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CLIENT'S COPY

Jones & Company, Ltd  
Certified Public Accountants  
2223 Browns Lane  
Jonesboro, Arkansas 72401

November 2, 2021

The Food Bank of Northeast Arkansas  
P.O. Box 2097  
Jonesboro, AR 72402

The Food Bank of Northeast Arkansas:

Enclosed is the organization's 2020 Exempt Organization  
return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you  
wish to have it transmitted electronically to the IRS, please  
sign, date, and return Form 8879-EO to our office. We will  
then submit the electronic return to the IRS. Do not mail a  
paper copy of the return to the IRS.

A copy of the return is enclosed for your files. We suggest  
that you retain this copy indefinitely.

Very truly yours,

Cheryl Deen, CPA

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning JUL 1, 2020, and ending JUN 30, 2021

# 2020

Department of the Treasury  
Internal Revenue Service

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

Name of exempt organization or person subject to tax

Taxpayer identification number

**THE FOOD BANK OF NORTHEAST ARKANSAS**

**71-0810999**

Name and title of officer or person subject to tax

**CHRISTIE JORDAN  
CHIEF EXECUTIVE OFFICER**

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

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>27,386,382.</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) .....	<b>5b</b> _____
<b>6a</b> Form 990-T check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) .....	<b>6b</b> _____
<b>7a</b> Form 4720 check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1) .....	<b>7b</b> _____

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above organization or  I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize JONES AND COMPANY LTD to enter my PIN 10999  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶

## Part III Certification and Authentication

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

**71223255029**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2020**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>THE FOOD BANK OF NORTHEAST ARKANSAS</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>P.O. BOX 2097</b> City or town, state or province, country, and ZIP or foreign postal code <b>JONESBORO, AR 72402</b> <b>F</b> Name and address of principal officer: <b>CHRISTIE JORDAN</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>71-0810999</b> <b>E</b> Telephone number <b>870-932-3663</b> <b>G</b> Gross receipts \$ <b>27,386,382.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.FOODBANKOFNEA.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1998</b> <b>M</b> State of legal domicile: <b>AR</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>THE FOOD BANK OF NORTHEAST ARKANSAS PROVIDES HUNGER RELIEF TO PEOPLE IN NEED BY RAISING</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	<b>13</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	<b>13</b>
<b>5</b>	Total number of individuals employed in calendar year 2020 (Part V, line 2a) .....	<b>5</b>	<b>21</b>
<b>6</b>	Total number of volunteers (estimate if necessary) .....	<b>6</b>	<b>750</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	<b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11 .....	<b>7b</b>	<b>0.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b>	<b>Current Year</b>
<b>9</b>	Program service revenue (Part VIII, line 2g) .....	<b>21,587,120.</b>	<b>27,031,357.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	<b>174,031.</b>	<b>167,755.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	<b>142,208.</b>	<b>151,663.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	<b>27,423.</b>	<b>35,607.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	<b>21,930,782.</b>	<b>27,386,382.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) .....	<b>19,556,439.</b>	<b>21,717,296.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	<b>0.</b>	<b>0.</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) .....	<b>871,110.</b>	<b>919,496.</b>
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>204,278.</b>	<b>105,478.</b>	<b>125,230.</b>
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	<b>744,474.</b>	<b>907,181.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	<b>21,277,501.</b>	<b>23,669,203.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 .....	<b>653,281.</b>	<b>3,717,179.</b>
<b>20</b>	Total assets (Part X, line 16) .....	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>21</b>	Total liabilities (Part X, line 26) .....	<b>12,403,030.</b>	<b>16,645,154.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 .....	<b>433,903.</b>	<b>114,661.</b>
		<b>11,969,127.</b>	<b>16,530,493.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>CHRISTIE JORDAN, CHIEF EXECUTIVE OFFICER</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>CHERYL DEEN, CPA</b>	Preparer's signature  Date  Check if self-employed <input type="checkbox"/> PTIN <b>P00155035</b>
	Firm's name ▶ <b>JONES AND COMPANY LTD</b> Firm's address ▶ <b>PO BOX 16307</b> <b>JONESBORO, AR 72403</b>	Firm's EIN ▶ <b>71-0629531</b> Phone no. <b>870-935-2871</b>

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: THE FOOD BANK OF NORTHEAST ARKANSAS PROVIDES HUNGER RELIEF TO PEOPLE IN NEED IN TWELVE COUNTIES IN NORTHEAST ARKANSAS BY RAISING AWARENESS, SECURING RESOURCES, AND DISTRIBUTING FOOD THROUGH A NETWORK OF NON-PROFIT AGENCIES AND PROGRAMS.

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 \$ 19,886,046. including grants of \$ 18,699,584. ) (Revenue \$ 167,755. ) CORE FOOD DISTRIBUTION PROGRAM - THE ORGANIZATION SERVES AS A DISTRIBUTION CENTER FOR MORE THAN 100 LOCAL PARTNER AGENCIES SUCH AS FOOD PANTRIES, SOUP KITCHENS, SHELTERS, SPECIAL CARE FACILITIES, AND SENIOR CITIZEN CENTERS IN 12 COUNTIES THROUGHOUT NORTHEAST ARKANSAS.

4b (Code: ) (Expenses \$ 3,005,816. including grants of \$ 2,826,479. ) (Revenue \$ ) COMMODITY DISTRIBUTION PROGRAM - THE ORGANIZATION CONDUCTS 4 TO 5 COMMODITY FOOD DISTRIBUTIONS ANNUALLY AT 20 DIFFERENT SITES IN 11 COUNTIES. STAFF AND VOLUNTEERS SET UP ONE-DAY FOOD PANTRIES AT ADVERTISED LOCATIONS THROUGHOUT THE YEAR. ELIGIBLE FAMILIES AND INDIVIDUALS ARE GIVEN FOOD FREE OF CHARGE. ELIGIBILITY IS BASED ON THE NUMBER OF PEOPLE IN THE HOUSEHOLD AND THE HOUSEHOLD'S COMBINED MONTHLY INCOME.

4c (Code: ) (Expenses \$ 203,366. including grants of \$ 191,232. ) (Revenue \$ ) BACKPACK PROGRAMS/SENIOR FEEDING PROGRAMS - THE BACKPACK PROGRAM PROVIDES BACKPACKS FILLED WITH FOOD TO MORE THAN 1100 CHILDREN EACH WEEK DURING THE SCHOOL YEAR. THE BACKPACKS ARE FILLED WITH ENOUGH FOOD FOR THE WEEKEND AND ARE GIVEN TO EACH CHILD ON THE LAST DAY OF THE SCHOOL WEEK. THIS PROGRAM SERVES CHILDREN IN 18 SCHOOLS IN 9 DIFFERENT SCHOOL DISTRICTS OF NORTHEAST ARKANSAS. THE SENIOR FEEDING PROGRAM SUPPLIES ELIGIBLE SENIOR CITIZENS WITH A BOX OF FOOD EVERY OTHER WEEK. THE FOOD IS EITHER PICKED UP BY THE SENIOR CITIZEN OR DELIVERED BY A VOLUNTEER.

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

4e Total program service expenses 23,095,228.

**Part IV Checklist of Required Schedules**

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



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

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	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
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> 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)*

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> 21		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	X



**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
<b>1a</b>	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.		
	<b>1a</b> 13		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 13		
<b>2</b>	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
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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>b</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
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>12c</b>		X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	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>b</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?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **AR**
- 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 **CHRISTIE JORDAN, THE FOOD BANK OF NORTHEAST ARKANSAS - 870-932-3663**  
**3414 ONE PLACE, JONESBORO, AR 72404**

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHRISTIE JORDAN CHIEF EXECUTIVE OFFICER	40.00	X		X				78,591.	0.	0.
(2) SONYA SANDERS BOARD MEMBER	1.00	X						0.	0.	0.
(3) HATTON WEEKS BOARD MEMBER	1.00	X						0.	0.	0.
(4) RUSS HANNAH BOARD MEMBER	1.00	X						0.	0.	0.
(5) SUSAN MERIDETH BOARD MEMBER	1.00	X		X				0.	0.	0.
(6) JIMMY FARLEY PAST PRESIDENT	4.00	X		X				0.	0.	0.
(7) BROOK LAURENT BOARD MEMBER	1.00	X						0.	0.	0.
(8) JOHN MCKNIGHT SECRETARY	1.00	X		X				0.	0.	0.
(9) TREY STAFFORD VICE PRESIDENT	4.00	X						0.	0.	0.
(10) LYDIA PARKEY TREASURER	1.00	X						0.	0.	0.
(11) LEXANNE HORTON BOARD MEMBER	1.00	X						0.	0.	0.
(12) JASON GOSSAGE BOARD MEMBER	1.00	X		X				0.	0.	0.
(13) JOE VERSER PRESIDENT	4.00	X		X				0.	0.	0.
(14) BECKY MCDANIEL BOARD MEMBER	1.00	X						0.	0.	0.



**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>	60,494.					
	<b>b</b> Membership dues .....	<b>1b</b>						
	<b>c</b> Fundraising events .....	<b>1c</b>	335,703.					
	<b>d</b> Related organizations .....	<b>1d</b>						
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	3,553,820.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	23,081,340.					
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1g</b>	\$ 20,037,905.					
	<b>h Total.</b> Add lines 1a-1f .....			27,031,357.				
<b>Program Service Revenue</b>	<b>2 a</b> SHARED MAINTENANCE FEES	<b>Business Code</b> 624210		167,755.	167,755.			
	<b>b</b> _____							
	<b>c</b> _____							
	<b>d</b> _____							
	<b>e</b> _____							
	<b>f</b> All other program service revenue .....							
	<b>g Total.</b> Add lines 2a-2f .....			167,755.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			151,663.			151,663.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....							
	<b>5</b> Royalties .....							
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>						
	<b>c</b> Rental income or (loss)	<b>6c</b>						
	<b>d</b> Net rental income or (loss) .....							
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>						
	<b>c</b> Gain or (loss) .....	<b>7c</b>						
	<b>d</b> Net gain or (loss) .....							
<b>8 a</b> Gross income from fundraising events (not including \$ 335,703. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>			0.				
				0.				
				0.				
<b>b</b> Less: direct expenses .....	<b>8b</b>							
<b>c</b> Net income or (loss) from fundraising events .....								
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>							
<b>b</b> Less: direct expenses .....	<b>9b</b>							
<b>c</b> Net income or (loss) from gaming activities .....								
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>							
<b>b</b> Less: cost of goods sold .....	<b>10b</b>							
<b>c</b> Net income or (loss) from sales of inventory .....								
<b>Miscellaneous Revenue</b>	<b>11 a</b> MISCELLANEOUS INCOME	<b>Business Code</b> 624210		35,607.			35,607.	
	<b>b</b> _____							
	<b>c</b> _____							
	<b>d</b> All other revenue .....							
	<b>e Total.</b> Add lines 11a-11d .....			35,607.				
<b>12 Total revenue.</b> See instructions .....			27,386,382.	167,755.	0.	187,270.		

**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	18,890,817.	18,890,817.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,826,479.	2,826,479.		
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	78,591.	55,014.	15,718.	7,859.
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	655,720.	459,004.	131,144.	65,572.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	129,011.	103,209.	25,802.	
10 Payroll taxes	56,174.	39,322.	11,235.	5,617.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	18,334.	9,167.	9,167.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	125,230.			125,230.
f Investment management fees	50,771.		50,771.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	4,644.	2,322.	2,322.	
12 Advertising and promotion				
13 Office expenses	9,706.	7,765.	1,941.	
14 Information technology				
15 Royalties				
16 Occupancy	37,218.	29,774.	7,444.	
17 Travel	4,285.	4,285.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	8,415.	8,415.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	304,847.	243,878.	60,969.	
23 Insurance	51,622.	41,298.	10,324.	
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 <b>REPAIRS &amp; MAINTENANCE</b>	142,691.	142,691.		
b <b>CONTRACT LABOR</b>	73,011.	58,409.	14,602.	
c <b>DUES &amp; SUBSCRIPTIONS</b>	38,585.	30,868.	7,717.	
d <b>SUPPLIES</b>	38,229.	30,583.	7,646.	
e All other expenses	124,823.	111,928.	12,895.	
25 <b>Total functional expenses.</b> Add lines 1 through 24e	23,669,203.	23,095,228.	369,697.	204,278.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,391,070.	<b>1</b>	1,646,340.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	4,000.	<b>3</b>	1,000.
	<b>4</b> Accounts receivable, net .....	8,399.	<b>4</b>	14,499.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	1,152,176.	<b>8</b>	811,417.
	<b>9</b> Prepaid expenses and deferred charges .....	18,047.	<b>9</b>	4,088.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 9,246,419.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,633,446.	<b>10c</b>	6,612,973.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	3,374,516.	<b>13</b>	7,554,837.
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	12,403,030.	<b>16</b>	16,645,154.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	39,901.	<b>17</b>	11,625.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	157,156.	<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	130,155.	<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	106,691.	<b>25</b>	103,036.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	433,903.	<b>26</b>	114,661.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	5,139,263.	<b>27</b>	9,781,705.
	<b>28</b> Net assets with donor restrictions .....	6,829,864.	<b>28</b>	6,748,788.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	11,969,127.	<b>32</b>	16,530,493.
<b>33</b> Total liabilities and net assets/fund balances .....	12,403,030.	<b>33</b>	16,645,154.	



**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	27,386,382.
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,669,203.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,717,179.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,969,127.
5	Net unrealized gains (losses) on investments	5	714,036.
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	130,151.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	16,530,493.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

<b>Name of the organization</b>	<b>Employer identification number</b>
THE FOOD BANK OF NORTHEAST ARKANSAS	71-0810999

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

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

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

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

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	11192871.	10708069.	15609025.	21587120.	27031357.	86128442.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	11192871.	10708069.	15609025.	21587120.	27031357.	86128442.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						86128442.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	11192871.	10708069.	15609025.	21587120.	27031357.	86128442.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	79,523.	98,267.	95,344.	142,208.	151,663.	567,005.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						86695447.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).....	<b>14</b>	99.35 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	99.37 %
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	▶ <input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	▶ <input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	▶ <input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	▶ <input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	▶ <input type="checkbox"/>	

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 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**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? If "No," describe in <b>Part VI</b> 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.		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

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

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

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

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

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



**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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> 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)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			



**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2020**

Name of the organization

THE FOOD BANK OF NORTHEAST ARKANSAS

Employer identification number

71-0810999

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization  <b>THE FOOD BANK OF NORTHEAST ARKANSAS</b>	Employer identification number  <b>71-0810999</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE CHICAGO COMMUNITY TRUST  225 N MICHIGAN AVENUE SUITE 2200  CHICAGO, IL 60601	\$ 3,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	FEEDING AMERICA  161 N CLARK STREET SUITE 700  CHICAGO, IL 60601	\$ 1,686,447.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ARKANSAS DEPARTMENT OF HUMAN SERVICES  PO BOX 1437  LITTLE ROCK, AR 72203	\$ 2,826,479.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>THE FOOD BANK OF NORTHEAST ARKANSAS</b>	Employer identification number  <b>71-0810999</b>
--	---

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	FOOD COMMODITIES _____ _____ _____	\$ 2,826,479.	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____



Name of organization  <b>THE FOOD BANK OF NORTHEAST ARKANSAS</b>	Employer identification number  <b>71-0810999</b>
--	---

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

**Name of the organization** THE FOOD BANK OF NORTHEAST ARKANSAS **Employer identification number** 71-0810999

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

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

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

**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	3,374,516.	3,235,977.	3,190,929.	3,161,217.	3,133,725.
b Contributions	3,366,566.	9,774.			
c Net investment earnings, gains, and losses	864,526.	259,552.	198,015.	226,598.	246,070.
d Grants or scholarships					
e Other expenditures for facilities and programs		100,000.	124,661.	168,500.	191,422.
f Administrative expenses	50,771.	30,787.	28,306.	28,386.	27,156.
g End of year balance	7,554,837.	3,374,516.	3,235,977.	3,190,929.	3,161,217.

- 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  100 %
- 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  |     | X  |
| (ii) Related organizations   |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		68,000.		68,000.
b Buildings		7,679,797.	1,666,348.	6,013,449.
c Leasehold improvements				
d Equipment		1,498,622.	967,098.	531,524.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				6,612,973.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (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) BUILDING MAINTENANCE FUND	2,554,537.	END-OF-YEAR MARKET VALUE
(2) BUILDING PROGRAM FUND	5,000,300.	END-OF-YEAR MARKET VALUE
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	7,554,837.	

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED PAYROLL WAGES AND TAXES	103,036.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	103,036.

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	28,243,205.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	714,036.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	63,407.	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	130,151.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>		907,594.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	27,335,611.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	50,771.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>		50,771.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	27,386,382.

**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.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	23,681,839.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>	63,407.	
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>		63,407.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	23,618,432.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	50,771.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>		50,771.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	23,669,203.

**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.

**PART V, LINE 4:**

THE BUILDING MAINTENANCE FUND AND THE PROGRAM FUND ARE INTENDED FOR THE FUTURE CAPITAL MAINTENANCE AND REPAIRS AS WELL AS THE OPERATIONS AND PROGRAMS OF THE DONALD W. REYNOLDS FOOD DISTRIBUTION CENTER.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

PPP LOAN FORGIVEN 130,151.



**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 (add col. (a) through col. (c))	
		DIRECT MAIL SOLICITATION (event type)	(event type)	NONE (total number)		
Revenue	1	Gross receipts	335,703.		335,703.	
	2	Less: Contributions	335,703.		335,703.	
	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))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_







**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

**THE FOOD BANK OF NORTHEAST ARKANSAS**

Employer identification number  
**71-0810999**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
(OSC) JACKSON COUNTY SENIOR LIFE CENTER - 1502 S HIGHWAY 67 - TUCKERMAN, AR 72473		501 (C) (3)	0.	23,077.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
(SFP) B.E.E.S. SENIOR CITIZENS INC. - 121 N 12TH ST - PARAGOULD, AR 72450		501 (C) (3)	0.	16,907.FMV	FOOD	BACKPACK PROGRAM	
(SFP) BLYTHEVILLE (MISSISSIPPI CO.) SENIOR CITIZENS CENTER - 1101 DAVID LN - BLYTHEVILLE, AR 72315		501 (C) (3)	0.	8,884.FMV	FOOD	BACKPACK PROGRAM	
(SFP) CORNING SENIOR CENTER (B.R.A.D.) - 1600 SUCCESS ST - CORNING, AR 72422		501 (C) (3)	0.	10,986.FMV	FOOD	BACKPACK PROGRAM	
(SFP) FORREST CITY SR. LIFE CENTER - ST. BERNARDS - 2550 S WASHINGTON ST - FORREST CITY, AR 72335		501 (C) (3)	0.	19,167.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
(SFP) HARRISBURG SENIOR LIFE CENTER-EAAAA - 300 FAIRGROUNDS RD - HARRISBURG, AR 72432		501 (C) (3)	0.	28,780.FMV	FOOD	BACKPACK PROGRAM	

**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) 2020

**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(SFP) JONESBORO SENIOR LIFE CENTER FOOD PANTRY - 700 E WASHINGTON AVE - JONESBORO, AR 72401		501 (C) (3)	0.	12,870.FMV		FOOD	BACKPACK PROGRAM
(SFP) MANILA (MISSISSIPPI CO.) SENIOR CITIZENS CENTER - 855 N AIRPORT DR - MANILA, AR 72442		501 (C) (3)	0.	13,261.FMV		FOOD	BACKPACK PROGRAM
(SFP) OSCEOLA (MISSISSIPPI CO.) SENIOR CENTER - 701 NORTH WALNUT - OSCEOLA, AR 72370		501 (C) (3)	0.	8,232.FMV		FOOD	BACKPACK PROGRAM
(SFP) POCAHONTAS SENIOR CENTER (B.R.A.D.) - 1505 AIRPORT RD - POCAHONTAS, AR 72455		501 (C) (3)	0.	14,443.FMV		FOOD	BACKPACK PROGRAM
(SFP) TRUMANN SENIOR LIFE CENTER-EAAA - 351 CAMPBELL STREET #B - TRUMANN, AR 72472		501 (C) (3)	0.	12,389.FMV		FOOD	BACKPACK PROGRAM
(SFP) WALNUT RIDGE SENIOR CENTER (B.R.A.D.) - 702 STATE ST - WALNUT RIDGE, AR 72476		501 (C) (3)	0.	15,542.FMV		FOOD	BACKPACK PROGRAM
(SFP) WEST MEMPHIS SR. LIFE CENTER-ST. BERNARDS - 318 W PLYER ST - WEST MEMPHIS, AR 72301		501 (C) (3)	0.	45,880.FMV		FOOD	BACKPACK PROGRAM
(SFP) WYNNE SENIOR LIFE CENTER-ST. BERNARDS - 715 CANAL AVE E - WYNNE, AR 72396		501 (C) (3)	0.	22,053.FMV		FOOD	BACKPACK PROGRAM
(SP) CROSS COUNTY ELEMENTARY SCHOOL - 2622 HIGHWAY 42 - CHERRY VALLEY, AR 72324		501 (C) (3)	0.	15,663.FMV		FOOD	BACKPACK PROGRAM

**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(SP) JONESBORO PRE-K NORTH 1307 FLINT ST JONESBORO, AR 72401		501 (C) (3)	0.	32,398.FMV	FOOD		BACKPACK PROGRAM
(SP) RIVERSIDE HIGH SCHOOL 601 CATFISH DR LAKE CITY, AR 72437		501 (C) (3)	0.	25,537.FMV	FOOD		BACKPACK PROGRAM
7TH AND MUELLER CHURCH OF CHRIST 1000 S. 7TH STREET PARAGOULD, AR 72450		501 (C) (3)	0.	47,531.FMV	FOOD		FOOD DISTRIBUTION PROGRAM
A STATE CAMPUS PANTRY 2907 E JOHNSON AVE JONESBORO, AR 72401		501 (C) (3)	0.	41,464.FMV	FOOD		FOOD DISTRIBUTION PROGRAM
AGAPE MISSION OUTREACH 501 W. SECOND STREET CORNING, AR 72422		501 (C) (3)	0.	68,232.FMV	FOOD		FOOD DISTRIBUTION PROGRAM
AR CARE - AUGUSTA 400 HIGHWAY 64 E AUGUSTA, AR 72006		501 (C) (3)	0.	114,296.FMV	FOOD		FOOD DISTRIBUTION PROGRAM
AR CARE - PARKIN (MOBILE DISTRIBUTION) - 5787 US 64 - PARKIN, AR 72373		501 (C) (3)	0.	35,853.FMV	FOOD		FOOD DISTRIBUTION PROGRAM
AUGUSTA FIRST UNITED METHODIST CHURCH - 305 S. 3RD STREET - AUGUSTA, AR 72006		501 (C) (3)	0.	41,786.FMV	FOOD		FOOD DISTRIBUTION PROGRAM
AUGUSTA HIGH SCHOOL 1011 MAIN ST AUGUST, AR 72006		501 (C) (3)	0.	37,286.FMV	FOOD		FOOD DISTRIBUTION PROGRAM

**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAGS OF BLESSINGS 111 S.E. FRONT STREET WALNUT RIDGE, AR 72476		501 (C) (3)	0.	19,981.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
BAY SCHOOL DISTRICT 700 SCHOOL ST BAY, AR 72411		501 (C) (3)	0.	7,535.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
BLACK RIVER AREA DEVELOPMENT CORPORATION - 1403 HOSPITAL DR - POCAHONTAS, AR 72455		501 (C) (3)	0.	61,623.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
BLACK ROCK UNITED METHODIST CHURCH 163 N 4TH ST BLACK ROCK, AR 72415		501 (C) (3)	0.	26,960.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
BLYTHEVILLE COMMUNITY SAMARITAN MINISTRIES - 534 MAPLE - BLYTHEVILLE, AR 72316		501 (C) (3)	0.	6,204.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
BLYTHEVILLE-GOSNELL AREA FOOD PANTRY - 122 WEST MAIN STREET - BLYTHEVILLE, AR 72315		501 (C) (3)	0.	11,277.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
BP FORREST CITY BACKPACK PROGRAM 625 IRVING STREET FORREST CITY, AR 72335		501 (C) (3)	0.	6,754.FMV		FOOD	BACKPACK PROGRAM
BP INTERNATIONAL STUDIES MAGNET SCHOOL - 1218 COBB ST - JONESBORO, AR 72401		501 (C) (3)	0.	5,994.FMV		FOOD	BACKPACK PROGRAM
BP JACKSON COUNTY (TUCKERMAN) BACKPACK PROGRAM - 300 N. DOWELL - TUCKERMAN, AR 72473		501 (C) (3)	0.	8,079.FMV		FOOD	BACKPACK PROGRAM

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

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BP JONESBORO MICO-SOCIETY 1110 W WASHINGTON AVE JONESBORO, AR 72401		501 (C) (3)	0.	5,784.FMV		FOOD	BACKPACK PROGRAM
BP MAYNARD SCHOOLS 113 HWY 328 WEST MAYNARD, AR 72444		501 (C) (3)	0.	6,309.FMV		FOOD	BACKPACK PROGRAM
BP NEWPORT SCHOOLS 406 WILKERSON DR NEWPORT, AR 72112		501 (C) (3)	0.	5,817.FMV		FOOD	BACKPACK PROGRAM
BP OSCEOLA SCHOOLS 2800 W SEMMES AVE OSCEOLA, AR 72370		501 (C) (3)	0.	5,921.FMV		FOOD	BACKPACK PROGRAM
BP UNIVERSITY HEIGHTS INTERMEDIATE (FORMERLY NIC) - 3901 AGGIE ROAD - JONESBORO, AR 72401		501 (C) (3)	0.	5,225.FMV		FOOD	BACKPACK PROGRAM
BP WYNNE PUBLIC SCHOOLS 1300 FALLS BLVD WYNNE, AR 72396		501 (C) (3)	0.	13,748.FMV		FOOD	BACKPACK PROGRAM
BREAD OF LIFE-HARRISBURG FIRST UNITED METHODIST CHURCH - 204 S. MAIN - HARRISBURG, AR 72432		501 (C) (3)	0.	53,934.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
BREAKING BONDS MINISTRIES 801 S MAIN ST JONESBORO, AR 72401		501 (C) (3)	0.	11,734.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
BROADWAY COMMUNITY OUTREACH PROGRAM - 207 N. ELM - OSCEOLA, AR 72370		501 (C) (3)	0.	144,972.FMV		FOOD	FOOD DISTRIBUTION PROGRAM



**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROOKLAND BAPTIST CHURCH 200 N OAK ST BROOKLAND, AR 72417		501 (C) (3)	0.	22,435.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
BROOKLAND CHURCH OF CHRIST 9664 HWY 49B NORTH BROOKLAND, AR 72417		501 (C) (3)	0.	184,224.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
BROOKLAND UNITED METHODIST CHURCH 301 W MATTHEWS ST BROOKLAND, AR 72417		501 (C) (3)	0.	51,691.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
BROTHERLY LOVE FOOD PANTRY 7 LEVEE VIEW STREET WILSON, AR 72395		501 (C) (3)	0.	37,991.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
CARAWAY COMMUNITY OF CHRIST BLESSING BOX - 201 N SAN FRANCISCO ST - CARAWAY, AR 72419		501 (C) (3)	0.	48,489.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
CENTER HILL CHURCH OF CHRIST 4904 WALCOTT RD PARAGOULD, AR 72450		501 (C) (3)	0.	195,516.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
CHERRY VALLEY FOOD PANTRY 3211 AR-42 CHERRY VALLEY, AR 72324		501 (C) (3)	0.	225,662.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
CHERRY VALLEY FOOD PANTRY 128 CR 303 CHERRY VALLEY, AR 72324		501 (C) (3)	0.	225,662.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
COMMUNITY SERVICE CENTER (FANN) 911 MAGNOLIA ROAD JONESBORO, AR 72401		501 (C) (3)	0.	61,176.FMV		FOOD	FOOD DISTRIBUTION PROGRAM

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

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CORNERSTONE UMC FOR JONESBORO KINDERGARTEN - 1910 DISCIPLE DR - JONESBORO, AR 72401		501 (C) (3)	0.	5,166.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
COTTON PLANT FOOD PANTRY MAIN STREET COTTON PLANT, AR 72036		501 (C) (3)	0.	49,878.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
CRDC NEA REGIONAL RECOVERY CENTER 6009 CW POST ROAD JONESBORO, AR 72403		501 (C) (3)	0.	28,620.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
CROSS COUNTY SCHOOL DISTRICT 21 CR 215 CHERRY VALLEY, AR 72324		501 (C) (3)	0.	35,031.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
CSFP ASPEN GARDENS 1011 RAINS ST JONESBORO, AR 72401		501 (C) (3)	0.	20,243.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
CSFP CARAWAY SENIOR CENTER 305 N NEW YORK AVE CARAWAY, AR 72419		501 (C) (3)	0.	6,157.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
CSFP CHERRY VALLEY FOOD PANTRY 128 CR 303 CHERRY VALLEY, AR 72324		501 (C) (3)	0.	38,459.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
CSFP CORNING SENIOR CENTER 1403 W MAIN ST CORNING, AR 72422		501 (C) (3)	0.	62,582.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
CSFP FORREST CITY SENIOR CENTER 2550 S WASHINGTON ST FORREST CITY, AR 72335		501 (C) (3)	0.	26,627.FMV		FOOD	FOOD DISTRIBUTION PROGRAM

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

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CSFP HARRISBURG SENIOR CENTER 300 FAIRGROUNDS RD HARRISBURG, AR 72432		501 (C) (3)	0.	31,247.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
CSFP HELPING NEIGHBORS 900 W HUNTINGTON AVE JONESBORO, AR 72401		501 (C) (3)	0.	115,520.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
CSFP HUGHES CHRISTIAN OUTREACH 201 BLACKWOOD ST HUGHES, AR 72348		501 (C) (3)	0.	35,647.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
CSFP JACKSON COUNTY SENIOR CENTER 400 NORTH PECAN ST NEWPORT, AR 72112		501 (C) (3)	0.	45,590.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
CSFP JONESBORO SENIOR CENTER 900 WEST MONROE JONESBORO, AR 72401		501 (C) (3)	0.	82,798.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
CSFP LAWRENCE COUNTY DHS 400 NW 4TH ST WALNUT RIDGE, AR 72476		501 (C) (3)	0.	14,622.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
CSFP LEPANTO SENIOR CENTER 100 STEVENS SQ LEPANTO, AR 72354		501 (C) (3)	0.	29,784.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
CSFP MARKED TREE SENIOR CENTER 212 10TH ST MARKED TREE, AR 72365		501 (C) (3)	0.	17,591.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
CSFP MISSISSIPPI CO. (BLYTHEVILLE) 1101 DAVID LN BLYTHEVILLE, AR 72315		501 (C) (3)	0.	103,292.FMV		FOOD	FOOD DISTRIBUTION PROGRAM

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CSFP MISSISSIPPI CO. (MANILA) 855 N AIRPORT DR MANILA, AR 72442		501 (C) (3)	0.	52,237.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
CSFP MISSISSIPPI CO. (OSCEOLA) 701 N WALNUT ST OSCEOLA, AR 72370		501 (C) (3)	0.	87,704.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
CSFP MISSISSIPPI CO. (WILSON) 1 PARK STREET WILSON, AR 72395		501 (C) (3)	0.	39,028.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
CSFP MONETTE SENIOR CENTER 504 S WILLIAMS ST MONETTE, AR 72447		501 (C) (3)	0.	13,045.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
CSFP PARAGOULD SENIOR CENTER (BEES) - 121 N 12TH ST - PARAGOULD, AR 72450		501 (C) (3)	0.	65,204.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
CSFP POCAHONTAS SENIOR CENTER 1505 AIRPORT RD POCAHONTAS, AR 72455		501 (C) (3)	0.	69,090.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
CSFP RECTOR FIRST BAPTIST CHURCH 200 S STEWART ST RECTOR, AR 72461		501 (C) (3)	0.	26,106.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
CSFP TOTAL DELIVERANCE 400 COMMERCE ST EARLE, AR 72331		501 (C) (3)	0.	23,243.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
CSFP TRUMANN SENIOR CENTER 351 S CAMPBELL AVE TRUMANN, AR 72472		501 (C) (3)	0.	45,578.FMV		FOOD	FOOD DISTRIBUTION PROGRAM

**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CSFP WALNUT RIDGE SENIOR CENTER 504 SOUTHERN AVE WALNUT RIDGE, AR 72476		501 (C) (3)	0.	24,771.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
CSFP WEST MEMPHIS SENIOR CENTER 318 W PLYER ST WEST MEMPHIS, AR 72301		501 (C) (3)	0.	75,535.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
CSFP WHITE RIVER AREA AGENCY ON AGING - 1200 HIGHWAY 367 N - NEWPORT, AR 72112		501 (C) (3)	0.	18,860.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
CSFP WOODRUFF COUNTY FOOD PANTRY 401 MAIN STREET AUGUSTA, AR 72006		501 (C) (3)	0.	32,640.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
CSFP WOODRUFF COUNTY SENIOR LIFE CENTER - 303 CACHE ST - PATTERSON, AR 72123		501 (C) (3)	0.	26,489.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
CSFP WYNNE SENIOR CENTER 715 CANAL AVE E WYNNE, AR 72396		501 (C) (3)	0.	32,482.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
DELIVERANCE FAMILY WORSHIP CENTER 406 SCOTT ST JONESBORO, AR 72401		501 (C) (3)	0.	9,963.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
DOWNTOWN FIRST UNITED METHODIST CHURCH MICROSOCIETY - 801 S MAIN ST - JONESBORO, AR 72401		501 (C) (3)	0.	8,759.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
EARLE SCHOOL DISTRICT 1401 THIRD ST EARLE, AR 72331		501 (C) (3)	0.	4,794.FMV		FOOD	FOOD DISTRIBUTION PROGRAM

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EMMANUEL BAPTIST FOOD PANTRY 829 EAST NORTH STREET PIGGOTT, AR 72454		501 (C) (3)	0.	84,496.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
ENDTIME HARVEST OUTREACH MINISTRIES - 9866 HIGHWAY 21 N - OAK GROVE, AR 72616		501 (C) (3)	0.	23,861.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
EVERY CHILD IS OURS 201 PECAN TUCKERMAN, AR 72473		501 (C) (3)	0.	96,992.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
FB ARKANSAS FOODBANK NETWORK 4301 W 65TH ST LITTLE ROCK, AR 72209		501 (C) (3)	0.	8,700.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
FB FOOD BANK OF NORTH CENTRAL 14215 HWY 5 NORFORK, AR 72658	58-1881897	501 (C) (3)	0.	1,012,622.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
FIRST BAPTIST CHURCH OF HOXIE 200 S.W. LINDSEY HOXIE, AR 72433		501 (C) (3)	0.	146,410.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
FOUNDATION CARE INC. 2806 FOX MEADOW LANE JONESBORO, AR 72404		501 (C) (3)	0.	14,663.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
GOD'S HARVEST FOR OUR NEIGHBORS 3231 HWY 141 SOUTH PARAGOULD, AR 72450		501 (C) (3)	0.	16,527.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
GOD'S NEW LIFE 105 HINSON ROAD MARKED TREE, AR 72365		501 (C) (3)	0.	6,082.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	

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GOOD SAMARITAN OUTREACH MISSION FOOD PANTRY - 210 E. MAIN - MARMADUKE, AR 72443		501 (C) (3)	0.	64,619.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
GRACE MISSION BIBLE TRAINING CENTER - 732 COTHERN RD - PARAGOULD, AR 72450		501 (C) (3)	0.	13,299.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
GRIFFIN MEMORIAL UMC FOOD PANTRY 524 E. COURT PARAGOULD, AR 72450		501 (C) (3)	0.	17,818.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
HAYNES HOUSE 208 S LAWRENCE EXTENDED ST PORTIA, AR 72457		501 (C) (3)	0.	7,165.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
HELPING NEIGHBORS FOOD PANTRY 900 WEST MONROE JONESBORO, AR 72403	71-0726566	501 (C) (3)	0.	91,610.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
HERMAN MISSIONARY BAPTIST CHURCH HWY 91 WEST 79 CR 111 BONO, AR 72416		501 (C) (3)	0.	13,481.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
HICKORY RIDGE FOOD PANTRY LAUREL AND SECOND HICKORY RIDGE, AR 72347		501 (C) (3)	0.	72,692.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
HOLY GHOST OUTREACH - RANDOLPH COUNTY MOBILE - 5749 OAK RIDGE ROAD - RAVENDEN SPRINGS, AR 72460		501 (C) (3)	0.	108,149.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
HOLY GHOST OUTREACH MINISTRIES 5749 OAK RIDGE ROAD RAVENDEN SPRINGS, AR 74260		501 (C) (3)	0.	125,664.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	



**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUGHES CHRISTIAN OUTREACH MINISTRY 201 BLACKWOOD HUGHES, AR 72348	26-0872416	501 (C) (3)	0.	40,161.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
IN HIS WINGS MINISTRY 5135 AR-141 JONESBORO, AR 72401		501 (C) (3)	0.	10,467.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
JACKSON COUNTY SCHOOL DISTRICT 300 DOWELL ST TUCKERMAN, AR 72473		501 (C) (3)	0.	58,406.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
JOHN 3:17 431 HWY 145 S NEWPORT, AR 72112		501 (C) (3)	0.	22,179.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
JUMP START 2 MINISTRIES 209 NW FRONT ST WALNUT RIDGE, AR 72476		501 (C) (3)	0.	7,090.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
JUMP START MINISTRIES 402 W. MAIN STREET WALNUT RIDGE, AR 72476		501 (C) (3)	0.	33,982.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
MANILA FOOD PANTRY 203 N BALTIMORE MANILA, AR 72442		501 (C) (3)	0.	46,457.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
MARION SCHOOL DISTRICT 200 MANOR ST MARION, AR 72364		501 (C) (3)	0.	76,871.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
MARKED TREE FIRST BAPTIST CHURCH 412 LIBERTY ST MARKED TREE, AR 72365		501 (C) (3)	0.	30,067.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	

**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARKED TREE SCHOOL DISTRICT 406 ST FRANCIS ST MARKED TREE, AR 72365	501 (C) (3)	0.	23,319.FMV	FOOD	FOOD DISTRIBUTION PROGRAM		
MICROSOCIETY MAGNET SCHOOL 1110 W WASHINGTON AVE JONESBORO, AR 72401	501 (C) (3)	0.	38,924.FMV	FOOD	FOOD DISTRIBUTION PROGRAM		
MISSION OUTREACH OF NEA 901 E LAKE STREET PARAGOULD, AR 72450	71-0552109	501 (C) (3)	0.	125,217.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
MISSISSIPPI COUNTY UNION MISSION 400 E. WALNUT STREET BLYTHEVILLE, AR 72316	501 (C) (3)	0.	157,059.FMV	FOOD	FOOD DISTRIBUTION PROGRAM		
NETTLETON BAPTIST FOOD PANTRY 4701 E. NETTLETON JONESBORO, AR 72402	501 (C) (3)	0.	26,420.FMV	FOOD	FOOD DISTRIBUTION PROGRAM		
NEW BEGINNINGS OF JONESBORO 4932 E NETTLETON AVE JONESBORO, AR 72401	501 (C) (3)	0.	50,920.FMV	FOOD	FOOD DISTRIBUTION PROGRAM		
NEW COVENANT CHURCH OF PARAGOULD 909 REYNOLDS RD PARAGOULD, AR 72450	501 (C) (3)	0.	96,243.FMV	FOOD	FOOD DISTRIBUTION PROGRAM		
NEW SAINT JOHN MISSIONARY BAPTIST CHURCH - 308 N MAIN ST - JONESBORO, AR 72401	501 (C) (3)	0.	5,307.FMV	FOOD	FOOD DISTRIBUTION PROGRAM		
NEWPORT FOOD PANTRY 1312 MCLAIN STREET NEWPORT, AR 72112	501 (C) (3)	0.	167,333.FMV	FOOD	FOOD DISTRIBUTION PROGRAM		

**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEWPORT PENTECOSTAL CHURCH OF GOD 205 RAY STREET NEWPORT, AR 72112		501 (C) (3)	0.	180,810.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
NORTHPOINTE CHURCH OF CHRIST 500 PEPPER DRIVE JONESBORO, AR 72401		501 (C) (3)	0.	15,614.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
PARAGOULD SCHOOL DISTRICT 1501 W COURT ST PARAGOULD, AR 72450		501 (C) (3)	0.	18,973.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
PROVISION 88 1404 STONE STREET JONESBORO, AR 72401		501 (C) (3)	0.	294,872.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
RECLAMATION HOUSE 534 W WASHINGTON AVE JONESBORO, AR 72401		501 (C) (3)	0.	6,332.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
RECTOR 1ST BAPTIST CHURCH 831 E. 9TH STREET RECTOR, AR 72461		501 (C) (3)	0.	136,613.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
RIVERSIDE HIGH SCHOOL 2007 AR-18 LAKE CITY, AR 72437		501 (C) (3)	0.	25,537.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
RIVERSIDE SCHOOL DISTRICT 2007 HWY 18 LAKE CITY, AR 72437		501 (C) (3)	0.	8,538.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
SALVATION ARMY - JONESBORO 800 CATE JONESBORO, AR 72401		501 (C) (3)	0.	22,617.FMV		FOOD	FOOD DISTRIBUTION PROGRAM

**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHWEST CHURCH OF CHRIST 1601 JAMES STREET JONESBORO, AR 72401	501 (C) (3)	0.	55,308.FMV	FOOD	FOOD	FOOD DISTRIBUTION PROGRAM	
ST. FRANCIS COUNTY MOBILE PANTRY 126 S. WATER STREET FORREST CITY, AR 72335	501 (C) (3)	0.	512,625.FMV	FOOD	FOOD	FOOD DISTRIBUTION PROGRAM	
SWIFTON FIRST ASSEMBLY OF GOD 404 FELICIA ST SWIFTON, AR 72471	501 (C) (3)	0.	50,300.FMV	FOOD	FOOD	FOOD DISTRIBUTION PROGRAM	
TEMPLE BAPTIST CHURCH FOOD PANTRY 2405 STADIUM JONESBORO, AR 72401	501 (C) (3)	0.	64,930.FMV	FOOD	FOOD	FOOD DISTRIBUTION PROGRAM	
THE GOOD SHEPHERD CENTER 1103 NORTH FALLS BLVD WYNNE, AR 72396	501 (C) (3)	0.	120,907.FMV	FOOD	FOOD	FOOD DISTRIBUTION PROGRAM	
THE HAVEN OF NEA, INC. P.O. BOX 1062 BLYTHEVILLE, AR 72316	501 (C) (3)	0.	77,258.FMV	FOOD	FOOD	FOOD DISTRIBUTION PROGRAM	
THE WITT HOUSE 404 W. MAIN PARAGOULD, AR 72450	501 (C) (3)	0.	103,426.FMV	FOOD	FOOD	FOOD DISTRIBUTION PROGRAM	
THREE RIVERS FOOD PANTRY 802 LIBERTY ST MARKED TREE, AR 72365	81-3600193	0.	60,964.FMV	FOOD	FOOD	FOOD DISTRIBUTION PROGRAM	
TRINITY FELLOWSHIP CHURCH 701 E HIGHLAND DR JONESBORO, AR 72401	501 (C) (3)	0.	8,017.FMV	FOOD	FOOD	FOOD DISTRIBUTION PROGRAM	

**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRUMANN FOOD PANTRY 610 WALNUT TRUMANN, AR 72472		501 (C) (3)	0.	86,817.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
USDA (BREAD OF LIFE) 204 S. MAIN HARRISBURG, AR 72432		501 (C) (3)	0.	87,820.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
USDA (HELPING NEIGHBORS FOOD PANTRY) - 900 WEST MONROE - JONESBORO, AR 72403		501 (C) (3)	0.	229,141.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
USDA (BAGS OF BLESSINGS) 111 S.E. FRONT ST WALNUT RIDGE, AR 72476		501 (C) (3)	0.	55,575.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
USDA (BLYTHEVILLE COMMUNITY SAMARITAN MINISTRIES) - 534 MAPLE - BLYTHEVILLE, AR 72316		501 (C) (3)	0.	20,329.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
USDA (BLYTHEVILLE-GOSNELL FOOD PANTRY) - 122 WEST MAIN STREET - BLYTHEVILLE, AR 72315		501 (C) (3)	0.	76,679.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
USDA (BROADWAY COMMUNITY FOOD PANTRY) - 207 N. ELM - OSCEOLA, AR 72370		501 (C) (3)	0.	214,281.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
USDA (BROOKLAND CHURCH OF CHRIST) 9664 HWY 49B NORTH BROOKLAND, AR 72417		501 (C) (3)	0.	277,604.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
USDA (CHERRY VALLEY FOOD PANTRY) 128 CR 303 CHERRY VALLEY, AR 72324		501 (C) (3)	0.	118,576.FMV		FOOD	FOOD DISTRIBUTION PROGRAM

**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
USDA (EMMANUEL BAPTIST) 829 E NORTH ST PIGGOT, AR 72454		501 (C) (3)	0.	121,823.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
USDA (EVERY CHILD IS OURS) 201 PECAN TUCKERMAN, AR 72473		501 (C) (3)	0.	275,931.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
USDA (GOD'S HARVEST FOR OUR NEIGHBORS) - 3231 HWY 141 SOUTH - PARAGOULD, AR 72450		501 (C) (3)	0.	14,102.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
USDA (GOOD SHEPHERD) 1103 FALLS BLVD N STE B WYNNE, AR 72396		501 (C) (3)	0.	232,128.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
USDA (GRIFFIN MEMORIAL UMC FOOD PANTRY) - 524 E. COURT - PARAGOULD, AR 72450		501 (C) (3)	0.	115,487.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
USDA (HOPE HOUSE MINISTRIES INC.) 653 HIGHWAY 77 NORTH WEST MEMPHIS, AR 72301		501 (C) (3)	0.	311,180.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
USDA (HUGHES CHRISTIAN OUTREACH) 1103 NORTH FALLS BLVD WYNNE, AR 72396		501 (C) (3)	0.	1,766,005.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
USDA (MANILA FOOD PANTRY) 203 N BALTIMORE MANILA, AR 72442		501 (C) (3)	0.	196,292.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
USDA (MISSION OUTREACH OF NEA) 901 E LAKE STREET PARAGOULD, AR 72450		501 (C) (3)	0.	227,245.FMV		FOOD	FOOD DISTRIBUTION PROGRAM

**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
USDA (MISSISSIPPI COUNTY UNION MISSION) - 400 E WALNUT ST - BLYTHEVILLE, AR 72315		501 (C) (3)	0.	304,814.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
USDA (NEWPORT PENTECOSTAL CHURCH OF GOD - MANNA FOOD PANTRY) - 205 RAY STREET - NEWPORT, AR 72112		501 (C) (3)	0.	149,026.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
USDA (PROVISION 88) 1405 BITTLE ST JONESBORO, AR 72401		501 (C) (3)	0.	289,681.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
USDA (RECTOR FIRST BAPTIST CHURCH) 200 S STEWART ST RECTOR, AR 72461		501 (C) (3)	0.	155,110.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
USDA (SOUTHWEST CHURCH OF CHRIST) 1601 JAMES STREET JONESBORO, AR 72401		501 (C) (3)	0.	233,826.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
USDA (THREE RIVERS FOOD PANTRY) 802 LIBERTY ST MARKED TREE, AR 72365		501 (C) (3)	0.	143,945.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
USDA (TOTAL DELIVERANCE) 400 COMMERCE ST EARLE, AR 72331		501 (C) (3)	0.	187,866.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
USDA (TRINITY FELLOWSHIP) 701 E HIGHLAND DR JONESBORO, AR 72401		501 (C) (3)	0.	71,269.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
USDA (TRUMANN FOOD PANTRY) 610 WALNUT TRUMANN, AR 72472		501 (C) (3)	0.	201,050.FMV		FOOD	FOOD DISTRIBUTION PROGRAM



**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
USDA (WOODRUFF COUNTY FOOD PANTRY) 303 MAGNOLIA ROAD AUGUSTA, AR 72006		501 (C) (3)	0.	180,983.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
USDA BROTHERLY LOVE FOOD PANTRY 7 LEVEE VIEW STREET WILSON, AR 72395		501 (C) (3)	0.	21,831.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
VALLEY VIEW PUBLIC SCHOOLS 2131 VALLEY VIEW DRIVE JONESBORO, AR 72404		501 (C) (3)	0.	17,313.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
VICTORY TEMPLE COGIC 1009 WHITAKER ST FORREST CITY, AR 72335		501 (C) (3)	0.	11,756.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
WALNUT RIDGE FIRST BAPTIST CHURCH SW FRONT STREET WALNUT RIDGE, AR 72476		501 (C) (3)	0.	45,095.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
WEINER OUTREACH CENTER 214 VAN BUREN RD WEINER, AR 72479		501 (C) (3)	0.	5,223.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
WELLSRING CHURCH 600 N DIVISION ST BLYTHEVILLE, AR 72315		501 (C) (3)	0.	105,392.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
WEST VIEW BAPTIST CHURCH FOOD PANTRY - 701 W MORGAN ST - PARAGOULD, AR 72450		501 (C) (3)	0.	40,244.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
WESTRIDGE CHURCH OF CHRIST (CARING HEARTS PANTRY) - 3954 HWY 62 W - POCAHONTAS, AR 72455		501 (C) (3)	0.	92,656.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	

**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHITE RIVER WOMEN'S SHELTER PO BOX 304 NEWPORT, AR 72112		501 (C) (3)	0.	6,289.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
WINGS FOOD PANTRY / FIRST GENERAL BAPTIST CHURCH - 581 SOUTH TAYLOR STREET - PIGGOTT, AR 72454		501 (C) (3)	0.	61,734.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
WITT HOUSE MOBILE 404 W. MAIN PARAGOULD, AR 72450		501 (C) (3)	0.	96,560.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
WOODRUFF COUNTY FOOD PANTRY 303 MAGNOLIA ROAD AUGUSTA, AR 72006		501 (C) (3)	0.	66,857.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
WYNNE CHURCH OF CHRIST 916 E. BRIDGE WYNNE, AR 72396		501 (C) (3)	0.	55,587.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
ARKANSAS FOODBANK 4301 W 65TH STREET LITTLE ROCK, AR 72209		501 (C) (3)	123,322.	0.		FOOD DISTRIBUTION PROGRAM	
FOODBANK OF NORTH CENTRAL ARKANSAS 1042 HIGHLAND CIRCLE MOUNTAIN HOME, AR 72653		501 (C) (3)	142,786.	0.		FOOD DISTRIBUTION PROGRAM	
HARVEST REGIONAL FOODBANK 3210 E 19TH STREET TEXARKANA, AR 71854		501 (C) (3)	45,000.	0.		FOOD DISTRIBUTION PROGRAM	
RIVER VALLEY REGIONAL FOODBANK 1617 ZERO STREET FORT SMITH, AR 72901		501 (C) (3)	32,919.	0.		FOOD DISTRIBUTION PROGRAM	

**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHEAST MISSOURI FOODBANK 600 STATE HIGHWAY H SIKESTON, MO 63801		501 (C) (3)	83,550.	0.			FOOD DISTRIBUTION PROGRAM
BLYTHEVILLE COMMUNITY SAMARITAN MINISTRIES - 534 MAPLE - BLYTHEVILLE, AR 72316		501 (C) (3)	0.	5,099.FMV		EQUIPMENT	FOOD DISTRIBUTION PROGRAM
CHERRY VALLEY FOOD PANTY 128 CR 303 CHERRY VALLEY, AR 72324		501 (C) (3)	0.	11,380.FMV		EQUIPMENT	FOOD DISTRIBUTION PROGRAM
PROVISION 88 1405 BITTLE ST JONESBORO, AR 72401		501 (C) (3)	0.	34,004.FMV		EQUIPMENT	FOOD DISTRIBUTION PROGRAM
MISSISSIPPI COUNTY UNION MISSION 400 E WALNUT ST BLYTHEVILLE, AR 72316		501 (C) (3)	0.	16,780.FMV		EQUIPMENT	FOOD DISTRIBUTION PROGRAM
WOODRUFF COUNTY FOOD PANTRY 303 MAGNOLIA ROAD AUGUSTA, AR 72006		501 (C) (3)	0.	17,880.FMV		EQUIPMENT	FOOD DISTRIBUTION PROGRAM
SOUTHWEST CHURCH OF CHRIST 1601 JAMES STREET JONESBORO, AR 72401		501 (C) (3)	0.	20,588.FMV		EQUIPMENT	FOOD DISTRIBUTION PROGRAM
EMMANUEL BAPTIST CHURCH 829 E NORTH ST PIGGOT, AR 72454		501 (C) (3)	0.	21,758.FMV		EQUIPMENT	FOOD DISTRIBUTION PROGRAM
7TH AND MUELLER CHURCH OF CHRIST 100 S. 7TH ST PARAGOULD, AR 72450		501 (C) (3)	0.	24,985.FMV		EQUIPMENT	FOOD DISTRIBUTION PROGRAM

**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CROWLEYS RIDGE DEVELOPMENT COUCNIL 1343 S WASHINGTON ST FORREST CITY, AR 72335		501 (C) (3)	0.	37,389.FMV		EQUIPMENT	FOOD DISTRIBUTION PROGRAM

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
USDA CLAY COUNTY (RECTOR) COMMODITY DISTRIBUTION	0	0.	18,275. FMV		FOOD
USDA CLAY COUNTY (CORNING) COMMODITY DISTRIBUTION	0	0.	61,763. FMV		FOOD
USDA CRAIGHEAD COUNTY (JONESBORO) COMMODITY DISTRIBUTION	0	0.	150,589. FMV		FOOD
USDA CRAIGHEAD COUNTY (CARAWAY) COMMODITY DISTRIBUTION	0	0.	16,570. FMV		FOOD
USDA CRITTENDEN COUNTY (WEST MEMPHIS)	0	0.	57,685. FMV		FOOD

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

**PART I, LINE 2:**

THE AGENCY RELATIONS COORDINATOR CONDUCTS A SITE VISIT TO EACH AGENCY'S PHYSICAL LOCATION EVERY 12-18 MONTHS TO REVIEW THEIR OPERATIONS AND RECORDS. THERE ARE NO GUIDELINES FOR PROGRAM ELIGIBILITY TO RECEIVE FOOD, EXCEPT THAT THE FOOD IS INTENDED FOR DISTRIBUTION TO INDIVIDUALS AND FAMILIES IN NEED. THE SITE VISITS ARE FOCUSED ON ENSURING FOOD SAFETY AND ON INTERVIEWING VOLUNTEERS ABOUT THE AGENCY'S PROCESSES.

**Part III** Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III)

(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
USDA CROSS COUNTY (WYNNE) COMMODITY DISTRIBUTION	0.	0.	92,543.FMV		FOOD
USDA GREENE COUNTY (PARAGOULD) COMMODITY DISTRIBUTION	0.	0.	105,076.FMV		FOOD
USDA JACKSON COUNTY (NEWPORT) COMMODITY DISTRIBUTION	0.	0.	74,515.FMV		FOOD
USDA LAWRENCE COUNTY (WALNUT RIDGE) COMMODITY DISTRIBUTION	0.	0.	85,934.FMV		FOOD
USDA POINSETT COUNTY (MARKED TREE) COMMODITY DISTRIBUTION	0.	0.	32,547.FMV		FOOD
USDA POINSETT COUNTY (TRUMANN) COMMODITY DISTRIBUTION	0.	0.	24,244.FMV		FOOD
USDA POINSETT COUNTY (HARRISBURG) COMMODITY DISTRIBUTION	0.	0.	6,697.FMV		FOOD
USDA RANDOLPH COUNTY (POCAHONTAS) COMMODITY DISTRIBUTION	0.	0.	80,562.FMV		FOOD
USDA RANDOLPH COUNTY (RAVENDEN SPR) COMMODITY DISTRIBUTION	0.	0.	11,743.FMV		FOOD

**Part III** Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III)

(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
USDA ST. FRANCIS COUNTY (FORRESTCITY) COMMODITY DISTRIBUTION	0.	0.	101,684.FMV		FOOD
USDA ST. FRANCIS COUNTY (HUGHES CITY) COMMODITY DISTRIBUTION	0.	0.	8,746.FMV		FOOD
USDA ST. FRANCIS COUNTY (PALESTINE) COMMODITY DISTRIBUTION	0.	0.	11,146.FMV		FOOD
USDA WOODRUFF COUNTY (MCCRORY) COMMODITY DISTRIBUTION	0.	0.	51,138.FMV		FOOD
USDA WOODRUFF COUNTY (COTTON PLANT) COMMODITY DISTRIBUTION	0.	0.	21,233.FMV		FOOD
OTHER INDIVIDUALS	0.	0.	78,796.FMV		FOOD
USDA ST. FRANCIS COUNTY (WHEATLEY) COMMODITY DISTRIBUTION	0.	0.	5,894.FMV		FOOD

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2020**

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

Name of the organization **THE FOOD BANK OF NORTHEAST ARKANSAS** Employer identification number **71-0810999**

**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		20,037,905.	FMV OF FOOD BY POUND
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**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2020





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

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 990-EZ.

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

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

THE FOOD BANK OF NORTHEAST ARKANSAS

Employer identification number

71-0810999

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AWARENESS, SECURING RESOURCES, AND DISTRIBUTING FOOD THROUGH A NETWORK  
OF NON-PROFIT AGENCIES AND PROGRAMS.

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

A COMPLETE COPY OF FORM 990 IS PRESENTED FOR THE APPROVAL OF THE BOARD OF  
DIRECTORS DURING THE REGULARLY SCHEDULED BOARD MEETING.

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

A STATEMENT NOTING ANY CONFLICTS OF INTEREST IS SIGNED ANNUALLY BY THE  
CHIEF EXECUTIVE OFFICER AS WELL AS ALL DIRECTORS ON THE BOARD.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS COMPARES SALARIES TO SIMILAR ORGANIZATIONS AND  
REVIEWS THE CURRENT OPERATING BUDGET TO DETERMINE AN APPROVED LEVEL OF PAY  
FOR THE CHIEF EXECUTIVE OFFICER AND OTHER EMPLOYEES.

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

THE ORGANIZATION'S POLICY DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE  
BY REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PPP LOAN FORGIVEN

130,151.

PART XII, LINE 2C EXPLANATION

THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS CONTINUES TO OVERSEE

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

Schedule O (Form 990 or 990-EZ) 2020



Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Attachment  
Sequence No. 179

Name(s) shown on return <b>THE FOOD BANK OF NORTHEAST ARKANSAS</b>	Business or activity to which this form relates <b>FORM 990 PAGE 10</b>	Identifying number <b>71-0810999</b>
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**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions) .....	<b>1</b>	1,040,000.
2 Total cost of section 179 property placed in service (see instructions) .....	<b>2</b>	
3 Threshold cost of section 179 property before reduction in limitation .....	<b>3</b>	2,590,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	<b>4</b>	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions .....	<b>5</b>	
<b>6</b> (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29 .....	<b>7</b>	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 .....	<b>8</b>	
9 Tentative deduction. Enter the smaller of line 5 or line 8 .....	<b>9</b>	
10 Carryover of disallowed deduction from line 13 of your 2019 Form 4562 .....	<b>10</b>	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 .....	<b>11</b>	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 .....	<b>12</b>	
13 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 .....	<b>13</b>	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year .....	<b>14</b>	
15 Property subject to section 168(f)(1) election .....	<b>15</b>	
16 Other depreciation (including ACRS) .....	<b>16</b>	264,595.

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2020 .....	<b>17</b>	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<b>19a</b> 3-year property						
<b>b</b> 5-year property		261,415.	5.0	MM	SL	36,883.
<b>c</b> 7-year property						
<b>d</b> 10-year property		202,155.	15.0	MM	SL	3,369.
<b>e</b> 15-year property						
<b>f</b> 20-year property						
<b>g</b> 25-year property			25 yrs.		S/L	
<b>h</b> Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
<b>i</b> Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System**

<b>20a</b> Class life					S/L
<b>b</b> 12-year			12 yrs.		S/L
<b>c</b> 30-year	/		30 yrs.	MM	S/L
<b>d</b> 40-year	/		40 yrs.	MM	S/L

**Part IV Summary (See instructions.)**

21 Listed property. Enter amount from line 28 .....	<b>21</b>	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. ....	<b>22</b>	304,847.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs .....	<b>23</b>	

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)  
**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

**24a** Do you have evidence to support the business/investment use claimed?  Yes  No **24b** If "Yes," is the evidence written?  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							<b>25</b>	
<b>26</b> Property used more than 50% in a qualified business use:								
	:	:	%					
	:	:	%					
	:	:	%					
<b>27</b> Property used 50% or less in a qualified business use:								
	:	:	%			S/L -		
	:	:	%			S/L -		
	:	:	%			S/L -		
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							<b>28</b>	
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1								<b>29</b>

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>30</b> Total business/investment miles driven during the year (don't include commuting miles)												
<b>31</b> Total commuting miles driven during the year												
<b>32</b> Total other personal (noncommuting) miles driven												
<b>33</b> Total miles driven during the year. Add lines 30 through 32												
<b>34</b> Was the vehicle available for personal use during off-duty hours?												
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?												
<b>36</b> Is another vehicle available for personal use?												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use?		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2020 tax year:					
	:	:			
	:	:			
<b>43</b> Amortization of costs that began before your 2020 tax year					<b>43</b>
<b>44 Total.</b> Add amounts in column (f). See the instructions for where to report					<b>44</b>