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Department of the Treasury

### Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010 D Employer identification number B Check if applicable Please FOODBANK OF THE VIRGINIA PENINSULA INC use IRS label or Address change 54-1422298 Doing Business As E Telephone number print or type. See Name change (757) 596-7188 pecific Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite Instruc-**G** Gross receipts \$ 16,896,895 9912 HOSIER STREET Terminated tions. Amended return City or town, state or country, and ZIP + 4 NEWPORT NEWS, VA 236014221 Application pending Name and address of principal officer Is this a group return for STEPHEN P TERVEER affiliates? 9912 HOSIER STREET NEWPORT NEWS, VA 236014221 H(b) Are all affiliates included? If "No," attach a list (see instructions) **✓** 501(c) (3) **◄** (insert no) **✓** 4947(a)(1) or **✓** 527 Tax-exempt status Group exemption number 🕨 Website: ► www.nnfoodbank.org K Form of organization 
✓ Corporation 
✓ Trust 
✓ Association 
✓ Other ► L Year of formation 1987 M State of legal domicile VA Part I Summary Briefly describe the organization's mission or most significant activities TO DISTRIBUTE FOOD EFFECTIVELY THROUGH COLLABORATIVE EFFORTS THAT MINIMIZE HUNGER AND PROMOTE NUTRITION AND SELF-RELIANCE THROUGH EDUCATION Activities & Governance Check this box 🔭 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . Number of independent voting members of the governing body (Part VI, line 1b) . . . 17 Total number of employees (Part V, line 2a) . . 33 2,038 Total number of volunteers (estimate if necessary) . 0 7a Total gross unrelated business revenue from Part VIII, column (C), line 12. Net unrelated business taxable income from Form 990-T, line 34 **7**b 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 14,187,547 16,089,298 Program service revenue (Part VIII, line 2g) . 646,435 626,287 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 48.409 10 71,300 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 83,897 27,446 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 14,969,031 16,811,588 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-Expenses 917,587 985.883 Professional fundraising fees (Part IX, column (A), line 11e) . . 16a 93,600 106,157 Total fundraising expenses (Part IX, column (D), line 25)  $\blacktriangleright$  314,649 ь 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 12,852,561 14,521,218 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 13,863,748 15,613,258 Revenue less expenses Subtract line 18 from line 12 . 1,198,330 19 1,105,283 Net Assets or Fund Balances **Beginning of Current End of Year** Year 8,189,709 20 Total assets (Part X, line 16) . 6,963,471 21 Total liabilities (Part X, line 26) . 89,216 86,759 Net assets or fund balances Subtract line 21 from line 20 6,874,255 8,102,950 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 Sian \*\*\*\*\* 2010-11-09 Here Signature of officer STEPHEN P TERVEER CHIEF EXECUTIVE OFFICER Type or print name and title Date Check if Preparer's identifying number Preparer's SUSAN R EINHORN (see instructions) Paid empolyed 🕨 🦵 Preparer's Firm's name (or yours WALL EINHORN & CHERNITZER PC EIN ▶ if self-employed), **Use Only** address, and ZIP + 4 555 E Main St Suite 1700 Phone no (757) 625-4700 NORFOLK, VA 23510

May the IRS discuss this return with the preparer shown above? (see instructions) . . .

Cat No 11282Y

### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

TO DISTRIBUTE FOOD EFFECTIVELY THROUGH COLLABORATIVE EFFORTS THAT MINIMIZE HUNGER AND PROMOTE NUTRITION AND SELF-RELIANCE THROUGH EDUCATION

2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 14,468,653 including grants of \$ ) (Revenue \$ 452,403)
	Donated Food Distribution Program - Twentry-Four Years of Service Since its inception in 1986, the Foodbank of the Wirgina Pennisula has distributed a total of 102,192,760 pounds of food to benefit the needy and hungry of the Wirgina Pennisula. This equates to with of food at a wholesale value of \$1.60 per pound this year, as determined annually by the Feeding America National Network of Food Banks. During the 2009 - 2010 fiscal year, the Foodbank distributed 9,775,086 pounds of food throughout its nine-jurisdiction service area on the Wirgina Pennisula. This service area encompasses the cities of Hampton, Newport News, Poquoson and Williamsburg and the counties of Gloucester, James City, Mathews, Surry and York. Food Insecure Target Population. The population Targeted by the Foodbank is those individuals at risk of losing their food security by nature of the fact that they live at 185% or below the poverty level. According to US. Census Bureau, Census 2000, nearly 50,000 pepple in the afore-mentioned junsdictions area it risk of food insecurity, and many from outright hunger, Jamentably because of the fact that they live at 10 teles with poverty level. (Currently at \$22,050 a year for a family of four!) of these impoverished people, 18, 18, 591 are related children under the age of eighteen. Further, an additional 78,000 individuals are at risk of food insecurity because their annual household incomes do not exceed \$25,000, or 185% of the poverty level for the average household size on the Pennisual This the National School Lunch Program, the Secala Supplemental Nutrition Program for Women, Infants and Children (WICC), and the Child and Adult Care Food Program (CACEP). These folks may consist of individuals who are the employed working poor, un - or underemployed, Jaid-off, homeless, mentally handcapped, mentally ill, elderly, disabled, chemically dependent, AIDS victuris, women and children (WICC), and the Child and Adult Care Food Program (Tace) and Children (WICC), and the Foodbank of the Wirgina Pennisula'
4b	(Code ) (Expenses \$ 248,839 including grants of \$ ) (Revenue \$ 188,329)  SHARE - New in January of 2002, the SHARE (Self-Help and Resource Exchange) Program was implemented by the Foodbank of the Virginia Peninsula SHARE is a national network of non-profit organizations dedicated to providing quality monthly food packages at a reduced cost, promoting volunteer service in our communities and the building of partnerships between community organizations. For \$20 and two hours of community service, SHARE offers a nutritious food package worth approximately \$45. In its inaugural month, the program served 350 individuals. Growth in this program had increased to an average of over 1,000 participants a month by June 2010.
4c	(Code ) (Expenses \$ 189,761 including grants of \$ ) (Revenue \$ )
	Kid's Cafe Program - provides a nutritious afternoon meal or snack to income eligible children in after school programs in a safe, caring and learning environment Currently, there are 22 Kids Cafe sites that have served 214,465 meals or nutritious snacks to an average of 1,403 children weekly during this past school year. In 2005, our Food For Kids Backpack Program was implemented through partnerships with three Title I elementary schools (defined as schools with a population of greater than 50% of the children receiving free or reduced price federal school meals). Last year we were able to grow to a total of fourteen elementary schools, and this year growth continued for us to be able to serve seventeen elementary schools through this program. Weekly, we provided nutritious bags of food for over 997 children, an increase of 165 students over last year. These distributions consisted of a variety of produce, bread and other kid friendly, yet nutritious food items, and amounted to 261,165 pounds.
	Other program services (Describe in Schedule O ) See also Additional Data for Description
-	(Expenses \$ 156,453 including grants of \$ ) (Revenue \$ 5,703)
4e	Total program service expenses►\$ 15,063,706

art TV	Chack	list of	Deguired	Schedules
	CHECK	MISL OI	Reuulleu	<b>Julieuules</b>

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		N o
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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? If "Yes," complete Schedule D, Part VII.			
	◆ 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? If "Yes," complete Schedule D, Part VIII.			
	◆ 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? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Į		
13	Is the organization a school described in section $170(b)(1)(A)(II)$ ? If "Yes," complete Schedule E	13		Νo
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
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? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Νο
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? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Νο
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? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> " <i>Yes,"</i> complete Schedule L, Part IV	28b		Νο
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
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? If "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νο
35	Schedule R, Part V, line 2	35		Νο
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
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? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note: All Form 990 filers are required to complete Schedule O	38	Yes	

	990 (2009)			Page
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	<b>1a</b> 2			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	<b>1b</b> 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
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			
h	return			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	2b	Yes	
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	3a		l No
h	return?	3a 3b		INO
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	<u> </u>		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a		l
	account)?	44		No
Ь	If "Yes," enter the name of the foreign country 🕨			
	Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
_	Prohibited Tax Shelter Transaction?	5c		<u> </u>
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?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		l
а	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?	7a		No
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	_		
	file Form 8282?	7c		No
a	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	_		l
£	benefit contract?	7e 7f		No No
q	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	71 7g		No
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	<i>'</i> y		110
	required?	7h		No
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	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			
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			
ь	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year   12b			

year

9912 hosier street

(757) 596-7188

newport news, VA 236014221

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sa	ection A. Governing Body and Management			
30	ction A. Governing body and Management		Yes	No
			163	140
1a	Enter the number of voting members of the governing body 1a	17		
b	Enter the number of voting members that are independent 1b	17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with an other officer, director, trustee, or key employee?	ıy <b>2</b>		No.
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		
4	supervision of officers, directors or trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its organizational documents since the prior Form 990 w	• -		No
_	filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		N o
6	Does the organization have members or stockholders?	. 6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of t governing body?	:he <b>7a</b>		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .	. 7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	. 8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	. 8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		103	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Intern	al		
ке	evenue Code.)			T
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		No
Ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?			
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the fo	rm? <b>11</b>	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give it to conflicts?	1se <b>12b</b>	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	. 12c	Yes	
13	Does the organization have a written whistleblower policy?	. 13	Yes	
		. 14	Yes	
14 15	Does the organization have a written document retention and destruction policy?	. 14	res	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
	The organization's CEO, Executive Director, or top management official	. 15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, 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 wit taxable entity during the year?	h a <b>16a</b>		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure		·	
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(d)) sonly) available for public inspection. Indicate how you make these available. Check all that apply Own website.  Another's website.	:)		
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records STEVE P TERVEER	of the org	anızatıo	n 🕨

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

#### 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. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. 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, or 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 the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
<b>(A)</b> Name and Title	(B) Average hours	<b>(C)</b> Position (check all that apply)				I		<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

For	n 990 (2009)			Page <b>8</b>
1b	Total	0		7,933
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 0			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
S	ection 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			
	(A) Name and business address  (B) Description of services		(C Comper	
_				
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization •0			
		F	orm <b>99</b> 0	(2009)

Form 990 (2009) Part VIII Statement of Revenue									
Part V	<u>/1111</u>	Statement o	f Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514	
nts nts	1a	Federated camp	paigns 1a	246,148					
gra	Ь	Membership du							
ffs,	С	Fundraising eve		31,170					
<u> </u>	d e	Government grants	ations 1d s (contributions) 1e	182,840					
ons sin	f	_	ons, gifts, grants, and <b>1f</b>	15,629,140					
Contributions, gifts, grants and other similar amounts	g	sımılar amounts no	ot included above						
Se	h	Total. Add lines	s 1a-1f	▶	16,089,298				
<u> </u>				Business Code					
Program Service Revenue	2a	SHARED MAINTENA	ANCE FEE	624,200	458,106	458,106			
æ	ь	SHARE SALES		624,200	188,329	188,329			
9 9 9 9	С								
38	d								
Ē	e f	All other progra	ım service revenue						
ĵ,	'								
<u></u>	g		s 2a-2f		646,435				
	3		ome (including dividend ar amounts)	. H	47,929			47,929	
	4		tment of tax-exempt bond	F					
	5	Royalties		•					
			(ı) Real	(II) Personal					
	6а   ь	Gross Rents Less rental							
	-	expenses Rental income							
	C .	or (loss)							
	d	Net rental incor	me or (loss)	(II) O ther					
	7a	Gross amount from sales of assets other than inventory	19,902						
	Ь	Less cost or other basis and sales expenses	19,269	153					
	с	Gain or (loss)	633	-153					
	d	Net gain or (los	s)		480			480	
Other Revenue	8a	Ψ	luding , <u>170</u> : reported on line 1c)						
÷ Œ		,	а	91,260					
ţ.	Ь		penses b	65,885	25 275			25.275	
0	c 9a		loss) from fundraising of rom gaming activities	events 🕦	25,375			25,375	
		See Part IV, lin							
	Ь		penses <b>b</b>						
	10a	Gross sales of returns and allo		vities					
	ь	Less cost of go	a pods sold b						
	С		loss) from sales of inve						
	4.4	Miscellaneous		Business Code 624,200	2.071			2,071	
	11a	MISCELLANEC	OUS	624,200	2,071			2,071	
	b c								
	d	All other revenu							
	e	Total. Add lines			2,071				
	12	Total revenue.	See Instructions	. •	16,811,588	646,435	0	75,855	

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.								
	l other organizations must complete column (A) but are not required to		(B), (C), and (B)	(D).   (C)	(D)			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses			
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV , line 21 $$							
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22							
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16							
4	Benefits paid to or for members							
5	Compensation of current officers, directors, trustees, and key employees	87,802	57,072	21,949	8,781			
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	723,065	556,468	123,196	43,401			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)							
9	Other employee benefits	112,194	92,183	16,601	3,410			
10	Payroll taxes	62,822	47,601	11,201	4,020			
11	Fees for services (non-employees)							
а	Management							
b	Legal							
c	Accounting	32,753	24,817	5,840	2,096			
d	Lobbying							
e	Professional fundraising See Part IV, line 17	106,157			106,157			
f	Investment management fees				·			
g	Other				-			
12	Advertising and promotion							
13	Office expenses							
14	Information technology							
15	Royalties							
16	Occupancy	36,440	30,745	3,873	1,822			
17	Travel	10,361	8,395	<del>                                     </del>	363			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	10,501	0,333	1,005				
19	Conferences, conventions, and meetings	15,932	12,909	2,465	558			
20	Interest	636	537	68	31			
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	67,014	51,311	7,962	7,741			
23	Insurance	26,961	20,428	<del>                                     </del>	1,726			
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)	,	,	,	,			
а	FOOD DISTRIBUTED	13,552,785	13,552,785					
Ь	FOOD COSTS	316,119	316,119					
c	CAPITAL CAMPAIGN EXPENS	86,069			86,069			
d	FREIGHT	81,580	81,580					
e	TRANSPORTATION SERVICES	57,463	57,463					
f	All other expenses	237,105	153,293	<u> </u>	48,474			
25	Total functional expenses. Add lines 1 through 24f	15,613,258	15,063,706	· -	314,649			
26	Joint costs. Check here F if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		==,===,=		17-13			

Pa	rt X	Balance Sheet					
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing	41,920	1	50,822		
	2	Savings and temporary cash investments	4,366,110	2	4,106,515		
	3	Pledges and grants receivable, net	1,336,261	3	1,207,051		
	4	Accounts receivable, net			43,290	4	65,717
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of					
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II o		4958(f)(1)) and			
		Schedule L				6	
Assets	7	Notes and loans receivable, net				7	
Ŝ	8	Inventories for sale or use			454,074	8	491,674
⋖	9	Prepaid expenses and deferred charges			15,173	9	8,680
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	2,177,388			
	ь	Less accumulated depreciation	10b	613,758	672,943	10c	1,563,630
	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				13	
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11	33,700	15	695,620		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			6,963,471	16	8,189,709
	17	Accounts payable and accrued expenses .	68,228	17	46,115		
	18	Grants payable			18		
	19	Deferred revenue		7,954	19	32,974	
	20	Tax-exempt bond liabilities			20		
<u> </u>	21	Escrow or custodial account liability Complete Part IV of Schedule	•		21		
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Lia		persons Complete Part II of Schedule L			22		
	23	Secured mortgages and notes payable to unrelated third parties		•	13,034	23	7,670
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			89,216	26	86,759
Fund Balances		Organizations that follow SFAS 117, check here ▶ 🔽 and comp through 29, and lines 33 and 34.	let e li	nes 27			
anc	27	Unrestricted net assets			3,240,743	27	5,258,827
89   B	28	Temporarily restricted net assets			3,633,512	28	2,844,123
и	29	Permanently restricted net assets			29		
Fur		Organizations that do not follow SFAS 117, check here ► an	d com	plete			
- 		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds	•			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other fu	nds			32	
Net	33	Total net assets or fund balances			6,874,255	33	8,102,950
_	34	Total liabilities and net assets/fund balances			6,963,471	34	8,189,709

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	▼ Separate basis			
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?	3a	Yes	
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	3b	Yes	

Form **990** (2009)

### OMB No 1545-0047

OMB No 1545-004

2009

Open to Public Inspection

### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# unlete if the organization is a section 501(c)(3) organization or a section

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**Public Charity Status and Public Support** 

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Employer identification number

FOODBANK OF THE VIRGINIA PENINSULA INC 54-1422298 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 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 7 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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 ) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 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 that describes the type of supporting organization and complete lines 11e through 11h Type III - Other ∏ Туре I **b** Type II c Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No 11g(i) and (III) below, the governing body of the the supported organization? (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section	(iv) Is th organizat col (i) lis your gove docume	e lion in ted in erning	(v) Did you no organizat col (i) of suppor	tify the ion in your	(vi Is th organiza col (i) org	(vii) A mount of support?	
		(see Instructions))	Yes	No	Yes	No	Yes	No	
Total									

# Support Schedule for Organizations Described in IRC 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.)

S	ection A. Public Support			,	- /			
	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 20	09	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	12,091,247	16,136,971	14,816,112	14,187,547	16,	,089,298	73,321,175
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 5	<b>Total.</b> Add lines 1 through 3 The portion of total contributions	12,091,247	16,136,971	14,816,112	14,187,547	16,	,089,298	73,321,175
	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)							11,836,069
6	Public Support. Subtract line 5							61,485,106
	from line 4							
	ection B. Total Support endar year (or fiscal year							
	beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	<b>(e)</b> 20		(f) Total
7	A mounts from line 4	12,091,247	31,610	14,816,112	14,187,547	16,	089,298	73,321,175
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from	19,687	31,610	67,158	82,402		47,929	248,786
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets	10,902	10,358	4,425	2,183		2,071	29,939
11	Total support (Add lines 7 through 10)							73,599,900
12	Gross receipts from related activit	ies, etc (See ins	tructions )			12		3,979,330
13	First Five Years If the Form 990 is check this box and stop here	for the organizat	ıon's first, second,	, thırd, fourth, or f	ifth tax year as a	501(c)(3	) organız	ation, ▶
S	ection C. Computation of Pu							
14	Public Support Percentage for 200	9 (line 6 column	(f) divided by line	11 column (f))		14		83 540 %
15	Public Support Percentage for 200	8 Schedule A, Pa	art II, line 14			15		87 960 %
	33 1/3% support test—2009. If the and stop here. The organization qu 33 1/3% support test—2008. If the	alıfıes as a public	ly supported orga	nızatıon		·		<b>►</b>  ✓
	box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances test</b> is 10% or more, and if the organization meorganization	on qualifies as a p :— <b>2009.</b> If the org ation meets the "	ublicly supported of janization did not c facts and circumst	organization :heck a box on lin :ances" test, che	ne 13, 16a, or 16l ck this box and <b>st</b>	and line	14 Explain	<b>▶</b> ┌
b	10%-facts-and-circumstances test 15 is 10% or more, and if the orga Explain in Part IV how the organiza supported organization	nızatıon meets th	ne "facts and circu	mstances" test, o	check this box an	d <b>stop he</b>	re.	
18	Private Foundation If the organiza instructions	tion did not checl	c a box on line 13,	16a, 16b, 17a o	r 17b, check this	box and s	ee	<b>-</b> -

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	<b>(f)</b> 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						
3	purpose Gross receipts from activities that				+		
3	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	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6 )						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	( <b>d)</b> 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 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						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12 ) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and <b>stop here</b>	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	<b>▶</b> ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	<b>009</b> (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	<b>2008</b> Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind <b>stop here.</b> T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(	us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

#### **Additional Data**

(Code

Software ID: Software Version:

**EIN:** 54-1422298

Name: FOODBANK OF THE VIRGINIA PENINSULA INC

) (Revenue \$

5.703 )

#### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

) (Expenses \$

# 4d. Other program services

A Prepared and Perishable Foods Rescue Program, Virginia's Table, gathers food from local restaurants, hospitals and educational facilities and delivers it directly to local shelters and soup kitchen feeding programs. This program distributed 92,625 pounds of prepared foods on the Peninsula during the 2009 - 2010 fiscal year. The Foodbank also extends nutrition, food safety and self-sufficiency training to low income individuals and member agency representatives through its Nutrition/Self-Sufficiency Training Program. In 2009 - 2010, this program provided this training to 29,210 high risk, low income individuals, empowering them to strive towards meeting their own nutritional, financial and self-actualization goals. All of these phenomenal programs could not be accomplished without the help and assistance of dedicated volunteers. A total of 37,183 volunteer hours given by 2,038 individuals were contributed from throughout our service area, saving \$775,266 in salaries (based on a value of \$20.85/hour as determined by the Independent Sector) in support of the Foodbank and its hunger relief programs on the Peninsula in FY 2009 - 2010.

156,453 including grants of \$

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours	(C) Position (check all that apply) that apply  Compensation		Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of other				
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
JO Seph Witt BO ARD MEMBER		X						0	0	0
Jane Susan Frank IMMEDIATE PAST PRESIDENT		Χ						0	0	0
Kenneth M Krakaur PRESIDENT		X		X				0	0	0
Frances Luter PRESIDENT-ELECT		X		X				0	0	0
Robyn Hansen VICE PRESIDENT, DEVELOPM		X		X				0	0	0
Donald Ragland CSC CHAIR		X						0	0	0
Wesley Rice MEMBER-AT-LARGE		X						0	0	0
Andrew Cohen bOARD MEMBER		Х						0	0	0
Jeff Verhoef SECRETARY/TREASURER		Х		X				0	0	0
Larry Boyles VICE PRESIDENT, ADMINIST		Х		X				0	0	0
CASSANDRA GREEN BOARD MEMBER		Х						0	0	0
TERRIE COUNCIL BOARD MEMBER		Х						0	0	0
JIM SCHLOSS BOARD MEMBER		Х						0	0	0
VICKI SIOKIS FREEMAN BOARD MEMBER		Х						0	0	0
CHARLES CRALLE BOARD MEMBER		Х						0	0	0
GABE MORGAN BOARD MEMBER		Χ						0	0	0
Michael Daniels bOARD MEMBER		X						0	0	0
STEPHEN TERVEER CHIEF EXECUTIVE OFFICER	40 00			Х				79,088	0	7,933

### Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
FOOD DISTRIBUTED	13,552,785	13,552,785		
FOOD COSTS	316,119	316,119		
CAPITAL CAMPAIGN EXPENS	86,069			86,069
FREIGHT	81,580	81,580		
TRANSPORTATION SERVICES	57,463	57,463		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data

DLN: 93493314012040

OMB No 1545-0047

Open to Public Inspection

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

**Employer identification number** Name of the organization FOODBANK OF THE VIRGINIA PENINSULA INC 54-1422298 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ┌ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a-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 Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 2d

3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization duri the taxable year -	ing	
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 and enforcing conservation easements during the year 🛌		
7	A mount of expenses incurred in monitoring, inspecting, 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 $170(h)(4)(B)(ii)$ ?	_ Yes	┌ No
9	In Part XIV, 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 describe 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" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Revenues included in Form 990, Part VIII, line 1

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 relating to these items

Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Ar	t, His	tori	<u>cal Tr</u>	<u>easu</u>	res, or O	<u>the</u>	<u>r Similar Ass</u>	sets (c	continued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne fol	lowing t	hat ar	e a sıgnıfıca	nt u	se of its collecti	on	
а	Public exhibition		d	Γ	Loan	rexcl	nange progra	ams			
b	Scholarly research		e	Γ	Other						
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ain ho	w the	y furthe	r the o	organization'	s ex	empt purpose ır	ı	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,						Yes	┌ No
Par	<b>Escrow and Custodial Arrang</b> Part IV, line 9, or reported an an						n answered	1 "Y	es" to Form 99	90,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterm	ediary	for c	ontribut	tions o	or other asse	ets r	not F	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ing t	able		Г		Λm	ount	
_	Pagungung balanca							1.0	Alli	Juill	
c d	Beginning balance  Additions during the year							1c 1d			
e	Distributions during the year							1e			
f	Ending balance							16 1f			
2a	Did the organization include an amount on Fo	orm 990 Part V Jun	0 212						Г	Yes	 ☐ No
			ie Zī,						'	165	, 140
	If "Yes," explain the arrangement in Part XIV  rt V Endowment Funds. Complete		n and	wor	ad "Vac	e" to I	Form 990	Dar	+ IV line 10		
Fa	Endowment Funds. Complete	(a)Current Year		)Prior			o Years Back			(e)Four \	Years Back
1a	Beginning of year balance	, ,	·								
b	Contributions										
c	Investment earnings or losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held	as						_		
а	Board designated or quasi-endowment 🕨	%									
ь	Permanent endowment 🕨 %										
c	Term endowment ► %										
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	thata	are held	and a	dmınıstered	for	the		
	organization by									Yes	No
	(i) unrelated organizations		•					•	3a(i		<del>                                     </del>
	(ii) related organizations							•	3a(i	)	<del>                                     </del>
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the	•						•	Зь		<u> </u>
	t VI Investments—Land, Buildings					20 Da	art V line '	1 ()			
I C	t vi investments—Land, bundings	s, and Equipme			) Cost or		(b)Cost or ot		(c) Accumulated	Τ	
	Description of investment				is (invest		basis (other		depreciation	(d) B	ook value
1a	Land				18	84,956	1,058,	788		1	1,243,744
b	Buildings						306,	613	167,714	1	138,899
c	Leasehold improvements						93,	028	61,574	ı	31,454
d	Equipment						277,	266	202,829		74,437
е	Other						256,	737	181,64	L	75,096
Tota	I. Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X, colu	mn (B,	), line	10(c).)						1,563,630
		orm 990, Part X, colu	• mn (B <sub>,</sub>	l ), line	10(c).)				•		1,563,6

(a) Description of security or category			d of valuation
(ıncludıng name of security)	(b)Book value		f-year market value
Financial derivatives			
Closely-held equity interests Other			
o their			
Tatal (Column (b) should agual Form 000, Bart V, col (B) Inc. 12.)	•		
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 12) <b>Part VIII</b> Investments—Program Related. Se		3	
			d of valuation
(a) Description of investment type	(b) Book value		f-year market value
( ), (	•		
Part IX Other Assets. See Form 990, Part X, I	ne 15.		(b) Rook value
Part IX Other Assets. See Form 990, Part X, I	ne 15.		<b>(b)</b> Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.		<b>(b)</b> Book value 695,620
Part IX Other Assets. See Form 990, Part X, I	ne 15.		
Part IX Other Assets. See Form 990, Part X, I	ne 15.		
Part IX Other Assets. See Form 990, Part X, I	ne 15.		
Part IX Other Assets. See Form 990, Part X, I	ne 15.		
Part IX Other Assets. See Form 990, Part X, I	ne 15.		
Part IX Other Assets. See Form 990, Part X, I	ne 15.		
Part IX Other Assets. See Form 990, Part X, I	ne 15.		
Part IX Other Assets. See Form 990, Part X, I	ne 15.		
Part IX Other Assets. See Form 990, Part X, I	ne 15.		
Part IX Other Assets. See Form 990, Part X, I	ne 15.		
Part IX Other Assets. See Form 990, Part X, I	ne 15.		
Part IX Other Assets. See Form 990, Part X, I	ne 15.		
Part IX Other Assets. See Form 990, Part X, I	ne 15.		
Part IX Other Assets. See Form 990, Part X, I	ne 15.		695,620
Part IX Other Assets. See Form 990, Part X, II (a) Descri	ne 15. ption		
Part IX Other Assets. See Form 990, Part X, In (a) Descrit CONSTRUCTION IN PROGRESS  Total. (Column (b) should equal Form 990, Part X, col.(B) line	ne 15. ption		695,620
Part IX Other Assets. See Form 990, Part X, In (a) Descrit CONSTRUCTION IN PROGRESS  Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	ne 15. ption  15.) X, line 25.		695,620
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part 1  (a) Description of Liability	ne 15. ption  15.) X, line 25.		695,620
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability  Federal Income Taxes	ne 15. ption  15.) X, line 25.		695,620
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability  Federal Income Taxes	ne 15. ption  15.) X, line 25.		695,620
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability  Federal Income Taxes	ne 15. ption  15.) X, line 25.		695,620
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability  Federal Income Taxes	ne 15. ption  15.) X, line 25.		695,620
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability  Federal Income Taxes	ne 15. ption  15.) X, line 25.		695,620
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability  Federal Income Taxes	ne 15. ption  15.) X, line 25.		695,620
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability  Federal Income Taxes	ne 15. ption  15.) X, line 25.		695,620
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability  Federal Income Taxes	ne 15. ption  15.) X, line 25.		695,620
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability  Federal Income Taxes	ne 15. ption  15.) X, line 25.		695,620
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability  Federal Income Taxes	ne 15. ption  15.) X, line 25.		695,620
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability  Federal Income Taxes	ne 15. ption  15.) X, line 25.		695,620
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability  Federal Income Taxes	ne 15. ption  15.) X, line 25.		695,620
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability  Federal Income Taxes	ne 15. ption  15.) X, line 25.		695,620
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability  Federal Income Taxes	15.) X, line 25.  (b) A mount		695,620

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	16,811,588
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	15,613,258
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,198,330
4	Net unrealized gains (losses) on investments	4	30,365
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	30,365
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	1,228,695
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	16,854,953
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b 13,000		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
е	Add lines <b>2a</b> through <b>2d</b>	2e	43,365
3	Subtract line <b>2e</b> from line <b>1</b>	з	16,811,588
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	16,811,588
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	Return
1	Total expenses and losses per audited financial statements	1	15,626,258
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV) 2d	1	
е	Add lines <b>2a</b> through <b>2d</b>	2e	13,000
3	Subtract line <b>2e</b> from line <b>1</b>	3	15,613,258
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b	1	
c	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	15,613,258
Pai	TEXIV Supplemental Information		•
Cor	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P	art IV .	. lines 1b and 2b.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
	Positions Under FIN 48	The Foodbank is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code, except on net income derived from unrelated business activities. Internal Revenue Code Section 513(a) defines an unrelated trade or business of an exempt organization as any trade or business which is not substantially related to the exercise or performance of its exempt purpose. Currently the Foodbank has no obligation for any unrelated business income tax. The Foodbank believes it has appropriate support for any tax positions taken, and as such, does not have any uncertain tax positions that are material to the financial statements. The Foodbank's federal Return of Organization Exempt from Income Tax (Form 990) for 2009, 2008, and 2007 are subject to examination by the IRS, generally for three years after they were filed.

SCHEDULE G (Form 990 or 990-EZ)

# **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

2009

Open to Public

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

ınternai Kev	renue Service	- Attach	to Form 990	or Form 99	0-EZ. I	– See separate instructi	ions.		Inspection
	f the organization ANK OF THE VIRGIN	NIA PENINSULA INC							ification number
								54-1422298	
Part		<b>Activities.</b> Completo llers are not required					to Form	990, Part IV,	line 17.
<b>1</b> In	idicate whether the or	ganization raised funds	through a	ny of the	follo	wing activities. Che	eck all tha	at apply	
a 🔽	Mail solicitations	-	-	e	굣	Solicitation of non	ı-aovernn	nent grants	
ьГ	Internet and e-mail	solicitations		f		Solicitation of gov			
- ·	. Phone solicitations			q	_	Special fundraising		<b>9</b> · ·····	
d F		ons		9	•	opedial lallarations	gerenies		
or <b>b</b> If  to	"Yes," list the ten hig be compensated at lo	ve a written or oral agred in Form 990, Part VII hest paid individuals or east \$5,000 by the organical (ii) Activity	or entity entities ( anization (iii) fundrais custo	fundraise Form 99 Did er have dy or	ction rs) p D-EZ	with professional foursuant to agreeme filers are not required.  ) Gross receipts	ents unde red to cor (v) A m (or re	g activities?  r which the fund  mplete this tab  ount paid to tained by)	
or	entity (fundraiser)	(11) / (31) (1)	contribu		from activity fund			ser listed in	organization
			Yes	No			C	ol <b>(i)</b>	
MASS MAILINGS				No		636,937		106,157	530,780
Total .				▶		636,937		106,157	530,780
	_ist all states in which	n the organization is reg	ıstered o	rlicensed	to s	olicit funds or has b	peen notif	ied it is exemp	t from registration or

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form					eport	ed
			(a) Event #1  TASTEFULLY YOURS (event type)	(b) Event #2  Harlem Wizzards (event type)	(c) O ther Events  1 (total number)	(d) Tota (Add col ( col		
皇	1	Gross receipts	111,784	5,916	1,752		119	9,452
Revenue	2	Less Charitable contributions	29,145	2,025			31	1,170
<u></u>	3	Gross income (line 1 minus line 2)	82,639	3,891	1,752		88	3,282
	4	Cash prizes						
မ္ဘ	5	Non-cash prizes						
Expenses	6	Rent/facility costs	7,891				7	7,891
	7	Food and beverages						
Direct	8	Entertainment						
Δ	9	Other direct expenses .	43,640	6,436	7,918		57	,994
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)			6.5	5,885
	11	Net income summary Combine li						2,397
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir	ganızatıon answered ' ne 6a.	"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more	than	
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tota (Add col (		
	1	Gross revenue						
မှ မွ	2	Cash prizes						
Expenses	3	Non-cash prizes						
	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	∀es%     No	∀es	│ Yes <u>%</u> │ No			
	7	Direct expense summary Add line	s 2 through 5 in column (	d)				
	8	Net gaming income summary Com	bine lines 1, column d, ar	nd line 7				
9 a b	Is th	er the state(s) in which the organiza he organization licensed to operate No," Explain			<del></del> .	· 9a	Yes	No
10a b		e any of the organization's gaming   /es," Explain	ıcenses revoked, suspen	ded or terminated during	the tax year?	10a		
11 12		s the organization operate gaming a				11		
		ned to administer charitable gaming				12		

		Y	es	No		
.3	Indicate the percentage of gaming activity operated in		İ			
а	The organization's facility					
b	An outside facility					
4	Enter the name and address of the person who prepares the organization's gaming/special events books and records					
	Name 🟲					
	A ddress •					
5a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	5a				
b	If "Yes," enter the amount of gaming revenue received by the organization 🟲 \$ and the					
	amount of gaming revenue retained by the third party 🟲 \$					
С	If "Yes," enter name and address					
	Name 🟲					
	A ddress ►					
16	Gaming manager information					
	Name 🕨					
	Gaming manager compensation ► \$					
	Description of services provided 🕨					
	Director/officer Employee Independent contractor					
,	Mandatory distributions					
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	7a				
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$					

DLN: 93493314012040

OMB No 1545-0047

Open to Public Inspection

**SCHEDULE M** (Form 990)

Department of the Treasury Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

**NonCash Contributions** 

Name of the organization FOODBANK OF THE VIRGINIA PENINSULA INC

**Employer identification number** 

54-1422298

Pa	Title Types of Property							
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	<b>(d</b> Method of d reven	etermın	ıng	
1	Art-Works of art	аррпсавіс		19				
	Art—Historical treasures							
	Art—Fractional interests							
	Books and publications							
	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
	Securities—Publicly traded .	Х	1	9,954	NYSE AVG on date	of gıft		
	Securities—Closely held stock .							
	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Q ualified conservation							
	contribution—Other							
	Real estate—Residential .							
	Real estate—Commercial							
	Real estate—Other							
	Collectibles	<u></u>		40.500.005				
	Food inventory	X		13,590,385	\$1 60/lb by industr	ystd		
20	Drugs and medical supplies .							
	Taxidermy							
	Scientific specimens							
	Archeological artifacts							
	Various							
25	Other ► ( Printers )	x	1	2,820	fmv			
26	O ther ▶()							
27	O ther ▶()							
28	O ther ▶ ()							
29	Number of Forms 8283 received for which the organization compl				29			
							Yes	No
30a	During the year, did the organiza	ation receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it			
	must hold for at least three year	s from the o	date of the initial contributi	on, and which is not require	d to be used			
	for exempt purposes for the enti	re holdıng p	period?			30a		No
	If "Yes," describe the arrangeme							
31	Does the organization have a gif	tacceptano	ce policy that requires the i	review of any non-standard	contributions?	31		N o
32a	Does the organization hire or us contributions?	e third part	ies or related organizations	to solicit, process, or sell i	non-cash	32a		N o_
b	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	revenues i	n column (c) for a type of p	roperty for which column (a	) is checked,			

### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Ident if ier	Ret urn Reference	Explanation
Method for Determining Number of	Part I, Column (b)	Numerous Organizations and individuals donated food inventory
Contributors		

Schedule M (Form 990) 2009

**SCHEDULE 0** 

Name of the organization

FOODBANK OF THE VIRGINIA PENINSULA INC

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Information to Form 990**

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

Attach to Form 990.

2009

Open to Public Inspection
Employer identification number

54-1422298

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		A COPY OF THE FORM 990 IS REVIEWED BY THE CFO, WHO IS A CPA, PRIOR TO FILING IN ADDITION, THE FOODBANK'S FINANCE COMMITTEE REVIEWS AND MAY PROVIDE FEEDBACK PRIOR TO FILING
Form 990, Part VI, Section B, line 12c		EMPLOYEES AND BOARD MEMBERS COMPLETE AN UPDATED QUESTIONNAIRE REGARDING CONFLICTS OF INTEREST ANNUALLY IF CONFLICT OF INTEREST SITUATIONS OCCUR, RESOLUTION IS DETERMINED BY THE BOARD OF DIRECTORS, OR THE ADMINISTRATIVE COMMITTEE OF THE BOARD OF DIRECTORS
Form 990, Part VI, Section B, line 15		THE EXECUTIVE COMMITTEE REVIEWS THE SALARY HISTORY OF THE INDIVIDUAL AND THE INDIVIDUAL'S PERFORMANCE OVER THE PREVIOUS YEAR THE EXECUTIVE COMMITTEE ALSO REVIEWS THE COMPENSATION OF INDIVIDUALS IN SIMILAR POSITIONS AT OTHER NONPROFIT ENTITIES ON THE VIRGINIA PENINSULA AND WITHIN OTHER FOODBANKS IN THE GEOGRAPHIC AREA THE MEETING OF THE EXECUTIVE COMMITTEE IS DOCUMENTED AND ITS ACTIONS AND DECISION MAKING PROCESS ARE REVIEWED BY THE ADMINISTRATIVE COMMITTEE, WHICH THEN REPORTS BACK TO THE FULL BOARD OF DIRECTORS
Form 990, Part VI, Section C, line 19		THESE ARE AVAILABLE UPON REQUEST
		Form 990, Part XI, Line 2c The Foodbank did not change the oversight or selection process for the audit during

the tax year