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CLIENT'S COPY

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

January 14, 2020

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

The Food Bank of Northeast Arkansas:

Enclosed is the organization's 2018 Exempt Organization
return.

Specific filing instructions are as follows.

FORM 990 RETURN:

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

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

Very truly yours,

Cheryl Deen, CPA

***** THIS IS NOT A FILEABLE COPY *****

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning JUL 1, 2018, and ending JUN 30, 2019

2018

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization

Employer identification number

THE FOOD BANK OF NORTHEAST ARKANSAS

71-0810999

Name and title of officer

**CHRISTIE JORDAN
CHIEF EXECUTIVE OFFICER**

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

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

1a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>16,017,646.</u>
2a Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

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

as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ ******* THIS IS NOT A FILEABLE COPY ***** Date ▶ _____

Part III Certification and Authentication

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

71223255035

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 01/14/20

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

Form **990**

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

OMB No. 1545-0047

2018

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, 2019

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE FOOD BANK OF NORTHEAST ARKANSAS Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 2097 City or town, state or province, country, and ZIP or foreign postal code JONESBORO, AR 72402 F Name and address of principal officer: CHRISTIE JORDAN SAME AS C ABOVE	D Employer identification number 71-0810999 E Telephone number 870-932-3663 G Gross receipts \$ 16,017,646. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.FOODBANKOFNEA.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1998		M State of legal domicile: AR

Part I Summary

1	Briefly describe the organization's mission or most significant activities: THE FOOD BANK OF NORTHEAST ARKANSAS PROVIDES HUNGER RELIEF TO PEOPLE IN NEED BY RAISING		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	21
6	Total number of volunteers (estimate if necessary)	6	970
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 38	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	10,708,069.	15,609,025.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	295,971.	283,430.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	98,267.	95,344.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	40,076.	29,847.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	11,142,383.	16,017,646.
14	Benefits paid to or for members (Part IX, column (A), line 4)	10,923,915.	14,437,308.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	699,136.	744,584.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 149,303.	92,523.	84,933.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	633,877.	668,556.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,349,451.	15,935,381.
19	Revenue less expenses. Subtract line 18 from line 12	-1,207,068.	82,265.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	11,164,630.	11,313,082.
22	Net assets or fund balances. Subtract line 21 from line 20	153,959.	117,179.
22		11,010,671.	11,195,903.

Part II Signature Block

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

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

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

Part III Statement of Program Service Accomplishments

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

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 [X] 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 [X] 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 \$ 12,954,633. including grants of \$ 12,057,822.) (Revenue \$ 281,697.) 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 \$ 2,395,547. including grants of \$ 2,234,994.) (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 \$ 148,957. including grants of \$ 138,974.) (Revenue \$ 1,733.) 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 in Schedule O.) (Expenses \$ 5,915. including grants of \$ 5,518.) (Revenue \$)

4e Total program service expenses 15,505,052.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

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

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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 13		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

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 in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **CHRISTIE JORDAN, THE FOOD BANK OF NORTHEAST ARKANSAS - 870-932-3663**
3414 ONE PLACE, JONESBORO, AR 72404

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

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHRISTIE JORDAN CHIEF EXECUTIVE OFFICER	40.00	X		X				77,638.	0.	0.
(2) MARGARET HOLLOWAY BOARD MEMBER	1.00	X						0.	0.	0.
(3) HATTON WEEKS BOARD MEMBER	1.00	X						0.	0.	0.
(4) RUSS HANNAH PAST PRESIDENT	4.00	X		X				0.	0.	0.
(5) SUSAN MERIDETH PRESIDENT	4.00	X		X				0.	0.	0.
(6) JIMMY FARLEY VICE PRESIDENT	4.00	X		X				0.	0.	0.
(7) BROOKSHIELD LAURENT BOARD MEMBER	1.00	X						0.	0.	0.
(8) JOHN MCKNIGHT BOARD MEMBER	1.00	X						0.	0.	0.
(9) TREY STAFFORD BOARD MEMBER	1.00	X						0.	0.	0.
(10) LYDIA PARKEY BOARD MEMBER	1.00	X						0.	0.	0.
(11) HAROLD COPENHAVER BOARD MEMBER	1.00	X						0.	0.	0.
(12) JASON GOSSAGE TREASURER	1.00	X		X				0.	0.	0.
(13) JOE VERSER SECRETARY	1.00	X		X				0.	0.	0.
(14) BECKY MCDANIEL 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							77,638.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							77,638.	0.	0.	

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**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
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	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 71,207.				
	b Membership dues	1b				
	c Fundraising events	1c 166,997.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 2,414,371.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 12,956,450.				
	g Noncash contributions included in lines 1a-1f: \$	14,511,025.				
	h Total. Add lines 1a-1f	▶ 15,609,025.				
Program Service Revenue	2 a SHARED MAINTENANCE FEES	Business Code 624210	281,697.	281,697.		
	b SENIOR FEEDING PROGRAMS	624210	1,733.	1,733.		
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	▶ 283,430.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶ 95,344.			95,344.	
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)	▶				
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)	▶				
	8 a Gross income from fundraising events (not including \$ 166,997. of contributions reported on line 1c). See Part IV, line 18	a 0.				
		b Less: direct expenses	b 0.			
c Net income or (loss) from fundraising events		▶ 0.				
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
Miscellaneous Revenue		Business Code				
11 a MISCELLANEOUS INCOME	624210	29,847.			29,847.	
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	▶ 29,847.				
12 Total revenue. See instructions	▶ 16,017,646.	283,430.	0.	125,191.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	12,202,314.	12,202,314.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,234,994.	2,234,994.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	77,639.	54,347.	15,528.	7,764.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	520,323.	364,226.	104,065.	52,032.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	100,878.	80,702.	20,176.	
10 Payroll taxes	45,744.	32,021.	9,149.	4,574.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	14,002.	7,001.	7,001.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	84,933.			84,933.
f Investment management fees	28,306.		28,306.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	13,296.	6,648.	6,648.	
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	39,081.	31,265.	7,816.	
17 Travel	18,328.	18,328.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	19,636.	19,636.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	288,866.	231,093.	57,773.	
23 Insurance	36,955.	29,564.	7,391.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REPAIRS & MAINTENANCE	69,120.	69,120.		
b DUES & SUBSCRIPTIONS	32,595.	26,076.	6,519.	
c SUPPLIES	31,075.	24,860.	6,215.	
d TRUCKING	30,917.	30,917.		
e All other expenses	46,379.	41,940.	4,439.	
25 Total functional expenses. Add lines 1 through 24e	15,935,381.	15,505,052.	281,026.	149,303.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	336,662.	1	224,655.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	13,000.
	4 Accounts receivable, net	10,302.	4	28,178.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	628,876.	8	1,087,778.
	9 Prepaid expenses and deferred charges	5,173.	9	5,175.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 8,939,284.		
	b Less: accumulated depreciation	10b 2,220,965.	10c	6,718,319.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11	3,190,929.	13	3,235,977.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	11,164,630.	16	11,313,082.	
Liabilities	17 Accounts payable and accrued expenses	65,564.	17	28,784.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	88,395.	25	88,395.
	26 Total liabilities. Add lines 17 through 25	153,959.	26	117,179.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	743,971.	27	3,850,662.
	28 Temporarily restricted net assets	10,266,700.	28	7,345,241.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	11,010,671.	33	11,195,903.	
34 Total liabilities and net assets/fund balances	11,164,630.	34	11,313,082.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,017,646.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,935,381.
3	Revenue less expenses. Subtract line 2 from line 1	3	82,265.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,010,671.
5	Net unrealized gains (losses) on investments	5	102,967.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	11,195,903.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9164046.	10510038.	11192871.	10708069.	15609025.	57184049.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	9164046.	10510038.	11192871.	10708069.	15609025.	57184049.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						57184049.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	9164046.	10510038.	11192871.	10708069.	15609025.	57184049.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	57,718.	27,396.	79,523.	98,267.	95,344.	358,248.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						57542297.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	99.38 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	99.47 %
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)			
Section D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2018 from Section C, line 6		
10	Line 8 amount divided by line 9 amount		
Section E - Distribution Allocations (see instructions)			
	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2018		
a	From 2013		
b	From 2014		
c	From 2015		
d	From 2016		
e	From 2017		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2018 distributable amount		
i	Carryover from 2013 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4	Distributions for 2018 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2018 distributable amount		
c	Remainder. Subtract lines 4a and 4b from 4.		
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.		
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.		
7	Excess distributions carryover to 2019. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2014		
b	Excess from 2015		
c	Excess from 2016		
d	Excess from 2017		
e	Excess from 2018		

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.)

[This section contains 20 horizontal lines for entering supplemental information.]

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

THE FOOD BANK OF NORTHEAST ARKANSAS

Employer identification number

71-0810999

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ARKANSAS DEPARTMENT OF HUMAN SERVICES PO BOX 1437 LITTLE ROCK, AR 72203	\$ <u>2,234,994.</u>	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.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE FOOD BANK OF NORTHEAST ARKANSAS	Employer identification number 71-0810999
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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 _____ _____ _____	\$ 2,234,994.	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018

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 (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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 2(d) 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 SFAS 116 (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 SFAS 116 (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 SFAS 116 (ASC 958) relating to these items:

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

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

Schedule D (Form 990) 2018

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 are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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

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

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,190,929.	3,161,217.	3,133,725.	3,216,584.	3,224,892.
b Contributions					
c Net investment earnings, gains, and losses	198,015.	226,598.	246,070.	45,847.	99,488.
d Grants or scholarships					
e Other expenditures for facilities and programs	124,661.	168,500.	191,422.	102,411.	79,500.
f Administrative expenses	28,306.	28,386.	27,156.	26,295.	28,296.
g End of year balance	3,235,977.	3,190,929.	3,161,217.	3,133,725.	3,216,584.

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 Temporarily restricted endowment 100.00 %

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		68,000.		68,000.
b Buildings		7,679,797.	1,272,512.	6,407,285.
c Leasehold improvements				
d Equipment		1,191,487.	948,453.	243,034.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				6,718,319.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) BUILDING MAINTENANCE FUND	1,876,925.	END-OF-YEAR MARKET VALUE
(2) BUILDING PROGRAM FUND	1,359,052.	END-OF-YEAR MARKET VALUE
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	3,235,977.	

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED PAYROLL WAGES AND TAXES	88,395.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	88,395.

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements	1	16,141,166.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	102,967.
b	Donated services and use of facilities	2b	48,859.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	151,826.
3	Subtract line 2e from line 1	3	15,989,340.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	28,306.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	28,306.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	16,017,646.

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

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

1	Total expenses and losses per audited financial statements	1	15,955,934.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	48,859.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	48,859.
3	Subtract line 2e from line 1	3	15,907,075.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	28,306.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	28,306.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	15,935,381.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		DIRECT MAIL SOLICITATION (event type)	(event type)	NONE (total number)		
Revenue	1	Gross receipts	166,997.		166,997.	
	2	Less: Contributions	166,997.		166,997.	
	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:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HELPING NEIGHBORS FOOD PANTRY 900 WEST MONROE JONESBORO, AR 72403	71-0726566	501 (C) (3)	0.	230,864.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
MISSION OUTREACH OF NEA 901 E LAKE STREET PARAGOULD, AR 72450	71-0552109	501 (C) (3)	0.	358,796.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
NETTLETON BAPTIST FOOD PANTRY 4701 E. NETTLETON JONESBORO, AR 72402		501 (C) (3)	0.	23,303.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
AGAPE MISSION OUTREACH 501 W. SECOND STREET CORNING, AR 72422		501 (C) (3)	0.	33,375.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
7TH AND MUELLER CHURCH OF CHRIST 1000 S. 7TH STREET PARAGOULD, AR 72450		501 (C) (3)	0.	116,784.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
BP BIC EAST ELEMENTARY (LEACHVILLE) BACKPACK PROGRAM - 1100 NELSON ST - LEACHVILLE, AR 72438		501 (C) (3)	0.	5,847.FMV		FOOD	BACKPACK PROGRAM

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

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2018)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLYTHEVILLE COMMUNITY SAMARITAN MINISTRIES - 534 MAPLE - BLYTHEVILLE, AR 72316		501 (C) (3)	0.	194,808.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
BAGS OF BLESSINGS 111 S.E. FRONT STREET WALNUT RIDGE, AR 72476		501 (C) (3)	0.	17,647.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
COMMUNITY SERVICE CENTER (FANN) 911 MAGNOLIA ROAD JONESBORO, AR 72401		501 (C) (3)	0.	34,305.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
BP FORREST CITY BACKPACK PROGRAM 625 IRVING STREET FORREST CITY, AR 72335		501 (C) (3)	0.	11,717.FMV		FOOD	BACKPACK PROGRAM
SALVATION ARMY - JONESBORO 800 CAÏE JONESBORO, AR 72401		501 (C) (3)	0.	214,986.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
CRDC NEA REGIONAL RECOVERY CENTER 6009 CW POST ROAD JONESBORO, AR 72403		501 (C) (3)	0.	85,692.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
STONEWALL COMMUNITY CUPBOARD 13683 HWY 135 PARAGOULD, AR 72450		501 (C) (3)	0.	13,363.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
TEMPLE BAPTIST CHURCH FOOD PANTRY 2405 STADIUM JONESBORO, AR 72401		501 (C) (3)	0.	38,980.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
THE WITT HOUSE 404 W. MAIN PARAGOULD, AR 72450		501 (C) (3)	0.	211,833.FMV		FOOD	FOOD DISTRIBUTION PROGRAM

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE HAVEN OF NEA, INC. P.O. BOX 1062 BLYTHEVILLE, AR 72316		501 (C) (3)	0.	39,196.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
TRUMANN FOOD PANTRY 610 WALNUT TRUMANN, AR 72472		501 (C) (3)	0.	287,403.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
WRIGHTS CHAPEL HELPING HANDS FOOD PANTRY - 2447 HERITAGE PARK RD - PIGGOTT, AR 72454		501 (C) (3)	0.	21,763.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
HICKORY RIDGE FOOD PANTRY LAUREL AND SECOND HICKORY RIDGE, AR 72347		501 (C) (3)	0.	53,577.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
EMMANUEL BAPTIST FOOD PANTRY 829 EAST NORTH STREET PIGGOTT, AR 72454		501 (C) (3)	0.	16,019.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
FIRST BAPTIST CHURCH OF HOXIE 200 S.W. LINDSEY HOXIE, AR 72433		501 (C) (3)	0.	69,784.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
WINGS FOOD PANTRY / FIRST GENERAL BAPTIST CHURCH - 581 SOUTH TAYLOR STREET - PIGGOTT, AR 72454		501 (C) (3)	0.	93,537.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
GOOD SAMARITAN OUTREACH MISSION FOOD PANTRY - 210 E. MAIN - MARMADUKE, AR 72443		501 (C) (3)	0.	48,300.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
GOD'S NEW LIFE 105 HINSON ROAD MARKED TREE, AR 72365		501 (C) (3)	0.	8,185.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRIFFIN MEMORIAL UMC FOOD PANTRY 524 E. COURT PARAGOULD, AR 72450		501 (C) (3)	0.	17,657.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
BREAD OF LIFE-HARRISBURG FIRST UNITED METHODIST CHURCH - 204 S. MAIN - HARRISBURG, AR 72432		501 (C) (3)	0.	78,172.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
JONESBORO FIRST BAPTIST CARE CENTER - 701 S. MAIN - JONESBORO, AR 72401		501 (C) (3)	0.	225,044.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
JUMP START MINISTRIES 402 W. MAIN STREET WALNUT RIDGE, AR 72476		501 (C) (3)	0.	56,892.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
BP JACKSON COUNTY (TUCKERMAN) BACKPACK PROGRAM - 300 N. DOWELL - TUCKERMAN, AR 72473		501 (C) (3)	0.	16,615.FMV	FOOD	BACKPACK PROGRAM	
BP NETTLETON UNIVERSITY HEIGHTS ELEMENTARY - 300 BOWLING LANE - JONESBORO, AR 72401		501 (C) (3)	0.	8,809.FMV	FOOD	BACKPACK PROGRAM	
BP UNIVERSITY HEIGHTS INTERMEDIATE (FORMERLY NIC) - 3901 AGGIE ROAD - JONESBORO, AR 72401		501 (C) (3)	0.	11,840.FMV	FOOD	BACKPACK PROGRAM	
BRIDGE OF HOPE P.O. BOX 123 VANNDALE, AR 72387		501 (C) (3)	0.	10,033.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
CHERRY VALLEY FOOD PANTRY 128 CR 303 CHERRY VALLEY, AR 72324		501 (C) (3)	0.	183,301.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EVERY CHILD IS OURS 201 PECAN TUCKERMAN, AR 72473		501 (C) (3)	0.	90,724.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
GOD'S HARVEST FOR OUR NEIGHBORS 3231 HWY 141 SOUTH PARAGOULD, AR 72450		501 (C) (3)	0.	14,633.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
THE GOOD SHEPHERD CENTER 1103 NORTH FALLS BLVD WYNNE, AR 72396		501 (C) (3)	0.	138,025.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
HUGHES CHRISTIAN OUTREACH MINISTRY 201 BLACKWOOD HUGHES, AR 72348	26-0872416	501 (C) (3)	0.	39,437.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
PROVISION 88 1404 STONE STREET JONESBORO, AR 72401		501 (C) (3)	0.	140,980.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
ST. FRANCIS COUNTY FOOD PANTRY 126 S. WATER STREET FORREST CITY, AR 72336		501 (C) (3)	0.	316,554.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
WOODRUFF COUNTY FOOD PANTRY 303 MAGNOLIA ROAD AUGUSTA, AR 72006		501 (C) (3)	0.	47,228.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
WYNNE CHURCH OF CHRIST 916 E. BRIDGE WYNNE, AR 72396		501 (C) (3)	0.	100,208.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
BROOKLAND CHURCH OF CHRIST 9664 HWY 49B NORTH BROOKLAND, AR 72417		501 (C) (3)	0.	72,942.FMV		FOOD	FOOD DISTRIBUTION PROGRAM

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSISSIPPI COUNTY UNION MISSION 400 E. WALNUT STREET BLYTHEVILLE, AR 72316		501 (C) (3)	0.	190,683.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
SOUTHWEST CHURCH OF CHRIST 1601 JAMES STREET JONESBORO, AR 72401		501 (C) (3)	0.	93,168.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
FIRST UNITED PENTECOSTAL 1507 EAST MATTHEWS JONESBORO, AR 72401		501 (C) (3)	0.	15,334.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
WALNUT RIDGE FIRST BAPTIST CHURCH SW FRONT STREET WALNUT RIDGE, AR 72476		501 (C) (3)	0.	14,063.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
FB FOOD BANK OF NORTH CENTRAL 14215 HWY 5 NORFORK, AR 72658	58-1881897	501 (C) (3)	0.	851,176.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
USDA (HOPE HOUSE MINISTRIES INC.) 653 HIGHWAY 77 NORTH WEST MEMPHIS, AR 72301		501 (C) (3)	0.	127,588.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
FB ARKANSAS FOODBANK NETWORK 4301 W 65TH STREET LITTLE ROCK, AR 72209		501 (C) (3)	0.	114,759.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
NORTHPOINTE CHURCH OF CHRIST 500 PEPPER DRIVE JONESBORO, AR 72401		501 (C) (3)	0.	26,210.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
BP BIC WEST ELEMENTARY (MONETTE) 805 WEST DREW AVE MONETTE, AR 72447		501 (C) (3)	0.	5,996.FMV	FOOD	BACKPACK PROGRAM	

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BP HILLCREST SCHOOL DISTRICT (STRAWBERRY, LYNN) - 146 S MAIN ST - STRAWBERRY, AR 72469		501 (C) (3)	0.	9,348.FMV	FOOD	FOOD	BACKPACK PROGRAM
RECTOR 1ST BAPTIST CHURCH 831 E. 9TH STREET RECTOR, AR 72461		501 (C) (3)	0.	67,073.FMV	FOOD	FOOD	FOOD DISTRIBUTION PROGRAM
S.H.I.F.T. FAMILY OUTREACH CENTER (NEW MT. PLEASANT) - 618 S. BROADWAY - OSCEOLA, AR 72370		501 (C) (3)	0.	119,683.FMV	FOOD	FOOD	FOOD DISTRIBUTION PROGRAM
BROOKLAND BAPTIST CHURCH 200 N OAK ST BROOKLAND, AR 72417		501 (C) (3)	0.	6,658.FMV	FOOD	FOOD	FOOD DISTRIBUTION PROGRAM
NEWPORT FOOD PANTRY 1312 MCLAIN STREET NEWPORT, AR 72112		501 (C) (3)	0.	188,213.FMV	FOOD	FOOD	FOOD DISTRIBUTION PROGRAM
WESTRIDGE CHURCH OF CHRIST (CARING HEARTS PANTRY) - 3954 HWY 62 W - POCAHONTAS, AR 72455		501 (C) (3)	0.	27,257.FMV	FOOD	FOOD	FOOD DISTRIBUTION PROGRAM
HOLY GHOST OUTREACH MINISTRIES 5749 OAK RIDGE ROAD RAVENDEN SPRINGS, AR 74260		501 (C) (3)	0.	88,200.FMV	FOOD	FOOD	FOOD DISTRIBUTION PROGRAM
AUGUSTA FIRST UNITED METHODIST CHURCH - 305 S. 3RD STREET - AUGUSTA, AR 72006		501 (C) (3)	0.	19,980.FMV	FOOD	FOOD	FOOD DISTRIBUTION PROGRAM
USDA (EMMANUEL BAPTIST) 829 E NORTH ST PIGGOT, AR 72454		501 (C) (3)	0.	50,349.FMV	FOOD	FOOD	FOOD DISTRIBUTION PROGRAM

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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USDA (HUGHES CHRISTIAN OUTREACH) 1103 NORTH FALLS BLVD WYNNE, AR 72396		501 (C) (3)	0.	104,539.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
USDA (CHERRY VALLEY FOOD PANTRY) 128 CR 303 CHERRY VALLEY, AR 72324		501 (C) (3)	0.	80,026.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
BP MAYNARD SCHOOLS 113 HWY 328 WEST MAYNARD, AR 72444		501 (C) (3)	0.	12,760.FMV	FOOD	BACKPACK PROGRAM	
MANILA FOOD PANTRY 203 N BALTIMORE MANILA, AR 72442		501 (C) (3)	0.	21,490.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
HERMAN MISSIONARY BAPTIST CHURCH HWY 91 WEST 79 CR 111 BONO, AR 72416		501 (C) (3)	0.	14,685.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
LEACHVILLE FIRST ASSEMBLY OF GOD 113 RYERSON STREET LEACHVILLE, AR 72438		501 (C) (3)	0.	21,488.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
BP CORNERSTONE UMC FOR JONESBORO KINDERGARTEN - 1910 DISCIPLE DRIVE - JONESBORO, AR 72401		501 (C) (3)	0.	8,367.FMV	FOOD	BACKPACK PROGRAM	
COTTON PLANT FOOD PANTRY MAIN STREET COTTON PLANT, AR 72036		501 (C) (3)	0.	17,965.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
NEWPORT PENTECOSTAL CHURCH OF GOD 205 RAY STREET NEWPORT, AR 72112		501 (C) (3)	0.	173,912.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	

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MOBILE FOOD PANTRY OF THE BREAD OF LIFE - 204 S. MAIN - HARRISBURG, AR 72432		501 (C) (3)	0.	10,668.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
BLYTHEVILLE-GOSNELL AREA FOOD PANTRY - 122 WEST MAIN STREET - BLYTHEVILLE, AR 72315		501 (C) (3)	0.	21,774.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
JONESBORO EMPOWERMENT ACADEMY (FORMERLY STEP/PEAS) - 4613 E. NETTLETON - JONESBORO, AR 72401		501 (C) (3)	0.	15,190.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
FOUNDATION CARE INC. 2806 FOX MEADOW LANE JONESBORO, AR 72404		501 (C) (3)	0.	5,842.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
STEPPING STONE SANCTUARY 912 SPEEDWAY TRUMANN, AR 72472		501 (C) (3)	0.	42,959.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
USDA (BAGS OF BLESSINGS) 111 S.E. FRONT ST WALNUT RIDGE, AR 72476		501 (C) (3)	0.	27,276.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
USDA (BREAD OF LIFE) 204 S. MAIN HARRISBURG, AR 72432		501 (C) (3)	0.	77,164.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
USDA (BROOKLAND CHURCH OF CHRIST) 9664 HWY 49B NORTH BROOKLAND, AR 72417		501 (C) (3)	0.	61,153.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
USDA (EVERY CHILD IS OURS) 201 PECAN TUCKERMAN, AR 72473		501 (C) (3)	0.	115,423.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	

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USDA (RECTOR FIRST BAPTIST CHURCH) 200 S STEWART ST RECTOR, AR 72461		501 (C) (3)	0.	57,349.FMV	FOOD	FOOD	FOOD DISTRIBUTION PROGRAM
USDA (GRIFFIN MEMORIAL UMC FOOD PANTRY) - 524 E. COURT - PARAGOULD, AR 72450		501 (C) (3)	0.	106,884.FMV	FOOD	FOOD	FOOD DISTRIBUTION PROGRAM
USDA (HELPING NEIGHBORS FOOD PANTRY) - 900 WEST MONROE - JONESBORO, AR 72403		501 (C) (3)	0.	204,866.FMV	FOOD	FOOD	FOOD DISTRIBUTION PROGRAM
USDA (MANILA FOOD PANTRY) 203 N BALTIMORE MANILA, AR 72442		501 (C) (3)	0.	143,571.FMV	FOOD	FOOD	FOOD DISTRIBUTION PROGRAM
USDA (MISSION OUTREACH OF NEA) 901 E LAKE STREET PARAGOULD, AR 72450		501 (C) (3)	0.	174,397.FMV	FOOD	FOOD	FOOD DISTRIBUTION PROGRAM
USDA (MISSISSIPPI COUNTY UNION MISSION) - 400 E WALNUT ST - BLYTHEVILLE, AR 72315		501 (C) (3)	0.	138,686.FMV	FOOD	FOOD	FOOD DISTRIBUTION PROGRAM
USDA (SOUTHWEST CHURCH OF CHRIST) 1601 JAMES STREET JONESBORO, AR 72401		501 (C) (3)	0.	146,287.FMV	FOOD	FOOD	FOOD DISTRIBUTION PROGRAM
USDA (TRUMANN FOOD PANTRY) 610 WALNUT TRUMANN, AR 72472		501 (C) (3)	0.	94,967.FMV	FOOD	FOOD	FOOD DISTRIBUTION PROGRAM
USDA (WOODRUFF COUNTY FOOD PANTRY) 303 MAGNOLIA ROAD AUGUSTA, AR 72006		501 (C) (3)	0.	93,750.FMV	FOOD	FOOD	FOOD DISTRIBUTION PROGRAM

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USDA (BLYTHEVILLE-GOSNELL FOOD PANTRY) - 122 WEST MAIN STREET - BLYTHEVILLE, AR 72315		501 (C) (3)	0.	65,630.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
USDA (ST. FRANCIS COUNTY FOOD PANTRY) - 126 S. WATER STREET - FORREST CITY, AR 72336		501 (C) (3)	0.	42,289.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
BROADWAY COMMUNITY OUTREACH PROGRAM - 207 N. ELM - OSCEOLA, AR 72370		501 (C) (3)	0.	37,332.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
USDA (BROADWAY COMMUNITY FOOD PANTRY) - 207 N. ELM - OSCEOLA, AR 72370		501 (C) (3)	0.	61,182.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
BP WYNNE PUBLIC SCHOOLS 1300 FALLS BLVD WYNNE, AR 72396		501 (C) (3)	0.	23,876.FMV		FOOD	BACKPACK PROGRAM
USDA (GOD'S HARVEST FOR OUR NEIGHBORS) - 3231 HWY 141 SOUTH - PARAGOULD, AR 72450		501 (C) (3)	0.	9,532.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
RECLAMATION HOUSE 534 W WASHINGTON AVE JONESBORO, AR 72401		501 (C) (3)	0.	30,870.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
USDA (BLYTHEVILLE COMMUNITY SAMARITAN MINISTRIES) - 534 MAPLE - BLYTHEVILLE, AR 72316		501 (C) (3)	0.	7,999.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
GRACE MISSION BIBLE TRAINING CENTER - 732 COTHERN RD - PARAGOULD, AR 72450		501 (C) (3)	0.	75,151.FMV		FOOD	FOOD DISTRIBUTION PROGRAM

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LIGHTHOUSE PRAYER TEMPLE 1132 PATTERSON AVE EARLE, AR 72331	501 (C) (3)	0.	10,487.FMV	FOOD	FOOD DISTRIBUTION PROGRAM		
BP HEALTH WELLNESS AND ENVIRONMENTAL STUDIES MAGNET SCHOOL - 1001 ROSEMOND AVE - JONESBORO, AR 72401	501 (C) (3)	0.	6,008.FMV	FOOD	BACKPACK PROGRAM		
BP JUSTIN VEACH (MANILA) ELEMENTARY SCHOOL - 120 S. DAVIS - MANILA, AR 72442	501 (C) (3)	0.	6,516.FMV	FOOD	BACKPACK PROGRAM		
BP NEWPORT SCHOOLS 406 WILKERSON DR NEWPORT, AR 72112	501 (C) (3)	0.	11,214.FMV	FOOD	BACKPACK PROGRAM		
THREE RIVERS FOOD PANTRY 802 LIBERTY ST MARKED TREE, AR 72365	81-3600193	0.	33,376.FMV	FOOD	FOOD DISTRIBUTION PROGRAM		
ANNOUNTED PRAISE OUTREACH MINISTRIES (LITTLE SCHOLARS)	501 (C) (3)	0.	12,178.FMV	FOOD	FOOD DISTRIBUTION PROGRAM		
VICTORY TEMPLE COGIC 1604 CRAWFORD ST ARKADELPHIA, AR 71923	501 (C) (3)	0.	5,984.FMV	FOOD	FOOD DISTRIBUTION PROGRAM		
(SFP) B.E.E.S. SENIOR CITIZENS INC. - 121 N 12TH ST - PARAGOULD, AR 72450	501 (C) (3)	0.	14,045.FMV	FOOD	BACKPACK PROGRAM		
(SFP) BLYTHEVILLE (MISSISSIPPI CO.) SENIOR CITIZENS CENTER - 1101 DAVID LN - BLYTHEVILLE, AR 72315	501 (C) (3)	0.	10,862.FMV	FOOD	BACKPACK PROGRAM		

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(SFP) MANILA (MISSISSIPPI CO.) SENIOR CITIZENS CENTER - 855 N AIRPORT DR - MANILA, AR 72442		501 (C) (3)	0.	7,495.FMV		FOOD	BACKPACK PROGRAM
(SFP) POCAHONTAS SENIOR CENTER (B.R.A.D.) - 1505 AIRPORT RD - POCAHONTAS, AR 72455		501 (C) (3)	0.	8,172.FMV		FOOD	BACKPACK PROGRAM
(SFP) WALNUT RIDGE SENIOR CENTER (B.R.A.D.) - 702 STATE ST - WALNUT RIDGE, AR 72476		501 (C) (3)	0.	10,028.FMV		FOOD	BACKPACK PROGRAM
(SFP) CORNING SENIOR CENTER (B.R.A.D.) - 1600 SUCCESS ST - CORNING, AR 72422		501 (C) (3)	0.	6,169.FMV		FOOD	BACKPACK PROGRAM
(SFP) OSCEOLA (MISSISSIPPI CO.) SENIOR CENTER - 701 NORTH WALNUT - OSCEOLA, AR 72370		501 (C) (3)	0.	18,007.FMV		FOOD	BACKPACK PROGRAM
(SFP) MONETTE SENIOR LIFE CENTER-ST. BERNARDS - 504 S WILLIAMS ST - MONETTE, AR 72447		501 (C) (3)	0.	5,144.FMV		FOOD	BACKPACK PROGRAM
(SFP) TRUMANN SENIOR LIFE CENTER-EAAAA - 351 CAMPBELL STREET #B - TRUMANN, AR 72472		501 (C) (3)	0.	9,761.FMV		FOOD	BACKPACK PROGRAM
(SFP) WEST MEMPHIS SR. LIFE CENTER-ST. BERNARDS - 318 W PLYER ST - WEST MEMPHIS, AR 72301		501 (C) (3)	0.	17,201.FMV		FOOD	BACKPACK PROGRAM
(SFP) HARRISBURG SENIOR LIFE CENTER-EAAAA - 300 FAIRGROUNDS RD - HARRISBURG, AR 72432		501 (C) (3)	0.	19,036.FMV		FOOD	BACKPACK PROGRAM

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(SFP) WYNNE SENIOR LIFE CENTER-ST. BERNARDS - 715 CANAL AVE E - WYNNE, AR 72396		501 (C) (3)	0.	19,322.FMV		FOOD	BACKPACK PROGRAM
(SFP) JONESBORO SENIOR LIFE CENTER FOOD PANTRY - 700 E WASHINGTON AVE - JONESBORO, AR 72401		501 (C) (3)	0.	5,690.FMV		FOOD	BACKPACK PROGRAM
(SP) RIVERSIDE HIGH SCHOOL 601 CATFISH DR LAKE CITY, AR 72437		501 (C) (3)	0.	12,289.FMV		FOOD	BACKPACK PROGRAM
AR CARE - PARKIN (MOBILE DISTRIBUTION) - 5787 US 64 - PARKIN, AR 72373		501 (C) (3)	0.	8,602.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
BP INTERNATIONAL STUDIES MAGNET SCHOOL - 1218 COBB ST - JONESBORO, AR 72401		501 (C) (3)	0.	6,580.FMV		FOOD	BACKPACK PROGRAM
(SP) DOWNTOWN - FIRST UNITED METHODIST CHURCH MICROSOCIETY - 801 S MAIN ST - JONESBORO, AR 72401		501 (C) (3)	0.	12,512.FMV		FOOD	BACKPACK PROGRAM
BP WALNUT RIDGE SCHOOLS 508 E FREE ST WALNUT RIDGE, AR 72476		501 (C) (3)	0.	5,587.FMV		FOOD	BACKPACK PROGRAM
CSFP CORNING SENIOR CENTER 1403 W MAIN ST CORNING, AR 72422		501 (C) (3)	0.	46,919.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
CSFP MONETTE SENIOR CENTER 504 S WILLIAMS ST MONETTE, AR 72447		501 (C) (3)	0.	12,636.FMV		FOOD	FOOD DISTRIBUTION PROGRAM

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CSFP JONESBORO SENIOR CENTER 900 WEST MONROE JONESBORO, AR 72401		501 (C) (3)	0.	71,411.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
CSFP WEST MEMPHIS SENIOR CENTER 318 W PLYER ST WEST MEMPHIS, AR 72301		501 (C) (3)	0.	54,661.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
CSFP WYNNE SENIOR CENTER 715 CANAL AVE E WYNNE, AR 72396		501 (C) (3)	0.	26,006.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
CSFP PARAGOULD SENIOR CENTER (BEES) - 121 N 12TH ST - PARAGOULD, AR 72450		501 (C) (3)	0.	49,849.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
CSFP WALNUT RIDGE SENIOR CENTER 504 SOUTHERN AVE WALNUT RIDGE, AR 72476		501 (C) (3)	0.	19,789.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
CSFP LEPANTO SENIOR CENTER 100 STEVENS SQ LEPANTO, AR 72354		501 (C) (3)	0.	22,442.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
CSFP TRUMANN SENIOR CENTER 351 S CAMPBELL AVE TRUMANN, AR 72472		501 (C) (3)	0.	36,622.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
CSFP MARKED TREE SENIOR CENTER 212 10TH ST MARKED TREE, AR 72365		501 (C) (3)	0.	13,070.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
CSFP HARRISBURG SENIOR CENTER 300 FAIRGROUNDS RD HARRISBURG, AR 72432		501 (C) (3)	0.	24,705.FMV		FOOD	FOOD DISTRIBUTION PROGRAM

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CSFP POCAHONTAS SENIOR CENTER 1505 AIRPORT RD POCAHONTAS, AR 72455		501 (C) (3)	0.	51,840.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
CSFP FORREST CITY SENIOR CENTER 2550 S WASHINGTON ST FORREST CITY, AR 72335		501 (C) (3)	0.	20,934.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
NEW SAINT JOHN MISSIONARY BAPTIST CHURCH - 306 N MAIN ST - JONESBORO, AR 72401		501 (C) (3)	0.	11,433.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
CSFP LAWRENCE COUNTY DHS 400 NW 4TH ST WALNUT RIDGE, AR 72476		501 (C) (3)	0.	6,216.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
CSFP HELPING NEIGHBORS 900 W HUNTINGTON AVE JONESBORO, AR 72401		501 (C) (3)	0.	68,569.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
AR CARE - AUGUSTA 400 HIGHWAY 64 E AUGUSTA, AR 72006		501 (C) (3)	0.	23,857.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
BREAKING BONDS MINISTRIES 801 S MAIN ST JONESBORO, AR 72401		501 (C) (3)	0.	25,406.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
USDA (GOOD SHEPHERD) 1103 FALLS BLVD N STE B WYNNE, AR 72396		501 (C) (3)	0.	112,327.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
CENTER HILL CHURCH OF CHRIST 4904 WALCOTT RD PARAGOULD, AR 72450		501 (C) (3)	0.	67,571.FMV		FOOD	FOOD DISTRIBUTION PROGRAM

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GREATER NEEDS FOOD PANTRY (EGYPT ASSEMBLY OF GOD) - HWY 91 - EGYPT, AR 72427		501 (C) (3)	0.	6,343.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
BP OSCEOLA SCHOOLS 2800 W SEMMES AVE OSCEOLA, AR 72370		501 (C) (3)	0.	8,381.FMV	FOOD	BACKPACK PROGRAM	
CARAWAY COMMUNITY OF CHRIST BLESSING BOX - 201 N SAN FRANCISCO ST - CARAWAY, AR 72419		501 (C) (3)	0.	27,140.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
HOLY GHOST OUTREACH - RANDOLPH COUNTY MOBILE - 5749 OAK RIDGE ROAD - RAVENDEN SPRINGS, AR 72460		501 (C) (3)	0.	63,613.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
ENDTIME HARVEST OUTREACH MINISTRIES - 9866 HIGHWAY 21 N - OAK GROVE, AR 72616		501 (C) (3)	0.	23,922.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
TRINITY FELLOWSHIP CHURCH 701 E HIGHLAND DR JONESBORO, AR 72401		501 (C) (3)	0.	99,503.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
(SP) CROSS COUNTY ELEMENTARY SCHOOL - 2622 HIGHWAY 42 - CHERRY VALLEY, AR 72324		501 (C) (3)	0.	10,109.FMV	FOOD	BACKPACK PROGRAM	
USDA (NEWPORT PENTECOSTAL CHURCH OF GOD - MANNA FOOD PANTRY) - 205 RAY STREET - NEWPORT, AR 72112		501 (C) (3)	0.	85,520.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
CSFP JACKSON COUNTY SENIOR CENTER 400 NORTH PECAN ST NEWPORT, AR 72112		501 (C) (3)	0.	34,509.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	

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CSFP MISSISSIPPI CO. (MANILA) 855 N AIRPORT DR MANILA, AR 72442		501 (C) (3)	0.	33,418.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
CSFP MISSISSIPPI CO. (BLYTHEVILLE) 1101 DAVID LN BLYTHEVILLE, AR 72315		501 (C) (3)	0.	65,824.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
CSFP MISSISSIPPI CO. (OSCEOLA) 701 N WALNUT ST OSCEOLA, AR 72370		501 (C) (3)	0.	56,543.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
CSFP MISSISSIPPI CO. (WILSON) 1 PARK STREET WILSON, AR 72395		501 (C) (3)	0.	24,896.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
(SP) JONESBORO PRE-K NORTH 1307 FLINT ST JONESBORO, AR 72401		501 (C) (3)	0.	20,700.FMV	FOOD	BACKPACK PROGRAM	
USDA (TRINITY FELLOWSHIP) 701 E HIGHLAND DR JONESBORO, AR 72401		501 (C) (3)	0.	64,421.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
ST. FRANCIS COUNTY MOBILE PANTRY 126 S. WATER STREET FORREST CITY, AR 72335		501 (C) (3)	0.	22,877.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
CSFP WOODRUFF COUNTY FOOD PANTRY 401 MAIN STREET AUGUSTA, AR 72006		501 (C) (3)	0.	10,272.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	
NEW COVENANT CHURCH OF PARAGOULD 909 REYNOLDS RD PARAGOULD, AR 72450		501 (C) (3)	0.	11,923.FMV	FOOD	FOOD DISTRIBUTION PROGRAM	

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FB SOUTHEAST MISSOURI FOOD BANK 600 STATE HIGHWAY H SIKESTON, MO 63801		501 (C) (3)	0.	9,072.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
BLACK RIVER AREA DEVELOPMENT CORPORATION - 1403 HOSPITAL DR - POCAHONTAS, AR 72455		501 (C) (3)	0.	5,267.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
CSFP CHERRY VALLEY FOOD PANTRY 128 CR 303 CHERRY VALLEY, AR 72324		501 (C) (3)	0.	7,857.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
CSFP WOODRUFF COUNTY SENIOR LIFE CENTER - 303 CACHE ST - PATTERSON, AR 72123		501 (C) (3)	0.	9,352.FMV		FOOD	FOOD DISTRIBUTION PROGRAM
CSFP HUGHES CHRISTIAN OUTREACH 201 BLACKWOOD ST HUGHES, AR 72348		501 (C) (3)	0.	5,293.FMV		FOOD	FOOD DISTRIBUTION PROGRAM

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
USDA CLAY COUNTY (RECTOR) COMMODITY DISTRIBUTION	0	0.	18,889. FMV		FOOD
USDA CLAY COUNTY (POLLARD) COMMODITY DISTRIBUTION	0	0.	27,696. FMV		FOOD
USDA CLAY COUNTY (CORNING) COMMODITY DISTRIBUTION	0	0.	43,661. FMV		FOOD
USDA CRAIGHEAD COUNTY (JONESBORO) COMMODITY DISTRIBUTION	0	0.	48,027. FMV		FOOD
USDA CRAIGHEAD COUNTY (CARAWAY) COMMODITY DISTRIBUTION	0	0.	9,805. 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.

THE FOOD BANK OF NORTHEAST ARKANSAS

Part III Continuation of Grants and Other Assistance to Individuals in the United States (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 non-cash assistance
USDA CRITTENDEN COUNTY (WEST MEMPHIS)	0.	0.	38,382.FMV		FOOD
USDA CROSS COUNTY (WYNNE) COMMODITY DISTRIBUTION	0.	0.	61,844.FMV		FOOD
USDA GREENE COUNTY (PARAGOULD) COMMODITY DISTRIBUTION	0.	0.	33,609.FMV		FOOD
USDA JACKSON COUNTY (NEWPORT) COMMODITY DISTRIBUTION	0.	0.	48,880.FMV		FOOD
USDA LAWRENCE COUNTY (WALNUT RIDGE) COMMODITY DISTRIBUTION	0.	0.	53,766.FMV		FOOD
USDA POINSETT COUNTY (MARKED TREE) COMMODITY DISTRIBUTION	0.	0.	30,876.FMV		FOOD
USDA POINSETT COUNTY (TRUMANN) COMMODITY DISTRIBUTION	0.	0.	32,706.FMV		FOOD
USDA POINSETT COUNTY (HARRISBURG) COMMODITY DISTRIBUTION	0.	0.	5,635.FMV		FOOD
USDA RANDOLPH COUNTY (POCAHONTAS) COMMODITY DISTRIBUTION	0.	0.	25,239.FMV		FOOD

THE FOOD BANK OF NORTHEAST ARKANSAS

Part III Continuation of Grants and Other Assistance to Individuals in the United States (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 non-cash assistance
USDA RANDOLPH COUNTY (RAVENDEN SPR) COMMODITY DISTRIBUTION	0.	0.	8,578.FMV		FOOD
USDA ST. FRANCIS COUNTY (FORRESTCITY) COMMODITY DISTRIBUTION	0.	0.	85,479.FMV		FOOD
USDA ST. FRANCIS COUNTY (HUGHES CITY) COMMODITY DISTRIBUTION	0.	0.	6,299.FMV		FOOD
USDA ST. FRANCIS COUNTY (PALESTINE) COMMODITY DISTRIBUTION	0.	0.	6,338.FMV		FOOD
USDA WOODRUFF COUNTY (MCCRORY) COMMODITY DISTRIBUTION	0.	0.	35,931.FMV		FOOD
USDA WOODRUFF COUNTY (COTTON PLANT) COMMODITY DISTRIBUTION	0.	0.	19,373.FMV		FOOD
USDA POINSETT COUNTY (WEINER) COMMODITIES	0.	0.	7,445.FMV		FOOD
OTHER INDIVIDUALS	0.	0.	8,065.FMV		FOOD

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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		14,511,025.	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 IV, Donee Acknowledgement **29**

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

THE FOOD BANK OF NORTHEAST ARKANSAS

Employer identification number

71-0810999

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

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

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

COOKING MATTERS -

EXPENSES \$ 5,915. INCLUDING GRANTS OF \$ 5,518. REVENUE \$ 0.

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
EXECUTIVE DIRECTOR 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 EXECUTIVE DIRECTOR AND OTHER EMPLOYEES.

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

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

FORM 990, PART XII, LINE 2C:

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

Schedule O (Form 990 or 990-EZ) (2018)

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

990

OMB No. 1545-0172

2018

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment
Sequence No. **179**

Name(s) shown on 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	1,000,000.
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	2,500,000.
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 smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2017 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 2019. 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	287,491.

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 2018	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		<input type="checkbox"/>

Section B - Assets Placed in Service During 2018 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		3,433.	5.00	MM	SL	446.
c	7-year property						
d	10-year property		11,064.	10.00	MM	SL	929.
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 2018 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	288,866.
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
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:
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.

30 Total business/investment miles driven during the year (don't include commuting miles)
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven
33 Total miles driven during the year. Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours?
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 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.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?
38 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
39 Do you treat all use of vehicles by employees as personal use?
40 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?
41 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
42 Amortization of costs that begins during your 2018 tax year:
43 Amortization of costs that began before your 2018 tax year 43
44 Total. Add amounts in column (f). See the instructions for where to report 44

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. THE FOOD BANK OF NORTHEAST ARKANSAS	Employer identification number (EIN) or 71-0810999
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 2097	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. JONESBORO, AR 72402	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

CHRISTIE JORDAN, THE FOOD BANK OF NORTHEAST ARKANSAS

- The books are in the care of ▶ **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 EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2018**, and ending **JUN 30, 2019**.

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

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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