

2007 Tax Return(s)

Prepared for NORTHWEST ARKANSAS FOOD BANK
CLIENT CODE: 03792

Account Number 787962
Release Number 2007.06030

Prepared by ERVIN & COMPANY CPAS, PA
4257 GABEL DRIVE, SUITE 2A
FAYETTEVILLE, AR
72703

(479)442-8546

Processing Date: 09/30/2008
Time: 08:56:03

**Special
Instructions**

Messages

Return Information

CAUTION

Form: 1 Sheet: 1 Box: 77

- Form 990. Page 1, Part I, Item M. The amount of contributions on line 1d indicates that Schedule B, Schedule of Contributors, may be required. Generally, organizations filing Form 990 are required to file Schedule B if certain large donations have been received. If Schedule B is NOT required, make an entry on Interview Form 1, Box 77 to answer the Item M question accordingly. Refer to the official 990 and Schedule B instructions for specific reporting requirements. Use Interview Form B-1 to prepare Schedule B, if required. (20165)

Form: 990 Pg 4

- Form 990. Part IV, Balance Sheet, line 55, Column B. An entry has been made on Interview Form 990-6, Box 55 and/or Box 57, for end of year depreciation information. If the supporting statement for this line is desired, make sure the appropriate information has been entered on Interview Form DP-1. Otherwise, Interview Form 990-17, Boxes 60 through 104 should be used to prepare this supporting statement. (20044)

INFORMATIONAL

Form: B-1 Sheet: 1 Box: 67

- Schedule B. Page 2, Part I. Because the organization meets the 33 1/3% public support test of the regulations under section 509(a)(1)/170(b)(1)(A)(vi) it is only required to report on Schedule B those contributors whose total contributions of \$5,000 or more were greater than 2% of Form 990, line 1e. There were no contributors whose total contributions met this requirement and consequently Schedule B is not required and the Item M question has been answered accordingly. (30140)

Form: 990 Pg 7

- Form 990. Page 7, Part VI, line 90a. No information has been entered on Interview Form 8, to complete line 90a regarding the states to which the organization must report. Consequently, the notation "None" has printed on line 90a. If this is not correct, use Interview Form 8, Boxes 30 through 43, to enter the appropriate information. (30080)

Return Information

Form: 990 Pg 9

- Form 990. Page 9. The preparer's social security number and/or employer identification number have been left blank in accordance with the official IRS instructions. Only Section 4947(a)(1) nonexempt charitable trusts that are filing Form 990 in lieu of Form 1041 are instructed to complete this information. If desired, an entry on Interview Form 9, Box 50, may be used to force this information to print. Please note, however, that forcing this information to print when it is not required will disqualify the return from electronic filing. (30102)

Form: 990 Sch A

- Schedule A. Part III, line 4. No entries have been made to answer the questions about donor advised funds on lines 4a through 4g. The assumption has been made that these do not apply to the organization and they have been answered accordingly. This should be reviewed. If the organization does have any reporting requirements for lines 4a through 4g, make the appropriate entries on Interview Form A-2, Boxes 52 through 55 and Interview Form A-3, Boxes 32, 35 and 36. (36016)

2007 Return Summary

NORTHWEST ARKANSAS FOOD BANK

71-0680830

FORM 990:

TOTAL REVENUE	3,562,885.
TOTAL EXPENSES	3,445,629.
EXCESS <DEFICIT>	117,256.
BEGINNING NET ASSETS	676,401.
CHANGES IN NET ASSETS	0.
ENDING NET ASSETS (PAGE 1)	793,657.

BALANCE SHEET ANALYSIS

ENDING TOTAL ASSETS	796,592.
ENDING TOTAL LIABILITIES	2,935.
ENDING TOTAL NET ASSETS OR FUND BALANCES (PAGE 3)	793,657.

ENDING TOTAL ASSETS MINUS LIABILITIES AND NET ASSETS	0.
ENDING NET ASSETS DIFFERENCE BETWEEN PAGE 1 AND PAGE 3	0.

ERVIN & COMPANY CPAS, PA
4257 GABEL DRIVE, SUITE 2A
FAYETTEVILLE, AR 72703
479-442-8546

SEPTEMBER 25, 2008

NORTHWEST ARKANSAS FOOD BANK
4332 OLD WIRE ROAD
BETHEL HEIGHTS, AR 72764

NORTHWEST ARKANSAS FOOD BANK:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2007 EXEMPT
ORGANIZATION RETURN, AS FOLLOWS...

2007 FORM 990

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE
WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED
FOR YOUR FILES.

WE RECOMMEND THAT YOU USE CERTIFIED MAIL WITH POST MARKED
RECEIPT FOR PROOF OF TIMELY FILING.

VERY TRULY YOURS,

ERVIN & COMPANY CPAS, PA

Filing Instructions

Prepared for:

NORTHWEST ARKANSAS FOOD BANK
4332 OLD WIRE ROAD
BETHEL HEIGHTS, AR 72764

Prepared by:

ERVIN & COMPANY CPAS, PA
4257 GABEL DRIVE, SUITE 2A
FAYETTEVILLE, AR 72703

2007 EXTENSION OF TIME TO FILE FORM 990

PLEASE SIGN AND MAIL FORM 8868 ON OR BEFORE AUGUST 15, 2008.
FORM 8868 EXTENDS THE FILING DATE OF THE RETURN TO NOVEMBER 17,
2008.

MAIL TO - DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0012

Return of Organization Exempt From Income Tax

2007

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning and ending

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input checked="" type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Termination</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p>C Name of organization NORTHWEST ARKANSAS FOOD BANK</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite 4332 OLD WIRE ROAD</p> <p>City or town, state or country, and ZIP + 4 BETHEL HEIGHTS, AR 72764</p>	<p>D Employer identification number 71-0680830</p> <p>E Telephone number 479/872-8774</p> <p>F Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____</p>
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Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates **N/A**

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number **N/A**

G Website: **N/A**

J Organization type (check only one) 501(c) (**3**) (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **3,562,885.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Contributions to donor advised funds	1a		
	b Direct public support (not included on line 1a)	1b	3,217,345.	
	c Indirect public support (not included on line 1a)	1c	120,979.	
	d Government contributions (grants) (not included on line 1a)	1d	38,388.	
	e Total (add lines 1a through 1d) (cash \$ 346,858. noncash \$ 3,029,854.)	1e	3,376,712.	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	184,751.	
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4		
	5 Dividends and interest from securities	5		
	6 a Gross rents	6a		
	b Less: rental expenses	6b		
c Net rental income or (loss). Subtract line 6b from line 6a	6c			
7 Other investment income (describe _____)	7			
8 a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	8a			
	b Less: cost or other basis and sales expenses	8b		
	c Gain or (loss) (attach schedule)	8c		
d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d			
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a			
b Less: direct expenses other than fundraising expenses	9b			
c Net income or (loss) from special events. Subtract line 9b from line 9a	9c			
10 a Gross sales of inventory, less returns and allowances	10a			
	b Less: cost of goods sold	10b		
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		
11 Other revenue (from Part VII, line 103)	11	1,422.		
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	3,562,885.		
Expenses	13 Program services (from line 44, column (B))	13	3,242,753.	
	14 Management and general (from line 44, column (C))	14	141,242.	
	15 Fundraising (from line 44, column (D))	15	61,634.	
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses. Add lines 16 and 44, column (A)	17	3,445,629.	
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18	117,256.	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	676,401.	
	20 Other changes in net assets or fund balances (attach explanation)	20	0.	
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	793,657.	

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0.</u> noncash \$ <u>0.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ <u>0.</u> noncash \$ <u>0.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	0.	0.	0.	0.
25b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
25c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c				
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27				
29 Payroll taxes				
30 Professional fundraising fees				
31 Accounting fees	4,000.		4,000.	
32 Legal fees				
33 Supplies				
34 Telephone	2,705.	2,435.	270.	
35 Postage and shipping				
36 Occupancy	15,316.	13,784.	1,532.	
37 Equipment rental and maintenance	5,481.	5,481.		
38 Printing and publications				
39 Travel	9,803.		9,803.	
40 Conferences, conventions, and meetings	5,583.	3,350.	2,233.	
41 Interest	6.		6.	
42 Depreciation, depletion, etc. (attach schedule)	20,141.	20,141.		
43 Other expenses not covered above (itemize):				
a _____				
b _____				
c _____				
d _____				
e _____				
f _____				
g SEE STATEMENT 1	3,382,594.	3,197,562.	123,398.	61,634.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) □□□□□□	3,445,629.	3,242,753.	141,242.	61,634.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A;

(iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

<p>What is the organization's primary exempt purpose? TO WORK TOWARD THE ALLEVIATION OF HUNGER IN NORTHWEST ARKANSAS.</p> <p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p>	<p>Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)</p>
<p>a <u>NORTHWEST ARKANSAS FOOD BANK IS A PRIVATE, NOT FOR PROFIT ORGANIZATION PROVIDING SERVICES FOR THE COLLECTION AND DISTRIBUTION OF FOOD ITEMS TO QUALIFYING ORGANIZATIONS IN NORTHWEST ARKANSAS.</u></p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>3,242,753.</p>
<p>b</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>c</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>d</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>e Other program services (attach schedule)</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services) <input type="checkbox"/></p>	<p>3,242,753.</p>

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	120,040.	45	192,596.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	7,248.		
	b Less: allowance for doubtful accounts		47c	7,248.
	48 a Pledges receivable	32,500.		
	b Less: allowance for doubtful accounts		48c	32,500.
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use	280,143.	52	317,365.
	53 Prepaid expenses and deferred charges	4,067.	53	1,756.
	54 a Investments - publicly-traded securities			
	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a	
	b Investments - other securities			
	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
	55 a Investments - land, buildings, and equipment: basis	467,953.		
	b Less: accumulated depreciation	223,206.	55c	244,747.
56 Investments - other		56		
57 a Land, buildings, and equipment: basis				
b Less: accumulated depreciation		57c		
58 Other assets, including program-related investments (describe ► <u>DEPOSITS</u>)	380.	58	380.	
59 Total assets (must equal line 74). Add lines 45 through 58	696,575.	59	796,592.	
Liabilities	60 Accounts payable and accrued expenses	20,174.	60	2,935.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe ► _____)		65	
66 Total liabilities. Add lines 60 through 65	20,174.	66	2,935.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> X and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	591,673.	67	711,657.
	68 Temporarily restricted	84,728.	68	82,000.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	676,401.	73	793,657.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	696,575.	74	796,592.	

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued) Yes No

75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 13
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) 75b X
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." 75c X
d Does the organization have a written conflict of interest policy? 75d X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1: NONE

Part VI Other Information (See the instructions.) Yes No

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change 76 X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? 77 X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78a X
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A 78b
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 79 X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80a X
b If "Yes," enter the name of the organization N/A and check whether it is exempt or nonexempt
81 a Enter direct and indirect political expenditures. (See line 81 instructions.) 81a 0
b Did the organization file Form 1120-POL for this year? 81b X

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		X
82b	N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83 b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84 b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84b	N/A		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
85a	N/A		
85 b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
85b	N/A		
85c	Dues, assessments, and similar amounts from members		
85c	N/A		
85d	Section 162(e) lobbying and political expenditures		
85d	N/A		
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85e	N/A		
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85f	N/A		
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85g	N/A		
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
85h	N/A		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
86a	N/A		
86b	Gross receipts, included on line 12, for public use of club facilities		
86b	N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
87a	N/A		
87b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
87b	N/A		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
88a			
88 b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
88b			
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 \blacktriangleright 0.; section 4912 \blacktriangleright 0.; section 4955 \blacktriangleright 0.		
89a			
89 b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89b			
89 c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 \blacktriangleright 0.		
89c			
89 d	Enter: Amount of tax on line 89c, above, reimbursed by the organization \blacktriangleright 0.		
89d			
89 e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89e			
89 f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89f			
89 g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
89g			
90 a	List the states with which a copy of this return is filed \blacktriangleright NONE		
90a			
90 b	Number of employees employed in the pay period that includes March 12, 2007	90b	6
91 a	The books are in care of \blacktriangleright THE ORGANIZATION Telephone no. \blacktriangleright 479/872-8774 Located at \blacktriangleright 4332 OLD WIRE ROAD, BETHEL HEIGHTS, AR ZIP + 4 \blacktriangleright 72764		
91a			
91 b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country \blacktriangleright N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X
91b			

Part XI Information Regarding Transfers To and From Controlled Entities.

Complete only if the organization is a

controlling organization as defined in section 512(b)(13).

N/A

	Yes	No
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.	<input type="checkbox"/>	<input type="checkbox"/>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

	Yes	No
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.	<input type="checkbox"/>	<input type="checkbox"/>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

	Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?	<input type="checkbox"/>	<input type="checkbox"/>

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.

Please Sign Here	<div style="display: flex; justify-content: space-between;"> <div style="width: 80%; border-bottom: 1px solid black;">Signature of officer</div> <div style="width: 15%; border-bottom: 1px solid black;">Date</div> </div>
	Type or print name and title

Paid Preparer's Use Only	Preparer's signature	Date 09/25/08	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ERVIN & COMPANY CPAS, PA 4257 GABEL DRIVE, SUITE 2A FAYETTEVILLE, AR 72703	EIN		Phone no. (479) 442-8546

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2007

Name of the organization NORTHWEST ARKANSAS FOOD BANK	Employer identification number 71 0680830
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 <input type="text" value="0"/>				

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services <input type="text" value="0"/>		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services <input type="text" value="0"/>		

Part III Statements About Activities (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	X
e	Transfer of any part of its income or assets?	2e	X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b	Did the organization make any taxable distributions under section 4966?	4b	N/A
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N/A
d	Enter the total number of donor advised funds owned at the end of the tax year	N/A	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	N/A	
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	0.	
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year	0.	

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total	▶				

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,705,380.	2,785,003.	3,525,123.	2,639,109.	10,654,615.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	3.	195.	126.	275.	599.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	3,862.	1,812.	506.		6,180.
23 Total of lines 15 through 22	1,709,245.	2,787,010.	3,525,755.	2,639,384.	10,661,394.
24 Line 23 minus line 17	1,709,245.	2,787,010.	3,525,755.	2,639,384.	10,661,394.
25 Enter 1% of line 23	17,092.	27,870.	35,258.	26,394.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 213,228.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 10,661,394.
d Add: Amounts from column (e) for lines: 18 599. 19 22 6,180. 26b					26d 6,779.
e Public support (line 26c minus line 26d total)					26e 10,654,615.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 99.9364%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2006) (2005) (2004) (2003)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2006) (2005) (2004) (2003)					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					27c N/A
d Add: Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.) **N/A**
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred.)		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is -	The lobbying nontaxable amount is -		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					0.
46 Lobbying ceiling amount (150% of line 45(e)) <input type="text"/> <input type="text"/> <input type="text"/>					0.
47 Total lobbying expenditures <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					0.
48 Grassroots nontaxable amount <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					0.
49 Grassroots ceiling amount (150% of line 48(e)) <input type="text"/> <input type="text"/> <input type="text"/>					0.
50 Grassroots lobbying expenditures <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.) **N/A**

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h .)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h .)			0.

FORM 990	OTHER EXPENSES			STATEMENT	1
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
ADVERTISING	8,478.		8,478.		
COST OF PRODUCT	3,062,359.	3,062,359.			
INSURANCE	17,259.	16,136.	1,123.		
MEALS	1,566.		1,566.		
OTHER EXPENSES	1,860.	1,860.			
TRANSPORTATION	20,541.	20,541.			
WAREHOUSE EXPENSE	2,181.	2,181.			
FUNDRAISING EXPENSES	32,709.			32,709.	
OFFICE EXPENSE	8,552.		8,552.		
DUES & SUBSCRIPTIONS	7,079.	7,079.			
LABOR COSTS	215,259.	84,026.	102,308.	28,925.	
CONTRACT LABOR	3,380.	3,380.			
GIFTS	21.		21.		
OTHER PROFESSIONAL FEES	1,350.		1,350.		
TOTAL TO FM 990, LN 43	3,382,594.	3,197,562.	123,398.	61,634.	

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT	2
DESCRIPTION		AMOUNT	
NET INCREASE TO TEMPORARILY RESTRICTED NET ASSETS		73,778.	
SALE OF ASSET			
TOTAL TO FORM 990, PART IV-A		73,778.	

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 3
 TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN EXPENSE CONTRIB ACCOUNT		
JOHN MARQUETTE 1804 HARPER VALLEY LANE SPRINGDALE, AR 72762	BOARD OF DIRECTORS 0.00	0.	0.	0.	0.
SCOTT LINEBAUGH 22490 DERIK ROAD SPRINGDALE, AR 72764	BOARD OF DIRECTORS 0.00	0.	0.	0.	0.
KAREN DEMORY 2700 LINEBARGER LN. BENTONVILLE, AR 72712	VICE PRESIDENT 0.00	0.	0.	0.	0.
JOHN BRECHT 206 SW 8TH STREET, STE 108 BENTONVILLE, AR 72712	BOARD OF DIRECTORS 0.00	0.	0.	0.	0.
JOHN COOK 2070 MCKENZIE ROAD, STE C SPRINGDALE, AR 72762	BOARD OF DIRECTORS 0.00	0.	0.	0.	0.
DAN LEWIS 14416 FRISCO SPRINGS ROAD LOWELL, AR 72745	BOARD OF DIRECTORS 0.00	0.	0.	0.	0.
DEBRA TRUSTY 1781 KENSINGTON PLACE SPRINGDALE, AR 72764	PRESIDENT 0.00	0.	0.	0.	0.
SUSAN BROCKWAY 3071 RUTILE FAYETTEVILLE, AR 72704	SECRETARY 0.00	0.	0.	0.	0.
JAMES FARMER 3680 NORMANDY SPRINGDALE, AR 72764	BOARD OF DIRECTORS 0.00	0.	0.	0.	0.
LORI BROWN 609 SW 8TH ST., STE 700 BENTONVILLE, AR 72712	BOARD OF DIRECTORS 0.00	0.	0.	0.	0.
JIM ANTZ 918 S. GUTENSOHN SPRINGDALE, AR 72764	TREASURER 0.00	0.	0.	0.	0.

JENNY GANN 1540 PARTRIDGE RUN BENTONVILLE, AR 72712	BOARD OF DIRECTORS 0.00	0.	0.	0.
TOM EVANS 5420 CHARDONNAY ST ROGERS, AR 72758	BOARD OF DIRECTORS 0.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		0.	0.	0.

SCHEDULE A OTHER INCOME STATEMENT 4

DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
OTHER INCOME	3,862.	1,812.	506.	0.
TOTAL TO SCHEDULE A, LINE 22	3,862.	1,812.	506.	0.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II	Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.	
Type or print <small>File by the extended due date for filing the return. See instructions.</small>	Name of Exempt Organization NORTHWEST ARKANSAS FOOD BANK	Employer identification number 71-0680830
	Number, street, and room or suite no. If a P.O. box, see instructions. 4332 OLD WIRE ROAD	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BETHEL HEIGHTS, AR 72764	

Check type of return to be filed (File a separate application for each return):

- Form 990
 Form 990-EZ
 Form 990-T (sec. 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of **THE ORGANIZATION**

Telephone No. **479/872-8774** 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.

- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2008**.
- 5 For calendar year **2007**, or other tax year beginning _____, and ending _____.
- 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension

ADDITIONAL TIME REQUIRED IN ORDER TO GATHER INFORMATION NECESSARY TO COMPLETE AN ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 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 and any amount paid previously with Form 8868.	8b	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature _____ Title _____ Date _____