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

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning JUL 1, 2013 and ending JUN 30, 2014

B Check if applicable:
- [ ] Address change
- [X] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization
VIRGINIA PENINSULA FOODBANK

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
2401 ALUMINUM AVENUE

City or town, state or province, country, and ZIP or foreign postal code
HAMPTON, VA 23661

F Name and address of principal officer: KAREN JOYNER
SAME AS C ABOVE

D Employer identification number
54-1422298

E Telephone number
757-596-7188

G Gross receipts $ 20,862,021.

H(a) Is this a group return for subordinates? [ ] Yes [X] No

H(b) Are all subordinates included? [ ] Yes [ ] No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.HRFOODBANK.ORG

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1987 M State of legal domicile: VA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO DISTRIBUTE FOOD EFFECTIVELY THROUGH COLLABORATIVE EFFORTS THAT MINIMIZE HUNGER AND PROMOTE		
	2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	52
	6 Total number of volunteers (estimate if necessary)	6	7093
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	18,252,361.	19,780,676.
	9 Program service revenue (Part VIII, line 2g)	608,112.	590,745.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<227,363.>	55,891.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<45,617.>	98,337.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,587,493.	20,525,649.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	14,630,256.	16,650,945.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,435,322.	1,572,465.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	181,676.	121,754.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 359,852.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,590,491.	1,574,534.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	17,837,745.	19,919,698.
	19 Revenue less expenses. Subtract line 18 from line 12	749,748.	605,951.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	11,287,550.	12,057,863.
	21 Total liabilities (Part X, line 26)	83,030.	167,920.
	22 Net assets or fund balances. Subtract line 21 from line 20	11,204,520.	11,889,943.

RECEIVED
NOV 24 2014
OGDEN, UT

Part II Signature Block

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

Sign Here

▶ Karen L. Joyner, CEO
Signature of officer — Date 11/6/14

▶ KAREN JOYNER, CHIEF EXECUTIVE OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: JULIE L. SOKOLOWSKI	Preparer's signature: Julie L. Sokolowski	Date: 11/05/14	Check if self-employed: [ ]	PTIN: P01328383
Firm's name ▶ WALL, EINHORN & CHERNITZER, P.C.			Firm's EIN ▶ 54-1517420	
Firm's address ▶ 555 E. MAIN ST., SUITE 1600 NORFOLK, VA 23510			Phone no. 757-625-4700	

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
TO DISTRIBUTE FOOD EFFECTIVELY THROUGH COLLABORATIVE EFFORTS THAT MINIMIZE HUNGER AND PROMOTE NUTRITION AND ENCOURAGE SELF-RELIANCE THROUGH EDUCATION.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code _____) (Expenses $ 18,126,784. including grants of $ 16,650,945.) (Revenue $ 448,943.)
DONATED FOOD DISTRIBUTION PROGRAM:

TWENTY-EIGHT YEARS OF SERVICE
SINCE ITS INCEPTION IN L986, THE VIRGINIA PENINSULA FOODBANK HAS DISTRIBUTED ALMOST 142 MILLION POUNDS OF FOOD TO BENEFIT THE NEEDY AND FOOD INSECURE ACROSS THE GREATER PENINSULA. THIS EQUATES TO $244.1 MILLION WORTH OF FOOD AT A WHOLESALE VALUE OF $1.72 PER POUND THIS YEAR, AS DETERMINED ANNUALLY BY FEEDING AMERICA, THE NATIONAL NETWORK OF FOODBANKS. DURING THE 2013-2014 FISCAL YEAR, THE FOODBANK DISTRIBUTED ALMOST 11 MILLION POUNDS OF FOOD THROUGHOUT ITS NINE-JURISDICTION SERVICE AREA ACROSS THE GREATER PENINSULA. THIS SERVICE AREA ENCOMPASSES THE CITIES OF HAMPTON, NEWPORT NEWS, POQUOSON

4b (Code _____) (Expenses $ 185,063. including grants of $ _____) (Revenue $ 141,802.)
SHARE PROGRAM:

THE SHARE (SELF-HELP AND RESOURCE EXCHANGE) PROGRAM WAS IMPLEMENTED BY THE VIRGINIA PENINSULA FOODBANK IN JANUARY 2002. SHARE IS A NATIONAL NETWORK OF NON-PROFIT ORGANIZATIONS DEDICATED TO PROVIDING QUALITY MONTHLY FOOD PACKAGES AT A REDUCED COST, PROMOTING VOLUNTEER SERVICE IN OUR COMMUNITIES AND THE BUILDING OF PARTNERSHIPS BETWEEN COMMUNITY ORGANIZATIONS. FOR $20 AND TWO HOURS OF COMMUNITY SERVICE, SHARE OFFERS A NUTRITIOUS FOOD PACKAGE WORTH APPROXIMATELY $45. DURING FY 2013-2014, OVER 6,400 PACKAGES WERE DISTRIBUTED THROUGH THIS PROGRAM.

4c (Code _____) (Expenses $ 842,063. including grants of $ _____) (Revenue $ _____)
KID'S CAFE PROGRAM AND FOOD FOR KIDS BACKPACK PROGRAM:

THE FOODBANK ALSO EXTENDS NUTRITION, FOOD SAFETY AND SELF-SUFFICIENCY TRAINING TO LOW INCOME INDIVIDUALS AND MEMBER AGENCY REPRESENTATIVES THROUGH ITS NUTRITION/SELF-SUFFICIENCY TRAINING PROGRAM. IN 2013-2014, THIS PROGRAM PROVIDED THIS TRAINING TO 18,960 HIGH RISK, LOW INCOME INDIVIDUALS, EMPOWERING THEM TO STRIVE TOWARDS MEETING THEIR OWN NUTRITIONAL, FINANCIAL AND SELF-ACTUALIZATION GOALS. THE KID'S CAFE PROGRAM PROVIDES A NUTRITIOUS AFTERNOON MEAL OR SNACK TO CHILDREN IN AFTER SCHOOL PROGRAMS IN A SAFE, CARING AND LEARNING ENVIRONMENT. THERE WERE 32 KIDS CAFE SITES THAT HAVE SERVED 196,599 HOT MEALS AND 37,102 NUTRITIOUS SNACKS TO AN AVERAGE OF 1,613 CHILDREN WEEKLY DURING THIS

4d Other program services (Describe in Schedule O.)
(Expenses $ 197,503. including grants of $ _____) (Revenue $ _____)

4e Total program service expenses ▶ 19,351,413.

SEE SCHEDULE O FOR CONTINUATION(S)

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	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
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 V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	X	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
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 and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17	X	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
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		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants or 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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a*	24a		X
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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	3		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	52		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," to line 3b, provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
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		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a 19		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 19		
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . .	4	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ VA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[X] Own website [X] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

LINDA PARKER, CHIEF FINANCIAL OFFICER - 757-596-7188
2401 ALUMINUM AVENUE, HAMPTON, VA 23661

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JEFF VERHOEF PRESIDENT	2.00	X		X				0.	0.	0.
(2) FRANCES LUTER IMMEDIATE PAST PRESIDENT	2.00	X						0.	0.	0.
(3) LARRY BOYLES PRESIDENT-ELECT	2.00	X		X				0.	0.	0.
(4) JOYCELYN SPIGHT VP, ADMINISTRATION	2.00	X		X				0.	0.	0.
(5) JIM SCHLOSS VP, DEVELOPMENT	2.00	X		X				0.	0.	0.
(6) MICHAEL DANIELS SECRETARY/TREASURER	2.00	X		X				0.	0.	0.
(7) GABE MORGAN VP, CAPITAL DEVELOPMENT	2.00	X		X				0.	0.	0.
(8) CASSANDRA GREENE MEMBER-AT-LARGE	2.00	X						0.	0.	0.
(9) WILLIAM ATCHLEY MEMBER-AT-LARGE	2.00	X						0.	0.	0.
(10) JEFFREY CLEMONS MEMBER-AT-LARGE	2.00	X						0.	0.	0.
(11) JANE SUSAN FRANK MEMBER-AT-LARGE	2.00	X						0.	0.	0.
(12) VICKI SIOKIS FREEMAN MEMBER-AT-LARGE	2.00	X						0.	0.	0.
(13) AL GUERRA, JR. MEMBER-AT-LARGE	2.00	X						0.	0.	0.
(14) HERBERT KELLY, JR. MEMBER-AT-LARGE	2.00	X						0.	0.	0.
(15) GUY MANCHESTER MEMBER-AT-LARGE	2.00	X						0.	0.	0.
(16) DR. PETER STEVEN APOSTOLES MEMBER-AT-LARGE	2.00	X						0.	0.	0.
(17) KENNETH KRAKAUR MEMBER-AT-LARGE	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ADELIA THOMPSON MEMBER-AT-LARGE	2.00	X						0.	0.	0.
(19) PASTOR STEVENS BURRELL MEMBER-AT-LARGE	2.00	X						0.	0.	0.
(20) KAREN JOYNER CHIEF EXECUTIVE OFFICER	40.00			X				74,932.	0.	7,440.
(21) STEPHEN BARTH CHIEF OPERATING OFFICER	40.00			X				103,918.	0.	3,876.
(22) LINDA PARKER CHIEF FINANCIAL OFFICER	40.00			X				40,021.	0.	2,793.
1b Sub-total ▶								218,871.	0.	14,109.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								218,871.	0.	14,109.

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 ▶ 1

		Yes	No
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*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
GRIZZARD COMM. GROUP, 229 PEACHTREE ST. NE, SUITE 1400, ATLANTA, GA 30303	MASS MAILINGS	121,754.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 1

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	281,689.				
	b Membership dues	1b					
	c Fundraising events	1c	58,635.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	649,221.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	18,791,131.				
	g Noncash contributions included in lines 1a-1f $ 16,786,772.						
	h Total. Add lines 1a-1f			19,780,676.			
Program Service Revenue		Business Code					
	2a SHARED MAINTENANCE FEE	624200		448,943.	448,943.		
	b SHARE SALES	624200		141,802.	141,802.		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			590,745.			
	3 Investment income (including dividends, interest, and other similar amounts)			41,259.			41,259.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross rents	1,950.					
	b Less: rental expenses	0.					
	c Rental income or (loss)	1,950.					
	d Net rental income or (loss)			1,950.			1,950.
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	63,826.	176,500.				
	b Less: cost or other basis and sales expenses	0.	225,694.				
	c Gain or (loss)	63,826.	<49,194.>				
	d Net gain or (loss)			14,632.			14,632.
Other Revenue	8a Gross income from fundraising events (not including $ 58,635. of contributions reported on line 1c). See Part IV, line 18	a	204,932.				
	b Less: direct expenses	b	110,678.				
	c Net income or (loss) from fundraising events			94,254.			94,254.
	9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue	Business Code					
	11a MISCELLANEOUS	624200		2,133.			2,133.
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			2,133.			
	12 Total revenue. See instructions.			20,525,649.	590,745.	0.	154,228.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	16,650,945.	16,650,945.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
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 key employees	261,582.	155,987.	68,809.	36,786.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,011,944.	907,622.	48,004.	56,318.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	193,500.	165,758.	15,220.	12,522.
10 Payroll taxes	105,439.	88,357.	9,490.	7,592.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17	121,754.			121,754.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	58,645.	31,129.	3,343.	24,173.
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	172,647.	167,295.	3,453.	1,899.
17 Travel	9,625.	8,066.	866.	693.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	17,125.	14,351.	1,541.	1,233.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	272,818.	225,388.	17,396.	30,034.
23 Insurance	46,247.	38,755.	4,162.	3,330.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOOD COSTS	517,988.	517,988.		
b TRANSPORTATION SERVICES	92,993.	92,993.		
c SUPPLIES	75,702.	67,485.	4,565.	3,652.
d EQUIPMENT RENTAL AND MA	64,717.	64,717.		
e All other expenses	246,027.	154,577.	31,584.	59,866.
25 **Total functional expenses.** Add lines 1 through 24e	19,919,698.	19,351,413.	208,433.	359,852.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		15,898.	1	492,839.
	2	Savings and temporary cash investments		2,224,419.	2	952,948.
	3	Pledges and grants receivable, net		406,735.	3	244,953.
	4	Accounts receivable, net		171,652.	4	127,029.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		1,029,022.	8	1,059,921.
	9	Prepaid expenses and deferred charges		10,985.	9	16,153.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,355,504.			
	b	Less: accumulated depreciation	10b 1,121,122.	6,666,431.	10c	6,234,382.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11		762,408.	12	2,929,638.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		11,287,550.	16	12,057,863.
Liabilities	17	Accounts payable and accrued expenses		77,391.	17	162,405.
	18	Grants payable			18	
	19	Deferred revenue		5,639.	19	5,515.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		83,030.	26	167,920.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		10,637,385.	27	11,531,817.
	28	Temporarily restricted net assets		567,135.	28	358,126.
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		11,204,520.	33	11,889,943.
	34	Total liabilities and net assets/fund balances		11,287,550.	34	12,057,863.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,525,649.
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,919,698.
3	Revenue less expenses. Subtract line 2 from line 1	3	605,951.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,204,520.
5	Net unrealized gains (losses) on investments	5	79,472.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	11,889,943.

Part XII Financial Statements and Reporting

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

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

Form 990 (2013)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.***

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization	Employer identification number
VIRGINIA PENINSULA FOODBANK	54-1422298

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 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.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Non-functionally integrated

e ☐ 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).

f 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 ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of 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)	

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(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 U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	16089298.	16845624.	17188403.	18252361.	19780676.	88156362.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	16089298.	16845624.	17188403.	18252361.	19780676.	88156362.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						24653557.
6 **Public support.** Subtract line 5 from line 4						63502805.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	16089298.	16845624.	17188403.	18252361.	19780676.	88156362.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	47,929.	35,039.	26,150.	22,040.	41,259.	172,417.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	2,071.	1,015.	1,647.	1,879.	2,133.	8,745.
11 **Total support.** Add lines 7 through 10						88337524.

12 Gross receipts from related activities, etc. (see instructions) 12 3,666,584.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 71.89 %

15 Public support percentage from 2012 Schedule A, Part II, line 14 15 76.17 %

16a **33 1/3% support test - 2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ [X]

b **33 1/3% support test - 2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 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 in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2012** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
VIRGINIA PENINSULA FOODBANK

Employer identification number
54-1422298

Part I 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
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (e.g., recreation or education)
- ☐ Preservation of an historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

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

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

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

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

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

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

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

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

a Board designated or quasi-endowment ▶ _____%
b Permanent endowment ▶ _____%
c Temporarily restricted endowment ▶ _____%

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	59,956.	898,867.		958,823.
b Buildings		5,305,523.	501,189.	4,804,334.
c Leasehold improvements				
d Equipment		620,785.	301,212.	319,573.
e Other		470,373.	318,721.	151,652.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				6,234,382.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) INVESTMENTS - PUBLICLY		
(B) TRADED SECURITIES	2,929,638.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	2,929,638.	

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII [X]

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

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

1	Total revenue, gains, and other support per audited financial statements			1	20,654,315.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	79,472.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	79,472.
3	Subtract line 2e from line 1			3	20,574,843.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	<49,194.>		
c	Add lines 4a and 4b			4c	<49,194.>
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	20,525,649.

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

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

1	Total expenses and losses per audited financial statements			1	19,968,892.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	49,194.		
e	Add lines 2a through 2d			2e	49,194.
3	Subtract line 2e from line 1			3	19,919,698.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	19,919,698.

Part XIII Supplemental Information.

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

PART X, LINE 2:

EXPLANATION: 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.

Part XIII Supplemental Information *(continued)*

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 2011.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

LOSS ON DISPOSAL OF PROPERTY AND EQUIPMENT	-29,194.
IMPAIRMENT LOSS	-20,000.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-49,194.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON DISPOSAL OF PROPERTY AND EQUIPMENT	29,194.
IMPAIRMENT LOSS	20,000.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	49,194.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form 990.***

OMB No 1545-0047

2013

Open To Public Inspection

Name of the organization: VIRGINIA PENINSULA FOODBANK

Employer identification number: 54-1422298

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a [X] Mail solicitations
b [X] Internet and email solicitations
c [X] Phone solicitations
d [X] In-person solicitations
e [X] Solicitation of non-government grants
f [X] Solicitation of government grants
g [X] Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? [ ] Yes [X] No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
GRIZZARD COMM. GROUP - 229 PEACHTREE ST. NE. SUITE 1400.	MASS MAILINGS		X	635,267.	121,754.	513,513.
Total ▶				635,267.	121,754.	513,513.

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

VA

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

Schedule G (Form 990 or 990-EZ) 2013

SEE PART IV FOR CONTINUATIONS

332081
09-12-13

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

		(a) Event #1 TASTEFULLY YOURS (event type)	(b) Event #2 HARLEM WIZZARD/NUTR (event type)	(c) Other events 4 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	205,525.	15,598.	42,444.	263,567.
	2 Less: Contributions	58,635.			58,635.
	3 Gross income (line 1 minus line 2)	146,890.	15,598.	42,444.	204,932.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	6,662.	773.		7,435.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	81,405.	10,154.	11,684.	103,243.
	10 Direct expense summary. Add lines 4 through 9 in column (d)			▶	110,678.
	11 Net income summary. Subtract line 10 from line 3, column (d)			▶	94,254.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)			▶	
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)			▶	

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility 13a %

b An outside facility 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

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

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____ .

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ $ _____

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: GRIZZARD COMM. GROUP

(I) ADDRESS OF FUNDRAISER:

229 PEACHTREE ST. NE, SUITE 1400, ATLANTA, GA 30303

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990.***

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

VIRGINIA PENINSULA FOODBANK

Employer identification number

54-1422298

Part I **General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II **Grants and Other Assistance to 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. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VARIOUS FOOD DISTRIBUTION AGENCIES		501(C)(3)	0.	16,650,945.	FMV	FOOD COMMODITIES	PREVENT HUNGER

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

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

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. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

EXPLANATION: THE FOODBANK DISTRIBUTES FOOD TO ORGANIZATIONS WHO ASSIST INDIVIDUALS IN CRISIS IN THE COMMUNITY. THERE ARE ELIGIBILITY REQUIREMENTS THAT MUST BE MET TO RECEIVE USDA FOOD, WHICH ARE MONITORED BY THE FOODBANK STAFF.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶ Information about Schedule M (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization: VIRGINIA PENINSULA FOODBANK

Employer identification number: 54-1422298

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	4	8,303.	NYSE AVG ON DATE OF
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	X		16,713,703.	$1.72/LB BY INDUSTRY
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (TASETFULLY YO)	X	11	58,635.	FMV
26	Other ▶ (DONOR RECOGNI)	X	2	6,131.	FMV
27	Other ▶ ( )				
28	Other ▶ ( )				

			Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29		
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

VIRGINIA PENINSULA FOODBANK

Employer identification number

54-1422298

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

NUTRITION AND ENCOURAGE SELF-RELIANCE THROUGH EDUCATION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

AND WILLIAMSBURG AND THE COUNTIES OF GLOUCESTER, JAMES CITY, MATHEWS, SURRY AND YORK.

PROVIDING FOOD SECURITY

THE VIRGINIA PENINSULA FOODBANK'S FOOD DISTRIBUTION PROGRAM SERVES AS A REGIONAL CLEARINGHOUSE FOR DONATED AND PURCHASED FOOD AS WELL AS RELATED ITEMS. IN TURN, THESE ITEMS ARE DISTRIBUTED TO QUALIFIED NONPROFIT ORGANIZATIONS PROVIDING FOOD TO THE LESS FORTUNATE ACROSS THE GREATER PENINSULA. THE FOODBANK ACQUIRES SURPLUSES AND POTENTIALLY RECOVERABLE DISCARDS GATHERED FROM LOCAL RETAILERS, WHOLESALERS, DISTRIBUTORS, FOOD INDUSTRY MANUFACTURERS, BROKERS, GROCERY STORES, GLEANING PROJECTS AND INDIVIDUAL DONORS FROM THROUGHOUT OUR SERVICE AREA. FURTHER, FOOD MADE AVAILABLE FOR THE PENINSULA∅S NEEDY RESIDENTS IS ALSO RECEIVED FROM NATIONAL DONORS THROUGH FEEDING AMERICA. ALSO, FIRST QUALITY FOOD ITEMS ARE OBTAINED FROM THE USDA THROUGH THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP), COLLECTED IN FOOD DRIVES SUPPORTED BY NUMEROUS ORGANIZATIONS AND INDIVIDUALS, AS WELL AS PURCHASED WITH FEMA (FEDERAL EMERGENCY MANAGEMENT AGENCY) AND OTHER PRIVATE GRANT FUNDING. THE FOODBANK THEN DISTRIBUTES THESE GOODS TO EMERGENCY FOOD PANTRIES, SOUP KITCHENS, SHELTERS AND OTHER NONPROFIT AGENCIES WHICH ASSIST PENINSULA RESIDENTS WHO FALL INTO NEED EACH DAY. IN 2013-2014, THE FOODBANK PROVIDED FOOD TO OVER 200 NONPROFIT MEMBER

AGENCIES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

PAST SCHOOL YEAR. THE CULINARY TRAINING PROGRAM IS DESIGNED TO HELP DISADVANTAGED ADULTS GAIN CULINARY SKILLS, JOBS, AND SELF-RELIANCE THROUGH A FREE TRAINING PROGRAM THAT WILL ALSO BENEFIT AND EXPAND THE FOOD SUPPORT FOR OUR KIDS CAFE PROGRAM. THE 12-WEEK CURRICULUM TRAINS INDIVIDUALS IN BASIC CULINARY SKILLS TO INCLUDE SERVSAFE MANAGER CERTIFICATION, SANITARY PRACTICES, JOB SKILLS, RESUME DEVELOPMENT, TIME MANAGEMENT, TEAMWORK, LEADERSHIP, DECISION-MAKING SKILLS, GOAL SETTING, AND CONFLICT RESOLUTION. TRAINEES PARTICIPATE IN AN INTENSIVE ACADEMIC AND HANDS-ON TRAINING ENVIRONMENT THAT WILL PRODUCE A GRADUATE READY TO WORK IMMEDIATELY IN THE FOOD SERVICE INDUSTRY AS A SUCCESSFUL EMPLOYEE. THE PROGRAMØS GOAL IS TO GRADUATE CULINARY INTERNS WHILE AT THE SAME TIME INCREASING THE NUMBER OF MEALS AVAILABLE FOR THE KIDS CAFE PROGRAM. THIS YEAR WE GRADUATED 19 STUDENTS FROM THIS PROGRAM AND THEY PREPARED 258,795 MEALS. IN 2005, OUR FOOD FOR KIDS BACKPACK PROGRAM WAS IMPLEMENTED THROUGH PARTNERSHIPS WITH THREE TITLE I ELEMENTARY SCHOOLS (DEFINED AS SCHOOLS WITH A POPULATION OF GREATER THAN 50% OF THE CHILDREN RECEIVING FREE OR REDUCED PRICE FEDERAL SCHOOL MEALS). THIS YEAR GROWTH CONTINUED FOR US TO BE ABLE TO SERVE TWENTY-SIX ELEMENTARY SCHOOLS THROUGH THIS PROGRAM. WEEKLY, WE PROVIDED NUTRITIOUS BAGS OF FOOD FOR 1,400 CHILDREN. THESE DISTRIBUTIONS CONSISTED OF A VARIETY OF PRODUCE, BREAD AND OTHER KID FRIENDLY, YET NUTRITIOUS FOOD ITEMS, AND AMOUNTED TO 45,669 BACKPACKS, OR 248,444 POUNDS.

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

THE BREAD DISTRIBUTION PROGRAM DISTRIBUTES DONATED BREAD, PRODUCE AND

OTHER PERISHABLES FROM FOOD RETAILERS AND BAKERIES, AMOUNTING TO 3,438,479 POUNDS OR AN AVERAGE OF OVER 66,000 POUNDS OF FOOD PRODUCTS WEEKLY THIS YEAR. THE PRODUCE FOR HEALTHIER LIVING MOBILE PANTRY PROGRAM DELIVERED 239,200 POUNDS OF SURPLUS PRODUCE, PERISHABLE ITEMS AND USDA TEFAP COMMODITIES TO LOW INCOME, SENIOR HOUSING AND COMMUNITY CENTER PROJECTS THIS FISCAL YEAR. OVERALL FOR THE YEAR, 1,096,638 POUNDS OF USDA TEFAP COMMODITIES 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, 2,472,678 POUNDS OF FOOD WERE COLLECTED AND DISTRIBUTED IN FY 2013-2014.

ALL OF THESE PHENOMENAL PROGRAMS COULD NOT BE ACCOMPLISHED WITHOUT THE HELP AND ASSISTANCE OF DEDICATED VOLUNTEERS. A TOTAL OF APPROXIMATELY 31,300 VOLUNTEER HOURS WERE CONTRIBUTED FROM THROUGHOUT OUR SERVICE AREA, SAVING $767,000 IN SALARIES (BASED ON A VALUE OF $24.49/HOUR IN VIRGINIA AS DETERMINED BY THE INDEPENDENT SECTOR) IN SUPPORT OF THE FOODBANK AND ITS HUNGER RELIEF PROGRAMS ACROSS THE GREATER PENINSULA IN FY 2013-2014.

EXPENSES $ 197,503. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

FORM 990, PART VI, SECTION A, LINE 4:

EXPLANATION: THE ORGANIZATION AMENDED ITS BYLAWS. UPDATES TO THE BYLAWS INCLUDED THE ADDITION OF AN INDEMNIFICATION POLICY AND ESTABLISHMENT OF STANDING COUNCILS. AN UPDATED COPY OF THE ORGANIZATION'S BYLAWS ARE AVAILABLE UPON REQUEST.

FORM 990, PART VI, SECTION B, LINE 11:

Name of the organization: VIRGINIA PENINSULA FOODBANK

Employer identification number: 54-1422298

EXPLANATION: 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:

EXPLANATION: 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:

EXPLANATION: 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:

EXPLANATION: THESE ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

EXPLANATION: FORM 990, PART XII, LINE 2C: THE FOODBANK DID NOT CHANGE THE OVERSIGHT OR SELECTION PROCESS FOR THE AUDIT DURING THE TAX YEAR.

COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

ARTICLES OF AMENDMENT
CHANGING THE NAME OF
FOODBANK OF THE VIRGINIA PENINSULA, INC.
a Virginia nonstock corporation
By the Directors Without Member Action

The undersigned, on behalf of the nonstock corporation set forth below, pursuant to § 13.1-888 of the Code of Virginia, executes these Articles and states as follows:

1. The current name of the corporation is Foodbank of the Virginia Peninsula, Inc.

2. The name of the corporation is changed to **Virginia Peninsula Foodbank.**

3. The foregoing amendment was adopted on May 20, 2014 by two-thirds vote of all the directors in office. Member action on the amendment was not required because there are no members.

Executed in the name of the corporation by:

Jeff Verhoef, President

Dated: May 29, 2014

Corporation's SCC ID. 0305775 - 9

COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

AT RICHMOND, JUNE 16, 2014

The State Corporation Commission has found the accompanying articles submitted on behalf of

Virginia Peninsula Foodbank (formerly FOODBANK OF THE VIRGINIA PENINSULA, INC.)

to comply with the requirements of law, and confirms payment of all required fees. Therefore, it is ORDERED that this

CERTIFICATE OF AMENDMENT

be issued and admitted to record with the articles of amendment in the Office of the Clerk of the Commission, effective June 16, 2014.

The corporation is granted the authority conferred on it by law in accordance with the articles, subject to the conditions and restrictions imposed by law.

STATE CORPORATION COMMISSION

By 

Judith Williams Jagdmann
Commissioner

14-06-03-0013
AMENACPT
CIS0313

COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

Office of the Clerk

June 16, 2014

ELIZABETH P HEATH
JONES BLECHMAN ET AL
PO BOX 12888
NEWPORT NEWS, VA 23612-2888

RECEIPT

RE: Virginia Peninsula Foodbank

ID: 0305775 - 9

DCN: 14-06-03-0013

Dear Customer:

This is your receipt for $25.00 to cover the fee(s) for filing articles of amendment for a corporation with this office.

The effective date of the amendment is June 16, 2014.

Note: Prior to the effective date of this filing, the name of the above-referenced corporation was FOODBANK OF THE VIRGINIA PENINSULA, INC..

Thank you for contacting our office. If you have any questions, please call (804) 371-9733 or toll-free in Virginia, (866) 722-2551.

Sincerely,

Joel H. Peck
Clerk of the Commission

AMENACPT
CIS0313

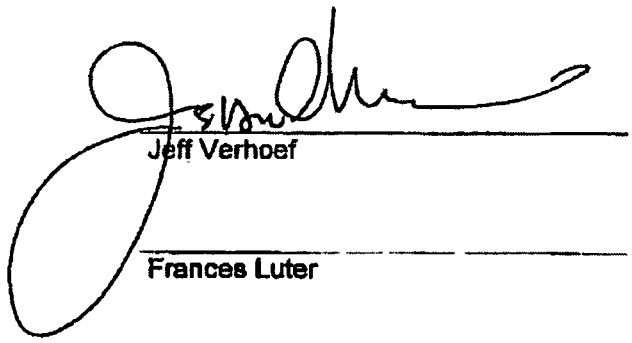
WRITTEN CONSENT OF A SPECIAL MEETING
OF THE BOARD OF DIRECTRS OF
FOODBANK OF THE VIRGINIA PENINSULA, INC.

The undersigned, being no less than two-thirds (2/3) of the members of the Board of Directors of Foodbank of the Virginia Peninsula, Inc. (the "Corporation"), do hereby execute this consent in writing, effective May 20, 2014, pursuant to Section 13.1-865 of the Code of Virginia, 1950, as amended, to the following action taken by them and serving as a special meeting of the Board of Directors of the Corporation:

> **WHEREAS,** the undersigned deem it to be in the best interest of the Corporation to change the name of the Corporation.
>
> **NOW, THEREFORE, BE IT HEREBY RESOLVED,** that the name of the Corporation be changed to Virginia Peninsula Foodbank;
>
> **RESOLVED FURTHER,** that Jeff Verhoef, in his capacity as President of the Corporation, is hereby authorized and directed to execute Articles of Amendment to effectuate said name change and to have said Articles filed with the State Corporation Commission; and
>
> **RESOLVED FURTHER,** that this Unanimous Written Consent may be executed in counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same Consent.

{signatures appear on the following pages}

No further action is taken or hereby consented to.



Jeff Verhoef

Frances Luter

Joycelyn Spight

Jim Schloss

Michael Daniels

Gabe Morgan

Cassandra Greene

William Atchley

Jeffrey W. Clemons

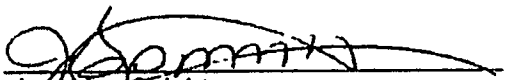
Jane Susan Frank

Vicki Slokis Freeman

No further action is taken or hereby consented to.

Jeff Verhoef

Frances Luter



Joycelyn Spight

Jim Schloss

Michael Daniels

Gabe Morgan

Cassandra Greene

William Atchley

Jeffrey W. Clemons

Jane Susan Frank

Vicki Siokis Freeman

No further action is taken or hereby consented to.

Jeff Verhoef

Frances Luter

Joycelyn Spight

Jim Schloss

Michael Daniels

Gabe Morgan

Cassandra Greene

William Atchley

Jeffrey W. Clemons

Jane Susan Frank

Vicki Siokis Freeman

5.30.2014

No further action is taken or hereby consented to.

Jeff Verhoef

Frances Luter

Joycelyn Spight

Jim Schloss

Michael Daniels

Gabe Morgan

Cassandra Greene

William Atchley

Jeffrey W. Clemons

Jane Susan Frank

Vicki Siokis Freeman

No further action is taken or hereby consented to.

Jeff Verhoef

Frances Luter

Joycelyn Spight

Jim Schlose

Michael Daniels

Gabe Morgan

Cassandra Greene

William Atchley

Jeffrey W. Clemons

Jane Susan Frank

Vicki Siokis Freeman

No further action is taken or hereby consented to.

Jeff Verhoef

Frances Luter

Joycelyn Spight

Jim Schloss

Michael Daniels

Gabe Morgan

Cassandra Greene

William Atchley

Jeffrey W. Clemons

Jane Susan Frank

Vicki Slokis Freeman

Al Guerra, Jr.

Herbert V. Kelly, Jr.

Guy Manchester

Dr. Peter Steven Apostoles

Adelia Thompson

Pastor Stevens Burrell

Kenneth Krakaur

Al Guerra, Jr.

Herbert V. Kelly, Jr.

Guy Manchester

Dr. Peter Steven Apostoles

Adelia Thompson

Pastor Stevens Burrell

Kenneth Krakaur

Al Guerra, Jr

Herbert V. Kelly, Jr.

Guy Manchester

Dr. Peter Steven Apostoles

Adelia Thompson

Pastor Stevens Burrell

Kenneth Krakaur

Al Guerra, Jr

Herbert V. Kelly, Jr.

Guy Manchester

Dr. Peter Steven Apostoles

Adelia Thompson

Pastor Stevens Burrell

Kenneth Krakaur

Al Guerra, Jr.

Herbert V. Kelly, Jr.

Guy Manchester

Dr. Peter Steven Apostoles

Adella Thompson

Pastor Stevens Burrell

Kenneth Krakaur

Al Guerra, Jr.

Herbert V. Kelly, Jr.

Guy Manchester

Dr. Peter Steven Apostoles

Adelia Thompson

Pastor Stevens Burrell

Kenneth Krakaur