T		Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))		OMB No. 1545-0687	
Department of the Treasury Internal Revenue Service		For calendar year 2018 or other tax year beginning <u>07/01</u> , 2018, and ending <u>06/30</u> , 20 <u>19</u> .		2018	
		▶ Go to www.irs.gov/Form990T for instructions and the latest information.		Open to Public Inspection for 501(c)(3) Organizations Only	
		▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).			
A <input type="checkbox"/> Check box if address changed		Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)		D Employer identification number (Employees' trust, see instructions.)	
B Exempt under section		MISSISSIPPI FOOD NETWORK, INC.		64-0676325	
<input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		Number, street, and room or suite no. If a P.O. box, see instructions.		E Unrelated business activity code (See instructions.)	
C Book value of all assets at end of year		POST OFFICE BOX 411		812930	
9,693,552.		City or town, state or province, country, and ZIP or foreign postal code			
		JACKSON, MS 39205-0411			
		F Group exemption number (See instructions.) ▶			
		G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust			
H Enter the number of the organization's unrelated trades or businesses. ▶ <u>1</u> Describe the only (or first) unrelated trade or business here ▶ <u>ATCH 1</u> . If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.					
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation. ▶					
J The books are in care of ▶ CHARLES H. BEADY, JR. Telephone number ▶ 601-353-7286					
Part I Unrelated Trade or Business Income					
		(A) Income		(B) Expenses	
		(C) Net			
1 a Gross receipts or sales		1 c			
b Less returns and allowances		2			
c Balance ▶		3			
2 Cost of goods sold (Schedule A, line 7)		4a			
3 Gross profit. Subtract line 2 from line 1c		4b			
4a Capital gain net income (attach Schedule D)		4c			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) . .		5			
c Capital loss deduction for trusts		6			
5 Income (loss) from a partnership or an S corporation (attach statement)		7			
6 Rent income (Schedule C)		8			
7 Unrelated debt-financed income (Schedule E)		9			
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		10			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		11			
10 Exploited exempt activity income (Schedule I)		12			
11 Advertising income (Schedule J)		13			
12 Other income (See instructions; attach schedule)		0.			
13 Total. Combine lines 3 through 12					
Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)					
14 Compensation of officers, directors, and trustees (Schedule K)		14			
15 Salaries and wages		15			
16 Repairs and maintenance		16			
17 Bad debts		17			
18 Interest (attach schedule) (see instructions)		18			
19 Taxes and licenses		19			
20 Charitable contributions (See instructions for limitation rules)		20			
21 Depreciation (attach Form 4562)		21			
22 Less depreciation claimed on Schedule A and elsewhere on return		22a		22b	
23 Depletion		23			
24 Contributions to deferred compensation plans		24			
25 Employee benefit programs		25			
26 Excess exempt expenses (Schedule I)		26			
27 Excess readership costs (Schedule J)		27			
28 Other deductions (attach schedule)		28			
29 Total deductions. Add lines 14 through 28		29			
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30			
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) . . .		31			
32 Unrelated business taxable income. Subtract line 31 from line 30		32			
For Paperwork Reduction Act Notice, see instructions.					
Form 990-T (2018)					

Part III Total Unrelated Business Taxable Income

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions).	33	
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions).	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34.	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36.	38	0.

Part IV Tax Computation

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21).	39	
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041).	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only).	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	

Part V Tax and Payments

45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116).	45a	
b	Other credits (see instructions).	45b	
c	General business credit. Attach Form 3800 (see instructions)	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827).	45d	
e	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44.	46	
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2.	49	
50a	Payments: A 2017 overpayment credited to 2018	50a	
b	2018 estimated tax payments	50b	705.
c	Tax deposited with Form 8868.	50c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	50g	
51	Total payments. Add lines 50a through 50g	51	705.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached.	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	705.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax Refunded	55	705.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year	\$	

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer

Date

Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No**Paid Preparer Use Only**

Print/Type preparer's name

FATIMA CHASE CPA

Preparer's signature

Date

01/15/2020

Check ☐ if self-employed

PTIN

P01677201

Firm's name

BKD, LLP

Firm's EIN

44-0160260

Firm's address

190 E CAPITOL STREET, STE 500, JACKSON, MS 39201-2190

Phone no.

601-948-6700

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ►

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2.	7	
3	Cost of labor	3					
4a	Additional section 263A costs (attach schedule)	4a		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
b	Other costs (attach schedule)	4b					X
5	Total. Add lines 1 through 4b	5					

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ►

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals ►			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8 ►				

Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals				

Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals				

Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.
Totals						

Schedule J—Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I. ▶						
	Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) ▶						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14 ▶			

Form **990-T** (2018)

ORGANIZATION'S ONLY UNRELATED TRADE OR BUSINESS ACTIVITY

FORMER QUALIFIED TRANSPORTATION FRINGE BENEFITS

190 E. Capitol Street, Suite 500 | Jackson, MS 39201-2190 | 601.948.6700

Mississippi Food Network, Inc.
Instructions for Filing
Form 8879-EO
IRS e-file Signature Authorization for Form 990
For the year ended June 30, 2019

The original IRS E-file Signature Authorization form should be signed (use full name) and dated by an authorized officer of the organization.

Return your signed IRS e-file Signature Authorization Form 8879-EO to:

BKD, LLP
190 E. Capitol Street, Suite 500
JACKSON, MS 39201-2190

Fax 601-948-6000 Attn: Amber Warner

jkefile@bkd.com

There is no tax due with the filing of this return.

Under current IRS regulations, your return is subject to public inspection. Before filing, you should review all information in this return to determine that the disclosures are appropriate, accurate and complete. Please contact us if you believe any of the disclosures should be modified.

Do NOT separately file Form 990 with the Internal Revenue Service. Doing so will delay the processing of your return. We must receive your signed form before we can electronically transmit your return, which is due on or before May 15, 2020. We would appreciate you returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

Name of exempt organization

MISSISSIPPI FOOD NETWORK, INC.

Employer identification number

64-0676325

Name and title of officer

CHARLES H. BEADY, JR., CEO

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

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

1a	Form 990 check here ▶ <input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b	35742744.
2a	Form 990-EZ check here ▶ <input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here ▶ <input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here ▶ <input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5).	4b	
5a	Form 8868 check here ▶ <input type="checkbox"/>	b	Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize BKD, LLP to enter my PIN 3 8 2 3 5 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶ 1/15/2020

Part III Certification and Authentication

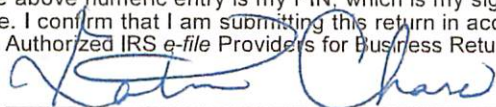
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

6 4 2 4 8 1 4 4 0 1 6

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶



Date ▶ 1/14/2020

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

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2018)

Mississippi Food Network, Inc.
Instructions for Filing
Form 8879-EO
IRS e-file Signature Authorization for Form 990
For the year ended June 30, 2019

The original IRS E-file Signature Authorization form should be signed (use full name) and dated by an authorized officer of the organization.

Return your signed IRS e-file Signature Authorization Form 8879-EO to:

BKD, LLP
190 E. Capitol Street, Suite 500
JACKSON, MS 39201-2190

Fax 601-948-6000 Attn: Amber Warner

jkefile@bkd.com

There is no tax due with the filing of this return.

Under current IRS regulations, your return is subject to public inspection. Before filing, you should review all information in this return to determine that the disclosures are appropriate, accurate and complete. Please contact us if you believe any of the disclosures should be modified.

Do NOT separately file Form 990 with the Internal Revenue Service. Doing so will delay the processing of your return. We must receive your signed form before we can electronically transmit your return, which is due on or before May 15, 2020. We would appreciate you returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

190 E. Capitol Street, Suite 500 | Jackson, MS 39201-2190 | 601.948.6700

Mississippi Food Network, Inc.
Instructions for Filing
Form 8879-EO
IRS e-file Signature Authorization for Form 990
For the year ended June 30, 2019

The original IRS E-file Signature Authorization form should be signed (use full name) and dated by an authorized officer of the organization.

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BKD, LLP
190 E. Capitol Street, Suite 500
JACKSON, MS 39201-2190

Fax 601-948-6000 Attn: Amber Warner

jkefile@bkd.com

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Under current IRS regulations, your return is subject to public inspection. Before filing, you should review all information in this return to determine that the disclosures are appropriate, accurate and complete. Please contact us if you believe any of the disclosures should be modified.

Do NOT separately file Form 990 with the Internal Revenue Service. Doing so will delay the processing of your return. We must receive your signed form before we can electronically transmit your return, which is due on or before May 15, 2020. We would appreciate you returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

Ms. Cynthia Wilkinson
Mississippi Food Network, Inc.
Post Office Box 411
Jackson, MS 39205-0411

Dear Cynthia:

Enclosed are the following income tax returns prepared on behalf of Mississippi Food Network, Inc. for the year ended June 30, 2019.

2018 990-T - Exempt Organization Business Income Tax Return
2018 990 - Return of Organization Exempt from Income Tax
2018 8879-EO - IRS E-file Signature Authorization Form
2018 Schedule A - Public Charity Status and Public Support
2018 Schedule B - Schedule of Contributors
2018 Schedule D - Supplemental Financial Statements
2018 Schedule G - Supplemental Info. Regarding Fundraising/Gaming
2018 Schedule I - Grants & Other Assist. to Org/Gov/Ind. in the U.S.
2018 Schedule M - Noncash Contributions
2018 Schedule O - Supplemental Information to Form 990 or 990EZ
2018 Mississippi Form 83-105 - Corporate Income Tax Return

The original of each of the above mentioned returns should be dated and signed in accordance with the following instructions included with the copy of the return. This copy is for your use and should be retained for your files.

These return(s) were prepared from information provided by you or your representative. The preparation of tax returns does not include the independent verification of information used. Therefore, we recommend you review the return(s) before signing to ensure there are no omissions or misstatements. If you note anything which may require a change to the return(s), please contact us before filing them. We recommend that you retain all pertinent records that support the information reported on your return.

Before preparing your tax return, we provided you with access to a summary of transactions identified by the U.S. Treasury as reportable transactions. The law provides for a penalty as high as \$200,000 per transaction for failure to adequately disclose any of them on your tax return if applicable. Unless you notified us otherwise, your tax return was prepared with the assumption you have not engaged in any reportable transaction. Otherwise, we have prepared your tax return in accordance with the information you provided to us and have attached the appropriate disclosure statement to your tax return. We are not liable for any penalties resulting from your failure to provide us with accurate and timely information about such transactions or to timely file the required disclosure statements. If you have any questions about reportable transactions, please contact us before filing your return.

We appreciate this opportunity to serve you. Please contact us if you have any questions or if we may be of further assistance.

Sincerely,

BKD, LLP

Enclosures

MISSISSIPPI FOOD NETWORK, INC.
FORM 990
TAX YEAR 2018

Two Year Comparison Schedule
2018 to 2017

[illegible]

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning 07/01, 2018, and ending 06/30, 20 19

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

▶ Go to www.irs.gov/Form8879EO for the latest information.**2018**Department of the Treasury
Internal Revenue Service

Name of exempt organization

MISSISSIPPI FOOD NETWORK, INC.

Employer identification number

64-0676325

Name and title of officer

CHARLES H. BEADY, JR., CEO

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

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

1a	Form 990 check here ▶ <input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b	<u>35742744.</u>
2a	Form 990-EZ check here ▶ <input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here ▶ <input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here ▶ <input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5).	4b	
5a	Form 8868 check here ▶ <input type="checkbox"/>	b	Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize BKD, LLP to enter my PIN 3 8 2 3 5 as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶ 1/15/2020**Part III Certification and Authentication**

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

6 4 2 4 8 1 4 4 0 1 6

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶

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

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2018)

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047

2018**Open to Public
Inspection****A** For the 2018 calendar year, or tax year beginning

07/01, 2018, and ending

06/30, 2019

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)

POST OFFICE BOX 411

Room/suite

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 \$ 35,760,224.**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

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

H(c) Group exemption number ▶**I** Tax-exempt status:☒ 501(c)(3)☐ 501(c)()

() ◀ (insert no.)

☐ 4947(a)(1) or☐ 527**J** Website: ▶ WWW.MSFOODNET.ORG**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) 25.
	4	Number of independent voting members of the governing body (Part VI, line 1b) 25.
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a) 34.
	6	Total number of volunteers (estimate if necessary) 2,070.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 0.
7b	Net unrelated business taxable income from Form 990-T, line 38 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 26,012,152.
	9	Program service revenue (Part VIII, line 2g) 319,851.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 6,362.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 9,353.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 26,347,718.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 23,284,231.
	14	Benefits paid to or for members (Part IX, column (A), line 4) 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,607,648.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) 328,304.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 665,097.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,854,976.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 27,075,159.
	19	Revenue less expenses. Subtract line 18 from line 12 -727,441.
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 6,775,817.
	21	Total liabilities (Part X, line 26) 192,647.
	22	Net assets or fund balances. Subtract line 21 from line 20. 6,583,170.

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	01/15/2020
	CHARLES H. BEADY, JR. CEO	Date
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature
	FATIMA CHASE CPA	01/13/2020
	Firm's name ▶ BKD, LLP	Firm's EIN ▶ 44-0160260
	Firm's address ▶ 190 E CAPITOL STREET, STE 500 JACKSON, MS 39201-2190	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** (2018)

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 \$ 31,742,258. including grants of \$ 28,959,968.) (Revenue \$ 322,482.)

MISSISSIPPI FOOD NETWORK (MFN) PROVIDES FOOD TO AS MANY AS 150,000
 HUNGRY MISSISSIPPPIANS 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 ► 31,742,258.

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"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<input checked="" 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 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 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 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 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 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 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 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 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"/>	
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 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 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 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 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 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"/>	
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 checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<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 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 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 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"/>	
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"/>	
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 checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.		<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	<input checked="" type="checkbox"/>	

Part IV Checklist of Required Schedules (continued)

	Yes	No
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
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 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):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? 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
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
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	31	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0.	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 34		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	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
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 25 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 25		
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?		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? . . .		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?	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?	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?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	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		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?	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? . . .	X	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	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	X	
b Other officers or key employees of the organization	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?		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?		

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 (1024 or 1024-A 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) KEN LEFOLDT TREASURER	1.00 0.	X		X				0.	0.	0.
(2) BETTINA BEECH BOARD MEMBER	1.00 0.	X						0.	0.	0.
(3) FELICIA LYLES CHAIRMAN	1.00 0.	X		X				0.	0.	0.
(4) PAM CONFER BOARD MEMBER	1.00 0.	X						0.	0.	0.
(5) REMONICA MCBRIDE BOARD MEMBER	1.00 0.	X						0.	0.	0.
(6) REBECCA TURNER VICE CHAIRMAN	1.00 0.	X		X				0.	0.	0.
(7) ARRINGTON WIDEMIRE BOARD MEMBER	1.00 0.	X						0.	0.	0.
(8) JOSIE BIDWELL SECRETARY	1.00 0.	X		X				0.	0.	0.
(9) SHANNON MCMILLAN IMMEDIATE PAST CHAIR	1.00 0.	X		X				0.	0.	0.
(10) RAY ABLES BOARD MEMBER	1.00 0.	X						0.	0.	0.
(11) DONNELL LEWIS BOARD MEMBER	1.00 0.	X						0.	0.	0.
(12) BILAL QIZILBASH BOARD MEMBER	1.00 0.	X						0.	0.	0.
(13) ANN L. LASTER BOARD MEMBER	1.00 0.	X						0.	0.	0.
(14) ELAINE MCKEOWN BOARD MEMBER	1.00 0.	X						0.	0.	0.