

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493313009852

Form **990**

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)

2011

OMB No 1545-0047

Open to Public

	Revenue			-		Inspection
		calendar year, or tax year beginning 07-01-2011 C Name of organization	and ending 06-30-201	12	D Employer ide	entification number
_	еск пар Iress ch	FOODBANK OF THE VIRGINIA PENINSULA INC			54-142229	8
_	me chai	Doing Business As			E Telephone nu	
_	ıal retu		to street address) Boom/s	uite	(757) 596-	7188
_	mınate	2401 ALLIMINI M AVENI IE	to succi address) Room/s	uitC	G Gross receipts	\$ 18,319,332
– _{Am}	ended i	return City or town, state or country, and ZIP + 4				
– Apr	olication	HAMPTON, VA 23661				
		F Name and address of principal officer		H(a) Is the	s a group returi	n for
		STEPHEN BARTH		affilia		⊤Yes ▽ No
		2401 ALUMINUM AVENUE HAMPTON, VA 23661		H(h) Are all	l affiliates includ	led?
						(see instructions)
[Ta:	x-exem	npt status	947(a)(1) or 527		p exemption nu	
ı w	ebsite	www.hrfoodbank.org				
∢ Forr	n of org	ganization Corporation Trust Association Other		L Year of for	mation 1987	1 State of legal domicile VA
Pa	rt I	Summary		•		
Governance	7	Briefly describe the organization's mission or most signi TO DISTRIBUTE FOOD EFFECTIVELY THROUGH COI NUTRITION AND ENCOURAGE SELF-RELIANCE THR	LLABORATIVE EFFOR	TS THAT MIN	IMIZE HUNGE	R AND PROMOTE
Š	2 (Check this box দ if the organization discontinued its o	perations or disposed	of more than 2	5% of its net a	ssets
	1 8	Number of voting members of the governing body (Part $oldsymbol{N}$	/I, lıne 1a)		3	20
Activities &	l	Number of independent voting members of the governing				20
	l	Total number of individuals employed in calendar year 2			5	40
ă	l	Total number of volunteers (estimate if necessary) . Total unrelated business revenue from Part VIII, colum			6 7a	5,549 0
	l	Net unrelated business taxable income from Form 990-	` ''		7a 7b	0
	_		•	Prio	r Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)			16,845,624	17,188,403
ПЩе	9	Program service revenue (Part VIII, line 2g)	•	580,681	726,189	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4,		-117,800	1,482	
ш.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			32,168	24,385
	12	Total revenue—add lines 8 through 11 (must equal Pa		ne	17,340,673	17,940,459
	13	Grants and similar amounts paid (Part IX, column (A),			13,501,023	13,888,095
	14	Benefits paid to or for members (Part IX, column (A), I			0	0
82	15	Salaries, other compensation, employee benefits (Par 5-10)	t IX, column (A), lines		1,116,497	1,372,726
Expenses	16a	Professional fundraising fees (Part IX, column (A), line	e 11e)		106,838	115,577
<u>ਵੇਂ</u>	ь	Total fundraising expenses (Part IX, column (D), line 25) ▶359,86	60			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d,			1,206,908	1,666,350
	18	Total expenses Add lines 13-17 (must equal Part IX			15,931,266	17,042,748
40	19	Revenue less expenses Subtract line 18 from line 12			1,409,407	897,711
ලිජි කුල					of Current ear	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)			11,876,003	10,503,124
정말	21	Total liabilities (Part X, line 26)			2,314,322	74,437
	22	Net assets or fund balances Subtract line 21 from lin	e 20		9,561,681	10,428,687
	t II	Signature Block	- de de			a Aba ba a a
know		ities of perjury, I declare that I have examined this return, in and belief, it is true, correct, and complete. Declaration of p				
		***** Signature of officer			12-11-06	
Sign Here				Da	iid	
ieft	ن ا	STEPHEN BARTH INTERIM DIRECTOR Type or print name and title				
Paid		I Fleualet S L	Date 2012-11-06	Check if self-	Preparer's taxpa (see instructions P00304274	yer identification number ;)
-	arer's	Firm's name (or yours WALL EINHORN & CHERNITZER PC	I	·	EIN • 54-15174	120
Use (Jnly	if self-employed), address, and ZIP + 4 555 E MAIN ST SUITE 1600				
		NORFOLK, VA 23510			Phone no 🕨 (7	757) 625-4700

✓ Yes

✓ No

orm 9	990 (2	2011)					Page 2
Part	Ш		of Program Serv		lishments Jestion in this Part II	ī	
1	Briefl		rganization's mission		acation in this i are ii		,
_			_		RATIVE EFFORTS TH	HAT MINIMIZE HUNGER AN	ND PROMOTE NUTRITION
			ELIANCE THROUGH				
2	Dıd th	ne organization u	ndertake any signific	ant program se	ervices during the yea	ar which were not listed on	
	the pr	rıor Form 990 or					┌ Yes ┌ No
					it changes in how it c	onducts, any program	
	servio	ces?					┌ Yes ┌ No
_		•	se changes on Sched		b - 6 b - 6 - b - b	L	d b
	expen	nses Section 50	1(c)(3) and 501(c)(4) organizations	and section 4947(a	hree largest program service)(1) trusts are required to re ich program service reported	port the amount of
4a	(Code	e) (Expenses \$	15,165,479	including grants of \$) (Revenue \$	528,873)
	DISTF WORT BANK ON TH OF GI PROG TO QU POTEI GROC AVAIL BANK FOOD AND CO	RIBUTED A TOTAL OF TH OF FOOD AT A WISS DURING THE 201 HE VIRGINIA PENINS LOUCESTER, JAMES OF THE PENING THE P	E 121,077,566 POUNDS OF HOLESALE VALUE OF \$1 6 1-2012 FISCAL YEAR, THE SULA THIS SERVICE AREA CITY, MATHEWS, SURRY SEGIONAL CLEARINGHOUS TORGANIZATIONS PROVIBLE DISCARDS GATHERED NING PROJECTS AND INDINSULAS NEEDY RESIDENT LITY FOOD ITEMS ARE OBD BY NUMEROUS ORGANIUNT FUNDING THE FOODICIES WHICH ASSIST PENI	F FOOD TO BENEF: 6 PER POUND THIS FOODBANK DISTI- ENCOMPASSES THAT AND YORK PROVII E FOR DONATED A DING FOOD TO TH FROM LOCAL RET MIDUAL DONORS I S IS ALSO RECEIV TAINED FROM THI ZATIONS AND IND: BANK THEN DISTR INSULA RESIDENTS	IT THE NEEDY AND HUNG S YEAR, AS DETERMINED RIBUTED 9,641,357 POUN HE CITIES OF HAMPTON, N DING FOOD SECURITYTHE AND PURCHASED FOOD AS IE LESS FORTUNATE ON TO AILERS, WHOLESALERS, D FROM THROUGHOUT OUR ED FROM NATIONAL DONG E USDA THROUGH THE EM IVIDUALS, AS WELL AS PUI IBUTES THESE GOODS TO S WHO FALL INTO NEED E	FOODBANK OF THE VIRGINIA PENIS WELL AS RELATED ITEMS IN TUR HE PENINSULA THE FOODBANK AC JISTRIBUTORS, FOOD INDUSTRY MA SERVICE AREA ON THE VIRGINIA FOOR DRS THROUGH THE FEEDING AMER HERGENCY FOOD ASSISTANCE PROC	HIS EQUATES TO \$200,988,760 CA NATIONAL NETWORK OF FOOD NE-JURISDICTION SERVICE AREA WILLIAMSBURG AND THE COUNTIES INSULA'S FOOD DISTRIBUTION N, THESE ITEMS ARE DISTRIBUTED QUIRES SURPLUSES AND ANUFACTURERS, BROKERS, PENINSULA FURTHER, FOOD MADE ICA NATIONAL NETWORK OF FOOD GRAM (TEFAP), COLLECTED IN MERGENCY MANAGEMENT AGENCY) UP KITCHENS, SHELTERS AND
4b	(Code	e) (Expenses \$	304,012	including grants of \$) (Revenue \$	193,515)
	VIRGI REDU \$20 A	INIA PENINSULA SHA JCED COST, PROMOT AND TWO HOURS OF	ARE IS A NATIONAL NETW FING VOLUNTEER SERVICI COMMUNITY SERVICE, S	ORK OF NON-PRO E IN OUR COMMUI HARE OFFERS A N	FIT ORGANIZATIONS DED NITIES AND THE BUILDING UTRITIOUS FOOD PACKAG	CHANGE) PROGRAM WAS IMPLEME ICATED TO PROVIDING QUALITY M GOF PARTNERSHIPS BETWEEN CON GE WORTH APPROXIMATELY \$45 IN ERAGE OF OVER 1,000 PARTICIPAN	ONTHLY FOOD PACKAGES AT A MMUNITY ORGANIZATIONS FOR I ITS INAUGURAL MONTH, THE
 4с	(Code	e) (Expenses \$	768,402	ıncludıng grants of \$) (Revenue \$)
	CHILLI 164,5 PROG ALSO INCLL DECIS ENVIF GOAL GRAD THRO RECE SCHO YEAR	DREN IN AFTER SCHOST HOT MEALS AND GRAM IS DESIGNED TO BENEFIT AND EXPANUES SERVICE WANTED TO GRADUATE COUNTED 21 STUDENT OUGH PARTNERSHIPS WING FREE OR REDUCLS THROUGH THIS	OOL PROGRAMS IN A SAF 59,964 NUTRITIOUS SNA TO HELP DISADVANTAGED ND THE FOOD SUPPORT FAGER CERTIFICATION, SA S, GOAL SETTING, AND CC L PRODUCE A GRADUATE ULINARY INTERNS WHILE S IN THIS PROGRAM AND S WITH THREE TITLE I ELECTOR OF A VAICE ONS CONSISTED OF A VAICE ONS CONSISTED OF A VAICE ON THE POST ON THE SAME TO THE SAME TH	E, CARING AND LE CKS TO AN AVERA ADULTS GAIN CUL OR OUR KIDS CAF NITARY PRACTICE DIFFLICT RESOLUT: READY TO WORK AT THE SAME TIM THEY HAVE PREP, EMENTARY SCHOOL HOOL MEALS) TH PROVIDED NUTRI	ARNING ENVIRONMENT (GE OF 1,407 CHILDREN WINARY SKILLS, JOBS, AND FOROMENT FOR PROGRAM THE 12-WEELS, JOB SKILLS, RESUME DION TRAINEES PARTICIPA IMMEDIATELY IN THE FOCE INCREASING THE NUME ARED 5,860 MEALS IN 20 LS (DEFINED AS SCHOOLS IS YEAR GROWTH CONTIT TIOUS BAGS OF FOOD FO	BER OF MEALS AVAILABLE FOR THE 05, OUR FOOD FOR KIDS BACKPAC GWITH A POPULATION OF GREATER NUED FOR US TO BE ABLE TO SERV	CAFE SITES THAT HAVE SERVED L YEAR THE CULINARY TRAINING E TRAINING PROGRAM THAT WILL ALS IN BASIC CULINARY SKILLS TO TEAMWORK, LEADERSHIP, AD HANDS-ON TRAINING ESSFUL EMPLOYEE THE PROGRAMS KIDS CAFE PROGRAM WE HAVE CK PROGRAM WAS IMPLEMENTED R THAN 50% OF THE CHILDREN E TWENTY THREE ELEMENTARY EASE OF 14 STUDENTS OVER LAST
	(Code	e) (Expenses \$	173,839	ıncludıng grants of \$) (Revenue \$	3,801)
	FACIL PREP, OTHE PROD USDA POUN THRO DEPAI INDIV NUTR NUTR EMPO HUNBA VOLUI \$1,03	LITIES AND DELIVERS ARED FOODS ON THE REPEISHABLES FRO DUCTS WEEKLY THIS ATEFAP COMMODITIE IDS OF USDA TEFAP ARED AND PERISHABUGH THIS PROGRAM RITMENT OF SOCIAL TITION, FOOD SAFET RITION, FOOD SAFET SAFET SOWERING THEM TO SERY PROGRAM WAS UN BEAUTIFICATION NTEERS A TOTAL OF 36,092 IN SALARIES (IT DIRECTLY TO LOCAL SEPENINSULA DURING THOM FOOD RETAILERS AND YEAR THE PRODUCE FOES TO LOW INCOME, SENIOUS FOOD DONORS DIRECT, 2,251,426 POUNDS OF SERVICES TO CONDUCT SENIOUS FOR FOOD STAMP IN YEAR TOWN SELF-SUFFICIENCY TRAINING PROGRASTRIVE TOWARDS MEETIN CONTINUED THIS YEAR TALL OF THESE PHENOMES ALL, 549 VOLUNTEER HOLE	SHELTERS AND SO E 2011-2012 FISC BAKERIES, AMOUI R HEALTHIER LIVII OR HOUSING AND SO FITLY WITH QUALIFIED FOOD WERE COLL SUPPLEMENTAL NUELIGIBILITY THROUM IN 2011-2012, G THEIR OWN NUTHEIR OWN NUTHEIR OWN NUTHEIR OWN NUTHEIR OWN NUTHEIR OWN SO FILL SO FI	TABLE, GATHERS FOOD I UP KITCHEN FEEDING PR AL YEAR THE BREAD DIS' NTING TO 2,692,621 POUI NG PROGRAM DELIVERED COMMUNITY CENTER PR FRESH PRODUCE WERE I IED AGENCIES WHO HAVE ECTED AND DISTRIBUTED JTRITION ASSISTANCE PR JGH THIS PROGRAM BY TI W INCOME INDIVIDUALS A THIS PROGRAM PROVIDE TRITIONAL, FINANCIAL AN US COMMUNITY AND IND DULD NOT BE ACCOMPLISI 19 INDIVIDUALS WERE CO	AND MEMBER AGENCY REPRESENTA ED THIS TRAINING TO 41,502 HIGH ID SELF-ACTUALIZATION GOALS LA IVIDUAL GARDENS, PROMOTING NI HED WITHOUT THE HELP AND ASSI NTRIBUTED FROM THROUGHOUT O	UTED 154,215 POUNDS OF SONATED BREAD, PRODUCE AND 0,000 POUNDS OF FOOD DUCCE, PERISHABLE ITEMS AND LL FOR THE YEAR, 1,110,868 LEIGHBOR PROGRAM LINKS FOOD HANDLING TRAINING JOINED WITH THE VIRGINIA AMPS) OUTREACH 721 THE FOODBANK ALSO EXTENDS ATIVES THROUGH ITS RISK, LOW INCOME INDIVIDUALS, ST, THE PLANT-A-ROW FOR THE UTRITION, SELF-RELIANCE, AND STANCE OF DEDICATED

Other program services (Describe in Schedule O) 3,801) (Expenses \$ 173,839 including grants of \$) (Revenue \$

Total program service expenses▶\$

16,411,732

Form 990 (2011)	
Part IV	Checklist of Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? 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? If "Yes," complete Schedule D, Part II	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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If</i> "Yes," complete Schedule F, Part I	14b		No
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? If "Yes," complete Schedule F, Part II and IV.	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 and IV	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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

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	Yes	
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		No
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		No
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		Νo
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 IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
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		Νo
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		Νo
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
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?	20	Yes	

,	•	
Part V	Statements Regarding O	ther IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		. [
			Yes	No
а	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 5			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
_	gaming (gambling) winnings to prize winners?	1c	Yes	
a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this			
_	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		
a	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 or securities	4a		No
h	account)?	ты		Νo
	If "Yes," enter the name of the foreign country ►			
3	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?	5c		
1	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5с 6а		No
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		Νo
h	services provided to the payor?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
-	file Form 8282?	7 c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
)	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			
L	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization	13a		
h	allocated to each state Enter the aggregate amount of reserves the organization is required to maintain by	200		
,	the states in which the organization is licensed to issue qualified health plans			
C	Enter the aggregate amount of reserves on hand 13c			
a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Ves " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	146		

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.

Check if Schedule O contains a response to any question in this Part VI

Se	ction A. Governing Body and Management						
			Yes	No			
	Enterphenical Control of Control						
1a	Enter the number of voting members of the governing body at the end of the tax year						
b	Enter the number of voting members included in line 1a, above, who are independent						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No			
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		No			
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 governing documents since the prior Form 990 was						
5	filed? Did the organization become aware during the year of a significant diversion of the organization's assets? .	4 5		No No			
6	Did the organization have members or stockholders?	6		No			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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				
b	Each committee with authority to act on behalf of the governing body?	8b	Yes				
9	9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the						
Se	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No			
	venue Code.)						
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		No			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes				
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes				
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes				
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes				
13	Did the organization have a written whistleblower policy?	13	Yes				
14	Did the organization have a written document retention and destruction policy?	14	Yes				
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a	Yes				
ь	Other officers or key employees of the organization	15b	Yes				
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			ļ <u>.</u> .			
	taxable entity during the year?	16a		No			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b					
Se	ection C. Disclosure						
17	List the States with which a copy of this Form 990 is required to be filed▶VA						

- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection Indicate how you made these available Check all that apply ✓ Own website ✓ Another's website ✓ Upon request
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 LINDA PARKER

2401 ALUMINUM AVENUE HAMPTON, VA 23661 (757) 596-7188

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

- ◆ 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, if any See instructions for definition of "key employee"
- ♦ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

◆ 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

(A) Name and Title	(B) Average hours per week (describe hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					1340	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related
	for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		112007	organizations
(1) FRANCES LUTER PRESIDENT	0 00	х		Х				0	0	0
(2) KENNETH KRAKAUR IMMEDIATE PAST PRESIDENT	0 00	х						0	0	0
(3) JEFF VERHOEF PT MBA PRESIDENT-ELECT	0 00	х		х				0	0	0
(4) CHARLES CRALLE VICE-PRESIDENT, ADMINISTRATION	0 00	х		х				0	0	0
(5) JIM SCHLOSS VICE-PRESIDENT, DEVELOPMENT	0 00	х		х				0	0	0
(6) LARRY BOYLES SECRETARY/TREASURER	0 00	х		Х				0	0	0
(7) GABE MORGAN VICE-PRESIDENT, E&C DEVELOPMENT	0 00	х		Х				0	0	0
(8) VICKI SIOKIS FREEMAN MEMBER-AT-LARGE	0 00	х						0	0	0
(9) ANDREW COHEN MEMBER-AT-LARGE	0 00	х						0	0	0
(10) JOSEPH WITT MEMBER-AT-LARGE	0 00	х						0	0	0
(11) CASSANDRA GREENE MEMBER-AT-LARGE	0 00	х						0	0	0
(12) KELVIN EVANS MEMBER-AT-LARGE	0 00	х						0	0	0
(13) MICHAEL DANIELS MEMBER-AT-LARGE	0 00	х						0	0	0
(14) WILLIAM ATCHLEY MEMBER-AT-LARGE	0 00	х						0	0	0
(15) GUY MANCHESTER MEMBER-AT-LARGE	0 00	х						0	0	0
(16) AL GUERRA MEMBER-AT-LARGE	0 00	х						0	0	0
(17) JOYCELYN SPIGHT MEMBER-AT-LARGE	0 00	х						0	0	0 Form 990 (2011)

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

Note Part		(A) Name and Title	(B) A verage hours per week (describe	unles an	on (d e tha	n on son er ai	e bo is b nd a	x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and		
INTERPRETATIONS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			related organizations in Schedule	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)		I	
MEMBER AT LARGE			0 00	х						0	0		0	
Missinger_AT-LARGE			0 00	х						0	0		0	
Total from continuation sheets to Part VII, Section A	٠,		0 00	х						0	0		0	
C Total from continuation sheets to Part VII, Section A . ▶ 88,499 0 7,685 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization № 0 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a 71f "Yes," complete Schedule J for such individual			40 00			х				88,499	0		7,685	
C Total from continuation sheets to Part VII, Section A . ▶ 88,499 0 7,685 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization № 0 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a 71f "Yes," complete Schedule J for such individual														
C Total from continuation sheets to Part VII, Section A . ▶ 88,499 0 7,685 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization № 0 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a 71f "Yes," complete Schedule J for such individual														
C Total from continuation sheets to Part VII, Section A . ▶ 88,499 0 7,685 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization № 0 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a 71f "Yes," complete Schedule J for such individual														
C Total from continuation sheets to Part VII, Section A . ▶ 88,499 0 7,685 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization № 0 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a 71f "Yes," complete Schedule J for such individual														
C Total from continuation sheets to Part VII, Section A . ▶ 88,499 0 7,685 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization № 0 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a 71f "Yes," complete Schedule J for such individual														
C Total from continuation sheets to Part VII, Section A . ▶ 88,499 0 7,685 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization № 0 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a 71f "Yes," complete Schedule J for such individual														
C Total from continuation sheets to Part VII, Section A . ▶ 88,499 0 7,685 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization № 0 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a 71f "Yes," complete Schedule J for such individual														
C Total from continuation sheets to Part VII, Section A . ▶ 88,499 0 7,685 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization № 0 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a 71f "Yes," complete Schedule J for such individual														
d Total (add lines 1b and 1c)	1b	Sub-Total				•	•		•					
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶0 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual									F	99.400	0		7.605	
\$100,000 of reportable compensation from the organization Yes No) who				7,685	
Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	_						ccu	above	, wiic	received more tha				
on line 1a? If "Yes," complete Schedule J for such Individual												Yes	No	
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	3						ey e	mploy	ee, o	r highest compens				
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Individual	4	•				_	• sens	ation	• and (ther compensation		3	No	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	•	organization and related organiza									ch			
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address (B) Description of services Compensation Compensation	5		receive or accru	e comr	• nensa	• ition	• fror	n anv	• unrel	ated organization o		4	No	
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address (B) Description of services Compensation Compensation												5	No	
\$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address (B) Description of services Compensation	Se													
Name and business address Description of services Compensation	1	\$100,000 of compensation from	the organization											
2 Total number of independent contractors (including but not limited to those listed above) who received more than		Nan		dress						Descr				
2 Total number of independent contractors (including but not limited to those listed above) who received more than														
2 Total number of independent contractors (including but not limited to those listed above) who received more than												<u> </u>		
A LOCAL NAME OF THE CONTROL CONTROL CONTROL OF THE PROPERTY OF THE CONTROL OF THE	2	Total number of independent conti	ractors (includin	a but n	ot lin	niteo	l to t	those	lictor	d above) who recou	red more than			

Part v		Statement of 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
\$ \$	1a	Federated campaigns 1a	317,452				
E 5	ь	Membership dues 1b					
ಕ್ಟ್	c	Fundraising events 1c	33,988				
ਤੂਦ ਜ਼							
ਰਵ	d	Related organizations 1d	225 001				
ξŒ.	e	Government grants (contributions) 1e	235,881				
일 일	f	All other contributions, gifts, grants, and 1f similar amounts not included above	16,601,082				
ΈĚ	g	Noncash contributions included in					
Contributions, gifts, grants and other similar amounts		lines 1a-1f \$					
ပြွန်	h	Total. Add lines 1a-1f		17,188,403			
<u> </u>			Business Code				
Ĕ	2a	SHARED MAINTENANCE FEE	624200	532,674			532,674
35 28	ь	SHARE SALES	624200	193,515			193,515
ē.	l c			·			·
Ş	d						
B.	e						
Program Serwce Revenue		All other program coming and					
چ	f	All other program service revenue					
ፚ	g	Total. Add lines 2a-2f		726,189			
	3	Investment income (including dividend	s, interest				
		and other similar amounts)	▶ [26,150			26,150
	4	Income from investment of tax-exempt bond p	roceeds 🕨				
	5	Royalties					
		(ı) Real	(11) Personal				
	6a	Gross rents 7,150					
	Ь	Less rental 4,184 expenses					
	С	Rental income 2,966					
	d	or (loss) Net rental income or (loss)		2,966			2,966
	"	(i) Securities	(II) Other	·			,
	7a	Gross amount 18,651	210,000				
		from sales of assets other					
		than inventory	959.040				
	Ь	Less cost or 0 other basis and	253,319				
	c	sales expenses Gain or (loss) 18,651	-43,319				
	d	Net gain or (loss)		-24,668			-24,668
	8a	Gross income from fundraising	· · · · ·	2.,000			2.,,555
Other Revenue		events (not including \$ 33,988 of contributions reported on line 1c) See Part IV, line 18					
<u> </u>	ь	Less direct expenses b	141,142 121,370				
₹	c	Net income or (loss) from fundraising e		19,772			19,772
_	9a	Gross income from gaming activities	·				
		See Part IV, line 19 a					
	b	Less direct expenses b	In.				
	100	Net income or (loss) from gaming activ	ides				
	10a	Gross sales of inventory, less returns and allowances .					
	ь	Less cost of goods sold b					
	С	Net income or (loss) from sales of inve	ntory ►				
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS	624200	1,647			1,647
	ь						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
	12	Total revenue. See Instructions	▶	1,647			753.055
	i			17,940,459	0	0	752,056

Part IX Statement of Functional Expenses

combined educational campaign and fundraising solicitation

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 13,888,095 13,888,095 3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and 144,029 93,619 36,007 14,403 key employees . . Compensation not included above, to disqualified persons 6 (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 7 Other salaries and wages 971,988 798,192 109,257 64,539 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 170,487 17,831 Other employee benefits 144,451 8,205 86,222 69,003 11,140 6,079 10 Fees for services (non-employees) 11 Management Legal Accounting 29,001 23,209 3,747 2,045 Lobbying Professional fundraising See Part IV, line 17 . . 115,577 115,577 Investment management fees Other 20,854 2,694 g 16,690 1,470 Advertising and promotion . . . 12 13 Office expenses 14 Information technology 15 Royalties . . 16 157,264 132,684 16,717 7,863 12,012 10,060 1,343 17 609 Payments of travel or entertainment expenses for any federal, 18 state, or local public officials 19 Conferences, conventions, and meetings 16,100 13,484 1,800 816 3,709 34,896 29,442 1,745 20 21 Payments to affiliates . . 22 Depreciation, depletion, and amortization 253,452 208,914 18,597 25,941 23 39,905 31,936 5,156 2,813 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) FOOD COSTS 608,503 608,503 TRANSPORTATION SERVICES 80,599 80,599 SUPPLIES 57,535 74,307 10,098 6,674 POSTAGE 65,053 15,261 2,464 47,328 d е All other expenses 274,404 190,055 30,596 53,753 25 Total functional expenses. Add lines 1 through 24f 17,042,748 16,411,732 271,156 359,860 Joint costs. Check here ► 🗆 If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a

Part X **Balance Sheet** (A) (B) Beginning of year End of year 9,407 21,462 1 1 1.192.687 2 1.921.170 2 3 823,773 595,967 104.964 152,409 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 7 602.376 8 546.842 9 23,766 9 15.728 Prepaid expenses and deferred charges 7,775,028 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 653,694 b Less accumulated depreciation 7,529,350 **10c** 7,121,334 11 11 843,322 12 12 856,695 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 17,875 14 0 14 15 15 11,876,003 10,503,124 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 16 267,098 17 67,639 17 Accounts payable and accrued expenses . 18 18 19 46,967 19 6,798 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 2.000.257 23 0 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 25 D 26 2,314,322 26 74,437 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 8,613,290 27 Unrestricted net assets 9,697,255 948.391 28 731.432 28 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶

and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 9.561.681 33 10,428,687 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 11.876.003 10.503.124

	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		170	940,459
2	Total expenses (must equal Part IX, column (A), line 25)	2			042,748
3	Revenue less expenses Subtract line 2 from line 1	3		8	397,71
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) \cdot .	4		9,5	561,68
5	Other changes in net assets or fund balances (explain in Schedule O)	5			-30,70!
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		10,4	128,687
Pai	The Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			দ	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
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 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 Schedule O		2 c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both	ıssued			
	Separate basis Consolidated basis Both consolidated and separated 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?		За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	Yes	

DLN: 93493313009852

OMB No 1545-0047

2011

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

h

Public Charity Status and Public Support

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

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

Employer identification number

FOODBANK OF THE VIRGINIA PENINSULA INC 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). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 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). 11 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 c Type III - Functionally integrated Type III - Other Type I **b** Type II 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 and (III) below, the governing body of the the supported organization? 11g(i) (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)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) A mount of support?	
		instructions))	Yes	No	Yes	No	Yes	No		
Total										

Provide the following information about the supported organization(s)

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

S	ection A. Public Support	<u> </u>	•		, ,			
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2	011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	14,816,11.	2 14,187,547	16,089,298	16,845,624	17	7,188,403	79,126,984
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	Total. Add lines 1 through 3 The portion of total contributions	14,816,11	2 14,187,547	16,089,298	16,845,624	17	7,188,403	79,126,984
	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)							12,912,508
6	Public Support. Subtract line 5							66,214,476
<u> </u>	from line 4 ection B. Total Support							<u> </u>
	endar year (or fiscal year	(a) 2007	(b) 2008	(=) 2000	(4) 2010	(2) 2(11	(6) Total
_	beginning in)	` '	(b) 2008	(c) 2009	(d) 2010	(e) 20		(f) Total
7	A mounts from line 4 Gross income from interest,	14,816,112	14,187,547	16,089,298	16,845,624	1/	,188,403	79,126,984
8	dividends, payments received on securities loans, rents, royalties and income from	67,158	82,402	47,929	35,039		26,150	258,678
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	4,425	2,183	2,071	1,015		1,647	11,341
11	Total support (Add lines 7 through 10)							79,397,003
12	Gross receipts from related activit	ies, etc (See ins	tructions)			12		3,799,922
13	First Five Years If the Form 990 is check this box and stop here	for the organizat	ion's first, second	, thırd, fourth, or f	ifth tax year as a	501(c)(3	3) organız	zation,
S	ection C. Computation of Pu							
14	Public Support Percentage for 201	1 (line 6 column	(f) divided by line	11 column (f))		14		83 400 %
15	Public Support Percentage for 201	0 Schedule A, Pa	art II, line 14			15		85 160 %
	33 1/3% support test—2011. If the and stop here. The organization qu 33 1/3% support test—2010. If the	alıfıes as a public	cly supported orga	nızatıon				▶ ▼
	box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization me organization	n qualifies as a p — 2011. If the org ation meets the "	oublicly supported ganization did not o facts and circums	organızatıon check a box on lır tances" test, che	ne 13, 16a, or 16 ck this box and si	b and line t op here.	e 14 Explain	▶ □
b 18	10%-facts-and-circumstances test 15 is 10% or more, and if the orga Explain in Part IV how the organiza supported organization Private Foundation If the organiza	nization meets thation meets the "	ne "facts and circu facts and circums	mstances" test, o tances" test The	check this box an organization qua	d stop he lifies as a	e re. a publicly	, ▶□
	instructions		•	. ,	•			▶ □

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not

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

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

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. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493313009852

OMB No 1545-0047

2011

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Name of the organization Employer identification number 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 2 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 funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes 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 ✓ Yes 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 Preservation of a certified historic structure Protection of natural habitat 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

3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year 🛌	g	
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	Amount 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		

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 describes the organization's accounting for conservation easements

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

Complete if the organization answered "Yes" 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
- **b** 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

- ial gain, provide the
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
 - a Revenues included in Form 990, Part VIII, line 1

b- ¢

b Assets included in Form 990, Part X

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

90 Cat

Cat No 52283D Schedule D (Form 990) 2011

3	Using the organization's accession and othe	rracords chack ar		ne fol	lowing th	at ar	a a signific		se of its collect		
3	items (check all that apply)	r records, check ar	iy oi ti	ie ioi	iowing th	iat ai	e a sigillilic	ant u	se of its conec	LIUII	
а	Public exhibition		d	Γ	Loan o	rexcl	nange prog	rams			
b	Scholarly research		e	Γ	Other						
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	aın ho	w the	y further	the o	rganızatıor	ı's ex	empt purpose	n	
5	During the year, did the organization solicit										
Do.	assets to be sold to raise funds rather than t		•							Yes	No
Раг	Escrow and Custodial Arrang Part IV, line 9, or reported an an						i answere	u r	es to Form s	990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interm	ediary	forc	ontributi	ions c	or other ass	ets r		┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follov	ving t	able		_				
									An	nount	
c	Beginning balance							1c			
d	Additions during the year							1d			
e	Distributions during the year							1e			
f	Ending balance						L	1 f			
2a	Did the organization include an amount on Fo		ne 21?	•						┌ Yes	☐ No
	If "Yes," explain the arrangement in Part XIV										
Par	t V Endowment Funds. Complete	f the organizatio (a)Current Year)Prior			orm 990 OYears Back		t IV, line 10. Three Years Back	(e)Four	Years Back
1a	Beginning of year balance	(a)current rear	(,,	J FHOI	i cai	(C) W	O Teals Dack	1(4)	Tillee Tears back	(e)i oui	Tears back
 b	Contributions							+			
c	Investment earnings or losses							+			
d	Grants or scholarships							+			
e	Other expenditures for facilities							1			
	and programs							_			
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the year	r end balance held	as								
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment 🕨										
c	Term endowment ▶										
_	Are there endowment funds not in the posses	6.1							the		
3a		ssion of the organiz	zation	that	are held	and a	dmınıstere	d for	circ		
3a	organization by		zation	that	are held	and a	dmınıstere	d for		Ye	s No
3a	organization by (i) unrelated organizations							d for	За((i)	s No
	organization by (i) unrelated organizations (ii) related organizations					٠		d for	3a(ii)	s No
b	organization by (i) unrelated organizations		ed on S	 Sched	 Iule R?	٠		d for	За(ii)	s No
b 4	organization by (i) unrelated organizations (ii) related organizations If "Yes" to 3a(II), are the related organization of the control of the contro		ed on S	chec	· · · lule R?	 		d for	3a(ii)	s No
b 4	organization by (i) unrelated organizations (ii) related organizations If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the tyle and, Buildings, and Equipment		ed on S	checent fu	 Iule R? Inds , line 10	 			3a(3l	ii)	
b 4	organization by (i) unrelated organizations (ii) related organizations If "Yes" to 3a(II), are the related organization of the control of the contro		ed on S	Schecent fu	· · · lule R?	O.		other	3a(ii)	s No Book value
b 4 Par	organization by (i) unrelated organizations (ii) related organizations If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the tyle and, Buildings, and Equipment		ed on S	Schecent fu	lule R? Inds , line 1() Cost or o	O.	(b)Cost or obasis (oth	other	3a(3l	ii)	
b 4 Par	organization by (i) unrelated organizations (ii) related organizations If "Yes" to 3a(II), are the related organization to the control of the control of property Description of property		ed on S	Schecent fu	lule R? Inds , line 1() Cost or o	O.	(b)Cost or obasis (oth	other er)	3a(3l	(d)	Book value
b 4 Par	organization by (i) unrelated organizations		ed on S	Schecent fu	lule R? Inds , line 1() Cost or o	O.	(b)Cost or obasis (oth	other er)	3a(3l 3l	(d)	Book value 1,284,704
b 4 Par 1a L b E	organization by (i) unrelated organizations		ed on S	Schecent fu	lule R? Inds , line 1() Cost or o	O.	(b)Cost or obasis (oth	other er)	(c) Accumulated depreciation	(d)	Book value 1,284,704
b 4 Par	organization by (i) unrelated organizations		ed on S	Schecent fu	lule R? Inds , line 1() Cost or o	O.	(b)Cost or obasis (oth	other er) 9,748 2,889	(c) Accumulated depreciation	(d)	Book value 1,284,704 5,273,560

Part VII Investments—Other Securities. See	Form 990, Part X, line 1.	2.
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		Cost of end-of-year market value
(2)Closely-held equity interests		
(3)O ther		
(A) INVESTMENTS - PUBLICLY TRADED SECURITIES	856,695	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See		13. (c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lin		
(a) Descrip	tion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)	<u>.</u>
Part X Other Liabilities. See Form 990, Part X		
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes	(-, , , , , , , , , , , , , , , , , , ,	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)		
TOTAL (COMMIN (D) SHOUM EQUAL FULL 990, PAIL X, COI (B) IIINE 25)		pization's financial statements that reports the

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	17,940,459
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	17,042,748
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	897,711
4	Net unrealized gains (losses) on investments	4	-30,705
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	-30,705
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	867,006
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	17,957,257
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		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	-30,705
3	Subtract line 2e from line 1	3	17,987,962
4	Amounts included on Form 990, Part VIII, line 12, 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 -47,503		
C	Add lines 4a and 4b	4 c	-47,503
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	17,940,459
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	17,090,251
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		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	47,503
3	Subtract line 2e from line 1	3	17,042,748
4	Amounts 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 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	17,042,748
- B-	TVIV Complemental Information		•

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

Part XIV Supplemental Information

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 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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX 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) ARE GENERALLY NOT SUBJECT TO EXAMINATION BY THE IRS FOR THE RETURNS FILED PRIOR TO 2009
PART XII, LINE 4B - OTHER ADJUSTMENTS		LOSS ON DISPOSAL OF PROPERTY AND EQUIPMENT - 43,319 DEPRECIATION ON RENTAL PROPERTY -4,184
PART XIII, LINE 2D - OTHER ADJUSTMENTS		LOSS ON DISPOSAL OF PROPERTY AND EQUIPMENT 43,319 DEPRECIATION ON RENTAL PROPERTY 4,184

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493313009852

SCHEDULE G (Form 990 or 990-EZ) **Supplemental Information Regarding Fundraising or Gaming Activities**

Department of the Treasury

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.

Open to Public

OMB No 1545-0047

Internal Revenue Service	F Attach to Form 990 or Form 990-E2. F See separate instructions.	Inspection
Name of the organization		Employer identification number
FOODBANK OF THE VIE	RGINIA PENINSULA INC	
		54-1422298

	ne of the organization ODBANK OF THE VIRGINI	A PENINSULA INC						Employer iden	tification number
								54-1422298	
Pa	rt I Fundraising Ac	tivities. Complete	e if the c	organizat	ion	answered "Yes" t	to Form	990, Part IV	, lıne 17.
1	Indicate whether the orga	nızatıon raısed funds	through a	ny of the	follo	wing activities Che	eck all th	nat apply	
а	Mail solicitations			e	~	Solicitation of non	n-govern	ment grants	
b	✓ Internet and e-mail s	olicitations		f	~	Solicitation of gov	ernment	grants	
c	Phone solicitations			g	~	Special fundraisin	g events	;	
d	▼ In-person solicitation	S							
2a b	Did the organization have or key employees listed ii If "Yes," list the ten highe to be compensated at lea	n Form 990, Part VII st paid individuals or) or entity entities (ın conne (fundraıse	ction rs) p	with professional f ursuant to agreeme	undraisi	ng services?	┌ Yes ┌ N
-					J-EZ	filers are not requi			
	(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	fundrais custo cont contrib	Did ser have ody or rol of outlons?	(iv) Gross receipts from activity	(v) Ar (or r		
	ındıvıdual	(ii) Activity MASS MAILINGS	fundrais custo cont	Did ser have ody or crol of	(iv) Gross receipts	(v) Ar (or r	omplete this tab nount paid to etained by) iser listed in	(vi) A mount paid to (or retained by)

or entity (fundraiser)		cont	trol of outions?		col (i)	organization
		Yes	No			
GRIZZARD COMM GROUP 229 PEACHTREE ST NE SUITE 1400 ATLANTA, GA 30303	MASS MAILINGS		No	805,546	115,577	689,969
Total			>	805,546	115,577	689,969

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

California Cal	r reported	orm 990, Part IV, line 18, or repts greater than \$5,000.				Fundraising Events. Components than \$15,000 on Form	Part II
TASIFEULLY YOURS Gevent type) Gevent type Gevent t	otal Events	(c) Other Events (d) Tota	Ť		1		
1 Gross receipts 151,648 13,615 9,867 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,541 1,54	ol (a) through col (c))	2 col	. _				
3 Gross income (line 1 minus line 2)		(total number)		(event type)	(event type)		do l
3 Gross income (line 1 minus line 2)	175,130	9,867	5	13,615	151,648	•	1
minus line 2)	33,988	1,541			32,447		2 2
5 Non-cash prizes . 6 Rent/facility costs . 6,259	141,142	8,326	5	13,615	119,201		3
6 Rent/facility costs . 6,259			_			Cash prizes	4
a Entertainment			-			Non-cash prizes	မှ မ
Secretarized Secretarization	6,259				6,259	Rent/facility costs	<u>Ø</u> 6
Direct expenses summary Add lines 4 through 9 in column (d). Net income summary Combine lines 3 and 10 in column (d). Part IIII Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported mor \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/Instant bingo/progressive bingo (c) Other gaming (d) Tot (Add col co col col col col col col col col			1			Food and beverages	옯 7
Direct expenses summary Add lines 4 through 9 in column (d). Net income summary Combine lines 3 and 10 in column (d). Part IIII Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported mor \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/Instant bingo/progressive bingo (c) Other gaming (d) Tot (Add col co col col col col col col col col			+			Entertainment	[발 8
11 Net income summary Combine lines 3 and 10 in column (d).	115,111	44,507	5	11,305	59,299	Other direct expenses .	[□] 9
Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported mor \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/Instant bingo/progressive bingo (A) Tot (Add col	(121,370)	▶		(d)	es 4 through 9 in column	Direct expense summary Add line	10
\$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/Instant bingo/progressive bingo (Add col color col	19,772	•		d)	es 3 and 10 in column (d	Net income summary Combine lir	11
bingo/progressive bingo (Add col co	re than	t IV, line 19, or reported more	art I	'Yes" to Form 990, Pa			Part III
1 Gross revenue	otal gaming ol (a) through col (c))	(Add col (Revenue
3 Non-cash prizes						Gross revenue	1
5 Other direct expenses						Cash prizes	မ္မာ 2
5 Other direct expenses						Non-cash prizes	g g
6 Volunteer labor						Rent/facility costs	ഥ 턴 4
Tho No No 7 Direct expense summary Add lines 2 through 5 in column (d)						Other direct expenses	일 - 5
8 Net gaming income summary Combine lines 1 and 7 in column (d)						Volunteer labor	6
9 Enter the state(s) in which the organization operates gaming activities Is the organization licensed to operate gaming activities in each of these states?	()	•		d)	2 through 5 in column (c	Direct expense summary Add lines	7
a Is the organization licensed to operate gaming activities in each of these states?				mn (d)	oine lines 1 and 7 in colu	Net gaming income summary Comb	8
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Γ γ	Yes Γ_{No}			of these states?	gaming activities in each	he organization licensed to operate	a Ist
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? \dots \dots \prod γ	······						
b If "Yes," Explain	Yes No	the tax year? Ye	g the	ded or terminated during	censes revoked, suspen	e any of the organization's gaming li (es," Explain	

Sche	dule G (Form 990 or 990-EZ) 20	11			Page 3
11	Does the organization operate ga	aming activities with nonmembers? .		Г _{Yes} Г	- No
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	per of a partnership or other entity		
	formed to administer charitable (gamıng?		· · · · F Yes F	- No
13	Indicate the percentage of gamii	ag activity operated in		1 1	
a				13a	
b					
14		f the person who prepares the organiza			
	Name ►				
	Address ►				
	revenue?	ntract with a third party from whom the			- No
		ed by the third party 🟲 \$			
С	If "Yes," enter name and address	S			
	Name 🟲				
	Address ►				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation I	\$ \$			
	Description of services provided	>			
17 a		Employee er state law to make charitable distribu		· · ·	- No
b	Enter the amount of distributions	required under state law distributed to	o other exempt organizations or sp		-
_		activities during the tax year 🕨 \$		hadala C /	
Par	t IV Complete this part to property instructions.)	provide additional information for	responses to quuestion on Sc	nedule G (see	
	Identifier	ReturnReference	Explana	tion	
		•	•		

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Schedule I

(Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

OMB No 1545-0047

DLN: 93493313009852

Department of the Treasury ► Attach to Form 990 **Inspection** Internal Revenue Service Name of the organization Employer identification number FOODBANK OF THE VIRGINIA PENINSULA INC 54-1422298 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash ıf applicable (book, FMV, or government assistance appraisal, other)

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book FMV, appraisal, other)	, (f) Description of non-cash assistance
(1) FOOD ASSISTANCE			13,888,095	FMV	DISTRIBUTION OF DONATED FOOD

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS	1 '	SCHEDULE I, PART I, LINE 2 THE FOODBANK DISTRIBUTES FOOD TO INDIVIDUALS IN CRISIS IN THE COMMUNITY THERE ARE ELIGIBILITY REQUIREMENTS THAT MUST BE MET TO RECEIVE USDA FOOD, WHICH ARE
IN THE U S		MONITORED BY THE FOODBANK STAFF

Schedule I (Form 990) 2011

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493313009852

Employer identification number

Schedule L

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

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

OMB No 1545-0047

2011

Open to Public Inspection

Complete if the organizat	ion ans			T		,			,	1	(a)
1 (a) Name of disq	ualıfıed	person			(b) Desc	ription	of transa	action		Cor	(c) rected
										Yes	No
											_
Properties of the Enterthe amount of tax imposes section 4958									s		
Enter the amount of tax, if any								🕨	\$		
	, on line	2, abo	ve, reimburs	ed by th				•	\$		
	, on line	2, abov	ve, reimburs	ed by th	e organization .			►	\$, line 38	a	
art II Loans to and/or I	, on line From (zation a	2, above 2,	ve, reimburs	ed by th	e organization .	or Forr	 n 990-E	► Z, Part V			ten
) Name of interested person and	, on line From (zation a (b) L or fro	Interenswered oan to om the	ve, reimburs ested Pers d "Yes" on Fi	sed by th Sons. Form 990 Junal	e organization .		 n 990-E n	Z, Part V (f) Approx	ed d or	a (g)Writi	
Complete if the organiz	, on line zation a (b) L or fro	Interenswered oan to zation?	sted Pers	sed by th Sons. Form 990 Junal), Part IV, line 26	, or Forr (e) I defau	n 990-E n lt?	Z, Part V (f) Approving by boar commits	ed d or ee?	(g) Writi	nt?
Complete if the organize Name of interested person and	, on line From (zation a (b) L or fro	Interenswered oan to om the	ve, reimburs ested Pers d "Yes" on Fi	sed by th Sons. Form 990 Junal), Part IV, line 26	 , or Forr (e) I	 n 990-E n	Z, Part V (f) Approx	ed d or	(g)Writi	
Complete If the organize Name of Interested person and	, on line zation a (b) L or fro	Interenswered oan to zation?	ve, reimburs ested Pers d "Yes" on Fi	sed by th Sons. Form 990 Junal), Part IV, line 26	, or Forr (e) I defau	n 990-E n lt?	Z, Part V (f) Approving by boar commits	ed d or ee?	(g) Writi	ent?
Complete if the organize Name of interested person and	, on line zation a (b) L or fro	Interenswered oan to zation?	ve, reimburs ested Pers d "Yes" on Fi	sed by th Sons. Form 990 Junal), Part IV, line 26	, or Forr (e) I defau	n 990-E n lt?	Z, Part V (f) Approving by boar commits	ed d or ee?	(g) Writi	ent?
Complete If the organize Name of Interested person and	, on line zation a (b) L or fro	Interenswered oan to zation?	ve, reimburs ested Pers d "Yes" on Fi	sed by th Sons. Form 990 Junal), Part IV, line 26	, or Forr (e) I defau	n 990-E n lt?	Z, Part V (f) Approving by boar commits	ed d or ee?	(g) Writi	ent?
Complete if the organize Name of interested person and	, on line zation a (b) L or fro	Interenswered oan to zation?	ve, reimburs ested Pers d "Yes" on Fi	sed by th Sons. Form 990 Junal), Part IV, line 26	, or Forr (e) I defau	n 990-E n lt?	Z, Part V (f) Approving by boar commits	ed d or ee?	(g) Writi	ent?
Complete if the organize Name of interested person and purpose	, on line From tation a (b) L or fro organi	Interenswered oan to make zation?	ve, reimburs sted Pers d "Yes" on Fi (c)Orig principal a	sed by the sons. Gorm 990 Gunal amount	(d)Balance due	, or Forr (e) I defau	n 990-E n lt?	Z, Part V (f) Approving by boar commits	ed d or ee?	(g) Writi	ent?
Complete if the organize Name of interested person and purpose purpose al	, on line From : zation a (b) L or fro organi To	Interenswered oan to make zation? From	ve, reimburs sted Pers d "Yes" on Fi (c)Orig principal a	sons. Form 990 ginal amount	(d)Balance due	, or Forr (e) I defau Yes	n 990-E	Z, Part V (f) Approving by boar commits	ed d or ee?	(g) Writi	ent?
Loans to and/or I Complete if the organize Name of interested person and purpose al	, on line From tration a (b) L or from tration are from training are from tration are from trational are	Interenswered oan to make zation? From Interenswered oan to make zation?	(c)Orig principal a	sed by the sons. Joinal amount samount sested in the son	(d)Balance due	, or Forr (e) I defau Yes	n 990-E n lt? No	Z, Part V (f) A pprovious by boar committed Yes	ved d or d ee? No	(g)Writing agreement Yes	No
Complete if the organize Name of interested person and purpose al	, on line From tration a (b) L or from tration are from training are from tration are from trational are	Interenswered oan to make zation? From Interenswered oan to make zation?	(c)Orig principal a	sed by the sons. Form 990 ginal amount samount samoun	(d)Balance due Persons. rm 990, Part IV	, or Forr (e) I defau Yes	n 990-E n lt? No	Z, Part V (f) A pprovious by boar committed Yes	ved d or d ee? No	(g) Writi	No
Name of interested person and purpose al	, on line From tration a (b) L or from tration are from training are from tration are from trational are	Interenswered oan to make zation? From Interenswered oan to make zation?	(c)Orig principal a	sed by the sons. Form 990 ginal amount samount samoun	(d)Balance due Persons. rm 990, Part IV een interested per	, or Forr (e) I defau Yes	n 990-E n lt? No	Z, Part V (f) A pprovious by boar committed Yes	ved d or d ee? No	(g)Writing agreement Yes	No

Part IV	Business	Transactions	Involvina	Interested	Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Complete if the organization	ni aliswereu Tes Oli	roilli 990, Pait IV, ili	ie zoa, zob, ui zoc.		
(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
	organization			Yes	No
(1) MICHAEL DANIELS	BOARD OF DIRECTOR		MICHAEL DANIELS IS THE VICE PRESIDENT OF W M JORDAN W M JORDAN COMPLETED THE BUILDOUT OF THE FOODBANKS NEW BULDING THE COST OF THE BUILDOUT WAS \$1,986,109		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

Schedule L (Form 990 or 990-EZ) 2011

DLN: 93493313009852

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

NonCash Contributions

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

Internal Revenue Service Name of the organization FOODBANK OF THE VIRGINIA PENINSULA INC

Employer identification number

54-142220R

Pa	rt I Types of Property			1	54-1422298			
		(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de contribution	etermır		
1	Art—Works of art			<u> </u>				
	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
	Securities—Publicly traded .	Х	3	8,115	NYSE AVG ON DAT	EOF	GIFT	
	Securities—Closely held stock .							
	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
	Food inventory	Х		13,832,561	\$1 66/LB BY INDUS	STRY S	TD	
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens Archeological artifacts							
27	TASETFULLY YOURS IN-							
25	Other►(<u>KIND ITEMS</u>)	Х	7	32,447	FMV			
	SPECIAL EVENTS IN-							
26	Other ► (KIND ITEMS)	X	1	1,541	FMV			
	O ther ▶()			·				
28	O ther ▶ ()							
29	Number of Forms 8283 received				20			
	for which the organization compl	eted Form 8	3283, Part IV, Donee Ackn	owledgement	29		- I	
302	During the year, did the organiza	ation receiv	e by contribution any prope	rty reported in Part I lines	1-28 that it		Yes	No
Jou	must hold for at least three year							
	for exempt purposes for the enti					30a		No
h	If "Yes," describe the arrangement					30a		
31	Does the organization have a gif			eview of any non-standard	contributions?	31		No
32a	Does the organization hire or us				i			
<i>3</i> 20	contributions?	· · ·	· · · · · · · ·	· · · · · · · · ·		32a		No
b	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	t revenues i	n column (c) for a type of p	roperty for which column (a) is checked,			

Page 2

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.

Identifier Return Reference Explanation

Schedule M (Form 990) 2011

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493313009852

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011

Open to Public Inspection

Name of the organization	Employer identifi	cation number
FOODBANK OF THE VIRGINIA PENINSULA INC		
	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
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -30,705
		FORM 990, PART XII, LINE 2C THE FOODBANK DID NOT CHANGE THE OVERSIGHT OR SELECTION PROCESS FOR THE AUDIT DURING THE TAX YEAR

Additional Data

Software ID: Software Version:

EIN: 54-1422298

Name: FOODBANK OF THE VIRGINIA PENINSULA INC

Form 990, Special Condition Description:

Special Condition Description

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

4d. Other program services

) (Expenses \$ 173,839 including grants of \$) (Revenue \$ (Code 3,801) A PREPARED AND PERISHABLE FOODS RESCUE PROGRAM, VIRGINIAS 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 154,215 POUNDS OF PREPARED FOODS ON THE PENINSULA DURING THE 2011-2012 FISCAL YEAR THE BREAD DISTRIBUTION PROGRAM DISTRIBUTES DONATED BREAD, PRODUCE AND OTHER PERISHABLES FROM FOOD RETAILERS AND BAKERIES, AMOUNTING TO 2,692,621 POUNDS OR AN AVERAGE OF NEARLY 50,000 POUNDS OF FOOD PRODUCTS WEEKLY THIS YEAR THE PRODUCE FOR HEALTHIER LIVING PROGRAM DELIVERED 181,411 POUNDS OF SURPLUS PRODUCE, PERISHABLE ITEMS AND USDA TEFAP COMMODITIES TO LOWINCOME, SENIOR HOUSING AND COMMUNITY CENTER PROJECTS THIS FISCAL YEAR OVERALL FOR THE YEAR, 1,110,868 POUNDS OF USDA TEFAP COMMODITIES AND 1,758,772 POUNDS OF FRESH PRODUCE WERE DISTRIBUTED THE NEIGHBOR TO NEIGHBOR PROGRAM LINKS PREPARED AND PERISHABLE FOOD DONORS DIRECTLY WITH QUALIFIED AGENCIES WHO HAVE RECEIVED THE APPROPRIATE SAFE FOOD HANDLING TRAINING THROUGH THIS PROGRAM, 2,251,426 POUNDS OF FOOD WERE COLLECTED AND DISTRIBUTED IN FY 2011-2012 THE FOODBANK JOINED WITH THE VIRGINIA DEPARTMENT OF SOCIAL SERVICES TO CONDUCT SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP FORMERLY FOOD STAMPS) OUTREACH 721 INDIVIDUALS WERE SCREENED FOR FOOD STAMP ELIGIBILITY THROUGH THIS PROGRAM BY THE FOODBANK FROM JULY JUNE 2012 THE FOODBANK ALSO EXTENDS NUTRITION. FOOD SAFETY AND SELF-SUFFICIENCY TRAINING TO LOWINCOME INDIVIDUALS AND MEMBER AGENCY REPRESENTATIVES THROUGH ITS NUTRITION/SELF-SUFFICIENCY TRAINING PROGRAM IN 2011-2012. THIS PROGRAM PROVIDED THIS TRAINING TO 41.502 HIGH RISK, LOWINCOME INDIVIDUALS, EMPOWERING THEM TO STRIVE TOWARDS MEETING THEIR OWN NUTRITIONAL, FINANCIAL AND SELF-ACTUALIZATION GOALS LAST, THE PLANT-A-ROW FOR THE HUNGRY PROGRAM WAS CONTINUED THIS YEAR THROUGH NUMEROUS COMMUNITY AND INDIVIDUAL GARDENS, PROMOTING NUTRITION, SELF-RELIANCE, AND URBAN BEAUTIFICATION ALL OF THESE PHENOMENAL PROGRAMS COULD NOT BE ACCOMPLISHED WITHOUT THE HELP AND ASSISTANCE OF DEDICATED VOLUNTEERS A TOTAL OF 47,549 VOLUNTEER HOURS GIVEN BY 5,549 INDIVIDUALS WERE CONTRIBUTED FROM THROUGHOUT OUR SERVICE AREA, SAVING \$1,036,092 IN SALARIES (BASED ON A VALUE OF \$21 79/HOUR AS DETERMINED BY THE INDEPENDENT SECTOR) IN SUPPORT OF THE FOODBANK AND ITS HUNGER RELIEF PROGRAMS ON THE PENINSULA IN FY 2011-2012