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CLIENT'S COPY



December 15, 2025

THE FOOD BANK OF NORTHEAST ARKANSAS  
P.O. BOX 2097  
JONESBORO, AR 72402

THE FOOD BANK OF NORTHEAST ARKANSAS:

Enclosed is the organization's 2024 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-TE 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,

HCJ CPAs & Advisors, PLLC

**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

OMB No. 1545-0047

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Part I - Identification**

<b>Type or Print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions. <b>THE FOOD BANK OF NORTHEAST ARKANSAS</b>	Taxpayer identification number (TIN) <b>71-0810999</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>P.O. BOX 2097</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>JONESBORO, AR 72402</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
Plan Number \_\_\_\_\_  
Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of **CHRISTIE JORDAN, THE FOOD BANK OF NORTHEAST ARKANSAS**  
**3414 ONE PLACE - JONESBORO, AR 72404**

Telephone No. **870-932-3663** Fax No. \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 15**, 20 **26**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
☐ calendar year 20 \_\_\_\_ or  
☒ tax year beginning **JUL 1**, 20 **24**, and ending **JUN 30**, 20 **25**

**2** If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2025)

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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

**2024**  
Open to Public  
Inspection**A** For the 2024 calendar year, or tax year beginning **JUL 1, 2024** and ending **JUN 30, 2025**

<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>		<b>D</b> Employer identification number <b>71-0810999</b>
	Doing business as		<b>E</b> Telephone number <b>870-932-3663</b>
	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>G</b> Gross receipts \$ <b>17,368,025.</b>
<b>F</b> Name and address of principal officer: <b>CHRISTIE JORDAN</b> <b>SAME AS C ABOVE</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>Activities &amp; Governance</b>	<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 2024 (Part V, line 2a) <b>5</b> <b>25</b>
	<b>6</b> Total number of volunteers (estimate if necessary) <b>6</b> <b>2135</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>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) <b>24,249,828.</b> <b>15,735,088.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) <b>396,190.</b> <b>522,241.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>277,087.</b> <b>410,645.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>23,135.</b> <b>26,981.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>24,946,240.</b> <b>16,694,955.</b>
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>22,989,695.</b> <b>14,313,848.</b>
<b>Expenses</b>	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b> <b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>1,299,998.</b> <b>1,421,972.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>104,084.</b> <b>111,952.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>235,305.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>1,027,905.</b> <b>1,100,681.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>25,421,682.</b> <b>16,948,453.</b>
<b>Net Assets or Fund Balances</b>	<b>19</b> Revenue less expenses. Subtract line 18 from line 12 <b>-475,442.</b> <b>-253,498.</b>
	<b>20</b> Total assets (Part X, line 16) <b>16,422,178.</b> <b>16,261,530.</b>
	<b>21</b> Total liabilities (Part X, line 26) <b>260,948.</b> <b>127,116.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 <b>16,161,230.</b> <b>16,134,414.</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>		Date	
	Type or print name and title			
<b>Paid Preparer Use Only</b>	Preparer's name <b>JEREMY WATSON, CPA</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN <b>P00644903</b>
	Firm's name <b>HCI CPAS &amp; ADVISORS, PLLC</b>	Firm's EIN <b>71-0650689</b>	Phone no. <b>870-935-2871</b>	
Firm's address <b>PO BOX 16307</b> <b>JONESBORO, AR 72403</b>				

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

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 15,416,988. including grants of \$ 13,644,894. ) (Revenue \$ 441,211. )

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 \$ 526,678. including grants of \$ 466,140. ) (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 \$ 229,154. including grants of \$ 202,814. ) (Revenue \$ 81,030. )

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 16,172,820.

**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>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<b>2</b> 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>	<b>3</b>	X
<b>4</b> <b>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>	<b>4</b>	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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b>	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>	<b>6</b>	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>	<b>7</b>	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>	<b>8</b>	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>	<b>9</b>	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>	<b>10</b>	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>	<b>11a</b> 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>	<b>11b</b>	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>	<b>11c</b> 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>	<b>11d</b>	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>	<b>11e</b> 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>	<b>11f</b>	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>	<b>12a</b> 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>	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	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>	<b>14b</b>	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>	<b>15</b>	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>	<b>16</b>	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. See instructions</i>	<b>17</b> 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>	<b>18</b> 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>	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<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>	<b>21</b> 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> .....	<b>22</b> 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> .....	<b>23</b>	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> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a</b> <b>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> .....	<b>25a</b>	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> .....	<b>25b</b>	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> .....	<b>26</b>	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> .....	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<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> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b> 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> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	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> .....	<b>32</b>	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> .....	<b>33</b>	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> .....	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	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>35b</b>	
<b>36</b> <b>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> .....	<b>36</b>	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> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	<b>38</b> 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>1a</b> 19	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> 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> 25		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	<b>3b</b>		
<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)?	<b>4a</b>		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?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<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?	<b>6a</b>		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>6b</b>		
<b>7 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?	<b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		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?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<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>7h</b>		
<b>8 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>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 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 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 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 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? <i>If "No," provide an explanation on Schedule O</i>	<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 the 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
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>		



**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**

	1a	1b	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	13			
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>b</b> Enter the number of voting members included on line 1a, above, who are independent		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>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 on 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 on Schedule O how this was done	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 on 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?		

**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 the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHRISTIE JORDAN CHIEF EXECUTIVE OFFICER	40.00	X		X				96,313.	0.	30,500.
(2) SONYA SANDERS TREASURER	4.00	X		X				0.	0.	0.
(3) HATTON WEEKS PAST PRESIDENT	4.00	X		X				0.	0.	0.
(4) BRINDA LEGRAND VICE PRESIDENT	4.00	X		X				0.	0.	0.
(5) DALTON BROADAWAY BOARD MEMBER	1.00	X						0.	0.	0.
(6) MOLLY MCCARTY BOARD MEMBER	1.00	X						0.	0.	0.
(7) JOE WHEELER SECRETARY	4.00	X		X				0.	0.	0.
(8) JOHN MCKNIGHT BOARD MEMBER	1.00	X						0.	0.	0.
(9) LYDIA PARKEY BOARD MEMBER	1.00	X						0.	0.	0.
(10) LEXANNE HORTON PRESIDENT	4.00	X		X				0.	0.	0.
(11) SHERITA SAGE BOARD MEMBER	1.00	X						0.	0.	0.
(12) RICKEY GREER BOARD MEMBER	1.00	X						0.	0.	0.
(13) TREY STAFFORD BOARD MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Subtotal</b> .....								96,313.	0.	30,500.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								96,313.	0.	30,500.

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

0

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

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

0

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>	42,500.				
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	318,649.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	3,750,999.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	11,622,940.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 12,139,972.				
	<b>h Total.</b> Add lines 1a-1f .....						
<b>Program Service Revenue</b>	<b>2 a</b> SHARED MAINTENANCE FEES	<b>Business Code</b> 624210		441,211.	441,211.		
	<b>b</b> BACKPACK PROGRAM/SENIOR PACK	624210		81,030.	81,030.		
	<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 .....			522,241.			
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			366,318.		
<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>	717,397.				
<b>c</b> Gain or (loss) .....		<b>7c</b>	673,070.				
<b>d</b> Net gain or (loss) .....			44,327.				
<b>8 a</b> Gross income from fundraising events (not including \$ 318,649. of contributions reported on line 1c). See Part IV, line 18 .....		<b>8a</b>	0.				
<b>b</b> Less: direct expenses .....		<b>8b</b>	0.				
<b>c</b> Net income or (loss) from fundraising events .....			0.				
<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		26,981.			26,981.
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			26,981.			
	<b>12 Total revenue.</b> See instructions .....			16,694,955.	522,241.	0.	437,626.

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	13,847,708.	13,847,708.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	466,140.	466,140.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	96,313.	67,419.	19,263.	9,631.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	1,049,560.	734,692.	209,912.	104,956.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....				
<b>9</b> Other employee benefits .....	188,440.	150,752.	37,688.	
<b>10</b> Payroll taxes .....	87,659.	61,361.	17,532.	8,766.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....				
<b>c</b> Accounting .....	35,074.	17,537.	17,537.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17 .....	111,952.			111,952.
<b>f</b> Investment management fees .....	73,437.		73,437.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) .....	41,598.	20,799.	20,799.	
<b>12</b> Advertising and promotion .....	36,987.	36,987.		
<b>13</b> Office expenses .....				
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	42,464.	33,971.	8,493.	
<b>17</b> Travel .....	38,203.	38,203.		
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	12,153.	12,153.		
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	332,828.	266,262.	66,566.	
<b>23</b> Insurance .....	92,749.	74,199.	18,550.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>REPAIRS &amp; MAINTENANCE</b> .....	149,157.	149,157.		
<b>b</b> <b>SUPPLIES</b> .....	65,667.	52,534.	13,133.	
<b>c</b> <b>DUES &amp; SUBSCRIPTIONS</b> .....	64,624.	51,699.	12,925.	
<b>d</b> <b>GAS &amp; OIL</b> .....	22,818.	22,818.		
<b>e</b> All other expenses .....	92,922.	68,429.	24,493.	
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	16,948,453.	16,172,820.	540,328.	235,305.
<b>26</b> <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 .....	1,504,749.	<b>1</b>	1,091,340.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	444,053.	<b>3</b>	82,003.
	<b>4</b> Accounts receivable, net .....	10,292.	<b>4</b>	14,427.
	<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 .....	758,458.	<b>8</b>	982,554.
	<b>9</b> Prepaid expenses and deferred charges .....	1,071.	<b>9</b>	1,071.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 10,542,630.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 3,859,152.	<b>10c</b>	6,683,478.
	<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 .....	6,992,857.	<b>13</b>	7,406,657.
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	841,895.	<b>15</b>	0.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	16,422,178.	<b>16</b>	16,261,530.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	133,832.	<b>17</b>	0.
	<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 .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<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 .....	127,116.	<b>25</b>	127,116.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	260,948.	<b>26</b>	127,116.
<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 .....	15,125,798.	<b>27</b>	15,371,610.
	<b>28</b> Net assets with donor restrictions .....	1,035,432.	<b>28</b>	762,804.
	<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> <b>Total net assets or fund balances</b> .....	16,161,230.	<b>32</b>	16,134,414.
	<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....	16,422,178.	<b>33</b>	16,261,530.

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	16,694,955.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	16,948,453.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-253,498.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	16,161,230.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	226,682.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	16,134,414.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
<b>1</b> 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 on Schedule O.		
<b>2a</b> 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	<b>2a</b>	<b>X</b>
<b>b</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	<b>2b</b>	<b>X</b>
<b>c</b> 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.	<b>2c</b>	<b>X</b>
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	<b>3a</b>	<b>X</b>
<b>b</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 _____	<b>3b</b>	<b>X</b>

Form 990 (2024)

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

2024

**Open to Public Inspection**

Name of the organization

THE FOOD BANK OF NORTHEAST ARKANSAS

Employer identification number	
--------------------------------	--

71-0810999

<b>Part I</b>	<b>Reason for Public Charity Status.</b> (All organizations must complete this part.) See instructions.
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The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	27031357.	22476706.	16189970.	24249828.	15735088.	105682949
<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 .....	27031357.	22476706.	16189970.	24249828.	15735088.	105682949
<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.						105682949

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 .....	27031357.	22476706.	16189970.	24249828.	15735088.	105682949
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	151,663.	173,793.	209,292.	277,087.	410,645.	1222480.
<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						106905429
<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 2024 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	98.86	%
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 .....	<b>15</b>	99.15	%
<b>16a 33 1/3% support test - 2024.</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 - 2023.</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 - 2024.</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 - 2023.</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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 on 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 2024 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2024</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2023</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2024.** 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 - 2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<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</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</b> <b>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).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<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 on 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 on line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described on 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 on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? 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.			
<b>2a</b>			
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<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)**Section D - Distributions**

		Current Year
<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 (describe in <b>Part VI</b> ). 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 2024 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)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
<b>1</b> Distributable amount for 2024 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2024			
<b>a</b> From 2019			
<b>b</b> From 2020			
<b>c</b> From 2021			
<b>d</b> From 2022			
<b>e</b> From 2023			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to under distributions of prior years			
<b>h</b> Applied to 2024 distributable amount			
<b>i</b> Carryover from 2019 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2024 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2024 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2024, 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 2024. 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 2025.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2020			
<b>b</b> Excess from 2021			
<b>c</b> Excess from 2022			
<b>d</b> Excess from 2023			
<b>e</b> Excess from 2024			

## Part VI

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**Schedule B  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

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), 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), 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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (Rev. 12-2024)



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

**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	ARKANSAS DEPARTMENT OF HUMAN SERVICES PO BOX 1437 LITTLE ROCK, AR 72203	\$ 1,818,831.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	FEEDING AMERICA 161 N CLARK ST, STE 700 CHICAGO, IL 60601	\$ 520,025.	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.)
		\$	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	Employer identification number
THE FOOD BANK OF NORTHEAST ARKANSAS	71-0810999

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	FOOD COMMODITIES   	\$ 1,818,831.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	FOOD COMMODITIES   	\$ 520,025.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	   	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	   	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	   	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	   	\$	

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

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

# SCHEDULE D

(Form 990)

(Rev. December 2024)

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

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 on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

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

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

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

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....

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

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

### Part III

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

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

1a If the organization elected, as permitted under 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

**d** ☐ Loan or exchange program

**b** ☐ Scholarly research

**e** ☐ Other \_\_\_\_\_

**c** ☐ Preservation for future generations

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

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

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

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

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

	Amount
<b>c</b> Beginning balance	<b>1c</b>
<b>d</b> Additions during the year	<b>1d</b>
<b>e</b> Distributions during the year	<b>1e</b>
<b>f</b> Ending balance	<b>1f</b>

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

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

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

**a** Board designated or quasi-endowment \_\_\_\_\_ %

**b** Permanent endowment \_\_\_\_\_ %

**c** Term endowment \_\_\_\_\_ %

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

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

(i) Unrelated organizations? ☐ Yes ☐ No

(ii) Related organizations? ☐ Yes ☐ No

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		68,000.		68,000.
<b>b</b> Buildings		8,593,629.	2,472,839.	6,120,790.
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		1,881,001.	1,386,313.	494,688.
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				6,683,478.

**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, line 12, col. (B))		

**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	2,930,143.	END-OF-YEAR MARKET VALUE
(2) BUILDING PROGRAM FUND	4,476,514.	END-OF-YEAR MARKET VALUE
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))		7,406,657.

**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, line 15, col. (B))	

**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	127,116.
	(3)	
	(4)	
	(5)	
	(6)	
	(7)	
	(8)	
	(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))		127,116.

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 ... ☐

<b>Part XI</b>	<b>Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>
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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>	<b>16,858,259.</b>
<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>	<b>226,682.</b>
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	<b>10,059.</b>
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines 2a through 2d .....	<b>2e</b>	<b>236,741.</b>
<b>3</b>	Subtract line 2e from line 1 .....	<b>3</b>	<b>16,621,518.</b>
<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>	<b>73,437.</b>
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b .....	<b>4c</b>	<b>73,437.</b>
<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>	<b>16,694,955.</b>

<b>Part XII</b>	<b>Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>		
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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>	<b>16,885,075.</b>
<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>	<b>10,059.</b>
<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 2a through 2d .....	<b>2e</b>	<b>10,059.</b>
<b>3</b>	Subtract line 2e from line 1 .....	<b>3</b>	<b>16,875,016.</b>
<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>	<b>73,437.</b>
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b .....	<b>4c</b>	<b>73,437.</b>
<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>	<b>16,948,453.</b>

<b>Part XIII</b>	<b>Supplemental Information</b>
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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.

[illegible]

SCHEDULE G
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

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

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
a [X] Mail solicitations
b [ ] Internet and email solicitations
c [ ] Phone solicitations
d [ ] In-person solicitations
e [ ] Solicitation of nongovernment grants
f [ ] Solicitation of government grants
g [ ] Special fundraising events
2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? [X] Yes [ ] No
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Table with 6 main columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

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

AR
[Empty lines for listing states]



**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 DIRECT MAIL SOLICITATION (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts .....	318,649.			318,649.
	2 Less: Contributions .....	318,649.			318,649.
	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: \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

**b** If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_

**c** If "Yes," enter the name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 16** Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ \_\_\_\_\_

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

<b>Part IV</b>	<b>Supplemental Information</b> <i>(continued)</i>
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**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**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 noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash 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.	25,674.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
(SFP) PARAGOULD SENIOR BEES INC 121 N 12TH ST PARAGOULD, AR 72450		501 (C) (3)	0.	7,553.	FMV	FOOD	BACKPACK PROGRAM
(SFP) CORNING SENIOR CENTER (B.R.A.D.) - 1600 SUCCESS ST - CORNING, AR 72422		501 (C) (3)	0.	7,409.	FMV	FOOD	BACKPACK PROGRAM
(SFP) FORREST CITY SR. LIFE CENTER - ST. BERNARDS - 2550 S WASHINGTON ST - FORREST CITY, AR 72335		501 (C) (3)	0.	15,135.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
(SFP) HARRISBURG SENIOR LIFE CENTER-EAAAA - 300 FAIRGROUNDS RD - HARRISBURG, AR 72432		501 (C) (3)	0.	13,318.	FMV	FOOD	BACKPACK PROGRAM
(SFP) POCAHONTAS SENIOR CENTER (B.R.A.D.) - 1505 AIRPORT RD - POCAHONTAS, AR 72455		501 (C) (3)	0.	6,428.	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 .....

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

**Schedule I (Form 990) (Rev. 12-2024)**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(SFP) WALNUT RIDGE SENIOR CENTER (B.R.A.D.) - 702 STATE ST - WALNUT RIDGE, AR 72476		501 (C) (3)	0.	7,737.	FMV	FOOD	BACKPACK PROGRAM
(SFP) WEST MEMPHIS SR. LIFE CENTER-ST. BERNARDS - 318 W PLYER ST - WEST MEMPHIS, AR 72301		501 (C) (3)	0.	8,597.	FMV	FOOD	BACKPACK PROGRAM
(SC) JONESBORO PRE-K NORTH 1307 FLINT ST JONESBORO, AR 72401		501 (C) (3)	0.	63,015.	FMV	FOOD	BACKPACK PROGRAM
7TH AND MUELLER CHURCH OF CHRIST 1000 S. 7TH STREET PARAGOULD, AR 72450		501 (C) (3)	0.	102,092.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
A STATE CAMPUS PANTRY 2907 E JOHNSON AVE JONESBORO, AR 72401		501 (C) (3)	0.	7,244.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
AGAPE HOUSE 4634 AR-135 PARAGOULD, AR 72450		501 (C) (3)	0.	24,257.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
AGAPE MISSION OUTREACH 501 W. SECOND STREET CORNING, AR 72422		501 (C) (3)	0.	34,950.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
AR CARE - AUGUSTA/MCCRORY 400 HIGHWAY 64 E AUGUSTA, AR 72006		501 (C) (3)	0.	12,422.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
AR CARE - PARKIN (MOBILE DISTRIBUTION) - 5787 US 64 - PARKIN, AR 72373		501 (C) (3)	0.	11,340.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUGUSTA FIRST UNITED METHODIST CHURCH - 305 S. 3RD STREET - AUGUSTA, AR 72006		501 (C) (3)	0.	28,399.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
BAGS OF BLESSINGS 111 S.E. FRONT STREET WALNUT RIDGE, AR 72476		501 (C) (3)	0.	17,712.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
BAY UNITED METHODIST CHURCH 300 CENTRAL AVE BAY, AR 72411		501 (C) (3)	0.	26,475.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
(SP-TANF) BAY SCHOOL DISTRICT 700 SCHOOL ST BAY, AR 72411		501 (C) (3)	0.	16,422.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
BEYOND THE WALLS OUTREACH 201 VAN BIBBER ST POCAHONTAS, AR 72455		501 (C) (3)	0.	95,611.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
BLYTHEVILLE-GOSNELL AREA FOOD PANTRY - 122 WEST MAIN STREET - BLYTHEVILLE, AR 72315		501 (C) (3)	0.	19,250.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
BP FORREST CITY SCHOOL DISTRICT 625 IRVING STREET FORREST CITY, AR 72335		501 (C) (3)	0.	12,480.	FMV	FOOD	BACKPACK PROGRAM
BP INTERNATIONAL STUDIES MAGNET SCHOOL - 1218 COBB ST - JONESBORO, AR 72401		501 (C) (3)	0.	8,878.	FMV	FOOD	BACKPACK PROGRAM
BP MAYNARD SCHOOLS 113 HWY 328 WEST MAYNARD, AR 72444		501 (C) (3)	0.	9,676.	FMV	FOOD	BACKPACK PROGRAM

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BP NEWPORT SCHOOLS 406 WILKERSON DR NEWPORT, AR 72112		501 (C) (3)	0.	6,280.	FMV	FOOD	BACKPACK PROGRAM
BP OSCEOLA SCHOOLS 2800 W SEMMES AVE OSCEOLA, AR 72370		501 (C) (3)	0.	6,519.	FMV	FOOD	BACKPACK PROGRAM
BREAD OF LIFE-HARRISBURG FIRST UNITED METHODIST CHURCH - 204 S. MAIN - HARRISBURG, AR 72432		501 (C) (3)	0.	66,499.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
BREAKING BONDS MINISTRIES 801 S MAIN ST JONESBORO, AR 72401		501 (C) (3)	0.	34,372.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
BROADWAY COMMUNITY OUTREACH PROGRAM - 207 N. ELM - OSCEOLA, AR 72370		501 (C) (3)	0.	34,946.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
BROOKLAND BAPTIST CHURCH 200 N OAK ST BROOKLAND, AR 72417		501 (C) (3)	0.	23,997.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
BROOKLAND CHURCH OF CHRIST 9664 HWY 49B NORTH BROOKLAND, AR 72417		501 (C) (3)	0.	101,544.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
BROOKLAND UNITED METHODIST CHURCH 301 W MATTHEWS ST BROOKLAND, AR 72417		501 (C) (3)	0.	47,052.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
CARAWAY COMMUNITY OF CHRIST BLESSING BOX - 201 N SAN FRANCISCO ST - CARAWAY, AR 72419		501 (C) (3)	0.	17,496.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER HILL CHURCH OF CHRIST 4904 WALCOTT RD PARAGOULD, AR 72450		501 (C) (3)	0.	78,603.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
CHERRY VALLEY FOOD PANTRY 3211 AR-42 CHERRY VALLEY, AR 72324		501 (C) (3)	0.	130,704.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
COMMUNITY SERVICE CENTER (FANN) 911 MAGNOLIA ROAD JONESBORO, AR 72401		501 (C) (3)	0.	24,669.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
BP CORNERSTONE UMC FOR JONESBORO KINDERGARTEN - 1910 DISCIPLE DR - JONESBORO, AR 72401		501 (C) (3)	0.	7,271.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
COTTON PLANT FOOD PANTRY MAIN STREET COTTON PLANT, AR 72036		501 (C) (3)	0.	32,412.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
CRDC NEA REGIONAL RECOVERY CENTER 6009 CW POST ROAD JONESBORO, AR 72403		501 (C) (3)	0.	32,507.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
CSFP ASPEN GARDENS 1011 RAINS ST JONESBORO, AR 72401		501 (C) (3)	0.	9,840.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
CSFP CHERRY VALLEY FOOD PANTRY 128 CR 303 CHERRY VALLEY, AR 72324		501 (C) (3)	0.	23,904.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
CSFP CORNING SENIOR CENTER 1403 W MAIN ST CORNING, AR 72422		501 (C) (3)	0.	39,360.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CSFP FIRST BAPTIST FRENCHMAN'S BAYOU - 7301 S HWY 61 - JOINER, AR 72350		501 (C) (3)	0.	16,810.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
CSFP FORREST CITY SENIOR CENTER 2550 S WASHINGTON ST FORREST CITY, AR 72335		501 (C) (3)	0.	16,400.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
CSFP HARRISBURG SENIOR CENTER 300 FAIRGROUNDS RD HARRISBURG, AR 72432		501 (C) (3)	0.	20,500.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
CSFP HELPING NEIGHBORS 900 W HUNTINGTON AVE JONESBORO, AR 72401		501 (C) (3)	0.	9,840.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
CSFP HUGHES CHRISTIAN OUTREACH 201 BLACKWOOD ST HUGHES, AR 72348		501 (C) (3)	0.	24,815.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
CSFP JACKSON COUNTY SENIOR CENTER 400 NORTH PECAN ST NEWPORT, AR 72112		501 (C) (3)	0.	28,700.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
CSFP JONESBORO SENIOR CENTER 900 WEST MONROE JONESBORO, AR 72401		501 (C) (3)	0.	40,645.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
CSFP LEPANTO SENIOR CENTER 100 STEVENS SQ LEPANTO, AR 72354		501 (C) (3)	0.	13,940.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
CSFP MARKED TREE SENIOR CENTER 212 10TH ST MARKED TREE, AR 72365		501 (C) (3)	0.	7,825.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CSFP MISSISSIPPI CO. (BLYTHEVILLE) 1101 DAVID LN BLYTHEVILLE, AR 72315		501 (C) (3)	0.	60,868.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
CSFP MISSISSIPPI CO. (MANILA) 855 N AIRPORT DR MANILA, AR 72442		501 (C) (3)	0.	31,474.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
CSFP MISSISSIPPI CO. (OSCEOLA) 701 N WALNUT ST OSCEOLA, AR 72370		501 (C) (3)	0.	53,896.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
CSFP NEWPORT PENTECOSTAL CHURCH OF GOD (MANNA) - 205 RAY STREET - NEWPORT, AR 72112		501 (C) (3)	0.	12,300.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
CSFP PARAGOULD SENIOR CENTER (BEES) - 121 N 12TH ST - PARAGOULD, AR 72450		501 (C) (3)	0.	41,000.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
CSFP POCAHONTAS SENIOR CENTER 1505 AIRPORT RD POCAHONTAS, AR 72455		501 (C) (3)	0.	38,540.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
CSFP TOTAL DELIVERANCE 400 COMMERCE ST EARLE, AR 72331		501 (C) (3)	0.	16,045.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
CSFP TRUMANN SENIOR CENTER 351 S CAMPBELL AVE TRUMANN, AR 72472		501 (C) (3)	0.	7,440.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
CSFP WALNUT RIDGE SENIOR CENTER 504 SOUTHERN AVE WALNUT RIDGE, AR 72476		501 (C) (3)	0.	25,830.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CSFP WEST MEMPHIS SENIOR CENTER 318 W PLYER ST WEST MEMPHIS, AR 72301		501 (C) (3)	0.	36,545.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
CSFP WHITE RIVER AREA AGENCY ON AGING - 1200 HIGHWAY 367 N - NEWPORT, AR 72112		501 (C) (3)	0.	9,461.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
CSFP WOODRUFF COUNTY FOOD PANTRY 401 MAIN STREET AUGUSTA, AR 72006		501 (C) (3)	0.	42,695.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
CSFP WOODRUFF COUNTY SENIOR LIFE CENTER - 303 CACHE ST - PATTERSON, AR 72123		501 (C) (3)	0.	13,934.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
CSFP WYNNE SENIOR CENTER 715 CANAL AVE E WYNNE, AR 72396		501 (C) (3)	0.	16,686.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
EMMANUEL BAPTIST FOOD PANTRY 829 EAST NORTH STREET PIGGOTT, AR 72454		501 (C) (3)	0.	22,467.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
ENCOUNTER MINISTRIES 331 HWY 328 W MAYNARD, AR 72444		501 (C) (3)	0.	10,954.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
ENDTIME HARVEST OUTREACH MINISTRIES - 9866 HIGHWAY 21 N - OAK GROVE, AR 72616		501 (C) (3)	0.	143,103.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
FB FOOD BANK OF NORTH CENTRAL 14215 HWY 5 NORFORK, AR 72658	58-1881897	501 (C) (3)	0.	705,576.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST BAPTIST CHURCH OF HOXIE 200 S.W. LINDSEY HOXIE, AR 72433		501 (C) (3)	0.	58,828.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
GOD'S HARVEST FOR OUR NEIGHBORS 3231 HWY 141 SOUTH PARAGOULD, AR 72450		501 (C) (3)	0.	21,698.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
GOD'S NEW LIFE 105 HINSON ROAD MARKED TREE, AR 72365		501 (C) (3)	0.	22,248.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
GOOD SAMARITAN OUTREACH MISSION FOOD PANTRY - 210 E. MAIN - MARMADUKE, AR 72443		501 (C) (3)	0.	15,963.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
GRACE MISSION BIBLE TRAINING CENTER - 732 COTHERN RD - PARAGOULD, AR 72450		501 (C) (3)	0.	53,276.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
GRIFFIN MEMORIAL UMC FOOD PANTRY 524 E. COURT PARAGOULD, AR 72450		501 (C) (3)	0.	27,786.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
HAYNES HOUSE 208 S LAWRENCE EXTENDED ST PORTIA, AR 72457		501 (C) (3)	0.	5,826.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
HELPING NEIGHBORS FOOD PANTRY 900 WEST MONROE JONESBORO, AR 72403	71-0726566	501 (C) (3)	0.	126,438.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
HERMAN MISSIONARY BAPTIST CHURCH HWY 91 WEST 79 CR 111 BONO, AR 72416		501 (C) (3)	0.	11,494.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM

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HICKORY RIDGE FOOD PANTRY LAUREL AND SECOND HICKORY RIDGE, AR 72347		501 (C) (3)	0.	32,334.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
HOLY GHOST OUTREACH - RANDOLPH COUNTY MOBILE - 5749 OAK RIDGE ROAD - RAVENDEN SPRINGS, AR 72460		501 (C) (3)	0.	74,562.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
HOLY GHOST OUTREACH MINISTRIES 5749 OAK RIDGE ROAD RAVENDEN SPRINGS, AR 74260		501 (C) (3)	0.	77,006.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
HUGHES CHRISTIAN OUTREACH MINISTRY 201 BLACKWOOD HUGHES, AR 72348	26-0872416	501 (C) (3)	0.	46,214.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
IMBODEN FIRST BAPTIST CHURCH 405 US-63 IMBODEN, AR 72434		501 (C) (3)	0.	30,356.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
IN HIS WINGS MINISTRY 5135 AR-141 JONESBORO, AR 72401		501 (C) (3)	0.	37,108.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
LEACHVILLE FOUNDATION 406 S MAIN ST LEACHVILLE, AR 72438		501 (C) (3)	0.	52,719.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
LFPA BROOKLAND CHURCH OF CHRIST 9664 US-49 BUSINESS BROOKLAND, AR 72417		501 (C) (3)	0.	11,292.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
LFPA HELPING NEIGHBORS 900 W HUNTINGTON AVE JONESBORO, AR 72401		501 (C) (3)	0.	24,994.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM

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LFPA MISSISSIPPI CO UNION MISSION 400 E WALNUT ST BLYTHEVILLE, AR 72315		501 (C) (3)	0.	21,202.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
LFPA PROVISION 88 1405 BITTLE ST JONESBORO, AR 72404		501 (C) (3)	0.	18,140.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
LFPA THE WITT HOUSE 404 W. MAIN PARAGOULD, AR 72450		501 (C) (3)	0.	10,328.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
MANILA FOOD PANTRY 203 N BALTIMORE MANILA, AR 72442		501 (C) (3)	0.	21,140.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
(SP-TANF) MARION SCHOOL DISTRICT 200 MANOR ST MARION, AR 72364		501 (C) (3)	0.	12,967.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
MARKED TREE-ST. JOHN MISSIONARY BAPTIST CHURCH - 602 ELM ST - MARKED TREE, AR 72365		501 (C) (3)	0.	7,984.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
MISSION OUTREACH OF NEA 901 E LAKE STREET PARAGOULD, AR 72450	71-0552109	501 (C) (3)	0.	201,463.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
MISSISSIPPI COUNTY UNION MISSION 400 E. WALNUT STREET BLYTHEVILLE, AR 72316		501 (C) (3)	0.	91,667.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
NETTLETON BAPTIST FOOD PANTRY 4701 E. NETTLETON JONESBORO, AR 72402		501 (C) (3)	0.	51,984.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM

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NEW BEGINNINGS OF JONESBORO 4932 E NETTLETON AVE JONESBORO, AR 72401		501 (C) (3)	0.	66,880.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
NEW SAINT JOHN MISSIONARY BAPTIST CHURCH - 308 N MAIN ST - JONESBORO, AR 72401		501 (C) (3)	0.	8,837.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
NEWPORT PENTECOSTAL CHURCH OF GOD 205 RAY STREET NEWPORT, AR 72112		501 (C) (3)	0.	159,973.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
NORTHPOINTE CHURCH OF CHRIST 500 PEPPER DRIVE JONESBORO, AR 72401		501 (C) (3)	0.	37,791.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
NTTEC THE NAKED TRUTH TRAINING AND EMPOWERMENT CENTER - 1665 E CO RD 36 - BLYTHEVILLE, AR 72315		501 (C) (3)	0.	15,714.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
PROVISION 88 1404 STONE STREET JONESBORO, AR 72401		501 (C) (3)	0.	324,898.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
(SP-TANF) RIVERSIDE SCHOOL DISTRICT - 2007 HWY 18 - LAKE CITY, AR 72437		501 (C) (3)	0.	9,537.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
SALVATION ARMY - JONESBORO 800 CATE JONESBORO, AR 72401		501 (C) (3)	0.	57,107.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
SDCW SOUTHERN DELTA CHURCH OF WICCA - ATC - 104 MAIN ST - LAKE CITY, AR 72437		501 (C) (3)	0.	194,430.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM

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SOUTHWEST CHURCH OF CHRIST 1601 JAMES STREET JONESBORO, AR 72401		501 (C) (3)	0.	71,536.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
ST. FRANCIS COUNTY CARE CENTER 302 N ROSSER ST FORREST CITY, AR 72335		501 (C) (3)	0.	22,129.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
SWIFTON FIRST ASSEMBLY OF GOD 404 FELICIA ST SWIFTON, AR 72471		501 (C) (3)	0.	115,421.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
TEMPLE BAPTIST CHURCH FOOD PANTRY 2405 STADIUM JONESBORO, AR 72401		501 (C) (3)	0.	29,765.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
THE GOOD SHEPHERD CENTER 1103 NORTH FALLS BLVD WYNNE, AR 72396		501 (C) (3)	0.	56,204.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
THE HAVEN OF NEA, INC. P.O. BOX 1062 BLYTHEVILLE, AR 72316		501 (C) (3)	0.	18,051.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
THE HOPE HOUSE - JONESBORO 111 N FISHER ST JONESBORO, AR 72401		501 (C) (3)	0.	9,149.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
THE WAY 501 E MAIN GURDON, AR 71743		501 (C) (3)	0.	41,296.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
THE WITT HOUSE 404 W. MAIN PARAGOULD, AR 72450		501 (C) (3)	0.	79,202.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM

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THREE RIVERS FOOD PANTRY 802 LIBERTY ST MARKED TREE, AR 72365	81-3600193	501 (C) (3)	0.	32,361.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
TRINITY FELLOWSHIP CHURCH 701 E HIGHLAND DR JONESBORO, AR 72401		501 (C) (3)	0.	10,645.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
TRUMANN FOOD PANTRY 610 WALNUT TRUMANN, AR 72472		501 (C) (3)	0.	170,118.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
USDA (BREAD OF LIFE) 204 S. MAIN HARRISBURG, AR 72432		501 (C) (3)	0.	28,706.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
USDA (HELPING NEIGHBORS FOOD PANTRY) - 900 WEST MONROE - JONESBORO, AR 72403		501 (C) (3)	0.	146,671.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
USDA (BAGS OF BLESSINGS) 111 S.E. FRONT ST WALNUT RIDGE, AR 72476		501 (C) (3)	0.	14,106.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
USDA (BLYTHEVILLE-GOSNELL FOOD PANTRY) - 122 WEST MAIN STREET - BLYTHEVILLE, AR 72315		501 (C) (3)	0.	36,463.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
USDA (BROADWAY COMMUNITY FOOD PANTRY) - 207 N. ELM - OSCEOLA, AR 72370		501 (C) (3)	0.	32,558.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
USDA (BROOKLAND CHURCH OF CHRIST) 9664 HWY 49B NORTH BROOKLAND, AR 72417		501 (C) (3)	0.	88,275.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM

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USDA (CHERRY VALLEY FOOD PANTRY) 128 CR 303 CHERRY VALLEY, AR 72324		501 (C) (3)	0.	31,356.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
USDA (EMMANUEL BAPTIST) 829 E NORTH ST PIGGOT, AR 72454		501 (C) (3)	0.	28,724.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
USDA (GOD'S HARVEST FOR OUR NEIGHBORS) - 3231 HWY 141 SOUTH - PARAGOULD, AR 72450		501 (C) (3)	0.	8,190.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
USDA (GOOD SHEPHERD) 1103 FALLS BLVD N STE B WYNNE, AR 72396		501 (C) (3)	0.	62,781.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
USDA (GRIFFIN MEMORIAL UMC FOOD PANTRY) - 524 E. COURT - PARAGOULD, AR 72450		501 (C) (3)	0.	63,775.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
USDA (HOPE HOUSE MINISTRIES INC.) 653 HIGHWAY 77 NORTH WEST MEMPHIS, AR 72301		501 (C) (3)	0.	135,772.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
USDA (HUGHES CHRISTIAN OUTREACH) 1103 NORTH FALLS BLVD WYNNE, AR 72396		501 (C) (3)	0.	49,577.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
USDA (MANILA FOOD PANTRY) 203 N BALTIMORE MANILA, AR 72442		501 (C) (3)	0.	37,347.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
USDA (MISSION OUTREACH OF NEA) 901 E LAKE STREET PARAGOULD, AR 72450		501 (C) (3)	0.	97,787.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM

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USDA (MISSISSIPPI COUNTY UNION MISSION) - 400 E WALNUT ST - BLYTHEVILLE, AR 72315		501 (C) (3)	0.	99,144.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
USDA (NEWPORT PENTECOSTAL CHURCH OF GOD - MANNA FOOD PANTRY) - 205 RAY STREET - NEWPORT, AR 72112		501 (C) (3)	0.	57,346.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
USDA (PROVISION 88) 1405 BITTLE ST JONESBORO, AR 72401		501 (C) (3)	0.	109,444.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
USDA (RECTOR FOOD PANTRY) 218 S STEWART ST RECTOR, AR 72461		501 (C) (3)	0.	56,882.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
USDA (SOUTHWEST CHURCH OF CHRIST) 1601 JAMES STREET JONESBORO, AR 72401		501 (C) (3)	0.	82,230.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
USDA (SWIFTON FIRST ASSEMBLY OF GOD) - 404 FELICIA ST - SWIFTON, AR 72471		501 (C) (3)	0.	20,040.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
USDA (THREE RIVERS FOOD PANTRY) 802 LIBERTY ST MARKED TREE, AR 72365		501 (C) (3)	0.	45,058.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
USDA (TOTAL DELIVERANCE) 400 COMMERCE ST EARLE, AR 72331		501 (C) (3)	0.	47,696.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
USDA (TRINITY FELLOWSHIP) 701 E HIGHLAND DR JONESBORO, AR 72401		501 (C) (3)	0.	36,599.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM

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USDA (TRUMANN FOOD PANTRY) 610 WALNUT TRUMANN, AR 72472		501 (C) (3)	0.	91,029.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
USDA (WEST VIEW BAPTIST CHURCH) 701 W MORGAN ST PARAGOULD, AR 72450		501 (C) (3)	0.	45,030.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
USDA (WOODRUFF COUNTY FOOD PANTRY) 303 MAGNOLIA ROAD AUGUSTA, AR 72006		501 (C) (3)	0.	55,116.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
VICTORY TEMPLE COGIC 1009 WHITAKER ST FORREST CITY, AR 72335		501 (C) (3)	0.	31,079.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
WALNUT RIDGE FIRST BAPTIST CHURCH SW FRONT STREET WALNUT RIDGE, AR 72476		501 (C) (3)	0.	35,110.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
WEST VIEW BAPTIST CHURCH FOOD PANTRY - 701 W MORGAN ST - PARAGOULD, AR 72450		501 (C) (3)	0.	31,906.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
WESTRIDGE CHURCH OF CHRIST (CARING HEARTS PANTRY) - 3954 HWY 62 W - POCAHONTAS, AR 72455		501 (C) (3)	0.	100,619.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
WINGS FOOD PANTRY / FIRST GENERAL BAPTIST CHURCH - 581 SOUTH TAYLOR STREET - PIGGOTT, AR 72454		501 (C) (3)	0.	37,661.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
WITT HOUSE MOBILE 404 W. MAIN PARAGOULD, AR 72450		501 (C) (3)	0.	67,000.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM

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WOODRUFF COUNTY FOOD PANTRY 303 MAGNOLIA ROAD AUGUSTA, AR 72006		501 (C) (3)	0.	61,670.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
WYNNE CHURCH OF CHRIST 916 BRIDGES AVE E WYNNE, AR 72396		501 (C) (3)	0.	53,303.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
BLYTHEVILLE COMMUNITY SAMARITAN MINISTRIES - 534 MAPLE - BLYTHEVILLE, AR 72316		501 (C) (3)	0.	75,670.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
(SP-TANF) FORREST CITY SCHOOL DISTRICT - 625 IRVING AVE - FORREST CITY, AR 72335		501 (C) (3)	0.	23,281.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
BECK CENTER 2009 AGGIE RD JONESBORO, AR 72401		501 (C) (3)	0.	52,570.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
BP UNIVERSITY HEIGHTS ELEMENTARY 300 BOWLING LN JONESBORO, AR 72401		501 (C) (3)	0.	5,043.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
BP WALNUT RIDGE SCHOOLS 508 EAST FREE ST WALNUT RIDGE, AR 72476		501 (C) (3)	0.	7,159.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
BROWN'S CHAPEL BAPTIST CHURCH 3800 S ROCKINGCHAIR RD PARAGOULD, AR 72450		501 (C) (3)	0.	6,034.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
FIRST BAPTIST CHURCH OF FRENCHMANS BAYOU - 7301 S HWY 61 - JOINER, AR 72350		501 (C) (3)	0.	68,222.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM

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TYRONZA FIRST BAPTIST CHURCH 244 S MAIN ST TYRONZA, AR 72386		501 (C) (3)	0.	31,374.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
ARKANSAS FOODBANK 4301 W 65TH ST LITTLE ROCK, AR 72209		501 (C) (3)	33,333.	0.			FOOD DISTRIBUTION PROGRAM
(SP-TANF) BLYTHEVILLE SCHOOL DISTRICT - 405 W PARK ST - BLYTHEVILLE, AR 72315		501 (C) (3)	0.	19,137.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
(SP-TANF) JACKSON COUNTY SCHOOL DISTRICT - 300 DOWELL ST - TUCKERMAN, AR 72473		501 (C) (3)	0.	23,493.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
BP LEADERSHIP MAGNET 1110 W WASHINGTON AVE JONESBORO, AR 72401		501 (C) (3)	0.	6,589.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
BUB'S PANTRY 2904 FAIRVIEW RD PARAGOULD, AR 72450		501 (C) (3)	0.	10,081.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
CSFP (RECTOR FOOD PANTRY) 218 S STEWART ST RECTOR, AR 72461		501 (C) (3)	0.	21,730.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
CSFP BROOKLAND CHURCH OF CHRIST 9664 HWY 49B NORTH BROOKLAND, AR 72417		501 (C) (3)	0.	15,990.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
CSFP FBNEA 3414 ONE PL JONESBORO, AR 72404		501 (C) (3)	0.	21,169.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM

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CSFP MONETTE HOUSING AUTHORITY 429 S WILLIAMS AVE MONETTE, AR 72447		501 (C) (3)	0.	9,020.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
CSFP SOUTHWEST CHURCH OF CHRIST 1601 JAMES STREET JONESBORO, AR 72401		501 (C) (3)	0.	18,040.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
CSFP TUCKERMAN FOOD PANTRY 201.5 HWY 367 TUCKERMAN, AR 72473		501 (C) (3)	0.	32,800.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
LFPA AGAPE MISSION 501 W. SECOND STREET CORNING, AR 72422		501 (C) (3)	0.	5,412.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
LFPA FRENCHMAN'S BAYOU 7301 S HWY 61 JOINER, AR 72350		501 (C) (3)	0.	8,860.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
LFPA HUGHES CHRISTIAN OUTREACH 201 BLACKWOOD HUGHES, AR 72348		501 (C) (3)	0.	9,020.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
LFPA WOODRUFF CO. FOOD PANTRY 603 MAIN ST AUGUSTA, AR 72006		501 (C) (3)	0.	7,621.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
RECTOR FOOD PANTRY 218 S STEWART ST RECTOR, AR 72461		501 (C) (3)	0.	99,064.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
SHIFT FAMILY OUTREACH CENTER (NEW MT. PLEASANT) - 619 S BROADWAY ST - OSCEOLA, AR 72370		501 (C) (3)	0.	76,470.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE STORE HOUSE 8305 EDMONT RD STE E HIGDEN, AR 72067		501 (C) (3)	0.	56,617.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
USDA (ST. FRANCIS CARE CENTER) 302 N ROSSER ST FORREST CITY, AR 72335		501 (C) (3)	0.	14,427.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
TUCKERMAN FOOD PANTRY P.O. BOX 751 TUCKERMAN, AR 72473		501 (C) (3)	0.	103,112.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
USDA (TUCKERMAN FOOD PANTRY) 201.5 HWY 367 TUCKERMAN, AR 72473		501 (C) (3)	0.	57,172.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
WESTMINSTER VILLAGE OF THE MID-SOUTH - 5215 S SOUTHSIDE DR - BLYTHEVILLE, AR 72315		501 (C) (3)	0.	41,663.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
FOOD BANK OF NORTH CENTRAL ARKANSAS - 1042 HIGHLAND CIRCLE - MOUNTAIN HOME, AR 72653		501 (C) (3)	16,444.	0.			FOOD DISTRIBUTION PROGRAM
SOUTHEAST MISSOURI FOOD BANK 600 STATE HIGHWAY H SIKESTON, MO 63801		501 (C) (3)	33,333.	0.			FOOD DISTRIBUTION PROGRAM
BP UNIVERSITY HEIGHTS SCHOOL OF MEDICAL ARTS - 3901 AGGIE RD - JONESBORO, AR 72401		501 (C) (3)	0.	5,049.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
CRAIGHEAD CO. DISASTER RELIEF 511 UNION ST JOINER, AR 72401		501 (C) (3)	0.	10,167.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CSFP CARAWAY SENIOR CENTER 305 N NEW YORK AVE CARAWAY, AR 72419		501 (C) (3)	0.	6,150.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
DELIVERANCE FAMILY WORSHIP CENTER 406 SCOTT ST JONESBORO, AR 72401		501 (C) (3)	0.	14,570.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
VALOR HOMES 2210 FOWLER AVE JONESBORO, AR 72401		501 (C) (3)	0.	16,284.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
USDA CRITTENDEN COUNTY (WEST MEMPHIS) - 1 NATURAL RESOURCES DR - MARION, AR 72364		501 (C) (3)	0.	14,886.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
BP 363 FEED THE NEED P.O. BOX 1002 WYNNE, AR 72396		501 (C) (3)	0.	18,610.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
JACKSON COUNTY DISASTER RELIEF 3405 S MAIN ST DIAZ, AR 72043		501 (C) (3)	0.	16,682.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
(SP-TANF) IMBODEN AREA CHARTER SCHOOL - 800 BEECH ST - BLACK ROCK, AR 72415		501 (C) (3)	0.	9,559.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
LAWRENCE CO. DISASTER RELIEF 315 W MAIN ST, STE 19 WALNUT RIDGE, AR 72476		501 (C) (3)	0.	10,261.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
LAWRENCE MEMORIAL HEALTH FOUNDATION INC - 1309 WEST MAIN - WALNUT RIDGE, AR 72476		501 (C) (3)	0.	65,857.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
USDA LAWRENCE CO. MOBILE DISTRIBUTION (WALNUT RIDGE) - 1121 SE FRONT ST - WALNUT RIDGE, AR 72476		501 (C) (3)	0.	6,638.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
CSFP MISSISSIPPI CO. (KEISER) 112 MAIN ST KEISER, AR 72351		501 (C) (3)	0.	23,111.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
MISSISSIPPI COUNTY DISASTER RELIEF 200 WEST HALE AVE OSCEOLA, AR 72370		501 (C) (3)	0.	19,639.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
CSFP TRUMANN HOUSING AUTHORITY 109 SPRUCE DR TRUMANN, AR 72472		501 (C) (3)	0.	15,730.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
JUMPSTART MINISTRIES PHASE 2 (IGLOO - SECONDARY LOCATION) - 209 NW FRONT ST - WALNUT RIDGE, AR 72476		501 (C) (3)	0.	21,562.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
CSFP ENDTIME HARVEST 1013 HWY 306 W COLT, AR 72326		501 (C) (3)	0.	5,840.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
USDA FORREST CITY MOBILE DISTRIBUTION - 4401 N WASHINGTON ST - FORREST CITY, AR 72335		501 (C) (3)	0.	96,173.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
BP MARKED TREE SCHOOL DISTRICT 406 SAINT FRANCIS ST MARKED TREE, AR 72365		501 (C) (3)	0.	7,670.	FMV	FOOD	FOOD DISTRIBUTION PROGRAM
LAWRENCE MEMORIAL HEALTH FOUNDATION INC - 1309 WEST MAIN - WALNUT RIDGE, AR 72476		501 (C) (3)	9,000.	0.			FOOD DISTRIBUTION PROGRAM

Schedule I (Form 990)



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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
USDA CLAY COUNTY (CORNING) COMMODITY DISTRIBUTION	0	0.	15,783.	FMV	FOOD
USDA CRAIGHEAD COUNTY (JONESBORO) COMMODITY DISTRIBUTION	0	0.	49,562.	FMV	FOOD
USDA CRAIGHEAD COUNTY (CARAWAY) COMMODITY DISTRIBUTION	0	0.	11,029.	FMV	FOOD
USDA CRITTENDEN COUNTY (WEST MEMPHIS)	0	0.	0.	FMV	FOOD
USDA CROSS COUNTY (WYNNE) COMMODITY DISTRIBUTION	0	0.	15,428.	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 GREENE COUNTY (PARAGOULD) COMMODITY DISTRIBUTION	0.	0.	20,434.	FMV	FOOD
USDA JACKSON COUNTY (NEWPORT) COMMODITY DISTRIBUTION	0.	0.	14,856.	FMV	FOOD
USDA LAWRENCE COUNTY (WALNUT RIDGE) COMMODITY DISTRIBUTION	0.	0.	34,007.	FMV	FOOD
USDA POINSETT COUNTY (MARKED TREE) COMMODITY DISTRIBUTION	0.	0.	21,426.	FMV	FOOD
USDA POINSETT COUNTY (TRUMANN) COMMODITY DISTRIBUTION	0.	0.	19,872.	FMV	FOOD
USDA RANDOLPH COUNTY (POCAHONTAS) COMMODITY DISTRIBUTION	0.	0.	30,046.	FMV	FOOD
USDA RANDOLPH COUNTY (RAVENDEN SPR) COMMODITY DISTRIBUTION	0.	0.	5,227.	FMV	FOOD
USDA ST. FRANCIS COUNTY (FORRESTCITY) COMMODITY DISTRIBUTION	0.	0.	41,631.	FMV	FOOD
USDA ST. FRANCIS COUNTY (PALESTINE) COMMODITY DISTRIBUTION	0.	0.	7,941.	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 WOODRUFF COUNTY (COTTON PLANT) COMMODITY DISTRIBUTION	0.	0.	9,108.	FMV	FOOD

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public  
Inspection

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		12,139,972.	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

30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it  
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for  
exempt purposes for the entire holding period? .....

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? .....

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

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,  
describe in Part II.

Yes No

30a		X
31		X
32a		X

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

Schedule M (Form 990) 2024

## Part II

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

[illegible]



SCHEDULE O  
(Form 990)

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

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

PART XII, LINE 2C EXPLANATION  
THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS CONTINUES TO OVERSEE  
AND RESPOND TO THE AUDIT RESULTS. ANY CHANGE IN THE INDEPENDENT  
AUDITORS IS APPROVED BY THE BOARD OF DIRECTORS.

**Depreciation and Amortization**  
**(Including Information on Listed Property)** 990

OMB No. 1545-0172

**2024**  
Attachment  
Sequence No. **179**

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

Attach to your tax return.

Business or activity to which this form relates

Identifying number

THE FOOD BANK OF NORTHEAST ARKANSAS

FORM 990 PAGE 10

71-0810999

**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)	1	1,220,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	3,050,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

**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	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	332,828.

**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 2024	17	
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		

**Section B - Assets Placed in Service During 2024 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
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System**

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

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

21	Listed property. Enter amount from line 28	21	
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.	22	332,828.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**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
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**25** Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use**25****26** Property used more than 50% in a qualified business use:

	:	:	%					
	:	:	%					
	:	:	%					

**27** Property used 50% or less in a qualified business use:

	:	:	%			S/L -		
	:	:	%			S/L -		
	:	:	%			S/L -		

**28** Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1**28****29** Add amounts in column (i), line 26. Enter here and on line 7, page 1**29****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 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
<b>30</b> Total business/investment miles driven during the year ( <b>don't</b> 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?	Yes	No	Yes	No	Yes	No
<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.

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
<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
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**42** Amortization of costs that begins during your 2024 tax year:

	:	:			
	:	:			

**43** Amortization of costs that began before your 2024 tax year**43****44** **Total.** Add amounts in column (f). See the instructions for where to report**44**