Form 990-T	EXTENDED TO MAY Exempt Organization Busine	ss Income Ta	MDED KEIOKN	OMB No 1545-0687				
	(and proxy tax under se			2017				
	For calendar year 2017 or other tax year beginning $\overline{\mathtt{JUL}} \;\; 1$, $\;\; 20$			2017				
Department of the Treasury Internal Revenue Service	▶ Go to www irs.gov/Form990T for instructi ▶ Do not enter SSN numbers on this form as it may be may			-Open to Public Inspection for 501(c)(3) Organizations Only				
A Check box if address changed	Name of organization (Check box if name changed	and see instructions.)) (Emg	oloyer identification number ployees' trust, see ructions)				
B Exempt under section	Print MID-SOUTH FOOD BANK, INC. 62-1340755							
\mathbf{X} 501(cl)(3)	Type Number, street, and room or suite no If a P.O box, see ii	nstructions.		elated business activity codes instructions)				
408(é) 220(e)	239 SOUTH DUDLEY							
408A530(a) 529(a)	City or town, state or province, country, and ZIP or foreig MEMPHIS, TN 38104	n postal code						
Book value of all assets	F Group exemption number (See instructions)							
at end of year	37. G Check organization type ► X 501(c) corporation	501(c) trust	401(a) trust	Other trust				
	n's primary unrelated business activity. NO UNRELAT		INCOME					
	the corporation a subsidiary in an affiliated group or a parent-subs		▶	es X No				
	ind identifying number of the parent corporation.			<u> </u>				
	MICHAEL WHITTEN		number ► 901-					
·	d Trade or Business Income	(A) Income	(B) Expenses	(C) Net				
1 a Gross receipts or sale								
b Less returns and allo2 Cost of goods sold (5				 				
3 Gross profit. Subtrac								
4a Capital gain net incor	 			 				
	4797, Part II, line 17) (attach Form 4797) 4b		· · · · · · · · · · · · · · · · · · ·					
c Capital loss deduction								
5 Income (loss) from p	artnerships and S corporations (attach statement) 5							
Rent income (Schedu	le C)							
27 Unrelated debt-finance	ed income (Schedule E)			<u> </u>				
m	yalties, and rents from controlled organizations (Sch. F)							
9 Investment income o	a section 501(c)(7), (9), or (17) organization (Schedule G)			 				
	vity income (Schedule I)			 				
Advertising income (5	Schedule J) 11 structions; attach schedule) 12			 				
13 Total, Combine lines		0.		 				
Part II Deduction	ns Not Taken Elsewhere (See instructions for limit	ations on deductions)						
(Except for	contributions, deductions must be directly connected with	the unrelated business in	come)					
	icers, directors, and trustees (Schedule K)		14_					
15 Salaries and wages			15	<u> </u>				
16 Repairs and mainter	RECEIVED	7	16	 				
17 Bad debts 18 Interest (attach sche		70	18	 				
18 Interest (attach sche19 Taxes and licenses	MAR 0 7 2019	SO-S	19	 				
20 Charitable contribut	ons (See instructions for limitation rules) MAR 0 7 2019	8	20					
		21						
22 Less depreciation of	Form 4562) aimed on Schedule A and elsewhele on Leiturn CDEN, UT	22a	22b					
23 Depletion			23	ļ				
24 Contributions to def	erred compensation plans		_24_	ļ				
25 Employee benefit pr			25	 				
26 Excess exempt expe			26	<u> </u>				
27 Excess readership of			27	 				
28 Other deductions (a		· ·	28	0.				
	dd lines 14 through 28 axable income before net operating loss deduction. Subtract line 2	9 from line 13	30	0.				
	eduction (limited to the amount on line 30)	= =	31					
	axable income before specific deduction. Subtract line 31 from line	30	32	0.				
	Generally \$1,000, but see line 33 instructions for exceptions)		33	1,000.				
	taxable income Subtract line 33 from line 32. If line 33 is greater	than line 32, enter the smalle						
line 32			70 34	0.				
723701 01-22-18 LHA F	or Paperwork Reduction Act Notice, see instructions		1 '~ '1	Form 990-T (2017)				
0570000 55000	41 2017 05040 MI		DANK (KIZ (Q_{8346} 1				
0570226 75866	3 8346 2017.05040 MII	J-SOUTH FOOD	BANK, INC.	03401				

Form 990-	T (2017)	MID-SOUTH FOOD BANK, INC. 62-13	40755 _		Page 2
Part I	11	Tax Computation			
35	Orgai	nizations Taxable as Corporations. See instructions for tax computation.			
	Contr	rolled group members (sections 1561 and 1563) check here 🕨 🔙 See instructions and			
а	Enter	your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)			
	(1)	S (3) S			
b	Enter	organization's share of (1) Additional 5% tax (not more than \$11,750)			
	(2) A	Additional 3% tax (not more than \$100,000)			
C	Incon	me tax on the amount on line 34	35c		0.
36	Trust	ts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 34 from:			
		Tax rate schedule or Schedule D (Form 1041)	36		
37	Proxy	y tax. See instructions	36		
38	Altern	native minimum tax	38		
39	Tax o	on Non-Compliant Facility Income See instructions	39		
40		. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40		0.
Part I	v] 1	Tax and Payments	1		
41a	Foreig	gn tax credit (corporations attach Form 1118; trusts attach Form 1116)			
b	Other	r credits (see instructions)	_		
C	Gener	ral business credit. Attach Form 3800	_		
d	Credi	it for prior year minimum tax (attach Form 8801 or 8827)	_		
е	Total	credits Add lines 41a through 41d	41e		
42	Subtr	ract line 41e from line 40	41e		0.
43	Other	r taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	43		
44	Total	tax Add lines 42 and 43	44		0.
45 a	Paym	nents: A 2016 overpayment credited to 2017	1		
b	2017	estimated tax payments 45bf			
С	Tax d	deposited with Form 8868	_}		
d	Foreig	gn organizations: Tax paid or withheld at source (see instructions)	_		
е	Backı	up withholding (see instructions)	_		
f	Credit	it for small employer health insurance premiums (Attach Form 8941)	_		
g	Other	r credits and payments: Form 2439			
		Form 4136 Other Total ▶ 45g	」		
46	Total	payments Add lines 45a through 45g	46		
47	Estim	nated tax penalty (see instructions). Check if Form 2220 is attached 🕨 📖	47/		
48	Tax d	fue. If line 46 is less than the total of lines 44 and 47, enter amount owed	48		0.
49	Overp	payment If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	149		<u>0.</u>
50		the amount of line 49 you want: Credited to 2018 estimated tax	150		
Part \		Statements Regarding Certain Activities and Other Information (see instructions)		- 	
51	-	y time during the 2017 calendar year, did the organization have an interest in or a signature or other authority		Yes	No_
		a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file			
	FinCE	EN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country			
	here			-	<u>X</u>
52		ng the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			_ <u>X</u> _
		S, see instructions for other forms the organization may have to file			
53		the amount of tax-exempt interest received or accrued during the tax year > \$	avilades and halvel		
Sign	CO	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knorrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	owiedge and belier,	it is true,	
Here		A A A A A A A A A A A A A A A A A A A	May the IRS discuss		with
11010			the preparer shown to instructions)?		1 112
				Tes	No
		Print/Type preparer's name Preparer's signature Date Check	ıf PTIN		
Paid		17 (WIA) 2/26/10 9 self-employed	I	0160	
Prepa	1161	KELLY S. CROW COVERGEROW PLC	P0151 62-04		0
Use C	nly	Firm's name ► REYNOLDS BONE & GRYESBECK PLC Firm's EIN ►	02-04	2012	<u> </u>
		5100 WHEELIS DRIVE, SUITE 300 Phone no.	(901) 68	2-24	31
		Firm's address ► MEMPHIS, TN 38117-4568 Phone no.		990-T	
			FUITH	I	-4111

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	aluation N/A				· · · · ·	
1 Inventory at beginning of year 1			\neg	6 Inventory at end of year			6		
2 Purchases				ubtract I	ine 6				
3 Cost of labor	3		7	from line 5 Enter here	and in F	Part I,			
4a Additional section 263A costs				line 2			7	•	
(attach schedule)	4a		8 Do the rules of section 263A (with respect to					Yes	No
b Other costs (attach schedule)	4b		7	property produced or a					
5 Total Add lines 1 through 4b	5			the organization?		, , , ,			'
Schedule C - Rent Income		Property an	d Pe		Lease	ed With Real Prop	perty)		
(see instructions)	•			_	_	•	••		
Description of property									
(1)									
(2)									
(3)						<u> </u>			
(4)									
	2. Rent receive	ed or accrued							
(a) From personal property (if the personal property is more 10% but not more than 50%	e than	of rent for p	personal	and personal property (if the percentage ersonal property exceeds 50% or if the based on profit or income) 3(a) Deductions directly connected with the income columns 2(a) and 2(b) (attach schedule the based on profit or income)				the income chedule)	in
(1)	_								
(2)				_					
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	-	,	0.
Schedule E - Unrelated Del	ot-Financed	Income (see	ınstru	ctions)			<u> </u>		
			2	. Gross income from		3 Deductions directly conn to debt-finance	ected with or a	llocable	
Description of debt-financed property			or allocable to debt- financed property				ner deductior ch schedule)		
(1)									
(2)									
(3)									
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis illocable to nced property n schedule)	, 6	Column 4 divided by column 5	reportable (column (column 6		cable deduct 8 x total of co (a) and 3(b))		
(1)				%					
(2)				%	ļ	<u> </u>			
(3)				%			<u> </u>		
(4)				%					
					1	nter here and on page 1, Part I, line 7, column (A)		e and on pag ne 7, column	
Totals				•		0	,		0.
Total dividends-received deductions included in column 8						>			0.
							E	orm 000-T	(2017)

1. Name of partodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3), if a gain, compute cols. 5 through 7,	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						ļ
Totals (carry to Part II, line (5))	0.	0.				0.
						Form 990-T (2017)

Form **990-1** (2017)

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)							
(2)					<u> </u>		
(3)							
(4)							
Totals from Part I	0.	0.				0	
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).]			Enter here and on page 1, Part II, line 27,	
Totals, Part II (lines 1-5)	0.	0.	1			0	

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

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		_%	
Total. Enter here and on page 1, Part II, line 14		>	0.

Form 990-T (2017)