

MISSISSIPPI FOOD NETWORK, INC  
FORM 990  
TAX YEAR 2019

Two Year Comparison Schedule  
2019 to 2018

Description	2019	2018	Difference
<b>Revenue</b>			
Contributions and grants . . . . .	48,904,282.	35,393,239.	13,511,043.
Program service revenue . . . . .	146,094.	322,482.	-176,388.
Investment income . . . . .	11,635.	16,095.	-4,460.
Other revenue . . . . .		10,928.	-10,928.
<b>Total revenue . . . . .</b>	<b>49,062,011.</b>	<b>35,742,744.</b>	<b>13,319,267.</b>
<b>Expenses</b>			
Grants and similar amounts paid . . . . .	43,209,278.	28,959,968.	14,249,310.
Benefits paid to or for members . . . . .			
Salaries, other compensation, employee benefits . . . . .	2,002,394.	1,727,359.	275,035.
Professional fundraising fees . . . . .	391,313.	364,713.	26,600.
Other expenses . . . . .	2,340,136.	1,805,979.	534,157.
<b>Total expenses . . . . .</b>	<b>47,943,121.</b>	<b>32,858,019.</b>	<b>15,085,102.</b>
<b>Net Assets or Fund Balances</b>			
Total assets . . . . .	11,091,614.	9,693,552.	1,398,062.
Total liabilities . . . . .	504,829.	225,657.	279,172.
<b>Net assets . . . . .</b>	<b>10,586,785.</b>	<b>9,467,895.</b>	<b>1,118,890.</b>

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, 2020.

2019 990 - Return of Organization Exempt from Income Tax  
2019 8879-EO - IRS E-file Signature Authorization Form  
2019 Schedule A - Public Charity Status and Public Support  
2019 Schedule B - Schedule of Contributors  
2019 Schedule D - Supplemental Financial Statements  
2019 Schedule G - Supplemental Info. Regarding Fundraising/Gaming  
2019 Schedule I - Grants & Other Assist. to Org/Gov/Ind. in the U.S.  
2019 Schedule M - Noncash Contributions  
2019 Schedule O - Supplemental Information to Form 990 or 990EZ

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  
Instructions for Filing  
Form 8879-EO  
IRS e-file Signature Authorization for Form 990  
For the year ended June 30, 2020

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  
1400 Meadowbrook Road, Suite 300  
JACKSON, MS 39211-6349

Fax 601-948-6000 Attn: Gina Donald

[jkefile@bkd.com](mailto: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 as soon as possible. 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

For calendar year 2019, or fiscal year beginning 07/01, 2019, and ending 06/30, 2020

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

# 2019

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>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) . . . . .	<b>1b</b>	<u>49062011.</u>
2a	Form 990-EZ check here ▶	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) . . . . .	<b>2b</b>	_____
3a	Form 1120-POL check here ▶	<input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) . . . . .	<b>3b</b>	_____
4a	Form 990-PF check here ▶	<input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5). . . . .	<b>4b</b>	_____
5a	Form 8868 check here ▶	<input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c) . . . . .	<b>5b</b>	_____

### 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 2019 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 2019 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 2019 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 ▶ 09/30/2021

### 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 2019 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 ▶ [Signature] Date ▶ 9.15.2021

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

# 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](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the **2019** calendar year, or tax year beginning **07/01, 2019**, and ending **06/30, 2020**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization MISSISSIPPI FOOD NETWORK, INC				<b>D</b> Employer identification number 64-0676325	
	Doing business as				<b>E</b> Telephone number (601) 353-7286	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite			
	POST OFFICE BOX 411					
City or town, state or province, country, and ZIP or foreign postal code JACKSON, MS 39205-0411				<b>G</b> Gross receipts \$ 49,062,011.		
<b>F</b> Name and address of principal officer: CHARLES H. BEADY, JR. P.O. BOX 411, JACKSON, MS 39205-0411				<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
				<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
				If "No," attach a list. (see instructions)		
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				<b>H(c)</b> Group exemption number ▶		
<b>J</b> Website: ▶ WWW.MSFOODNET.ORG						
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				<b>L</b> Year of formation: 1983 <b>M</b> State of legal domicile: MS		

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> 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)		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	25.
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	25.
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	34.
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	3,742.
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	35,393,239.	48,904,282.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	322,482.	146,094.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16,095.	11,635.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,928.	0.
		35,742,744.	49,062,011.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	28,959,968.	43,209,278.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,727,359.	2,002,394.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	364,713.	391,313.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 849,630.		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,805,979.	2,340,136.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	32,858,019.	47,943,121.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	2,884,725.	1,118,890.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	9,693,552.	11,091,614.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	225,657.	504,829.
	9,467,895.	10,586,785.	

## 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.

<b>Sign Here</b>	Signature of officer		Date		
	CHARLES H. BEADY, JR. CEO		09/30/2021		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	PEYTON L PARKS CPA	<i>[Signature]</i>	09/15/2021		P01850908
	Firm's name ▶ BKD, LLP	Firm's EIN ▶ 44-0160260		Phone no. 601-948-6700	
Firm's address ▶ 1400 MEADOWBROOK ROAD, SUITE 300 JACKSON, MS 39211-6349					

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

For Paperwork Reduction Act Notice, see the separate instructions.

**Part III** Statement of Program Service Accomplishments

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

**1** Briefly describe the organization's mission:

TO 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 \$ 46,656,335. including grants of \$ 43,209,278. ) (Revenue \$ 146,094. )  
MISSISSIPPI FOOD NETWORK (MFN) PROVIDES FOOD TO AS MANY AS 150,000 HUNGRY MISSISSIPPIANS EACH MONTH. MFN ALSO OFFERS CHILD FEEDING PROGRAMS AND SENIOR FOOD BOX PROGRAMS. THE ORGANIZATION BEGAN THE SNAP OUTREACH PROGRAM TO ASSIST THE CLIENTS OF MEMBER AGENCIES IN PROVIDING FAMILIES WITH INFORMATION AND GUIDANCE TO HELP THEM RECEIVE BENEFITS THROUGH THE PROGRAMS.

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

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

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

**4e** Total program service expenses ▶ 46,656,335.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> . . . . .	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> . . . . .		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> . . . . .		X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> . . . . .		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> . . . . .		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> . . . . .		X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> . . . . .		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V.</i> . . . . .		X
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> . . . . .	X	
<b>b</b> Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> . . . . .		X
<b>c</b> Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> . . . . .		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> . . . . .		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .		X
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .		X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i> . . . . .	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i> . . . . .		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> . . . . .		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?. . . . .		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i> . . . . .		X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i> . . . . .		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i> . . . . .		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions). . . . .	X	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> . . . . .		X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> . . . . .		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> . . . . .		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .	X	



**Part IV Checklist of Required Schedules** *(continued)*

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
<b>1c</b>	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)

Table with 3 columns: Question, Yes, No. Rows include questions 2a through 16 regarding employee reporting, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (25), 1b (25), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

- 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.
19 Describe on 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

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

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

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

**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. See instructions for the order in which to list the persons above.

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) CHARLES H. BEADY, JR. CHIEF EXECUTIVE OFFICER	40.00 0.			X				105,617.	0.	20,446.
(2) FELICIA LYLES IMMEDIATE PAST CHAIRMAN	1.00 0.	X	X					0.	0.	0.
(3) PAM CONFER BOARD MEMBER	1.00 0.	X						0.	0.	0.
(4) REMONICA MCBRIDE BOARD MEMBER	1.00 0.	X						0.	0.	0.
(5) REBECCA TURNER CHAIRMAN	1.00 0.	X	X					0.	0.	0.
(6) JOSIE BIDWELL VICE CHAIRMAN	1.00 0.	X	X					0.	0.	0.
(7) RAY ABLES BOARD MEMBER	1.00 0.	X						0.	0.	0.
(8) DONNELL LEWIS BOARD MEMBER	1.00 0.	X						0.	0.	0.
(9) BILAL QIZILBASH BOARD MEMBER	1.00 0.	X						0.	0.	0.
(10) ANN L. LASTER BOARD MEMBER	1.00 0.	X						0.	0.	0.
(11) RUSSELL MORRISON SECRETARY	1.00 0.	X	X					0.	0.	0.
(12) CINDY BARRON TREASURER	1.00 0.	X	X					0.	0.	0.
(13) MARCUS WILSON BOARD MEMBER	1.00 0.	X						0.	0.	0.
(14) TODD LAWSON BOARD MEMBER	1.00 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15) LARRY HOUCHINS ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
( 16) WORTH THOMAS ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
( 17) MATT WILLIAMSON ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
( 18) TRISHA RICHARDSON ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
( 19) KEITH YOUNG ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
( 20) ARRINGTON WIDEMIRE ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
( 21) ELAINE MCKEOWN ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
( 22) SHANNON MCMILLAN ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
( 23) ROBERT PELUSO ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
( 24) KEN LEFOLDT ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
( 25) BETTINA BEECH ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
<b>1b Sub-total</b> . . . . .							105,617.	0.	20,446.	
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> . . . . .							105,617.	0.	20,446.	

**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
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> 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
<b>5</b> 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.

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

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



**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b>	Membership dues . . . . .	<b>1b</b>					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>					
	<b>d</b>	Related organizations . . . . .	<b>1d</b>					
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>	33,294,819.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	15,609,463.				
	<b>g</b>	Noncash contributions included in lines 1a-1f. . . . .	<b>1g</b>	\$ 40,854,530.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶		48,904,282.				
	<b>Program Service Revenue</b>	<b>2a</b>	FOOD PURCHASE REVENUE	Business Code	900099	34,522.	34,522.	
<b>b</b>		SHARED MAINTENANCE FEE	900099	83,829.	83,829.			
<b>c</b>		DELIVERY INCOME	900099	7,088.	7,088.			
<b>d</b>		MISCELLANEOUS REVENUE	900099	20,636.	20,636.			
<b>e</b>		SDO REVENUE	900099	19.	19.			
<b>f</b>		All other program service revenue . . . . .						
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . . ▶		146,094.				
<b>Other Revenue</b>		<b>3</b>	Investment income (including dividends, interest, and other similar amounts). . . . . ▶		11,635.			11,635.
	<b>4</b>	Income from investment of tax-exempt bond proceeds . ▶		0.				
	<b>5</b>	Royalties . . . . . ▶		0.				
	<b>6a</b>	Gross rents . . . . .	<b>6a</b>	(i) Real	(ii) Personal			
	<b>b</b>	Less: rental expenses	<b>6b</b>					
	<b>c</b>	Rental income or (loss)	<b>6c</b>					
	<b>d</b>	Net rental income or (loss) . . . . . ▶		0.				
	<b>7a</b>	Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	(ii) Other			
	<b>b</b>	Less: cost or other basis and sales expenses . .	<b>7b</b>					
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>					
	<b>d</b>	Net gain or (loss) . . . . . ▶		0.				
<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>		0.				
			<b>8b</b>	0.				
			<b>c</b>	Net income or (loss) from fundraising events. . . . . ▶	0.			
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>		0.				
			<b>9b</b>	0.				
			<b>c</b>	Net income or (loss) from gaming activities. . . . . ▶	0.			
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>		0.				
			<b>10b</b>	0.				
			<b>c</b>	Net income or (loss) from sales of inventory. . . . . ▶	0.			
<b>Miscellaneous Revenue</b>	<b>11a</b>	_____	Business Code					
	<b>b</b>	_____						
	<b>c</b>	_____						
	<b>d</b>	All other revenue . . . . .						
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶		0.				
<b>12</b>	<b>Total revenue.</b> See instructions . . . . . ▶		49,062,011.	146,094.		11,635.		

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	43,209,278.	43,209,278.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0.			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0.			
<b>4</b> Benefits paid to or for members . . . . .	0.			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	134,306.		134,306.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
<b>7</b> Other salaries and wages . . . . .	1,382,400.	954,844.	170,153.	257,403.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	96,631.	68,906.	9,150.	18,575.
<b>9</b> Other employee benefits . . . . .	277,487.	192,606.	33,835.	51,046.
<b>10</b> Payroll taxes . . . . .	111,570.	73,676.	18,279.	19,615.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .	0.			
<b>b</b> Legal . . . . .	0.			
<b>c</b> Accounting . . . . .	42,752.	41,091.	33.	1,628.
<b>d</b> Lobbying . . . . .	0.			
<b>e</b> Professional fundraising services. See Part IV, line 17.	391,313.			391,313.
<b>f</b> Investment management fees . . . . .	0.			
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	314,413.	302,199.	242.	11,972.
<b>12</b> Advertising and promotion . . . . .	83,105.	27,819.	8,053.	47,233.
<b>13</b> Office expenses . . . . .	1,008,602.	995,124.	1,818.	11,660.
<b>14</b> Information technology . . . . .	75,424.	37,837.	15,687.	21,900.
<b>15</b> Royalties . . . . .	0.			
<b>16</b> Occupancy . . . . .	121,168.	82,138.	35,113.	3,917.
<b>17</b> Travel . . . . .	203,122.	203,122.		
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
<b>19</b> Conferences, conventions, and meetings . . . . .	51,840.	47,325.	2,399.	2,116.
<b>20</b> Interest . . . . .	0.			
<b>21</b> Payments to affiliates . . . . .	0.			
<b>22</b> Depreciation, depletion, and amortization . . . . .	172,915.	170,241.	1,919.	755.
<b>23</b> Insurance . . . . .	61,465.	58,478.	2,987.	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> REPAIRS & MAINTENANCE	134,618.	134,035.		583.
<b>b</b> DUES & SUBSCRIPTIONS	32,273.	26,999.	1,705.	3,569.
<b>c</b> MISCELLANEOUS EXPENSE	28,469.	20,647.	1,477.	6,345.
<b>d</b> TAXES & LICENSES	9,970.	9,970.		
<b>e</b> All other expenses _____				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	47,943,121.	46,656,335.	437,156.	849,630.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0.			



**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	2,004,286.	<b>1</b>	3,273,032.
	<b>2</b> Savings and temporary cash investments. . . . .	888,286.	<b>2</b>	890,417.
	<b>3</b> Pledges and grants receivable, net . . . . .	327,816.	<b>3</b>	883,109.
	<b>4</b> Accounts receivable, net. . . . .	21,446.	<b>4</b>	12,820.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). . . . .	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use . . . . .	5,177,793.	<b>8</b>	4,286,670.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	70,968.	<b>9</b>	118,488.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 4,657,333.		
	<b>b</b> Less: accumulated depreciation. . . . .	<b>10b</b> 3,030,255.		
		1,202,957.	<b>10c</b>	1,627,078.
	<b>11</b> Investments - publicly traded securities. . . . .	0.	<b>11</b>	0.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	0.	<b>12</b>	0.
	<b>13</b> Investments - program-related. See Part IV, line 11. . . . .	0.	<b>13</b>	0.
	<b>14</b> Intangible assets . . . . .	0.	<b>14</b>	0.
<b>15</b> Other assets. See Part IV, line 11 . . . . .	0.	<b>15</b>	0.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	9,693,552.	<b>16</b>	11,091,614.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses. . . . .	188,346.	<b>17</b>	297,482.
	<b>18</b> Grants payable . . . . .	0.	<b>18</b>	0.
	<b>19</b> Deferred revenue. . . . .	37,311.	<b>19</b>	207,347.
	<b>20</b> Tax-exempt bond liabilities. . . . .	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D. . . . .	0.	<b>21</b>	0.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties. . . . .	0.	<b>24</b>	0.
	<b>25</b> 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.	<b>25</b>	0.
	<b>26 Total liabilities.</b> Add lines 17 through 25. . . . .	225,657.	<b>26</b>	504,829.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions. . . . .	2,683,390.	<b>27</b>	2,553,918.
	<b>28</b> Net assets with donor restrictions. . . . .	6,784,505.	<b>28</b>	8,032,867.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund. . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds. . . . .		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	9,467,895.	<b>32</b>	10,586,785.
<b>33</b> Total liabilities and net assets/fund balances. . . . .	9,693,552.	<b>33</b>	11,091,614.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	49,062,011.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	47,943,121.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,118,890.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	9,467,895.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	0.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	10,586,785.

**Part XII Financial Statements and Reporting**

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

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

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for instructions and the latest information.

<b>Name of the organization</b> MISSISSIPPI FOOD NETWORK, INC	<b>Employer identification number</b> 64-0676325
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

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

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

**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	21,376,118.	23,742,391.	26,012,152.	35,393,239.	48,904,282.	155,428,182.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0.
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0.
<b>4 Total.</b> Add lines 1 through 3. . . . .	21,376,118.	23,742,391.	26,012,152.	35,393,239.	48,904,282.	155,428,182.
<b>5</b> 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.
<b>6 Public support.</b> Subtract line 5 from line 4						155,428,182.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4. . . . .	21,376,118.	23,742,391.	26,012,152.	35,393,239.	48,904,282.	155,428,182.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	2,111.	4,270.	6,362.	16,095.	11,635.	40,473.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						0.
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						155,468,655.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	1,585,451.
<b>13 First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)). . . . .	<b>14</b>	99.97%
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	99.97%
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . . ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2018.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test - 2019.</b> 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 <b>stop here</b> . 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>b 10%-facts-and-circumstances test - 2018.</b> 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 <b>stop here</b> . 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>18 Private foundation.</b> 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2019</b> (line 10c, column (f), divided by line 13, column (f)), . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .

**b 33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?	<b>1</b>	
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	<b>2</b>	
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	<b>3</b>	

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	<b>2a</b>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	<b>3b</b>		

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		
<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).			

Schedule A (Form 990 or 990-EZ) 2019



**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 <b>Part VI</b> ). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
9 Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in <b>Part VI</b> ). See instructions.			
3 Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014 . . . . .			
<b>b</b> From 2015 . . . . .			
<b>c</b> From 2016 . . . . .			
<b>d</b> From 2017 . . . . .			
<b>e</b> From 2018 . . . . .			
<b>f</b> <b>Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:                     \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7 <b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
<b>a</b> Excess from 2015 . . . . .			
<b>b</b> Excess from 2016 . . . . .			
<b>c</b> Excess from 2017 . . . . .			
<b>d</b> Excess from 2018 . . . . .			
<b>e</b> Excess from 2019 . . . . .			

**Schedule of Contributors**

**2019**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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 foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

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	FEEDING AMERICA  35 EAST WACKER DRIVE, SUITE 2000  CHICAGO, IL 60601	\$ 1,299,301.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	THE EMERGENCY FOOD ASSISTANCE PROGRAM  3101 PARK CENTER DRIVE, ROOM 504  ALEXANDRIA, VA 22302-1500	\$ 23,864,433.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	COMMODITY SUPPLEMENTAL FOOD PROGRAM  3101 PARK CENTER DRIVE, ROOM 504  ALEXANDRIA, VA 22302-1500	\$ 3,282,205.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	CORONAVIRUS FOOD ASSISTANCE PROGRAM  3101 PARK CENTER DRIVE, ROOM 504  ALEXANDRIA, VA 22302-1500	\$ 4,189,396.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" 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
2	FOOD _____ _____ _____	\$ 23,864,433.	VAR
3	FOOD _____ _____ _____	\$ 3,282,205.	VAR
4	FOOD _____ _____ _____	\$ 4,189,396.	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
_____ _____ _____	_____ _____ _____

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

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

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

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

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

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization

MISSISSIPPI FOOD NETWORK, INC

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.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Includes rows for purpose(s) of easements, total number, acreage, and monitoring expenses.

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.

Table with 3 columns: Line number, Description, Amount. Includes rows for art/historical treasures held for public service and amounts required to be reported.

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

Schedule D (Form 990) 2019

**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 make 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 program
  - 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    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 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
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses . . . . .					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> 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** Term 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
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**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
<b>1a</b> Land . . . . .		147,898.		147,898.
<b>b</b> Buildings . . . . .		967,795.	588,309.	379,486.
<b>c</b> Leasehold improvements . . . . .		1,103,515.	826,105.	277,410.
<b>d</b> Equipment . . . . .		1,552,157.	1,066,080.	486,077.
<b>e</b> Other . . . . .		885,968.	549,761.	336,207.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . .				1,627,078.

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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)	
<b>Total.</b> (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 FASB 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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 49,062,011.

**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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 47,943,121.

**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.

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.



**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
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .				
	<b>2</b> Less: Contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .				
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				

**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	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

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

**b** If "No," explain: \_\_\_\_\_

\_\_\_\_\_

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

**b** If "Yes," explain: \_\_\_\_\_

\_\_\_\_\_

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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
<b>(1)</b> GLEANERS, INC 359 NORTH MART PLAZA JACKSON, MS 39206	64-0676325	501 (C) (3)		1,468,791.	SEE PART IV	FOOD	SEE PART IV
<b>(2)</b> CHRISTIAN SERVICES, INC. P.O. BOX 1994 HATTIESBURG, MS 39403	64-0730835	501 (C) (3)		605,000.	SEE PART IV	FOOD	SEE PART IV
<b>(3)</b> EBENEZER APOSTOLIC MINISTRIES 2508 EMMETT AVE. JACKSON, MS 39213	42-1708740	501 (C) (3)		489,537.	SEE PART IV	FOOD	SEE PART IV
<b>(4)</b> FRIENDS OF ALCOHOLICS 1298 FOA ROAD JACKSON, MS 39209	64-6025471	501 (C) (3)		400,746.	SEE PART IV	FOOD	SEE PART IV
<b>(5)</b> CARE CENTER MINISTRIES MS 258 E. NORTHSIDE DR. JACKSON, MS 39206	83-3042924	501 (C) (3)		275,896.	SEE PART IV	FOOD	SEE PART IV
<b>(6)</b> NEW WAY MISSISSIPPI P.O. BOX 24404 JACKSON, MS 39209	73-1631055	501 (C) (3)		254,875.	SEE PART IV	FOOD	SEE PART IV
<b>(7)</b> HOPE VILLAGE FOR CHILDREN P.O. BOX 26 MERIDIAN, MS 39302	64-0927575	501 (C) (3)		193,340.	SEE PART IV	FOOD	SEE PART IV
<b>(8)</b> FEED BY FAITH P.O. BOX 1064 MERIDIAN, MS 39302	11-3814582	501 (C) (3)		196,172.	SEE PART IV	FOOD	SEE PART IV
<b>(9)</b> EVER REACHING COMM. OUTREACH PO BOX 981 PELAHATCHIE, MS 39145	36-4756928	501 (C) (3)		173,549.	SEE PART IV	FOOD	SEE PART IV
<b>(10)</b> MARION COUNTY FOOD PANTRY P.O. BOX 27 COLUMBIA, MS 39429	64-0828677	501 (C) (3)		155,786.	SEE PART IV	FOOD	SEE PART IV
<b>(11)</b> CORNERSTONE CHURCH FOOD PANTRY 3585 BOWERS STREET JACKSON, MS 39212	53-2101736	501 (C) (3)		216,148.	SEE PART IV	FOOD	SEE PART IV
<b>(12)</b> SALVATION ARMY- COLUMBUS P.O. BOX 8 COLUMBUS, MS 39703	13-5562351	501 (C) (3)		166,121.	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) (2019)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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
<b>(1)</b> PETAL CHILDREN'S TASK FORCE 314 S. GEORGE ST. PETAL, MS 39465	64-0897384	501 (C) (3)		157,609.	SEE PART IV	FOOD	SEE PART IV
<b>(2)</b> THE SALVATION ARMY FOOD PANTRY P.O. BOX 422 MERIDIAN, MS 39302	13-5562351	501 (C) (3)		137,444.	SEE PART IV	FOOD	SEE PART IV
<b>(3)</b> BROOKHAVEN OUTREACH MINISTRIES P.O. BOX 1158 BROOKHAVEN, MS 39602	64-0804351	501 (C) (3)		145,822.	SEE PART IV	FOOD	SEE PART IV
<b>(4)</b> SCOTT CO. BAPTIST ASSOC. CRISIS 518 AIRPORT ROAD FOREST, MS 39074	64-0527876	501 (C) (3)		136,698.	SEE PART IV	FOOD	SEE PART IV
<b>(5)</b> STATE LINE BAPTIST FOOD PANTRY PO BOX 2371 COLUMBUS, MS 39702	20-0751119	501 (C) (3)		127,231.	SEE PART IV	FOOD	SEE PART IV
<b>(6)</b> SALVATION ARMY - GREENVILLE P.O. BOX 1144, GREENVILLE, MS 38702	13-5562351	501 (C) (3)		89,335.	SEE PART IV	FOOD	SEE PART IV
<b>(7)</b> SALVATION ARMY - VICKSBURG P.O. BOX 1166 VICKSBURG, MS 39180	13-5562351	501 (C) (3)		110,314.	SEE PART IV	FOOD	SEE PART IV
<b>(8)</b> HEARTY HELPINGS FOOD PANTRY P.O. BOX 5005 GREENVILLE, MS 38701	26-3170356	501 (C) (3)		117,379.	SEE PART IV	FOOD	SEE PART IV
<b>(9)</b> GREENWOOD INTERFAITH MINISTRIES P.O. BOX 8223 GREENWOOD, MS 38935	30-0215847	501 (C) (3)		169,189.	SEE PART IV	FOOD	SEE PART IV
<b>(10)</b> TRUE VINE MBC FOOD PANTRY 124 VINE DRIVE BRANDON, MS 39047	64-0693282	501 (C) (3)		189,782.	SEE PART IV	FOOD	SEE PART IV
<b>(11)</b> WORLD OVERCOMERS FOOD OUTREACH P.O. BOX 2772 MADISON, MS 39130	64-0927276	501 (C) (3)		111,753.	SEE PART IV	FOOD	SEE PART IV
<b>(12)</b> PINELAKE CARE CENTER 6071 HWY 25 BRANDON, MS 39047	64-0538192	501 (C) (3)		117,558.	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) (2019)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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Name of the organization

MISSISSIPPI FOOD NETWORK, INC

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64-0676325

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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
<b>(1)</b> STARKVILLE CHURCH OF GOD 100 LOCKSLEY WAY STARKVILLE, MS 39759	23-7002419	501 (C) (3)		87,233.	SEE PART IV	FOOD	SEE PART IV
<b>(2)</b> GRENADA FOOD PANTRY P.O. BOX 104 GRENADA, MS 38902	64-0805470	501 (C) (3)		97,532.	SEE PART IV	FOOD	SEE PART IV
<b>(3)</b> MERCY HOUSE OF GEORGETOWN-TC P.O. BOX 266 GEORGETOWN, MS 39078	45-4670832	501 (C) (3)		94,261.	SEE PART IV	FOOD	SEE PART IV
<b>(4)</b> FIRST UMC OF MAGEE P.O. BOX 661 MAGEE, MS 39111	64-0388677	501 (C) (3)		91,059.	SEE PART IV	FOOD	SEE PART IV
<b>(5)</b> MS CENTER P & SH. (HOPE HOME) PO BOX 1201 RAYMOND, MS 39154	71-1004096	501 (C) (3)		143,919.	SEE PART IV	FOOD	SEE PART IV
<b>(6)</b> WE 2GETHER CREATING CHANGE 167 N MAIN ST. DREW, MS 38737	80-0438253	501 (C) (3)		72,765.	SEE PART IV	FOOD	SEE PART IV
<b>(7)</b> HELPING HANDS MINISTRIES P.O. BOX 299 KOSCIUSKO, MS 39090	64-0744335	501 (C) (3)		76,513.	SEE PART IV	FOOD	SEE PART IV
<b>(8)</b> CENTER RIDGE BAPTIST CHURCH 2715 OLD BENTON RD YAZOO CITY, MS 39194	72-1383105	501 (C) (3)		63,503.	SEE PART IV	FOOD	SEE PART IV
<b>(9)</b> PROJECT HOMESTEAD P.O. BOX 891 WEST POINT, MS 39773	64-0908819	501 (C) (3)		88,517.	SEE PART IV	FOOD	SEE PART IV
<b>(10)</b> THE POINTE CHURCH FP 1120 STAR ROAD BRANDON, MS 39042	81-5377308	501 (C) (3)		115,707.	SEE PART IV	FOOD	SEE PART IV
<b>(11)</b> COUNTRY WOODS BAPTIST CHURCH 6737 SIWELL RD. BYRAM, MS 39272	64-0764805	501 (C) (3)		56,773.	SEE PART IV	FOOD	SEE PART IV
<b>(12)</b> HICKORY BAP. CHURCH FOOD PANTRY PO BOX 219 HICKORY, MS 39332	64-0655271	501 (C) (3)		59,995.	SEE PART IV	FOOD	SEE PART IV

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<b>(1)</b> FIRST ASSEMBLY FOOD PANTRY 150 LIBERTY ROAD NATCHEZ, MS 39120	64-6008816	501 (C) (3)		80,849.	SEE PART IV	FOOD	SEE PART IV
<b>(2)</b> WINGARD HOME, INC. 1279 N. WEST ST. JACKSON, MS 39202	20-3861944	501 (C) (3)		67,754.	SEE PART IV	FOOD	SEE PART IV
<b>(3)</b> PILGRIM BAPTIST CHURCH 117 PILGRIM BLVD. NATCHEZ, MS 39120	30-0271263	501 (C) (3)		74,435.	SEE PART IV	FOOD	SEE PART IV
<b>(4)</b> EDWARDS STREET FELLOWSHIP CENTER P.O. BOX 17532 HATTIESBURG, MS 39404	64-0698304	501 (C) (3)		64,128.	SEE PART IV	FOOD	SEE PART IV
<b>(5)</b> SALVATION ARMY - JACKSON P.O. BOX 31954 JACKSON, MS 39286	13-5562351	501 (C) (3)		45,391.	SEE PART IV	FOOD	SEE PART IV
<b>(6)</b> M.I.C.A. MCCOMB IN-DOM CARE P.O. BOX 7206 MCCOMB, MS 39649	64-0739514	501 (C) (3)		54,869.	SEE PART IV	FOOD	SEE PART IV
<b>(7)</b> PINE LAKE CARE CTR.-STARKVILLE 200 HWY 25 N STARKVILLE, MS 39759	64-0538192	501 (C) (3)		51,828.	SEE PART IV	FOOD	SEE PART IV
<b>(8)</b> TRUE LIGHT MINISTRY P.O.BOX 1263 YAZOO CITY, MS 39194	56-2664789	501 (C) (3)		62,624.	SEE PART IV	FOOD	SEE PART IV
<b>(9)</b> CHOCTAW COUNTY FOOD MINISTRY P.O. BOX 854 ACKERMAN, MS 39735	64-0917300	501 (C) (3)		56,369.	SEE PART IV	FOOD	SEE PART IV
<b>(10)</b> RIVER CITY MISSION FP 3705 WASHINGTON ST. VICKSBURG, MS 39180	64-0851447	501 (C) (3)		61,036.	SEE PART IV	FOOD	SEE PART IV
<b>(11)</b> MUSTARD TREE MISSIONS P.O. BOX 8048 MERIDIAN, MS 39303	06-1667783	501 (C) (3)		48,833.	SEE PART IV	FOOD	SEE PART IV
<b>(12)</b> JERUSALEM MB CHURCH FP 16 ROANOAKE BLVD. COLUMBUS, MS 39705	10-0007986	501 (C) (3)		57,455.	SEE PART IV	FOOD	SEE PART IV

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<b>(1)</b> MORE, INC. 750 N. STATE ST. JACKSON, MS 39202	82-5313976	501 (C) (3)		77,681.	SEE PART IV	FOOD	SEE PART IV
<b>(2)</b> GREATER MT. CALVARY 450 WATERFORD RD., BRANDON, MS 39042	64-0519382	501 (C) (3)		38,240.	SEE PART IV	FOOD	SEE PART IV
<b>(3)</b> V A MEDICAL CENTER FOOD PANTRY 1500 E. WOODROW WILSON JACKSON, MS 39216	74-1612229	501 (C) (3)		34,436.	SEE PART IV	FOOD	SEE PART IV
<b>(4)</b> SHEKINAH GLORY BC FOOD PANTRY 1625 BAILEY AVENUE JACKSON, MS 39203	26-3731027	501 (C) (3)		42,251.	SEE PART IV	FOOD	SEE PART IV
<b>(5)</b> CHRISTIAN FOOD MISSION 506 CHANTILLY ST. LAUREL, MS 39442	64-0719890	501 (C) (3)		39,709.	SEE PART IV	FOOD	SEE PART IV
<b>(6)</b> ST. ANDREWS MISSION S/K P.O. BOX 1407 MCCOMB, MS 39649	64-0880295	501 (C) (3)		94,325.	SEE PART IV	FOOD	SEE PART IV
<b>(7)</b> WE WILL GO MINISTRIES 806 NORTH FARISH ST. JACKSON, MS 39202	33-1069413	501 (C) (3)		49,907.	SEE PART IV	FOOD	SEE PART IV
<b>(8)</b> HELPING HANDS OF CLEVELAND P.O. BOX 291 CLEVELAND, MS 38732	64-0797349	501 (C) (3)		37,344.	SEE PART IV	FOOD	SEE PART IV
<b>(9)</b> VILLAGE OF DREAMS 1156 SOUTH COLORADO STREET	27-3768302	501 (C) (3)		32,094.	SEE PART IV	FOOD	SEE PART IV
<b>(10)</b> NEWMAN SERVICES FOUNDATION P.O. BOX 962 TERRY, MS 39170	27-2390800	501 (C) (3)		81,761.	SEE PART IV	FOOD	SEE PART IV
<b>(11)</b> LIGHTHOUSE MANNA FOOD PANTRY P.O. BOX 658 MENDENHALL, MS 39114	46-1303797	501 (C) (3)		27,570.	SEE PART IV	FOOD	SEE PART IV
<b>(12)</b> BURIED TREASURES FOOD PANTRY BOX 720672 BYRAM, MS 39272	64-0931808	501 (C) (3)		24,969.	SEE PART IV	FOOD	SEE PART IV

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<b>(1)</b> THE SALVATION ARMY-LAUREL P.O. BOX 2548 LAUREL, MS 39442	13-5562351	501 (C) (3)		24,125.	SEE PART IV	FOOD	SEE PART IV
<b>(2)</b> OUR DAILY BREAD P.O. BOX 1021 CANTON, MS 39046	42-1741521	501 (C) (3)		58,400.	SEE PART IV	FOOD	SEE PART IV
<b>(3)</b> JUBILEE MENNONITE CHURCH 812 28TH AVENUE MERIDIAN, MS 39301	35-2157800	501 (C) (3)		27,315.	SEE PART IV	FOOD	SEE PART IV
<b>(4)</b> FEEDING THE GULF COAST SNAP OR 1501 34TH ST. GULFPORT, MS 39501	63-0821997	501 (C) (3)		20,109.	SEE PART IV	FOOD	SEE PART IV
<b>(5)</b> BEREAN SEVENTH DAY ADVENTIST 770 JASMINE COURT JACKSON, MS 39206	64-0901825	501 (C) (3)		22,660.	SEE PART IV	FOOD	SEE PART IV
<b>(6)</b> MORRISON HEIGHTS BAPTIST CHURCH 3000 HAMPSTEAD BLVD CLINTON, MS 39056	64-6011952	501 (C) (3)		69,419.	SEE PART IV	FOOD	SEE PART IV
<b>(7)</b> TINNIN ROAD CHURCH OF CHRIST P.O. BOX 121 CLINTON, MS 39056	64-0855968	501 (C) (3)		20,696.	SEE PART IV	FOOD	SEE PART IV
<b>(8)</b> WE CARE COMMUNITY SERVICES 909 WALNUT STREET VICKSBURG, MS 39183	51-0188737	501 (C) (3)		21,917.	SEE PART IV	FOOD	SEE PART IV
<b>(9)</b> CROSSGATES BAPTIST CHURCH 8 CROSS WOODS ROAD BRANDON, MS 39042	64-0636492	501 (C) (3)		27,892.	SEE PART IV	FOOD	SEE PART IV
<b>(10)</b> MOBILE PANTRY SCOTT COUNTY 4300 W. 93RD ST. FOREST, MS 39074	64-0676325	501 (C) (3)		16,403.	SEE PART IV	FOOD	SEE PART IV
<b>(11)</b> JACKSON REVIVAL CENTER CHURCH 5818 HIGHLAND DRIVE JACKSON, MS 39206	74-6051852	501 (C) (3)		31,915.	SEE PART IV	FOOD	SEE PART IV
<b>(12)</b> MAGEE'S CREEK M.B. CHURCH P.O. BOX 513 TYLERTOWN, MS 39667	64-0808876	501 (C) (3)		17,276.	SEE PART IV	FOOD	SEE PART IV

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(1) ANDERSON UNITED METHODIST CHURCH 6205 HANGING MOSS ROAD JACKSON, MS 39206	83-0385896	501 (C) (3)		17,355.	SEE PART IV	FOOD	SEE PART IV
(2) DELIVER ME SR. SUPPORT SVC 1405 SOUTH GALLATIN STREET	64-0644351	501 (C) (3)		17,139.	SEE PART IV	FOOD	SEE PART IV
(3) TEAM INC. 1511 BRIDEWELL LANE PORT GIBSON, MS 39150	74-3094030	501 (C) (3)		17,165.	SEE PART IV	FOOD	SEE PART IV
(4) NATCHEZ COMMUNITY STEWPOT P. O. BOX 298 NATCHEZ, MS 39120	64-0705915	501 (C) (3)		14,907.	SEE PART IV	FOOD	SEE PART IV
(5) BETHLEHEM BAPTIST CH/FOOD/PAN. 138 WASHINGTON CIRCLE NATCHEZ, MS 39120	64-0649774	501 (C) (3)		14,891.	SEE PART IV	FOOD	SEE PART IV
(6) WARREN COUNTY MOBILE PANTRY 440 W. BEATTY ST. VICKSBURG, MS 39180	64-0676325	501 (C) (3)		13,469.	SEE PART IV	FOOD	SEE PART IV
(7) BMA SDA CHURCH 6428 US HWY 11 LUMBERTON, MS 39455	64-6012951	501 (C) (3)		14,324.	SEE PART IV	FOOD	SEE PART IV
(8) CARING HANDS OF SWEET HOME P.O. BOX 197 ITTA BENA, MS 38941	46-1488941	501 (C) (3)		16,046.	SEE PART IV	FOOD	SEE PART IV
(9) MOUNT CHARITY M.B. CHURCH 535 WOODS ROAD CARTHAGE, MS 39051	45-0512838	501 (C) (3)		17,713.	SEE PART IV	FOOD	SEE PART IV
(10) CHUNKY UMC FOOD PANTRY P. O. BOX 47 CHUNKY, MS 39323	64-0655937	501 (C) (3)		14,378.	SEE PART IV	FOOD	SEE PART IV
(11) SACRED HEART FAMILY CENTER 1493 HWY 17 CAMDEN, MS 39045	64-0391585	501 (C) (3)		20,803.	SEE PART IV	FOOD	SEE PART IV
(12) HAPPINESS HILLS CHRISTIAN HOME 11901 ROAD 505 UNION, MS 39365	64-0838431	501 (C) (3)		20,064.	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)		13,981.	SEE PART IV	FOOD	SEE PART IV
(2) COVENANT PRESBYTERIAN CHURCH P.O. BOX 896 CLEVELAND, MS 38732	64-0663450	501 (C) (3)		13,626.	SEE PART IV	FOOD	SEE PART IV
(3) LEAKE COUNTY MOBILE PANTRY MCMILLAN PARK CARTHAGE, MS 39051	64-0676325	501 (C) (3)		10,988.	SEE PART IV	FOOD	SEE PART IV
(4) ROSE HILL M.B.C FOOD PANTRY 6132 HWY 48 EAST MAGNOLIA, MS 39652	64-0675585	501 (C) (3)		12,448.	SEE PART IV	FOOD	SEE PART IV
(5) ST. JAMES BETHEL 2517 HARRIOTTE AVENUE JACKSON, MS 39209	58-1944916	501 (C) (3)		11,467.	SEE PART IV	FOOD	SEE PART IV
(6) OUR DAILY BREAD OF CALHOUN P.O. BOX 206 BRUCE, MS 38915	64-0466850	501 (C) (3)		11,595.	SEE PART IV	FOOD	SEE PART IV
(7) HEAVENLY MANNA MINISTRIES 2864 MCGUFFIE ROAD CLINTON, MS 39056	36-4539281	501 (C) (3)		11,286.	SEE PART IV	FOOD	SEE PART IV
(8) KEMPER SPRINGS COMM. CENTER 2397 KEMPER SPRINGS RD. DEKALB, MS 39328	64-0700991	501 (C) (3)		10,694.	SEE PART IV	FOOD	SEE PART IV
(9) RESIDENCE OF HOPE 3901 KING ROAD MERIDIAN, MS 39301	83-2114276	501 (C) (3)		22,383.	SEE PART IV	FOOD	SEE PART IV
(10) NEW DIMENSIONS DEV. FOUNDATION 111 W. MONUMENT STREET JACKSON, MS 39202	64-0800603	501 (C) (3)		10,905.	SEE PART IV	FOOD	SEE PART IV
(11) SMITH COUNTY BAPTIST ASSOC. P.O. BOX 55 RALEIGH, MS 39153	64-0698653	501 (C) (3)		10,254.	SEE PART IV	FOOD	SEE PART IV
(12) CENTRAL MS FOOD PANTRY 109 MAIN ST. WALNUT GROVE, MS 39189	20-4825011	501 (C) (3)		14,715.	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) (2019)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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
<b>(1)</b> RIVER OF LIFE FELLOWSHIP P.O. BOX 1573 PRENTISS, MS 39474	64-0848253	501 (C) (3)		22,335.	SEE PART IV	FOOD	SEE PART IV
<b>(2)</b> ROSE HILL M.B.C. SOUP KITCHEN 6132 HWY 48 EAST MAGNOLIA, MS 39652	64-0675585	501 (C) (3)		10,052.	SEE PART IV	FOOD	SEE PART IV
<b>(3)</b> PLEASANT HOME BAPTIST CHURCH P.O. BOX 3 BAY SPRINGS, MS 39422	64-0516771	501 (C) (3)		9,596.	SEE PART IV	FOOD	SEE PART IV
<b>(4)</b> SOUTHSIDE BAPTIST CHURCH 167 CHISLUM RD. LEXINGTON, MS 39095	64-0516771	501 (C) (3)		9,864.	SEE PART IV	FOOD	SEE PART IV
<b>(5)</b> WESLEY HOUSE COMMUNITY CENTER P.O. BOX 1207 MERIDIAN, MS 39301	64-0308403	501 (C) (3)		10,336.	SEE PART IV	FOOD	SEE PART IV
<b>(6)</b> MISSION OKOLONA P.O. BOX 537 OKOLONA, MS 38860	64-0940178	501 (C) (3)		10,043.	SEE PART IV	FOOD	SEE PART IV
<b>(7)</b> SEMINARY BAPTIST CHURCH P.O. BOX 81 SEMINARY, MS 39479	64-0350864	501 (C) (3)		9,335.	SEE PART IV	FOOD	SEE PART IV
<b>(8)</b> MOUNT ELAM M B CHURCH 330 CROSSPARK DRIVE PEARL, MS 39208	64-0825676	501 (C) (3)		10,537.	SEE PART IV	FOOD	SEE PART IV
<b>(9)</b> COPIAH COUNTY HUMAN RESOURCES P.O. BOX 448 HAZLEHURST, MS 39083	64-0837421	501 (C) (3)		11,099.	SEE PART IV	FOOD	SEE PART IV
<b>(10)</b> HIGHER DIMENSIONS OF MT. OLIVE 1540 THORNTON ROAD CARTHAGE, MS 39051	90-0518252	501 (C) (3)		10,880.	SEE PART IV	FOOD	SEE PART IV
<b>(11)</b> EPHESUS BAPTIST CHURCH 5921 LANGS MILL RD FOREST, MS 39074	64-0654541	501 (C) (3)		10,414.	SEE PART IV	FOOD	SEE PART IV
<b>(12)</b> JACKSON STREET MB CHURCH 1416 JACKSON ST. VICKSBURG, MS 39183	46-1310655	501 (C) (3)		9,412.	SEE PART IV	FOOD	SEE PART IV

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Schedule I (Form 990) (2019)

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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) SALVATION ARMY FP- HATTIESBURG P.O. BOX 1750 HATTIESBURG, MS 39403	13-5562351	501 (C) (3)		15,155.	SEE PART IV	FOOD	SEE PART IV
(2) HELPING HANDS OF HUMPHREYS CO. P.O. BOX 511 BELZONI, MS 39038	64-0792268	501 (C) (3)		10,073.	SEE PART IV	FOOD	SEE PART IV
(3) HOUSE OF HOPE MIN/OUTREACH 418 MORGANTOWN ROAD NATCHEZ, MS 39120	72-1353551	501 (C) (3)		8,919.	SEE PART IV	FOOD	SEE PART IV
(4) FIRST HYDE M. B. CHURCH CSFP 2750 COLEMAN AVENUE JACKSON, MS 39213	64-0789932	501 (C) (3)		8,352.	SEE PART IV	FOOD	SEE PART IV
(5) CHRISTIANS UNITED M.B. CHURCH 5394 METHODIST HOME ROAD JACKSON, MS 39213	64-0832411	501 (C) (3)		10,052.	SEE PART IV	FOOD	SEE PART IV
(6) MADCAPP FOOD PANTRY P.O. BOX 217 CANTON, MS 39046	64-0719803	501 (C) (3)		11,695.	SEE PART IV	FOOD	SEE PART IV
(7) MY BROTHER'S KEEPER 805 RIVER PLACE DR JACKSON, MS 39202	64-0937314	501 (C) (3)		10,308.	SEE PART IV	FOOD	SEE PART IV
(8) GREATER BEAVER MEADOW BAPTIST P.O. BOX 907 HEIDELBERG, MS 39439	64-0685077	501 (C) (3)		9,346.	SEE PART IV	FOOD	SEE PART IV
(9) ENDLESS CHARITIES PO BOX 955 LELAND, MS 38756	35-2268408	501 (C) (3)		8,784.	SEE PART IV	FOOD	SEE PART IV
(10) ST. VINCENT DEPAUL P.O. BOX 1523 GREENVILLE, MS 38701	41-2245261	501 (C) (3)		8,342.	SEE PART IV	FOOD	SEE PART IV
(11) SOUTH PLEASANT HILL M. B. CHURCH P.O. BOX 1741 PRENTISS, MS 39474	64-0739331	501 (C) (3)		31,118.	SEE PART IV	FOOD	SEE PART IV
(12) P.B.M. MINISTRIES, INC. P.O. BOX 874 WOODVILLE, MS 39669	43-1954220	501 (C) (3)		10,223.	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) PEARL STREET COMM. DEV. CORP. 2519 ROBINSON ST. 2ND FL. JACKSON, MS 39209	75-2982650	501 (C) (3)		8,604.	SEE PART IV	FOOD	SEE PART IV
(2) COLLEGE HILL B.C. FOOD PANTRY 5740 KIRKLEY DR JACKSON, MS 39206	02-0596703	501 (C) (3)		8,129.	SEE PART IV	FOOD	SEE PART IV
(3) MULTI-COUNTY CSA FOOD PANTRY 2906 SAINT PAUL STREET MERIDIAN, MS 39301	64-0440512	501 (C) (3)		8,891.	SEE PART IV	FOOD	SEE PART IV
(4) SHEPHERDS TENT FOOD PANTRY P.O.BOX 223 LAUREL, MS 39440	47-3092977	501 (C) (3)		8,857.	SEE PART IV	FOOD	SEE PART IV
(5) LINTONIA CHAPEL 7TH DAY ADV P.O. BOX 63 YAZOO CITY, MS 39194	64-0675816	501 (C) (3)		8,749.	SEE PART IV	FOOD	SEE PART IV
(6) ST. JOHN M.B. CHURCH F. P. 5456 MORRISON RD. UTICA, MS 39175	64-0930642	501 (C) (3)		8,305.	SEE PART IV	FOOD	SEE PART IV
(7) FAITH BAPTIST CHURCH 705 GEORGE PAYNE COSSAR BLVD	64-0808675	501 (C) (3)		8,232.	SEE PART IV	FOOD	SEE PART IV
(8) ROSEMONT HUMAN SERVICES FP 3930 OFFICE THOMAS CATCHING DR	64-0902648	501 (C) (3)		10,031.	SEE PART IV	FOOD	SEE PART IV
(9) CALVARY CHAPEL BAPTIST CHURCH 705 GEORGE PAYNE COSSAR BLVD	64-0223390	501 (C) (3)		8,067.	SEE PART IV	FOOD	SEE PART IV
(10) MASJID MUHAMMAD 6100 FLORAL DRIVE JACKSON, MS 39206	64-0624134	501 (C) (3)		7,484.	SEE PART IV	FOOD	SEE PART IV
(11) MUTEH 201 W. CAPITOL #800 JACKSON, MS 39201	72-1562519	501 (C) (3)		6,965.	SEE PART IV	FOOD	SEE PART IV
(12) SR. GROCERY PROG - ADAMS CO. P.O. BOX 411 NATCHEZ, MS 39120	64-0676325	501 (C) (3)		6,960.	SEE PART IV	FOOD	SEE PART IV

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<b>(1)</b> PLANTING SEEDS MINISTRY P.O. BOX 31772 JACKSON, MS 39286	64-0842983	501 (C) (3)		8,108.	SEE PART IV	FOOD	SEE PART IV
<b>(2)</b> EMMANUEL M.B.CHURCH 1109 COOPER ROAD JACKSON, MS 39212	64-0606071	501 (C) (3)		7,948.	SEE PART IV	FOOD	SEE PART IV
<b>(3)</b> JONES CHAPEL M.B. CHURCH 119 IRWINS DR. CARTHAGE, MS 39051	68-0487744	501 (C) (3)		8,676.	SEE PART IV	FOOD	SEE PART IV
<b>(4)</b> UNITED COMMUNITY DEV. OUTREACH 403 HAW POND CHURCH ROAD	71-0932119	501 (C) (3)		7,693.	SEE PART IV	FOOD	SEE PART IV
<b>(5)</b> CARY CHRISTIAN CENTER P.O. BOX 54 CARY, MS 39054	64-0781589	501 (C) (3)		7,371.	SEE PART IV	FOOD	SEE PART IV
<b>(6)</b> FIRST CHURCH OF DELIVERANCE P.O. 413 RAYMOND, MS 39154	64-0762418	501 (C) (3)		7,492.	SEE PART IV	FOOD	SEE PART IV
<b>(7)</b> CHRISTIAN LIBERTY MB CHURCH 507 TIPTON ST. KOSCIUSKO, MS 39090	20-5781062	501 (C) (3)		6,466.	SEE PART IV	FOOD	SEE PART IV
<b>(8)</b> FIRST BAPTIST CHURCH TAYLORSVILLE P.O. BOX 357 TAYLORSVILLE, MS 39168	64-0578960	501 (C) (3)		7,402.	SEE PART IV	FOOD	SEE PART IV
<b>(9)</b> BETHESDA UNITED METHODIST CHURCH 1085 THOMAS RD. CRYSTAL SPRINGS, MS 39059	64-0812460	501 (C) (3)		6,647.	SEE PART IV	FOOD	SEE PART IV
<b>(10)</b> JEFFERSON COMPREH./HEALTH/CTR. P.O. BOX 98 FAYETTE, MS 39069	64-0667610	501 (C) (3)		8,738.	SEE PART IV	FOOD	SEE PART IV
<b>(11)</b> WORD OF TRUTH WOR. CTR. 4491 W. NORTHSIDE DR. JACKSON, MS 39209	64-0719665	501 (C) (3)		6,796.	SEE PART IV	FOOD	SEE PART IV
<b>(12)</b> OAK FOREST BC FOOD PANTRY 2875 OAK FOREST DR. JACKSON, MS 39212	64-0395540	501 (C) (3)		6,546.	SEE PART IV	FOOD	SEE PART IV

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(1) ST. COLUMB'S IONA HOUSE FP 550 SUNNYBROOK RD RIDGELAND, MS 39157	64-0747951	501 (C) (3)		7,452.	SEE PART IV	FOOD	SEE PART IV
(2) JERICHO BAPTIST CHURCH (FOOD) 2179 COUNTY RD. 171 GUNTOWN, MS 38849	64-0682716	501 (C) (3)		5,897.	SEE PART IV	FOOD	SEE PART IV
(3) GRACE EPISCOPAL CHURCH PO BOX 252 CANTON, MS 39046	64-0303076	501 (C) (3)		7,653.	SEE PART IV	FOOD	SEE PART IV
(4) COOLEY CAMPBELL EA FOUNDATION 10 CLAIRMONT CIRCLE LAUREL, MS 39440	82-2411448	501 (C) (3)		5,711.	SEE PART IV	FOOD	SEE PART IV
(5) EVERS CARE/MS URBAN LEAGUE 2500 N STATE ST. JACKSON, MS 39216	27-4272183	501 (C) (3)		6,753.	SEE PART IV	FOOD	SEE PART IV
(6) ALTA WOODS UMC 109 ALTA WOODS BLVD. JACKSON, MS 39204	64-0345118	501 (C) (3)		6,847.	SEE PART IV	FOOD	SEE PART IV
(7) EAST LOUISVILLE BAPTIST CHURCH P.O. BOX 706 LOUISVILLE, MS 39339	64-0531352	501 (C) (3)		7,221.	SEE PART IV	FOOD	SEE PART IV
(8) PINELAKE CARE CENTER 223 OLD JACKSON RD. MADISON, MS 39110	64-0538192	501 (C) (3)		7,200.	SEE PART IV	FOOD	SEE PART IV
(9) WESLEY YOUTH FOUNDATION P.O. BOX 713 TCHULA, MS 39169	64-0859429	501 (C) (3)		6,532.	SEE PART IV	FOOD	SEE PART IV
(10) UNION HILL M.B. CHURCH P.O. BOX 797 FLORA, MS 39071	64-0909922	501 (C) (3)		7,820.	SEE PART IV	FOOD	SEE PART IV
(11) BIBLEWAY CHURCH FP 5530 N. STATE STREET JACKSON, MS 39206	47-1613466	501 (C) (3)		8,961.	SEE PART IV	FOOD	SEE PART IV
(12) AMITE RIVER BAPTIST ASSN. P.O. BOX 192 LIBERTY, MS 39645	20-3686043	501 (C) (3)		6,278.	SEE PART IV	FOOD	SEE PART IV

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<b>(1)</b> STEPHEN CHAPEL MB CHURCH 2421 23RD AVE. NORTH COLUMBUS, MS 39701	64-0771503	501 (C) (3)		6,690.	SEE PART IV	FOOD	SEE PART IV
<b>(2)</b> WE CARE MISSION P. O. BOX 56 MORTON, MS 39117	64-0876007	501 (C) (3)		5,495.	SEE PART IV	FOOD	SEE PART IV
<b>(3)</b> OAK GROVE MB CHURCH 935 TAMPA ST. PEARL, MS 39208	36-4539281	501 (C) (3)		5,617.	SEE PART IV	FOOD	SEE PART IV
<b>(4)</b> OPERATION UPWARD 1000 WINTER STREET JACKSON, MS 39204	36-4593750	501 (C) (3)		5,756.	SEE PART IV	FOOD	SEE PART IV
<b>(5)</b> CHRISTIAN FELLOWSHIP OUTREACH 460 ST. PAUL ROAD TYLERTOWN, MS 39667	64-0864238	501 (C) (3)		6,180.	SEE PART IV	FOOD	SEE PART IV
<b>(6)</b> PENTECOSTAL CHURCH OF GOD P.O. BOX 1390 MERIDIAN, MS 39305	45-3428422	501 (C) (3)		6,191.	SEE PART IV	FOOD	SEE PART IV
<b>(7)</b> CARROLL-MONTGOMERY BAP. ASSN. P.O. BOX 461 WINONA, MS 38967	64-0635647	501 (C) (3)		5,676.	SEE PART IV	FOOD	SEE PART IV
<b>(8)</b> STEWPOT COMM SVC - FOOD PANTR 1100 W CAPITOL STREET JACKSON, MS 39203	64-0655566	501 (C) (3)		5,335.	SEE PART IV	FOOD	SEE PART IV
<b>(9)</b> LOVING KINDNESS OUTREACH 86 BRANDON BAY RD. TYLERTOWN, MS 39667	36-4738196	501 (C) (3)		6,744.	SEE PART IV	FOOD	SEE PART IV
<b>(10)</b> NEW VISION OUTREACH MINISTRY 7600 HWY 84 EAST WAYNESBORO, MS 39367	77-0698762	501 (C) (3)		87,186.	SEE PART IV	FOOD	SEE PART IV
<b>(11)</b> TRIUMPHANT BAPTIST CHURCH P.O. BOX 1643 VICKSBURG, MS 39181	31-1693496	501 (C) (3)		7,296.	SEE PART IV	FOOD	SEE PART IV
<b>(12)</b> DIS-LEXINGTON FOOD PANTRY 20735 HWY 12 LEXINGTON, MS 39095	27-0356457	501 (C) (3)		7,099.	SEE PART IV	FOOD	SEE PART IV

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- 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
<b>(1)</b> MANNA FOOD PANTRY P.O. BOX 549 CRYSTAL SPRINGS, MS 39059	69-0692926	501 (C) (3)		6,946.	SEE PART IV	FOOD	SEE PART IV
<b>(2)</b> NEW COVENANT COMMUNITY FP P.O. BOX 39 MANTEE, MS 39751	64-0836310	501 (C) (3)		6,901.	SEE PART IV	FOOD	SEE PART IV
<b>(3)</b> CRUDUP-WARD CENTER P.O. BOX 1113 FOREST, MS 39074	72-1357124	501 (C) (3)		6,527.	SEE PART IV	FOOD	SEE PART IV
<b>(4)</b> HOUSE OF BLESSINGS OUTREACH FP 2120 OAK GROVE ROAD HATTIESBURG, MS 39403	46-1833365	501 (C) (3)		6,441.	SEE PART IV	FOOD	SEE PART IV
<b>(5)</b> GATEWAY RESCUE MISSION 328 S. GALLATIN STREET JACKSON, MS 39207	64-0369382	501 (C) (3)		5,895.	SEE PART IV	FOOD	SEE PART IV
<b>(6)</b> JERUSALEM BAPT. CHURCH-P.F.F P.O. BOX 106 LAWRENCE, MS 39336	64-0520467	501 (C) (3)		5,848.	SEE PART IV	FOOD	SEE PART IV
<b>(7)</b> SHILOH SDA COMM. SERVICE CENTER P.O. BOX 1407 GREENWOOD, MS 38930	64-0609776	501 (C) (3)		5,732.	SEE PART IV	FOOD	SEE PART IV
<b>(8)</b> CENTRAL UNITED METHODIST CHURCH 500 NORTH FARISH STREET JACKSON, MS 39202	64-0647770	501 (C) (3)		5,519.	SEE PART IV	FOOD	SEE PART IV
<b>(9)</b> TILTON UMC OUTREACH MINISTRY 142 WALT MCNEESE ROAD MONTICELLO, MS 39654	64-0871861	501 (C) (3)		5,504.	SEE PART IV	FOOD	SEE PART IV
<b>(10)</b> SOS CRYSTAL SPRINGS FP, INC. P.O. BOX 995 CRYSTAL SPRINGS, MS 39059	64-0823130	501 (C) (3)		5,497.	SEE PART IV	FOOD	SEE PART IV
<b>(11)</b> LELAND FOOD PANTRY P.O. BOX 129 LELAND, MS 38756	64-0383876	501 (C) (3)		5,460.	SEE PART IV	FOOD	SEE PART IV
<b>(12)</b> SOUTH JACKSON SDA 5125 ROBINSON ROAD SUITE A	20-4825011	501 (C) (3)		5,460.	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) (2019)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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) HEAVENS MANNA/HEART HIDDEN MIN 3779 HWY 84 W MEADVILLE, MS 39653	56-2569122	501 (C) (3)		5,439.	SEE PART IV	FOOD	SEE PART IV
(2) CHRISTIAN FELLOWSHIP CHURCH P.O. BOX 411 HOUSTON, MS 38851	64-0727774	501 (C) (3)		5,415.	SEE PART IV	FOOD	SEE PART IV
(3) POSITIVE LIVING INC./UTOPIA P.O. BOX 11503 JACKSON, MS 39283	64-0942338	501 (C) (3)		5,387.	SEE PART IV	FOOD	SEE PART IV
(4) ST. ANDREWS MISSION, INC. P.O. BOX 1407 MCCOMB, MS 39649	64-0880295	501 (C) (3)		5,338.	SEE PART IV	FOOD	SEE PART IV
(5) MT. ZION FOOD MINISTRY 706 MT. ZION ROAD NW BROOKHAVEN, MS 39191	27-4709425	501 (C) (3)		5,264.	SEE PART IV	FOOD	SEE PART IV
(6) HARMONY M.B. CHURCH P.O. BOX 137 LENA, MS 39094	33-1215831	501 (C) (3)		5,124.	SEE PART IV	FOOD	SEE PART IV
(7) UNITY M.B. CHURCH P.O. BOX 349 LOUISVILLE, MS 39339	30-0533145	501 (C) (3)		5,074.	SEE PART IV	FOOD	SEE PART IV
(8) NORTH PLEASANT HILL/FOOD/PAN. P.O. BOX 237 NEW HEBRON, MS 39140	64-0679101	501 (C) (3)		5,065.	SEE PART IV	FOOD	SEE PART IV
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 188.

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) (2019)

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**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.	40,854,530.	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? . . . . .		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? . . . . .		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		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.		

**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.

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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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2019**

**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
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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.

FORM 990 SUBMISSION:

MISSISSIPPI FOOD NETWORK, INC. PREVIOUSLY FILED THE 06/30/2020 FORM 990 PRIOR TO RECEIVING THE AUDITED FINANCIAL STATEMENTS COVERING THE PERIOD. THE 990 WAS PREPARED BASED ON INFORMATION AVAILABLE AT THAT TIME AND IS BEING AMENDED TO REFLECT THE AUDITED FINANCIAL STATEMENTS AND THE

Name of the organization MISSISSIPPI FOOD NETWORK, INC	Employer identification number 64-0676325
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INFORMATION IT PROVIDED.