

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

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 type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MISSISSIPPI FOOD NETWORK INC Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite POST OFFICE BOX 411 City or town, state or province, country, and ZIP or foreign postal code JACKSON, MS 39205-0411 F Name and address of principal officer: DR. CHARLES H. BEADY, JR SAME AS C ABOVE	D Employer identification number 64-0676325 E Telephone number 601-353-7286 G Gross receipts \$ 62,337,849. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I 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		
J Website: WWW.MSFOODNET.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		
L Year of formation: 1983		M State of legal domicile: MS

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: TO RELIEVE POVERTY-RELATED HUNGER BY DISTRIBUTING DONATED AND PURCHASED FOOD AND GROCERIES.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	28
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	28
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	46
	6	Total number of volunteers (estimate if necessary)	6	1003
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year
9		Program service revenue (Part VIII, line 2g)	63,551,280.	42,242,085.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	150,956.	183,358.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-11,267.	109,190.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	23,798.	7,864.
12			63,714,767.	42,542,497.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	60,754,409.	36,074,941.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,631,137.	2,371,611.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	524,261.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25)	1,278,826.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,514,764.	3,906,601.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	67,424,571.	42,353,153.
	19	Revenue less expenses. Subtract line 18 from line 12	-3,709,804.	189,344.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	19,534,718.	20,016,214.
	22	Net assets or fund balances. Subtract line 21 from line 20	659,729.	382,438.
	22		18,874,989.	19,633,776.

Part II Signature Block

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

Sign Here	Signature of officer DR. CHARLES H. BEADY, JR., CEO	Date
	Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name CHARLES R LINDSAY CPA	Preparer's signature
	Firm's name MATTHEWS CUTRER & LINDSAY, PA	Date 05/06/24
	Firm's address 1020 HIGHLAND COLONY PKWY, 500 RIDGELAND, MS 39157	Check if self-employed <input type="checkbox"/> PTIN P00294610
		Firm's EIN 64-0897081
		Phone no. 601-898-8875

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO 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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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 \$ 39,813,517. including grants of \$ 36,074,941.) (Revenue \$ 191,222.) MISSISSIPPI FOOD NETWORK PROVIDED 21,583,300 MEALS TO 1.6 MILLION FAMILIES AND INDIVIDUALS EXPERIENCING FOOD INSECURITY THROUGH 430 PARTNER ORGANIZATIONS WHICH INCLUDE FOOD PANTRIES, SOUP KITCHENS, CHILD FEEDING PROGRAMS AND SENIOR FOOD BOX PROGRAMS. IN ADDITION TO PROVIDING SHELF-STABLE FOOD ITEMS AND FROZEN PROTEIN ITEMS, MFN FOCUSES ON FRESH PRODUCE, WHICH ACCOUNTS FOR 35% OF THE TOTAL FOOD DISTRIBUTED. MFN PROVIDES A HEALTHY VARIETY OF FOODS TO FAMILIES AND INDIVIDUALS LIVING IN UNDER RESOURCED AREAS.

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 39,813,517.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

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
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business 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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 28		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 28		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed MS
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 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
THE ORGANIZATION - 601-353-7286
POST OFFICE BOX 411, JACKSON, MS 39205-0411

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			X				116,745.	0.	14,698.
(2) ANDREW WILSON BOARD MEMBER	1.00	X						0.	0.	0.
(3) BILAL QIZILBASH BOARD MEMBER	1.00	X						0.	0.	0.
(4) CAROLINE WRIGHT SECRETARY	1.00	X		X				0.	0.	0.
(5) CINDY BARRON MEMBER AT LARGE	1.00	X		X				0.	0.	0.
(6) DONNELL LEWIS TREASURER	1.00	X		X				0.	0.	0.
(7) FAITH HADLEY BOARD MEMBER	1.00	X						0.	0.	0.
(8) GARY KEELER BOARD MEMBER	1.00	X						0.	0.	0.
(9) HOLLY LANGE BOARD MEMBER	1.00	X						0.	0.	0.
(10) JOSIE H. BIDWELL BOARD MEMBER	1.00	X						0.	0.	0.
(11) KEITH YOUNG BOARD MEMBER	1.00	X						0.	0.	0.
(12) KENT M BLOODWORTH BOARD MEMBER	1.00	X						0.	0.	0.
(13) KRISTINA PHILLIPS BOARD MEMBER	1.00	X						0.	0.	0.
(14) LARRY HOCHINS BOARD MEMBER	1.00	X						0.	0.	0.
(15) LAUREN ENGLE BOARD MEMBER	1.00	X						0.	0.	0.
(16) LEANNA RANGE-NORWOOD BOARD MEMBER	1.00	X						0.	0.	0.
(17) MATT WILLIAMSON BOARD MEMBER	1.00	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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(18) MICHAEL KINARD BOARD MEMBER	1.00	X						0.	0.	0.
(19) MICHAEL WALKER BOARD MEMBER	1.00	X						0.	0.	0.
(20) MOLLY M. MACWADE BOARD MEMBER	1.00	X						0.	0.	0.
(21) PHILLIP H LUCAS BOARD MEMBER	1.00	X						0.	0.	0.
(22) PIETER TEEUWISSEN BOARD MEMBER	1.00	X						0.	0.	0.
(23) RON TAYLOR BOARD MEMBER	1.00	X						0.	0.	0.
(24) RUSSELL MORRISON IMMEDIATE PAST CHAIRMAN	1.00	X		X				0.	0.	0.
(25) RYAN UPSHAW BOARD MEMBER	1.00	X						0.	0.	0.
(26) TED KENDALL IV VICE CHAIRMAN	1.00	X		X				0.	0.	0.
1b Subtotal								116,745.	0.	14,698.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								116,745.	0.	14,698.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
RKD, INC, POST OFFICE BOX 843595, DALLAS, TX 75284-3595	DIRECT MAIL SOLICITATIONS	572,048.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	10,680.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	3,852,699.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	38,378,706.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 35,066,589.				
	h Total. Add lines 1a-1f		42,242,085.				
Program Service Revenue	2 a FOOD PURCHASES REVENUE	Business Code					
		900999	139,978.	139,978.			
	b SHARED MAINTENANCE FEES	900999	43,380.	43,380.			
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f		183,358.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		307,681.			307,681.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	19,596,861.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	19,795,352.				
	c Gain or (loss)	7c	-198,491.				
	d Net gain or (loss)		-198,491.			-198,491.	
8 a Gross income from fundraising events (not including \$ 10,680. of contributions reported on line 1c). See Part IV, line 18	8a		0.				
			0.				
			0.				
b Less: direct expenses	8b		0.				
c Net income or (loss) from fundraising events			0.				
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a MISCELLANEOUS REVENUE	Business Code					
		900099	7,864.	7,864.			
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d		7,864.					
12 Total revenue. See instructions		42,542,497.	191,222.	0.	109,190.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	36,074,941.	36,074,941.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	118,895.	86,603.	13,923.	18,369.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,662,062.	1,210,646.	194,627.	256,789.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	458,624.	334,062.	53,705.	70,857.
10 Payroll taxes	132,030.	96,171.	15,461.	20,398.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	68,057.		68,057.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	652,843.	61,380.	591,463.	
12 Advertising and promotion				
13 Office expenses	193,726.	50,583.	135,558.	7,585.
14 Information technology	83,951.	61,150.	9,831.	12,970.
15 Royalties				
16 Occupancy	126,699.	92,288.	14,836.	19,575.
17 Travel	99,980.	74,985.	24,995.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	444,500.	323,774.	52,051.	68,675.
23 Insurance	82,293.	59,942.	9,637.	12,714.
24 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.)				
a PROGRAM EXPENSES	892,477.	851,820.	17,529.	23,128.
b PUBLIC SOLICITATION	767,766.			767,766.
c VEHICLE, FREIGHT AND EQ	435,172.	435,172.		
d BAD DEBT EXPENSE	59,137.		59,137.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	42,353,153.	39,813,517.	1,260,810.	1,278,826.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	6,378,021.	1	4,036,239.
	2 Savings and temporary cash investments	878,769.	2	879,518.
	3 Pledges and grants receivable, net	649,120.	3	631,750.
	4 Accounts receivable, net	166,240.	4	49,152.
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	1,261,055.	8	2,710,784.
	9 Prepaid expenses and deferred charges	62,072.	9	64,297.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,249,456.		
	b Less: accumulated depreciation	10b 3,578,015.	2,918,390.	10c 2,671,441.
	11 Investments - publicly traded securities	7,215,000.	11	8,973,033.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	6,051.	15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	19,534,718.	16	20,016,214.	
Liabilities	17 Accounts payable and accrued expenses	570,845.	17	322,703.
	18 Grants payable		18	
	19 Deferred revenue	88,884.	19	59,735.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	659,729.	26	382,438.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	16,057,814.	27	15,362,640.
	28 Net assets with donor restrictions	2,817,175.	28	4,271,136.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	18,874,989.	32	19,633,776.
	33 Total liabilities and net assets/fund balances	19,534,718.	33	20,016,214.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	42,542,497.
2	Total expenses (must equal Part IX, column (A), line 25)	2	42,353,153.
3	Revenue less expenses. Subtract line 2 from line 1	3	189,344.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	18,874,989.
5	Net unrealized gains (losses) on investments	5	569,443.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	19,633,776.

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 on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- 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
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization <p style="text-align:center;">MISSISSIPPI FOOD NETWORK INC</p>	Employer identification number <p style="text-align:center;">64-0676325</p>
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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).)
- 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	25293239.	48904282.	77252459.	63565933.	42242085.	257257998
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	25293239.	48904282.	77252459.	63565933.	42242085.	257257998
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						257257998

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	25293239.	48904282.	77252459.	63565933.	42242085.	257257998
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	16,095.	11,625.	11,525.	40,903.	307,681.	387,829.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						257645827
12 Gross receipts from related activities, etc. (see instructions)					12	490,878.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	99.85 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	99.96 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on 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 line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

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: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, lines 2a-2d for conservation contributions, and questions 3-9 regarding monitoring, expenses, and reporting.

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: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions 1a, 1b, and 2 regarding art and historical treasures collections and reporting requirements.

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c 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:
- | | Yes | No |
|---|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		147,898.		147,898.
b Buildings		1,435,479.	841,779.	593,700.
c Leasehold improvements		1,220,665.	715,810.	504,855.
d Equipment		2,449,073.	1,436,161.	1,012,912.
e Other		996,341.	584,265.	412,076.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,671,441.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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.

1	Total revenue, gains, and other support per audited financial statements		1	43,043,883.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a 569,443.		
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	569,443.
3	Subtract line 2e from line 1		3	42,474,440.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a 68,057.		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	68,057.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	42,542,497.

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

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

1	Total expenses and losses per audited financial statements		1	42,285,096.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	42,285,096.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a 68,057.		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	68,057.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	42,353,153.

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 G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

MISSISSIPPI FOOD NETWORK INC

Employer identification number

64-0676325

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
RKD INC - 7130 SOUTH 29TH STREET, LINCOLN, NE 68516	DIRECT MAIL SOLICITATION		X	1,205,543.	696,620.	508,923.
Total				1,205,543.	696,620.	508,923.

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

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	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
11 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))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____
- c If "Yes," enter name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: RKD INC

(I) ADDRESS OF FUNDRAISER: 7130 SOUTH 29TH STREET, LINCOLN, NE 68516

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
NATCHEZ COMMUNITY STEWPOT P.O. BOX 298 NATCHEZ, MS 39121	64-0705915		0.	5,064.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
FIRST ASSEMBLY OF GOD CARE CT 2201 MILITARY ROAD COLUMBUS, MS 39705	64-0429438		0.	5,084.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
WYNNDALE BAPTIST CHURCH 11287 SPRINGRIDGE ROAD TERRY, MS 39170	64-0687388		0.	5,086.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
BLESSING FOR ALL EMPOWERED BY FAITH- GRENADA - 42 CHURCH STREET - GRENADA, MS 38901-9440	81-2603164		0.	5,096.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
BRINKLEY MIDDLE 3535 ALBERMARLE ROAD JACKSON, MS 39213	64-6000505		0.	5,147.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
DURANT MISSIONARY BAPTIST CHURCH P.O. BOX 29 DURANT, MS 39063-0000	31-1698632		0.	5,187.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,

- 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 _____

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

Schedule I (Form 990) 2022

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WE CARE COMMUNITY SERVICES 909 WALNUT STREET VICKSBURG, MS 39181	51-0188737		0.	5,219.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
PINELAKE CARE CTR.-CLINTON 201 CLINTON CENTER DRIVE CLINTON, MS 39056	64-0538192		0.	5,258.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
WORD OF CHRIST MINISTRY 3051 J.R. LYNCH STREET JACKSON, MS 39209	30-0195335		0.	5,332.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
HELPING HANDS OF HUMPHREYS CO. 16343 US HWY 49, SUITE E BELZONI, MS 39038-0000	64-0792268		0.	5,340.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
CHINA LEE CHRIST MINISTRY FP 2726 RIVER ROAD SILVER CREEK, MS 39663	64-0699817		0.	5,350.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
POWELL MIDDLE 3655 LIVINGSTON ROAD JACKSON, MS 39213	64-6000505		0.	5,356.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
NETTLETON FOOD PANTRY (FAITH) PO BOX 314 NETTLETON, MS 38858	64-0914186		0.	5,422.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
ST. JOSEPH'S FOOD PANTRY 102 DOGWOOD DR. STARKVILLE, MS 39759	86-1152276		0.	5,440.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
LAUDERDALE BAPTIST CRISIS CENT P.O. BOX 549 MARION, MS 39342	64-0372439		0.	5,446.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,

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BLESSINGS FOR ALL EMPOWERED BY FAITH - 305 LEXINGTON STREET - CARROLLTON, MS 38917	81-2603164		0.	5,492.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
CHOCTAW COUNTY FOOD MINISTRY P.O. BOX 854 ACKERMAN, MS 39735-0000	64-0917300		0.	5,534.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
SAM QUINN C.O.G.I.C. 804 MCCOMB STREET MCCOMB, MS 39648	71-0883839		0.	5,551.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
LANIER HS 833 MAPLE STREET JACKSON, MS 39203	64-6000505		0.	5,569.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
ST. GABRIEL MERCY CENTER P.O. BOX 824 MOUND BAYOU, MS 38762-0824	64-0926061		0.	5,587.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
ROLLING FORK METHODIST CHURCH 400 WALNUT STREET ROLLING FORK, MS 39159	64-0655228		0.	5,616.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
SOS CRYSTAL SPRINGS FP, INC. P.O. BOX 995 CRYSTAL SPRINGS, MS 39059	64-0823130		0.	5,635.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
MAGNOLIA MEDICAL FOUNDATION HINDS 258 FORTIFICATION STREET JACKSON, MS 39202	90-0504363		0.	5,684.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
CHRISTIAN LIBERTY MB CHURCH 507 TIPTON ST. KOSCIUSKO, MS 39090	20-5781062		0.	5,726.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,

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STEWOPOT 1100 W CAPITOL ST. JACKSON, MS 39203	64-0655566		0.	5,728.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
SOUTH LAKE FOOD PANTRY 7444 MUDLINE RD LAKE, MS 39092	54-2117127		0.	5,751.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
SEEDS OF CHANGE 421 NORTH RANKIN STREET NATCHEZ, MS 39121	81-2472543		0.	5,772.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
CARDOZO MIDDLE 3180 W. MCDOWELL ROAD EXT JACKSON, MS 39204	64-6000505		0.	5,785.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
CROSSGATES BAPTIST CHURCH CSFP 8 CROSS WOODS ROAD BRANDON, MS 39042	64-0636492		0.	5,798.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
BGC OF CENTRAL MISSISSIPPI 1450 WEST CAPITOL STREET JACKSON, MS 39202	64-0331635		0.	5,835.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
HEARTS & HANDS FOOD PANTRY 286 NEW HOME CHURCH ROAD JAYESS, MS 39641-0000	11-3771501		0.	5,868.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
FIRST CHURCH OF DELIVERANCE P. O. BOX 1491 RAYMOND, MS 39154	64-0762418		0.	5,965.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
MALLORY COMM. HEALTH/ LEFLORE 201 E. WASHINGTON STREET GREENWOOD, MS 38930	64-0829371		0.	6,000.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,

Schedule I (Form 990)

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POTTER'S HOUSE FAM/SER/CTR. P. O. BOX 656 HOUSTON, MS 38851	64-0864601		0.	6,100.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
PROVIDENCE MB CHURCH 12011 RD. 101 PHILADELPHIA, MS 39350-0000	64-0782736		0.	6,133.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
BETHESDA UNITED METHODIST CH 1085 THOMAS RD. CRYSTAL SPRINGS, MS 39059	64-0812460		0.	6,151.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
KEMPER SPRINGS COMM. CENTER 2397 KEMPER SPRINGS RD. DEKALB, MS 39328-0000	64-0700991		0.	6,184.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
COMMUNITY FOOD PANTRY 2509 BROWNING ROAD GREENWOOD, MS 38930-0000	64-0729036		0.	6,268.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
SILOAM MB CHURCH FOOD PANTRY 3013 BLUEBIRD TRAIL NW BROOKHAVEN, MS 39601	64-0689107		0.	6,297.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
SHILOH SDA COMM. SERVICE CENTER P.O.BOX 1407 GREENWOOD, MS 38930	64-0609776		0.	6,315.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
EVER REACHING COMM. OUTREACH PO BOX 981 PELAHATCHIE, MS 39145	36-4756928		0.	6,346.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
TIPPAH CO. GOOD SAMARITAN CTR. P. O. BOX 76 RIPLEY, MS 38663	64-0886879		0.	6,357.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,

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MILESTON COMMUNITY DEVELOPMENT ASSOCIATION - MCDA - 201 HEAD START ROAD - TCHULA, MS 39169	82-3314046		0.	6,370.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
PLANTING SEEDS MINISTRY P.O. BOX 31772 JACKSON, MS 39206	64-0842983		0.	6,396.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
HINDS COUNTY 130 CHAMPION HILL ROAD BOLTON, MS 39041	64-0676325		0.	6,411.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
CHRISTIAN FELLOWSHIP CHURCH P. O. BOX 411 HOUSTON, MS 38851	64-0727774		0.	6,421.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
DELIVER ME SENIOR SUPPORT 1405 S. GALLATIN ST JACKSON, MS 39201	64-0644351		0.	6,422.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
HEARTY HELPING FP 749 MAIN STREET GREENVILLE, MS 38701	26-3170356		0.	6,432.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
BREAD OF LIFE FOOD PANTRY P.O. BOX 2041 MONTICELLO, MS 39654	84-2425887		0.	6,455.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
MIDTOWN CHARTER SCHOOL 301 ADELLE ST. JACKSON, MS 39202	64-0862113		0.	6,525.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
HARMONY M.B. CHURCH P.O. BOX 137 LENA, MS 39094	33-1215831		0.	6,552.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,

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SPRINGBOARD TO OPPORTUNITIES HINDS CO. - 286 RAYMOND RD. - JACKSON, MS 39204	46-1917760		0.	6,552.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
PLEASANT GROVE UMC 1098 PLEASANT GROVE DR. MONTICELLO, MS 39654	64-0724347		0.	6,563.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
ST. ANDREWS MISSION, INC. P.O. BOX 1407 MCCOMB, MS 39649-0000	64-0880295		0.	6,590.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
SOUTH JACKSON SDA 5125 ROBINSON ROAD SUITE A JACKSON, MS 39204	20-4825011		0.	6,595.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
BETHEL A.M.E. CHURCH 712 SOUTH FIRST STREET BROOKHAVEN, MS 39601	64-0688185		0.	6,662.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
ST. JAMES BETHEL M.B. CHURCH 2517 HARRIOTTE AVE JACKSON, MS 39209	58-1944916		0.	6,669.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
ANDERSON UNITED METHODIST CHUR 6205 HANGING MOSS RD JACKSON, MS 39206	83-0385896		0.	6,698.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
CLARKE CO. ASSOC. FOR NEEDY 102 DABBS AVENUE QUITMAN, MS 39355-0000	64-0644684		0.	6,733.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
BETHEL BAPTIST CHURCH 546 BETHEL ROAD BRANDON, MS 39042	64-0647236		0.	6,792.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,

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MT CARMEL MINISTRIES 190 ECDORADO ROAD PEARL, MS 39208	26-2833676		0.	6,864.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
GOODLOE ELEMENTARY SCHOOL 551 FINNEY ROAD CANTON, MS 39046	64-6000199		0.	6,878.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
MT. ZION FOOD PANTRY 1357 MT. ZION ROAD BROOKSVILLE, MS 39739	27-4709425		0.	6,980.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
SMITH COUNTY BAPTIST ASSOC. P.O. BOX 55 RALEIGH, MS 39153	64-0698653		0.	7,010.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
NEW BEGINNING CHURCH IN CHRIST 100 FISHER FERRY ROAD VICKSBURG, MS 39180	56-2552205		0.	7,037.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
OAK FOREST BC FOOD PANTRY 2875 OAK FOREST DR. JACKSON, MS 39212	64-0395540		0.	7,039.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
EMMANUEL M.B.CHURCH 1109 COOPER ROAD JACKSON, MS 39212	64-0606071		0.	7,232.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
MS DELTA COUNCIL/FWOI 1005 NORTH STATE STREET CLARKSDALE, MS 38614-0000	64-0507946		0.	7,267.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
PINELAKE CARE CENTER 223 OLD JACKSON RD. MADISON, MS 39110	64-0538192		0.	7,397.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,

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WEBSTER CO BAPTIST ASSOCIATION 2313 VETERAN'S MEMORIAL BLVD. EUPORA, MS 39744	43-2058266		0.	7,398.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
OAK GROVE MB CHURCH 15 OAK GROVE CHURCH ROAD TAYLORSVILLE, MS 39168	64-0659655		0.	7,428.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
SAMARITAN'S CLOSET FP P.O. BOX 408 WAYNESBORO, MS 39367	47-4025298		0.	7,431.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
FREEDOM WORSHIP CENTER 960 HWY 589 PURVIS, MS 39475	72-1344899		0.	7,476.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
GRACE EPISCOPAL CHURCH PO BOX 252 CANTON, MS 39046	64-0303076		0.	7,556.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
JERUSALEM TEMPLE COGIC 12 ELIZABETH ROAD LELAND, MS 38756	64-0717718		0.	7,728.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
NEW DIMENSIONS DEV.FOUNDATION 111 W. MONUMENT STREET JACKSON, MS 39202	64-0800603		0.	7,733.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
LIFE CHURCH GTR 4888 N. FRONTAGE ROAD COLUMBUS, MS 39701	26-3170356		0.	7,836.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
TOWN OF BOLTON DEV. CORP. P.O. BOX 300 BOLTON, MS 39041-0000	64-0548173		0.	7,840.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,

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

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DELTA HANDS FOR HOPE 124 EAST PEELER STREET SHAW, MS 38773	46-3929294		0.	8,023.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
MS CULTURAL CROSSROADS 507 MARKET ST. PORT GIBSON, MS 39096	64-0638040		0.	8,064.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
M.I.C.A. MCCOMB IN-DOM CARE P.O. BOX 7206 MCCOMB, MS 39649-0000	64-0739514		0.	8,066.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
ROSE HILL M.B.C. SOUP KITCHEN 6132 HWY 48 EAST MAGNOLIA, MS 39652-0000	64-0675585		0.	8,171.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
COLLEGE HILL B.C. FOOD PANTRY 5740 KIRKLEY DR JACKSON, MS 39206	02-0596703		0.	8,171.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
LOUISE COMMUNITY MB CHURCH P.O. BOX 40 LOUISE, MS 39097	85-3809236		0.	8,242.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
PETER'S ROCK C.O.G.I.C. 223 MARTIN LUTHER KING DR. (P) STARKVILLE, MS 39759	23-7002419		0.	8,254.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
HEARTLAND HANDS 385 STATELINE ROAD WEST SOUTHAVEN, MS 38671-0000	81-0665156		0.	8,266.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
COVENANT PRESBYTERIAN CHURCH P.O. BOX 896 CLEVELAND, MS 38732	64-0663450		0.	8,327.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,

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

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LAMAR COUNTY SCHOOLS 404 MARTIN LUTHER KING DRIVE PURVIS, MS 39475	64-6000567		0.	8,535.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
COPIAH COUNTY HUMAN RESOURCES P O BOX 448 HAZLEHURST, MS 39083-0000	64-0837421		0.	8,551.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
BGC OF EAST MS- ATTALA 500 KNOX ROAD KOSICUSKO, MS 39090	64-0728662		0.	8,574.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
ABERDEEN LOAVES & FISHES PO BOX 545 ABERDEEN, MS 39730	31-1813333		0.	8,593.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
VOICE OF CALVARY MINISTRIES 531 W. CAPITOL ST. JACKSON, MS 39203	64-0564343		0.	8,612.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
RIVER CITY MISSION SK 3705 WASHINGTON ST. VICKSBURG, MS 39180	64-0851447		0.	8,620.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
HIGHER DIMENSIONS OF MT. OLIVE 1540 THORNTON ROAD CARTHAGE, MS 39051	90-0518252		0.	8,712.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
SHEPHERDS TENT FOOD PANTRY P.O.BOX 223 LAUREL, MS 39440	47-3092977		0.	8,749.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
SUNFLOWER AREA - CSFP P.O. BOX 1608 INDIANOLA, MS 38751-0000	64-0910480		0.	8,810.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,

Schedule I (Form 990)

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

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WESLEY YOUTH FOUNDATION P.O. BOX 713 TCHULA, MS 39169-0000	64-0859429		0.	8,835.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
AFTERNOON ADVENTURE 102 CANDACE ST. NEWTON, MS 39345	81-5040483		0.	9,086.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
THE WORD FULL GOSPEL BC 3023 PERCY V. SIMPSON DR. JACKSON, MS 39213	64-0907077		0.	9,090.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
LAMPTON STREET CHURCH OF CHRIST P.O. BOX 358 MOUND BAYOU, MS 38762	64-0733595		0.	9,176.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
SHEKINAH GLORY BC FOOD PANTRY 485 W. NORTHSIDE DR. JACKSON, MS 39211	26-3731027		0.	9,222.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
MS CENTER P & SH.(HOPE HOME) PO BOX 1201 RAYMOND, MS 39154-0000	71-1004096		0.	9,280.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
PLEASANT HOME BAPTIST CHURCH P.O. BOX 3 BAY SPRINGS, MS 39422	64-0516771		0.	9,444.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
YAZOO CO. BAPTIST BROTHERHOOD 625 EAST 12TH STREET YAZOO CITY, MS 39194	26-3170356		0.	9,516.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
UNITY M.B. CHURCH PO BOX 349 LOUISVILLE, MS 39339	30-0533145		0.	9,590.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,

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MY BROTHER'S KEEPER 407 ORCHARD PARK BLDG. 1 RIDGELAND, MS 39157	64-0937314		0.	9,594.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
JONES CHAPEL M.B. CHURCH 119 ERVIN DRIVE CARTHAGE, MS 39051	68-0487744		0.	9,632.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
PLANTING SEEDS MINISTRY P. O. BOX 31772 JACKSON, MS 39286	64-0842983		0.	9,651.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
CHANGING YOUR WORLD MINISTRIES 1120 S. MAIN STREET ROSEDALE, MS 38769	64-0903119		0.	9,770.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
BOYD E.S./CROSSROADS C/O CASSANDRA GUESS JACKSON, MS 39205	64-6000505		0.	9,850.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
BETHLEHEM M.B. CHURCH 1142 SHUBUTA EUCUTTA RD. SHUBUTA, MS 39360	64-0913005		0.	9,947.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
MVSU 14000 US 82 ITTA BENA, MS 38941	64-0676325		0.	10,057.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
FREE MISSION BAPTIST CHURCH 1782 SWAMP ROAD CARTHAGE, MS 39051	64-0899848		0.	10,109.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
ST. JOHN M.B. CHURCH F. P. 5456 MORRISON RD. UTICA, MS 39175	64-0930642		0.	10,140.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,

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SMO INC., - WALTHALL CO. P.O. BOX 1667 MCCOMB, MS 39649	64-0433629		0.	10,149.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
COUNTRY WOODS BAPTIST CHURCH 6737 SIWELL RD. BYRAM, MS 39272	64-0764805		0.	10,228.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
ST. VINCENT DE PAUL P.O. BOX 1523 GREENVILLE, MS 38701-1523	41-2245261		0.	10,261.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
MASJID MUHAMMAD 6100 FLORAL DRIVE JACKSON, MS 39206	64-0624134		0.	10,284.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
GOOD SAMARITAN CENTER 540 ELLISVILLE BLVD. LAUREL, MS 39440	64-0538126		0.	10,329.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
WALDEN CHAPEL UNITED METHODIST 308 FRANKLIN RD. GOODMAN, MS 39079-0000	64-0872876		0.	10,344.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
ST. LUKE UMC FOOD PANTRY 1400 CLAYTON AVENUE TUPELO, MS 38804	64-0383876		0.	10,412.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
TRIUMPHANT M.B. CHURCH PANTRY P.O. BOX 1643 VICKSBURG, MS 39181	31-1693496		0.	10,435.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
OAK GROVE MB CHURCH 935 TAMPA ST. PEARL, MS 39208	36-4539281		0.	10,517.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,

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GRACE EPISCOPAL CHURCH PO BOX 252 CANTON, MS 39046	64-0303076		0.	10,536.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
FIRST BAPTIST CHURCH 301 N WEST MAIN AVENUE MOUND BAYOU, MS 38762	64-0810429		0.	10,692.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
WINSTON BAPTIST ASSOCIATION 1187 NORTH COLUMBUS AVENUE LOUISVILLE, MS 39339	64-0656685		0.	10,700.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
STEPHEN CHAPEL MB CHURCH 2421 23RD AVE N. COLUMBUS, MS 39701	64-0771503		0.	10,710.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
COVINGTON CO. BP 200 MAIN ST. SEMINARY, MS 39479	64-6000298		0.	10,729.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
SMO, INC. - WILKINSON COUNTY 1495 US HWY 61 SOUTH WOODVILLE, MS 39669	64-0433629		0.	10,910.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
BETHLEHEM BAPTIST CH/FOOD/PAN. 138 WASHINGTON CIRCLE NATCHEZ, MS 39120	64-0649774		0.	10,921.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
HICKORY RIDGE BAPTIST CHURCH 319 HICKORY RIDGE ROAD FLORENCE, MS 39073	64-6166415		0.	10,942.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
JOSEPH'S FOOD PANTRY 1021 SOUTH MLK BLVD. GRENADA, MS 38901-0000	69-0856777		0.	10,955.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,

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PILGRIM REST COMMUNITY DEVELOPMENT 169 PILGRIM REST CHURCH ROAD PINOLA, MS 39149	83-4190885		0.	10,987.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
BOYS & GIRLS CLUB YAZOO OF MS DELTA YAZOO UNIT YAZOO CITY, MS 39194-0000	45-0469376		0.	11,002.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
WE ARE ONE UNITED METHODIST CHURCH 1315 WEST MCDOWELL ROAD JACKSON, MS 39204	47-1181428		0.	11,063.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
EPHESUS BAPTIST CHURCH 3535 EPHESUS RD FOREST, MS 39074	64-0654541		0.	11,137.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
MT. ZION FOOD MINISTRY 1247 NEWELL ROAD NW BROOKHAVEN, MS 39601	27-4709425		0.	11,181.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
INVERNESS - CSFP PO BOX 465 INVERNESS, MS 38753-0000	64-0910480		0.	11,262.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
HUMPHREYS CO. BAPTIST BROTHERHOOD 124 WEST JACKSON STREET BELZONI, MS 39038	26-3170356		0.	11,284.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
LOVING KINDNESS OUTREACH 300 RIVERVIEW DR COLUMBIA, MS 39667	36-4738196		0.	11,450.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
MCCSA - JASPER CO. SERV AGENCY 3870 CR 8 HEIDELBERG, MS 39439	64-0440512		0.	11,482.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,

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NEW JERUSALEM CHURCH 168 COLONIAL DRIVE JACKSON, MS 39204	82-0584491		0.	11,494.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
BOYS & GIRLS CLUB OF LEFLORE C 1740 CARROLLTON AVENUE GREENWOOD, MS 38930-0000	64-0594883		0.	11,580.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
JASPER COUNTY BAPTIST ASSOC. P.O. BOX 385 BAY SPRINGS, MS 39422	64-0682511		0.	11,660.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
FBC HEIDELBERG 612 WALNUT STREET HEIDELBERG, MS 39439	26-3170356		0.	11,736.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
DELIVER ME SR. SUPPORT SVC 1405 S. GALLATIN ST. (PHYSICAL JACKSON, MS 39201	64-0644351		0.	11,908.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
B & G CLUB DELTA GRENADA C/O MFN JACKSON, MS 39205-0000	45-0469376		0.	11,947.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
SOUTHSIDE BAPTIST CHURCH 167 CHISOLM ROAD LEXINGTON, MS 39095	64-0516771		0.	11,949.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
CHRISTIAN FELLOWSHIP OUTREACH 460 ST. PAUL ROAD TYLERTOWN, MS 39667-0000	64-0864238		0.	12,011.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
JERUSALEM BAPT. CHURCH-P.F.F. P.O. BOX 106 LAWRENCE, MS 39336-0000	64-0520467		0.	12,100.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,

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

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CHARITY FULL GOSPEL 1524 6TH AVENUE SOUTH COLUMBUS, MS 39701	64-0707603		0.	12,113.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
NEW MORNING STAR CHURCH PO BOX 266 BENOIT, MS 38725	82-0676946		0.	12,175.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
FIRST SEVENTH DAY ADVENTIST CHURCH P.O. BOX 847 BELZONI, MS 39038	84-3347183		0.	12,221.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
WINONA COMM. PAVILION 902 NORTH UNION WINONA, MS 38967	81-2603164		0.	12,307.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
LEXINGTON FOOD PANTRY 20735 HWY 12 LEXINGTON, MS 39095	27-0356457		0.	12,319.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
BONANZA BUYING CENTER, INC. PO BOX 26 DUNCAN, MS 38740	64-0923097		0.	12,402.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
MOOREHEAD AREA - CSFP C/O PO BOX 1608 INDIANOLA, MS 38751-0000	64-0910480		0.	12,470.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
MT. ZION FOOD PANTRY 1357 MT ZION ROAD BROOKSVILLE, MS 39739-0000	27-4709425		0.	12,532.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
JEFFERSON COMPREH./HEALTH/CTR. P. O. BOX 98 FAYETTE, MS 39069	64-0667610		0.	12,640.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,

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ST. MARK MBC 7444 MUDLINE ROAD LAKE, MS 39092	26-3170356		0.	12,640.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
FIRST BAPTIST CHURCH FLORA P.O. BOX 163 FLORA, MS 39071	64-0388542		0.	12,666.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
CLARKE CO. ASSOC. FOR NEEDY P O BOX 195 QUITMAN, MS 39355	64-0778155		0.	12,676.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
SMO, INC. - AMITE COUNTY PO BOX 1667 MCCOMB, MS 39648	64-0433629		0.	12,690.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
UNITED COMMUNITY DEV. OUTREACH 403 HAWPOND CHURCH RD. MENDENHALL, MS 39114	71-0932119		0.	12,786.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
LINTONIA CHAPEL 7TH DAY ADV P O BOX 63 YAZOO CITY, MS 39194	64-0675816		0.	12,918.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
CENTER HILL BAPTIST CHURCH 10860 RD. 123 PHILADELPHIA, MS 39350	64-0784193		0.	12,929.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
WARREN COUNTY MOBILE PANTRY 440 W. BEATTY ST. VICKSBURG, MS 39180	64-0676325		0.	12,936.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
SCOTT COUNTY 4300 W. 93RD ST. FOREST, MS 39074	64-0676325		0.	12,987.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,

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MULTI-COUNTY CSA - NESHOBA CO. C/O MULTI-COUNTY CSA MERIDIAN, MS 39301	64-0440512		0.	12,993.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
CARING HANDS OF SWEET HOME P.O. BOX 197 ITTA BENA, MS 38941	46-1488941		0.	13,037.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
MANNA FOOD PANTRY P.O. BOX 549 CRYSTAL SPRINGS, MS 39059	69-0692926		0.	13,502.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
YALOBUSHA COUNTY ACTION AGENCY 18025 HWY #7 COFFEEVILLE, MS 38922	64-0922354		0.	13,502.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
CHRISTIANS UNITED M.B. CHURCH 5394 METHODIST HOME ROAD JACKSON, MS 39213	64-0832411		0.	13,682.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
CALVARY CHAPEL BAPTIST CHURCH 705 GEORGE P CROSSAR BLVD CHARLESTON, MS 38921	64-0223390		0.	13,817.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
MILES MEMORIAL CME CHURCH 207 SIMMONS STREET WATER VALLEY, MS 38965-0000	64-0922254		0.	13,948.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
BMA SDA CHURCH 6428 US HWY 11 LUMBERTON, MS 39455	64-6012951		0.	13,976.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
ETERNAL LIFE PRAYER CENTER 2514 RAYMOND ROAD JACKSON, MS 39212	26-3170356		0.	14,104.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,

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MCCSA - KEMPER COUNTY 7 BELL STREET DEKALB, MS 39328	64-0440512		0.	14,165.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
FAITH BAPTIST CHURCH 705 GEORGE PAYNE COSSAR BLVD CHARLESTON, MS 38921	64-0808675		0.	14,414.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
DELTA ADVANTAGE CENTER 12 MOORHEAD ITTA BENA ROAD MOORHEAD, MS 38761	84-4293900		0.	14,425.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
OAKLAND CSFP 121 CHERRY STREET OAKLAND, MS 38948	64-0922354		0.	14,546.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
KEMPER SPRINGS COMM. CENTER 2397 KEMPER SPRING ROAD DEKALB, MS 39328	64-0700991		0.	14,549.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
ALTA WOODS UMC 109 ALTA WOODS BLVD. JACKSON, MS 39204	64-0345118		0.	14,677.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
HIGHER DIMENSIONS/CARTHAGE COLESIU - 805 E. MAIN STREET - CARTHAGE, MS 39051	90-0518252		0.	14,728.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
BEREAN SEVENTH DAY ADVENTIST 770 JASMINE COURT JACKSON, MS 39206	64-0901825		0.	14,763.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
OPERATION UPWARD 1000 WINTER STREET JACKSON, MS 39204-0000	36-4593750		0.	15,448.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,

Schedule I (Form 990)

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

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SEMINARY BAPTIST CHURCH P.O. BOX 81 SEMINARY, MS 39479	64-0350864		0.	15,648.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
HEAVENS MANNA 39 FIFTH STREET ROXIE, MS 39661	84-3533845		0.	15,798.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
GREATER BEAVER MEADOW BAPTIST P.O. BOX 907 HEIDELBERG, MS 39439	64-0685077		0.	15,837.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
HOUSE OF BLESSINGS OUTREACH FP 2120 OAK GROVE ROAD HATTIESBURG, MS 39402	46-1833365		0.	15,865.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
FRANK PHILLIPS YMCA 602 2ND AVENUE NORTH COLUMBUS, MS 39740	64-6025994		0.	15,884.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
WE CARE MISSION P.O. BOX 267 MORTON, MS 39117	64-0876007		0.	15,944.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
FREE PEOPLE MBC 25052 HWY 51 CRYSTAL SPRINGS, MS 39059	26-3170356		0.	16,000.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
MOUNT ELAM M B CHURCH 701 OLD WHITFIELD ROAD PEARL, MS 39208	64-0825676		0.	16,038.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
DURANT MISSIONARY BAPTIST CHUR 16455 NORTH JACKSON STREET DURANT, MS 39063-0000	31-1698632		0.	16,074.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,

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UNION HILL M.B. CHURCH P.O. BOX 797 FLORA, MS 39071-0000	64-0909922		0.	16,090.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
GREENVILLE 401 S HINDS ST GREENVILLE, MS 38701	64-0592494		0.	16,228.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
MULTI-COUNTY CSA - CLARKE CO. 106 CHURCH STREET QUITMAN, MS 39355	64-0440512		0.	16,277.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
BEREAN SEVEN DAY ADVENTIST 770 JASMINE COURT JACKSON, MS 39206	64-0901825		0.	16,320.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
MVSU UNIT 19 1400 HIGHWAY 82 ITTA BENA, MS 38941-0000	45-0469376		0.	16,336.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
GREATER FAIRVIEW MB CHURCH 60 PEACE STREET PICKENS, MS 39146-0000	77-0645340		0.	16,548.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
TRUE WORD MINISTRIES 116 CARTER ST. QUITMAN, MS 39355	64-0741598		0.	16,960.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
MCCSA - WAYNE COUNTY 1100 BRADLEY DRIVE WAYNESBORO, MS 39367	64-0440512		0.	16,968.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
HELPING HANDS, CLEVELAND CSFP 404 N MLK DRIVE CLEVELAND, MS 38732	64-0797349		0.	17,273.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,

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EVERS CARE/MS URBAN LEAGUE JOHN D BOWER SCHOOL OF POP HEA JACKSON, MS 39216	27-4272183		0.	17,294.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
PRVO, INC. - JEFF DAVIS CO. PO BOX 773 PRENTISS, MS 39474	64-0433756		0.	17,370.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
COMPASSION FOOD MINISTRIES 18 COUNTY ROAD 386 WATER VALLEY, MS 38965-0000	26-1235369		0.	17,410.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
TRIUMPH CHURCH FOOD PANTRY 136 HONEYSUCKLE LANE VICKSBURG, MS 39183	64-0791444		0.	17,539.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
NORTHSIDE/EASTSIDE 816 E. NORTHSIDE DRIVE CLINTON, MS 39056	27-3281949		0.	17,892.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
ENDLESS CHARITIES PO BOX 955 LELAND, MS 38756	35-2268408		0.	17,896.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
SHADY GROVE FOOD PANTRY 285 N. SHADY GROVE RD SILVER CREEK, MS 39663	64-0796917		0.	18,136.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
WESLEY YOUTH FOUNDATION, INC. PO BOX 713 TCHULA, MS 39169	64-0859429		0.	18,149.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
NEW COVENANT COMMUNITY FP P.O. BOX 39 MANTEE, MS 39751	64-0836310		0.	18,177.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,

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HELPING HANDS OF HUMPHREYS CO. P.O. BOX 511 BELZONI, MS 39038	64-0792268		0.	18,192.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
WASHINGTON COUNTY 1040 S RACEWAY ROAD GREENVILLE, MS 38703	64-0676325		0.	18,444.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
PRVO, INC - PERRY COUNTY PO BOX 348 NEW AUGUSTA, MS 39462	64-0433756		0.	18,810.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
TULANE BAPTIST CHURCH 220 EAST THIRD STREET YAZOO CITY, MS 39194	90-0763733		0.	19,023.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
RULEVILLE AREA - CSFP P. O. BOX 1608 INDIANOLA, MS 38751	64-0910480		0.	19,268.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
FAYETTE FIRST NEW LIFE SDA 216 MCNAIR ROAD FAYETTE, MS 39069	80-0962461		0.	19,508.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
DREW AREA - CSFP 502 OLIVER STREET DREW, MS 38737	64-0910480		0.	19,938.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
CENTRAL UNITED METHODIST CHURC 500 N. FARISH STREET JACKSON, MS 39202	64-0647770		0.	20,136.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
UNCLE JERRY'S FARM 3179 LANEWOOD ROAD JACKSON, MS 39213	81-4353145		0.	20,156.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,

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

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OSEOLA MCCARTY DEV. CENTER 607 MCSWAIN ST HATTIESBURG, MS 39401	43-2006484		0.	20,420.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
PRVO, INC - LAMAR COUNTY PO BOX 787 PURVIS, MS 39475-0000	64-0433756		0.	20,712.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
JACKSON STREET MB CHURCH 1416 JACKSON ST. VICKSBURG, MS 39183	46-1310655		0.	20,756.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
PINE GROVE BAPTIST CHURCH 3682 MCNAIR RD. FAYETTE, MS 39069	43-2058266		0.	20,901.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
SHARKEY COUNTY EMA 303 PARKWAY AVENUE ROLLING FORK, MS 39159	64-6001061		0.	20,936.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
LOVE'S INCORPORATED (KITCHEN) P.O. BOX 562 MERIDIAN, MS 39302	64-0670858		0.	20,948.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
GOLDEN TRIANGLE PLANNING & DEV PO BOX 828 STARKVILLE, MS 39579	64-0508015		0.	21,034.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
PEARL STREET COMM. DEV. CORP. 2519 ROBINSON ST. JACKSON, MS 39209	75-2982650		0.	21,092.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
PRVO, INC - COVINGTON COUNTY PO BOX 2343 COLLINS, MS 39428-0000	64-0433756		0.	21,157.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,

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MULTI-COUNTY CAA FOOD PANTRY 2900 SAINT PAUL STREET MERIDIAN, MS 39301	64-0440512		0.	21,242.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
ROSEMONT HUMAN SERVICES FP 3930 OFFICER THOMAS CATCHING D JACKSON, MS 39209	64-0902648		0.	21,417.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
OVERFLOW FOOD PANTRY 222 RAILROAD DR MAGEE, MS 39111	20-2633045		0.	21,569.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
GRACE INSPIRATIONS P.O. BOX 10795 JACKSON, MS 39203	27-2390800		0.	21,717.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
ST. AUG FOOD PANTRY 1530 GOVERNMENT STREET BRANDON, MS 39042	38-3657625		0.	21,832.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
PRVO, INC., JONES COUNTY 1222 HILLCREST DRIVE LAUREL, MS 39442-0000	64-0433756		0.	21,838.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
ROSE HILL M.B.C FOOD PANTRY 6132 HWY 48 EAST MAGNOLIA, MS 39652-0000	64-0675585		0.	21,932.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
SPIRIT FOOD DELIVERANCE 6465 OAK TREE DRIVE JACKSON, MS 39213	84-3862755		0.	22,118.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
PENTECOSTAL CHURCH OF GOD P.O. BOX 1390 MERIDIAN, MS 39305	45-3428422		0.	22,192.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,

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MS OLA SCHOOL OF BARBERING AND COMMUNITY DEVE - 5264 OLD HWY 42 - HATTIESBURG, MS 39402	87-0811638		0.	22,240.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
MAGEE'S CREEK M.B. CHURCH P.O. BOX 422 TYLERTOWN, MS 39667-0000	64-0808876		0.	22,339.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
SUMRALL UMC FOOD PANTRY P.O. BOX 276 SUMRALL, MS 39482	64-0683657		0.	22,496.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
MALLORY COMMUNITY HEALTH CENTE PO BOX 479 LEXINGTON, MS 39095-0000	64-0829371		0.	22,905.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
AMITE RIVER BAPTIST ASSN. P.O. BOX 192 LIBERTY, MS 39645-0000	20-3686043		0.	23,083.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
ST. COLUMB'S IONA HOUSE F/P 550 SUNNYBROOK RD RIDGELAND, MS 39157	64-0747951		0.	23,215.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
ANDERSON UNITED METHODIST CH 6205 HANGING MOSS ROAD JACKSON, MS 39206-0000	83-0385896		0.	23,273.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
RIVER OF LIFE FELLOWSHIP P.O. BOX 1573 PRENTISS, MS 39474-0000	64-0848253		0.	24,002.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
CENTRAL MS FOOD PANTRY 2190 PINE GROVE ROAD WALNUT GROVE, MS 39189	20-4825011		0.	24,280.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,

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WE CARE COMMUNITY SER. CSFP 909 WALNUT STREET VICKSBURG, MS 39183-0000	51-0188737		0.	24,887.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
HOUSE OF HOPE MIN/OUTREACH 418 MORGANTOWN ROAD NATCHEZ, MS 39120	72-1353551		0.	24,889.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
GOOD SAMARITAN CENTER, INC 114 MILLSAPS AVE JACKSON, MS 39202	64-0538126		0.	25,185.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
WESLEY HOUSE COMMUNITY CENTER P.O. BOX 1207 MERIDIAN, MS 39301	64-0308403		0.	25,762.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
MADCAPP FOOD PANTRY P.O. BOX 217 CANTON, MS 39046-0000	64-0719803		0.	25,767.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
PRVO, INC - MARION COUNTY 1183 HWY 13 SOUTH COLUMBIA, MS 39429-0000	64-0433756		0.	26,012.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
GTPDD - LOWNDES CO. P.O. BOX 828 COLUMBUS, MS 39702	64-0508015		0.	26,022.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
SOUTHERN FOUNDATION 317 DR. MLK DRIVE EAST, SUITE 102 STARKVILLE, MS 39759	58-2034687		0.	26,412.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
EMERGENCY WATER DISTRIBUTION 2021 440 WEST BEATTY STREET JACKSON, MS 39202	64-0676325		0.	26,491.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,

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GLORY HOUSE GLOBAL OUTREACH P.O. BOX 503 LAUREL, MS 39441	82-5325912		0.	26,553.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
P.B.M. MINISTRIES, INC. P. O. BOX 874 WOODVILLE, MS 39669	43-1954220		0.	26,875.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
MOUNT CHARITY M.B. CHURCH 535 WOODS ROAD CARTHAGE, MS 39051-0000	45-0512838		0.	27,173.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
AJFC COMMUNITY ACTION AGENCY 8 FELTUS STREET NATCHEZ, MS 39121	64-0442959		0.	27,231.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
FIRST BAPTIST CHURCH TAYLORSVILLE P.O. BOX 357 TAYLORSVILLE, MS 39168	64-0578960		0.	27,472.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
WINONA COMM. PAVILION 902 NORTH UNION WINONA, MS 38967	81-2603164		0.	27,832.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
CRUDUP-WARD CENTER P.O. BOX 1113 FOREST, MS 39074	72-1357124		0.	27,890.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
LEAKE COUNTY MCMILLAN PARK CARTHAGE, MS 39051	64-0676325		0.	29,017.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
OUR DAILY BREAD OF CALHOUN P.O. BOX 206 BRUCE, MS 38915-0000	64-0466850		0.	29,162.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,

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MID-STATE OPPORTUNITY, INC. 204 NORTH CHURCH ST. CHARLESTON, MS 38921	64-0432686		0.	29,172.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
TINNIN ROAD CHURCH OF CHRIST 118 BLUEBERRY LANE CLINTON, MS 39056	64-0855968		0.	29,538.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
SACRED HEART FAMILY CENTER 1493 HWY 17 (PARISH CENTER) CAMDEN, MS 39045	64-0391585		0.	30,737.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
TULANE BAPTIST CHURCH 220 EAST THIRD STREET YAZOO CITY, MS 39194	90-0763733		0.	31,285.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
MULTI-COUNTY CSA PO BOX 905 MERIDIAN, MS 39302-0000	64-0440512		0.	31,684.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
CENTRAL UNITED METHODIST CHURC 500 NORTH FARISH ST. JACKSON, MS 39202-0000	64-0647770		0.	31,939.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
MUSTARD TREE MISSIONS P.O. BOX 8048 MERIDIAN, MS 39303-0000	06-1667783		0.	32,370.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
GOD'S WAREHOUSE 155 OGELSBY RD STURGIS, MS 39769	64-0147200		0.	32,852.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
REVELS UNITED METH/CH - CSFP 711 SOUTH BROADWAY STREET GREENVILLE, MS 38701-0000	64-0782005		0.	34,560.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,

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NEW HORIZON 1750 ELLIS AVE JACKSON, MS 39204	57-0899274		0.	34,631.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
RESIDENCE OF HOPE 3901 KING ROAD MERIDIAN, MS 39301	83-2114276		0.	35,323.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
NOXUBEE CO. HUMAN RESOURCE AGE 212 WASHINGTON STREET MACON, MS 39341-0000	64-0867266		0.	36,607.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
GREATER MT. CALVARY 450 WATERFORD RD. BRANDON, MS 39042	64-0519382		0.	38,343.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
FEEDING THE GULF COAST 5248 MOBILE SOUTH STREET THEODORE, AL 36582-0000	63-0821997		0.	38,420.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
HELPING HANDS OF CLEVELAND PO BOX 291 CLEVELAND, MS 38732	64-0797349		0.	39,222.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
JORDAN RIVERS 3069 HWY 51 MM MCCOMB, MS 39648	61-1750382		0.	39,260.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
NEW WHITE STONE M.B. CHURCH 422 PAP BROWN STREET GREENVILLE, MS 38701	84-1725294		0.	39,268.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
JESUS CHURCH MINISTRIES 46 IRONWOOD ROAD HEIDELBERG, MS 39439	64-0900392		0.	40,321.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,

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HIGHLAND ELEM. SCHOOL 330 BRAME ST. RIDGELAND, MS 39157	64-0437641		0.	40,566.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
JACKSON REVIVAL CENTER CHURCH 1616 ROBINSON ROAD JACKSON, MS 39209	74-6051852		0.	41,054.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
PRVO, INC. - FORREST COUNTY 100 W. FRONT STREET HATTIESBURG, MS 39401-0000	64-0433756		0.	41,664.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
MT. BEULAH CHURCH P.O. BOX 2171 COLLINS, MS 39428	90-0517660		0.	41,720.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
MISSION OKOLONA P. O. BOX 537 OKOLONA, MS 38860	64-0940178		0.	41,792.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
CARROLL-MONTGOMERY BAP. ASSN. P.O. BOX 461 WINONA, MS 38967-0000	64-0635647		0.	41,976.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
SUNFLOWER CO. CSFP P. O. BOX 423 INDIANOLA, MS 38751-0000	64-0910480		0.	42,319.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
TEAM INC. 1511 BRIDEWELL LANE PORT GIBSON, MS 39150	74-3094030		0.	42,505.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
JACKSON REVIVAL CENTER 1616 ROBINSON STREET JACKSON, MS 39209	74-6051852		0.	42,757.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,

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

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HELPING HANDS OF HUMPHREYS CO. PO BOX 511 BELZONI, MS 39038	64-0792268		0.	43,262.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
CROSSGATES BAPTIST CHURCH 8 CROSS WOODS ROAD BRANDON, MS 39042	64-0636492		0.	44,099.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
CARY CHRISTIAN CENTER P.O. BOX 57 CARY, MS 39054	64-0781589		0.	44,922.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
WORD OF CHRIST 3051 JR LYNCH STREET JACKSON, MS 39209	30-0195335		0.	45,866.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
JERUSALEM MB CHURCH FP 16 ROANOKE BLVD. COLUMBUS, MS 39705	10-0007986		0.	48,713.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
VILLAGE OF DREAMS 205 HENRY DR APT B GREENVILLE, MS 38703	27-3768302		0.	49,705.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
CHUNKY COMMUNITY CHURCH FP P. O. BOX 147 CHUNKY, MS 39323	64-0655937		0.	53,462.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
PLUM STREET SOUP KITCHEN 1231 SUNSET DR. SUITE 242 GRENADA, MS 38901	64-0843457		0.	53,987.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
MADISON COUNTY CSA PO BOX 1358 CANTON, MS 39046-0000	71-1027302		0.	54,293.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,

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SALVATION ARMY FP- HATTIESBURG P.O. BOX 1750 HATTIESBURG, MS 39401	13-5562351		0.	57,646.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
WORD OF CHRIST MINISTRY 3051 J.R. LYNCH STREET JACKSON, MS 39209	30-0195335		0.	58,295.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
MS MINORITY FARMERS ALLIANCE 30010 SHEPARD DRIVE EAST OKOLONA, MS 38860	46-5131800		0.	59,872.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
SOUTHWEST MISS. OPPORTUNITY P. O. BOX 1667 MCCOMB, MS 39648-0000	64-0433629		0.	60,737.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
EAST LOUISVILLE BAPTIST CHURCH P.O. BOX 706 LOUISVILLE, MS 39339	64-0531352		0.	60,890.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
COPIAH COUNTY HUMAN RESOURCES P.O. BOX 448 HAZLEHURST, MS 39083	64-0837421		0.	63,580.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
NEW LIFE FOOD MINISTRY 3000 STATE BLVD MERIDIAN, MS 39307	83-0492577		0.	64,665.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
RIVERSIDE ELEMENTARY 939 RIVERSIDE ROAD AVON, MS 38723	64-0800516		0.	68,821.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
TRUE LIGHT MINISTRY P.O.BOX 1263 YAZOO CITY, MS 39194	56-2664789		0.	80,870.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,

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EPHESUS SDA CHURCH P.O. BOX 352 METCALFE, MS 38760	52-0643036		0.	86,914.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
CORNERSTONE CHURCH FOOD PANTRY P.O. BOX 5896 JACKSON, MS 39288	53-2101736		0.	89,413.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
MFN CFAP BOXES 440 WEST BEATTY STREET JACKSON, MS 39203	64-0676325		0.	94,492.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
SALVATION ARMY - VICKSBURG P.O. BOX 1166 VICKSBURG, MS 39180	13-5562351		0.	101,921.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
JUBILEE MENNONITE CHURCH 812 28TH AVENUE MERIDIAN, MS 39301	35-2157800		0.	110,289.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
CHRISTIAN FOOD MISSION 506 CHANTILLY ST. LAUREL, MS 39442	64-0719890		0.	113,642.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
WE 2GETHER CREATING CHANGE 167 N. MAIN ST. DREW, MS 38737	80-0438253		0.	114,239.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
STILL WATER BOARDING SCHOOL 11901 ROAD 505 UNION, MS 39365	64-0838431		0.	120,440.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
CENTER RIDGE BAPTIST CHURCH 2715 OLD BENTON ROAD YAZOO CITY, MS 39194	72-1383105		0.	122,040.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,

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MID-SOUTH FOOD BANK - BATESVILLE 875 SOUTH HWY 51 BATESVILLE, MS 38606	62-1340755		0.	128,729.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
STARKVILLE CHURCH OF GOD 100 LOCKSLEY WAY STARKVILLE, MS 39759	23-7002419		0.	133,584.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
MORE, INC. 59382 FLORAL DRIVE JACKSON, MS 39206	82-5313976		0.	144,241.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
CHRISTIAN SERVICES, INC. P.O. BOX 1994 HATTIESBURG, MS 39403-0000	64-0730835		0.	154,122.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
HICKORY BAP. CHURCH FOOD PANTRY P.O. BOX 219 HICKORY, MS 39332-0000	64-0655271		0.	154,888.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
PILGRIM BAPTIST CHURCH 117 PILGRIM BLVD. NATCHEZ, MS 39120-0000	30-0271263		0.	159,422.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
FIRST UMC MAGEE PO BOX 661 MAGEE, MS 39111	64-0388677		0.	168,196.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
SALVATION ARMY- COLUMBUS P. O. BOX 8 COLUMBUS, MS 39703	13-5562351		0.	172,884.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
SOUTH PLEASANT HILL M. B. CHUR P.O. BOX 1741 PRENTISS, MS 39474	64-0739331		0.	178,176.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,

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STATE LINE BAPTIST FOOD PANTRY PO BOX 2371 COLUMBUS, MS 39704	20-0751119		0.	184,470.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
CHOCTAW COUNTY FOOD MINISTRY P.O. BOX 854 ACKERMAN, MS 39735	64-0917300		0.	192,625.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
NEW VISION OUTREACH MINISTRY P.O. BOX 1534 WAYNESBORO, MS 39367	77-0698762		0.	194,011.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
THE SALVATION ARMY FOOD PANTRY P. O. BOX 422 MERIDIAN, MS 39302	13-5562351		0.	196,507.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
GRENADA FOOD PANTRY P.O. BOX 104 GRENADA, MS 38902	64-0805470		0.	196,808.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
WINGARD HOME, INC. 1279 N. WEST ST. JACKSON, MS 39202	20-3861944		0.	200,183.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
FIRST ASSEMBLY NATCHEZ/F/P 150 LIBERTY ROAD NATCHEZ, MS 39120	64-6008816		0.	211,042.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
TULANE BAPTIST CHURCH 220 EAST 3RD STREET YAZOO CITY, MS 39194	90-0763733		0.	211,562.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
THE SALVATION ARMY-LAUREL P.O. BOX 2548 LAUREL, MS 39442	13-5562351		0.	213,337.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,

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TWELVE BASKETS FOOD BANK 333 COWAN ROAD GULFPORT, MS 39507-0000	64-0466850		0.	222,398.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
PROJECT HOMESTEAD P.O. BOX 891 WEST POINT, MS 39773-0000	64-0908819		0.	229,215.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
NEW WAY MISSISSIPPI P.O. BOX 24404 JACKSON, MS 39225	73-1631055		0.	231,092.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
MERCY HOUSE OF GEORGETOWN-TC P.O. BOX 266 GEORGETOWN, MS 39078	45-4670832		0.	234,393.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
NEWMAN SERVICES FOUNDATION P.O. BOX 962 TERRY, MS 39170	27-2390800		0.	238,634.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
HELPING HANDS MINISTRIES P.O. BOX 299 KOSCIUSKO, MS 39090	64-0744335		0.	248,259.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
SCOTT CO. BAPTIST ASSOC.CRISIS 518 AIRPORT ROAD FOREST, MS 39074	64-0527876		0.	271,212.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
HOPE VILLAGE FOR CHILDREN P.O. BOX 26 MERIDIAN, MS 39302	64-0927575		0.	271,219.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
MIDTOWN/JLJ C/O MFN CASSANDRA GUESS JACKSON, MS 39205	64-6000505		0.	273,273.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,

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PINELAKE CHURCH CARE CENTER 6071 HWY 25 BRANDON, MS 39047-0000	64-0538192		0.	274,660.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
EDWARDS STREET FELLOWSHIP CENT PO BOX 17532 HATTIESBURG, MS 39404	64-0698304		0.	282,361.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
ST. ANDREWS MISSION S/K P.O. BOX 1407 MCCOMB, MS 39649-0000	64-0880295		0.	302,303.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
WORLD OVERCOMERS FOOD OUTREACH P.O. BOX 2772 MADISON, MS 39130	64-0927276		0.	309,867.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
MORRISON HEIGHTS BAPTIST CHURC 3000 HAMPSTEAD BOULEVARD CLINTON, MS 39056-0000	64-6011952		0.	314,223.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
RIVER CITY MISSION FP 3705 WASHINGTON ST. VICKSBURG, MS 39180	64-0851447		0.	333,120.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
MS CENTER P & SH. (HOPE HOME) PO BOX 1201 RAYMOND, MS 39154-0000	71-1004096		0.	369,651.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
MARION COUNTY FOOD PANTRY P O BOX 27 COLUMBIA, MS 39429	64-0828677		0.	371,141.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
WE WILL GO MINISTRIES 806 NORTH FARISH ST. JACKSON, MS 39202	33-1069413		0.	377,695.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST RIDGELAND CHURCH 302 W JACKSON STREET RIDGELAND, MS 39157	64-0574836		0.	390,589.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
EVER REACHING COMM. OUTREACH 306 N BROOKS AVE PELAHATCHIE, MS 39143	36-4756928		0.	402,174.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
THE POINTE CHURCH FP 1120 STAR ROAD BRANDON, MS 39042	81-5377308		0.	414,077.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
PETAL CHILDREN'S TASK FORCE 314 S. GEORGE STREET PETAL, MS 39465	64-0897384		0.	457,221.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
GREENWOOD INTERFAITH MINISTERIE PO BOX 8223 GREENWOOD, MS 38935-8223	30-0215847		0.	463,017.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
PINELAKE CARE CTR.-STARKVILLE 200 HWY 25 N STARKVILLE, MS 39759	64-0538192		0.	489,190.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
BROOKHAVEN OUTREACH MINISTRIES P.O. BOX 1158 BROOKHAVEN, MS 39602-0000	64-0804351		0.	586,088.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
HEARTY HELPINGS P.O. BOX 5005 GREENVILLE, MS 38704	26-3170356		0.	766,100.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
OUR DAILY BREAD P.O. BOX 1021 CANTON, MS 39046-1021	42-1741521		0.	769,789.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VINE PLACE COMMUNITY OUTREACH 124 VINE DRIVE BRANDON, MS 39047	84-2146885		0.	792,377.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
CARE CENTER MINISTRIES MS P.O. BOX 4458 BRANDON, MS 39047	83-3042924		0.	797,981.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
CHRISTIAN SERVICES, INC. P.O. BOX 1994 HATTIESBURG, MS 39403-0000	64-0730835		0.	1,062,323.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
FEED BY FAITH P.O. BOX 1064 MERIDIAN, MS 39302	11-3814582		0.	1,219,715.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
FRIENDS OF ALCOHOLICS 1298 FOA ROAD JACKSON, MS 39209	64-6025471		0.	1,433,392.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
EBENEZER APOSTOLIC MINISTRIES 2508 EMMETT AVE. JACKSON, MS 39213	42-1708740		0.	1,827,518.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,
GLEANERS, INC 359 NORTH MART PLAZA JACKSON, MS 39206	64-0676325		0.	2,965,530.	FOOD INVENTORY IS VALUED ON THE BASIS OF APPROXIMATIONS	FOOD	TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED,

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 noncash assistance

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: NATCHEZ COMMUNITY STEWPOT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: FIRST ASSEMBLY OF GOD CARE CT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE

Part IV Supplemental Information

NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: WYNNDALE BAPTIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT:

BLESSING FOR ALL EMPOWERED BY FAITH- GRENADA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: BRINKLEY MIDDLE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: DURANT MISSIONARY BAPTIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: WE CARE COMMUNITY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: PINELAKE CARE CTR.-CLINTON

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: WORD OF CHRIST MINISTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: HELPING HANDS OF HUMPHREYS CO.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: CHINA LEE CHRIST MINISTRY FP

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: POWELL MIDDLE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: NETTLETON FOOD PANTRY (FAITH)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE

Part IV Supplemental Information

NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: ST. JOSEPH'S FOOD PANTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: LAUDERDALE BAPTIST CRISIS CENT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: BLESSINGS FOR ALL EMPOWERED BY FAITH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: CHOCTAW COUNTY FOOD MINISTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: SAM QUINN C.O.G.I.C.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: LANIER HS

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: ST. GABRIEL MERCY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: ROLLING FORK METHODIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: SOS CRYSTAL SPRINGS FP, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: MAGNOLIA MEDICAL FOUNDATION HINDS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: CHRISTIAN LIBERTY MB CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: STEWPOT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: SOUTH LAKE FOOD PANTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: SEEDS OF CHANGE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: CARDOZO MIDDLE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: CROSSGATES BAPTIST CHURCH CSFP

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: BGC OF CENTRAL MISSISSIPPI

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO

Part IV Supplemental Information

HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: HEARTS & HANDS FOOD PANTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO
HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: FIRST CHURCH OF DELIVERANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO
HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: MALLORY COMM. HEALTH/ LEFLORE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO
HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: POTTER'S HOUSE FAM/SER/CTR.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO
HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: PROVIDENCE MB CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO
HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: BETHESDA UNITED METHODIST CH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: KEMPER SPRINGS COMM. CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY FOOD PANTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: SILOAM MB CHURCH FOOD PANTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: SHILOH SDA COMM. SERVICE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: EVER REACHING COMM. OUTREACH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE

Part IV Supplemental Information

NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: TIPPAH CO. GOOD SAMARITAN CTR.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT:

MILESTON COMMUNITY DEVELOPMENT ASSOCIATION - MCDA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: PLANTING SEEDS MINISTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: HINDS COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: CHRISTIAN FELLOWSHIP CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: DELIVER ME SENIOR SUPPORT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: HEARTY HELPING FP

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: BREAD OF LIFE FOOD PANTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: MIDTOWN CHARTER SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: HARMONY M.B. CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT:

SPRINGBOARD TO OPPORTUNITIES HINDS CO.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO

Part IV Supplemental Information

HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: PLEASANT GROVE UMC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO
HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: ST. ANDREWS MISSION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO
HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: SOUTH JACKSON SDA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO
HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: BETHEL A.M.E. CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO
HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: ST. JAMES BETHEL M.B. CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO
HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: ANDERSON UNITED METHODIST CHUR

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: CLARKE CO. ASSOC. FOR NEEDY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: BETHEL BAPTIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: MT CARMEL MINISTRIES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: GOODLOE ELEMENTARY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: MT. ZION FOOD PANTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE

Part IV Supplemental Information

NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: SMITH COUNTY BAPTIST ASSOC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: NEW BEGINNING CHURCH IN CHRIST

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: OAK FOREST BC FOOD PANTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: EMMANUEL M.B.CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: MS DELTA COUNCIL/FWOI

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: PINELAKE CARE CENTER

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: WEBSTER CO BAPTIST ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: OAK GROVE MB CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: SAMARITAN'S CLOSET FP

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: FREEDOM WORSHIP CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: GRACE EPISCOPAL CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

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NAME OF ORGANIZATION OR GOVERNMENT: JERUSALEM TEMPLE COGIC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: NEW DIMENSIONS DEV.FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: LIFE CHURCH GTR

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: TOWN OF BOLTON DEV. CORP.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: DELTA HANDS FOR HOPE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: MS CULTURAL CROSSROADS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO

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HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: M.I.C.A. MCCOMB IN-DOM CARE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO
HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: ROSE HILL M.B.C. SOUP KITCHEN

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO
HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: COLLEGE HILL B.C. FOOD PANTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO
HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: LOUISE COMMUNITY MB CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO
HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: PETER'S ROCK C.O.G.I.C.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO
HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

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NAME OF ORGANIZATION OR GOVERNMENT: HEARTLAND HANDS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: COVENANT PRESBYTERIAN CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: LAMAR COUNTY SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: COPIAH COUNTY HUMAN RESOURCES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: BGC OF EAST MS- ATTALA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: ABERDEEN LOAVES & FISHES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE

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NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: VOICE OF CALVARY MINISTRIES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: RIVER CITY MISSION SK

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: HIGHER DIMENSIONS OF MT. OLIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: SHEPHERDS TENT FOOD PANTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: SUNFLOWER AREA - CSFP

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: WESLEY YOUTH FOUNDATION

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: AFTERNOON ADVENTURE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: THE WORD FULL GOSPEL BC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: LAMPTON STREET CHURCH OF CHRIST

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: SHEKINAH GLORY BC FOOD PANTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: MS CENTER P & SH.(HOPE HOME)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

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NAME OF ORGANIZATION OR GOVERNMENT: PLEASANT HOME BAPTIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: YAZOO CO. BAPTIST BROTHERHOOD

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: UNITY M.B. CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: MY BROTHER'S KEEPER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: JONES CHAPEL M.B. CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: PLANTING SEEDS MINISTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO

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HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: CHANGING YOUR WORLD MINISTRIES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO
HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: BOYD E.S./CROSSROADS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO
HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: BETHLEHEM M.B. CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO
HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: MVSU

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO
HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: FREE MISSION BAPTIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO
HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

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NAME OF ORGANIZATION OR GOVERNMENT: ST. JOHN M.B. CHURCH F. P.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: SMO INC., - WALTHALL CO.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: COUNTRY WOODS BAPTIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: ST. VINCENT DE PAUL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: MASJID MUHAMMAD

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: GOOD SAMARITAN CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE

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NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: WALDEN CHAPEL UNITED METHODIST

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: ST. LUKE UMC FOOD PANTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: TRIUMPHANT M.B. CHURCH PANTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: OAK GROVE MB CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: GRACE EPISCOPAL CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: FIRST BAPTIST CHURCH

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: WINSTON BAPTIST ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: STEPHEN CHAPEL MB CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: COVINGTON CO. BP

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: SMO, INC. - WILKINSON COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: BETHLEHEM BAPTIST CH/FOOD/PAN.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

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NAME OF ORGANIZATION OR GOVERNMENT: HICKORY RIDGE BAPTIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: JOSEPH'S FOOD PANTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: PILGRIM REST COMMUNITY DEVELOPMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: BOYS & GIRLS CLUB YAZOO

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: WE ARE ONE UNITED METHODIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: EPHEBUS BAPTIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO

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HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: MT. ZION FOOD MINISTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO
HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: INVERNESS - CSFP

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO
HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: HUMPHREYS CO. BAPTIST BROTHERHOOD

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO
HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: LOVING KINDNESS OUTREACH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO
HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: MCCSA - JASPER CO. SERV AGENCY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO
HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

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NAME OF ORGANIZATION OR GOVERNMENT: NEW JERUSALEM CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: BOYS & GIRLS CLUB OF LEFLORE C

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: JASPER COUNTY BAPTIST ASSOC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: FBC HEIDELBERG

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: DELIVER ME SR. SUPPORT SVC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: B & G CLUB DELTA GRENADA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE

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NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: SOUTHSIDE BAPTIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: CHRISTIAN FELLOWSHIP OUTREACH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: JERUSALEM BAPT. CHURCH-P.F.F.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: CHARITY FULL GOSPEL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: NEW MORNING STAR CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: FIRST SEVENTH DAY ADVENTIST CHURCH

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: WINONA COMM. PAVILION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: LEXINGTON FOOD PANTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: BONANZA BUYING CENTER, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: MOOREHEAD AREA - CSFP

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: MT. ZION FOOD PANTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: JEFFERSON COMPREH./HEALTH/CTR.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: ST. MARK MBC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: FIRST BAPTIST CHURCH FLORA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: CLARKE CO. ASSOC. FOR NEEDY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: SMO, INC. - AMITE COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: UNITED COMMUNITY DEV. OUTREACH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO

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HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: LINTONIA CHAPEL 7TH DAY ADV

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO
HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: CENTER HILL BAPTIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO
HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: WARREN COUNTY MOBILE PANTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO
HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: SCOTT COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO
HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: MULTI-COUNTY CSA - NESHOPA CO.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO
HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

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NAME OF ORGANIZATION OR GOVERNMENT: CARING HANDS OF SWEET HOME

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: MANNA FOOD PANTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: YALOBUSHA COUNTY ACTION AGENCY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: CHRISTIANS UNITED M.B. CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: CALVARY CHAPEL BAPTIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: MILES MEMORIAL CME CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE

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NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: BMA SDA CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: ETERNAL LIFE PRAYER CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: MCCSA - KEMPER COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: FAITH BAPTIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: DELTA ADVANTAGE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: OAKLAND CSFP

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(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: KEMPER SPRINGS COMM. CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: ALTA WOODS UMC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: HIGHER DIMENSIONS/CARTHAGE COLESIUM

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: BEREAN SEVENTH DAY ADVENTIST

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: OPERATION UPWARD

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

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NAME OF ORGANIZATION OR GOVERNMENT: SEMINARY BAPTIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: HEAVENS MANNA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: GREATER BEAVER MEADOW BAPTIST

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: HOUSE OF BLESSINGS OUTREACH FP

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: FRANK PHILLIPS YMCA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: WE CARE MISSION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO

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HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: FREE PEOPLE MBC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO
HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: MOUNT ELAM M B CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO
HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: DURANT MISSIONARY BAPTIST CHUR

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO
HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: UNION HILL M.B. CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO
HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: GREENVILLE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO
HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

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NAME OF ORGANIZATION OR GOVERNMENT: MULTI-COUNTY CSA - CLARKE CO.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: BEREAN SEVEN DAY ADVENTIST

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: MVSU UNIT 19

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: GREATER FAIRVIEW MB CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: TRUE WORD MINISTRIES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: MCCSA - WAYNE COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE

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NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: HELPING HANDS, CLEVELAND CSFP

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: EVERS CARE/MS URBAN LEAGUE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: PRVO, INC. - JEFF DAVIS CO.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: COMPASSION FOOD MINISTRIES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: TRIUMPH CHURCH FOOD PANTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: NORTHSIDE/EASTSIDE

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(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: ENDLESS CHARITIES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: SHADY GROVE FOOD PANTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: WESLEY YOUTH FOUNDATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: NEW COVENANT COMMUNITY FP

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: HELPING HANDS OF HUMPHREYS CO.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

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NAME OF ORGANIZATION OR GOVERNMENT: WASHINGTON COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: PRVO, INC - PERRY COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: TULANE BAPTIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: RULEVILLE AREA - CSFP

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: FAYETTE FIRST NEW LIFE SDA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: DREW AREA - CSFP

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO

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HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: CENTRAL UNITED METHODIST CHURC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO
HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: UNCLE JERRY'S FARM

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO
HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: OSEOLA MCCARTY DEV. CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO
HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: PRVO, INC - LAMAR COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO
HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: JACKSON STREET MB CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO
HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

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NAME OF ORGANIZATION OR GOVERNMENT: PINE GROVE BAPTIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: SHARKEY COUNTY EMA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: LOVE'S INCORPORATED (KITCHEN)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: GOLDEN TRAIANGLE PLANNING & DEV

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: PEARL STREET COMM. DEV. CORP.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: PRVO, INC - COVINGTON COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE

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NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: MULTI-COUNTY CAA FOOD PANTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: ROSEMONT HUMAN SERVICES FP

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: OVERFLOW FOOD PANTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: GRACE INSPIRATIONS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: ST. AUG FOOD PANTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: PRVO, INC., JONES COUNTY

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(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: ROSE HILL M.B.C FOOD PANTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: SPIRIT FOOD DELIVERANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: PENTECOSTAL CHURCH OF GOD

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT:

MS OLA SCHOOL OF BARBERING AND COMMUNITY DEVE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: MAGEE'S CREEK M.B. CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE

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NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: SUMRALL UMC FOOD PANTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: MALLORY COMMUNITY HEALTH CENTE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: AMITE RIVER BAPTIST ASSN.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: ST. COLUMB'S IONA HOUSE F/P

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: ANDERSON UNITED METHODIST CH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: RIVER OF LIFE FELLOWSHIP

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(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: CENTRAL MS FOOD PANTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: WE CARE COMMUNITY SER. CSFP

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: HOUSE OF HOPE MIN/OUTREACH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: GOOD SAMARITAN CENTER, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: WESLEY HOUSE COMMUNITY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

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NAME OF ORGANIZATION OR GOVERNMENT: MADCAPP FOOD PANTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: PRVO, INC - MARION COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: GTPDD - LOWNDES CO.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: SOUTHERN FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: EMERGENCY WATER DISTRIBUTION 2021

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: GLORY HOUSE GLOBAL OUTREACH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO

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HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: P.B.M. MINISTRIES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO
HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: MOUNT CHARITY M.B. CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO
HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: AJFC COMMUNITY ACTION AGENCY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO
HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: FIRST BAPTIST CHURCH TAYLORSVILLE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO
HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: WINONA COMM. PAVILION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO
HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

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NAME OF ORGANIZATION OR GOVERNMENT: CRUDUP-WARD CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: LEAKE COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: OUR DAILY BREAD OF CALHOUN

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: MID-STATE OPPORTUNITY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: TINNIN ROAD CHURCH OF CHRIST

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: SACRED HEART FAMILY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE

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NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: TULANE BAPTIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: MULTI-COUNTY CSA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: CENTRAL UNITED METHODIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: MUSTARD TREE MISSIONS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: GOD'S WAREHOUSE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: REVELS UNITED METH/CH - CSFP

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(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: NEW HORIZON

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: RESIDENCE OF HOPE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: NOXUBEE CO. HUMAN RESOURCE AGE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: GREATER MT. CALVARY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: FEEDING THE GULF COAST

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

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NAME OF ORGANIZATION OR GOVERNMENT: HELPING HANDS OF CLEVELAND

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: JORDAN RIVERS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: NEW WHITE STONE M.B. CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: JESUS CHURCH MINISTRIES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: HIGHLAND ELEM. SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: JACKSON REVIVAL CENTER CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO

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HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: PRVO, INC. - FORREST COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO
HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: MT. BEULAH CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO
HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: MISSION OKOLONA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO
HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: CARROLL-MONTGOMERY BAP. ASSN.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO
HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: SUNFLOWER CO. CSFP

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO
HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

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NAME OF ORGANIZATION OR GOVERNMENT: TEAM INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: JACKSON REVIVAL CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: HELPING HANDS OF HUMPHREYS CO.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: CROSSGATES BAPTIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: CARY CHRISTIAN CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: WORD OF CHRIST

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE

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NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: JERUSALEM MB CHURCH FP

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: VILLAGE OF DREAMS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: CHUNKY COMMUNITY CHURCH FP

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: PLUM STREET SOUP KITCHEN

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: MADISON COUNTY CSA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: SALVATION ARMY FP- HATTIESBURG

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(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: WORD OF CHRIST MINISTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: MS MINORITY FARMERS ALLIANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: SOUTHWEST MISS. OPPORTUNITY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: EAST LOUISVILLE BAPTIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: COPIAH COUNTY HUMAN RESOURCES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

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NAME OF ORGANIZATION OR GOVERNMENT: NEW LIFE FOOD MINISTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: RIVERSIDE ELEMENTARY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: TRUE LIGHT MINISTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: EPHESUS SDA CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: CORNERSTONE CHURCH FOOD PANTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: MFN CFAP BOXES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO

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HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: SALVATION ARMY - VICKSBURG

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO
HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: JUBILEE MENNONITE CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO
HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: CHRISTIAN FOOD MISSION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO
HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: WE 2GETHER CREATING CHANGE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO
HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: STILL WATER BOARDING SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO
HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

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NAME OF ORGANIZATION OR GOVERNMENT: CENTER RIDGE BAPTIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: MID-SOUTH FOOD BANK - BATESVILLE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: STARKVILLE CHURCH OF GOD

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: MORE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: CHRISTIAN SERVICES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: HICKORY BAP. CHURCH FOOD PANTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE

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NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: PILGRIM BAPTIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: FIRST UMC MAGEE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: SALVATION ARMY- COLUMBUS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: SOUTH PLEASANT HILL M. B. CHUR

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: STATE LINE BAPTIST FOOD PANTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: CHOCTAW COUNTY FOOD MINISTRY

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: NEW VISION OUTREACH MINISTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: THE SALVATION ARMY FOOD PANTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: GRENADA FOOD PANTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: WINGARD HOME, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: FIRST ASSEMBLY NATCHEZ/F/P

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: TULANE BAPTIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: THE SALVATION ARMY-LAUREL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: TWELVE BASKETS FOOD BANK

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: PROJECT HOMESTEAD

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: NEW WAY MISSISSIPPI

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: MERCY HOUSE OF GEORGETOWN-TC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO

Part IV Supplemental Information

HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: NEWMAN SERVICES FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO
HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: HELPING HANDS MINISTRIES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO
HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: SCOTT CO. BAPTIST ASSOC.CRISIS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO
HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: HOPE VILLAGE FOR CHILDREN

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO
HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: MIDTOWN/JLJ

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO
HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: PINELAKE CHURCH CARE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: EDWARDS STREET FELLOWSHIP CENT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: ST. ANDREWS MISSION S/K

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: WORLD OVERCOMERS FOOD OUTREACH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: MORRISON HEIGHTS BAPTIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: RIVER CITY MISSION FP

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE

Part IV Supplemental Information

NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: MS CENTER P & SH. (HOPE HOME)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: MARION COUNTY FOOD PANTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: WE WILL GO MINISTRIES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: FIRST RIDGELAND CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: EVER REACHING COMM. OUTREACH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: THE POINTE CHURCH FP

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: PETAL CHILDREN'S TASK FORCE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: GREENWOOD INTERFAITH MINISTRIE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: PINELAKE CARE CTR.-STARKVILLE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: BROOKHAVEN OUTREACH MINISTRIES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: HEARTY HELPINGS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: OUR DAILY BREAD

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: VINE PLACE COMMUNITY OUTREACH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: CARE CENTER MINISTRIES MS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: CHRISTIAN SERVICES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: FEED BY FAITH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: FRIENDS OF ALCOHOLICS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO

Part IV Supplemental Information

HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: EBENEZER APOSTOLIC MINISTRIES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO
HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: GLEANERS, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE, WITHOUT CHARGE, FOOD TO
HOMELESS, ELDERLY, HANDICAPPED, MENTALLY ILL, BATTERED, POOR OR OTHERWISE
NEEDY MEN, WOMEN AND CHILDREN.

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 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 IV Supplemental Information

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)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

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	35,066,589.	SEE SCH M, 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 V, Donee Acknowledgement **29**

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 3 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.

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) 2022

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

PART I, LINE 19, COLUMN (D):

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

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

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 Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

MISSISSIPPI FOOD NETWORK INC

Employer identification number

64-0676325

FORM 990, 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.

FORM 990, PART VI, SECTION B, LINE 12C:

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, PART VI, SECTION B, LINE 15:

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, 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, 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, PAGE 12, PART XII, LINE 2C

THE AUDITOR MEETS WITH THE BOARD OF DIRECTORS AND AUDIT COMMITTEE

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

Schedule O (Form 990) 2022

