		t - DO NOT PROCESS As					
			Short Form			F	OMB No 1545-1150
9	90-EZ	Return of Orgar	nization Exempt Fi	rom In	come Ta	ax	1044
]			527, or 4947(a)(1) of the I				2011
•		Sponsoring organizations of donor adv		erate one or	more hospital t		
		certain controlling organizations as All other organizations with gross receipts					Open to Public
	of the Treasury enue Service		year may use this form b use a copy of this return to satis				Inspection
		year, or tax year beginning 01-01-	,,	, ,	5,		
	if applicable	C Name of organization		IG 12 51 2	511	D Employer	identification number
	ss change	NORTHERN NECK FOOD BANK INC				27-308040	00
	change	Number and street (or P O box, if mail	is not delivered to street address	s) Room/suit	e	E Telephone	
Initial r Termin		PO BOX 93				(80	)4) 761-0458
-	led return	City or town, state or country, and ZIP -	+ 4		_	F Group Exen	nption
						Number	•
	1 5						
						_	
Accou	inting method	Cash 🔽 Accrual Other (speci	fy) 🕨	_		► I If the d to attach S	organization is <b>not</b>
							, or 990-PF)
N ebsit				<u> </u>			
ax-Exe	mpt status(check	only one)—🔽 501(c)(3) 🖾 🔽 501(c)(	) ◀(Insert no )   4947(a)(1) or	r <b>i</b> 527			
Check	: 🕨 ıf the orga	nızatıon ıs not a section 509(a)(3)	supporting organization or a	a section	527 organiza	ation <b>and</b> its	gross receipts are
rmally	/ <b>not</b> more than	\$50,000 A Form 990-EZ or Form	n 990 return is not required	l though Fo			
		organization chooses to file a retu line 9 to determine gross receipts, If gross			ets (Dart II lun	a 25 column /	3) helow) are \$500,000 a
	le Form 990 instead		172,026				5) below) are \$500,000 0
Part		, Expenses, and Changes ir				nstructions f	
		e organization used Schedule O to i		thıs Part I	• •	<u>· · · ·</u>	<u></u>
1		, gifts, grants, and similar amounts				1	118,044
2		ice revenue including government	fees and contracts		• •	2	53,982
3	Membership	dues and assessments	. 3				
4	Investmentı		. 4				
<b>5</b> a	Gross amoun	t from sale of assets other than inv	entory	5a			
Ь	Less cost or	other basis and sales expenses		5b			
c	Gain or (loss	) from sale of assets other than inv	entory (Subtract line 5b from	m lıne 5a)	• •	5c	
6	Gaming and f	undraising events					
a	Gross income fro	om gaming (attach Schedule G if greater th	ıan \$15,000)	6a			
Ь		e from fundraising events (not inclu			-		
	reported on li \$15,000)	ne 1 ) (attach Schedule G ıf the sun	n of such gross income and	contributi	ons exceeds		
	<i>\(\_\)</i>				ono execcu	;	
				6b		;	
c	Less direct	expenses from gaming and fundrais	Ing events				
			-	6b 6c			
	Net income o	r (loss) from gaming and fundraisin	g events (Add lines 6a and	6b 6c 6b and su			
d	Net income o Gross sales o	r (loss) from gaming and fundraisin of inventory, less returns and allow	g events (Add lines 6a and	6b 6c			
d 7a	I Net income o Gross sales o Less cost of	r (loss) from gaming and fundraisin of inventory, less returns and allow goods sold	ances	6b 6c 6b and su 7a 7b			
d 7a b	<ul> <li>Net income of</li> <li>Gross sales of</li> <li>Less cost of</li> <li>Gross profit of</li> </ul>	r (loss) from gaming and fundraisin of inventory, less returns and allow goods sold or (loss) from sales of inventory (Su	ances	6b 6c 6b and su 7a 7b		c) <u>6d</u>	
d 7a b c	Net income o Gross sales o Less cost of Gross profit o Other revenu	r (loss) from gaming and fundraisin of inventory, less returns and allow goods sold or (loss) from sales of inventory (Su e (describe in Schedule O) .	ag events (Add lines 6a and ances  ubtract line 7b from line 7a)	6b 6c 6b and su 7a 7b		c) 6d 7c 8	172.026
d 7a b c 8 9	<ul> <li>Net income of</li> <li>Gross sales of</li> <li>Less cost of</li> <li>Gross profit of</li> <li>Other revenue</li> </ul>	r (loss) from gaming and fundraisin of inventory, less returns and allow goods sold or (loss) from sales of inventory (Su e (describe in Schedule O) a. Add lines 1, 2, 3, 4, 5c, 6d, 7c, a	ig events (Add lines 6a and ances ubtract line 7b from line 7a)	6b 6c 6b and su 7a 7b		c) 6d 7c 8 9	172,026
d 7a b c 8 9 10	<ul> <li>Net income of</li> <li>Gross sales of</li> <li>Less cost of</li> <li>Gross profit of</li> <li>Other revenue</li> <li>Total revenue</li> <li>Grants and s</li> </ul>	r (loss) from gaming and fundraisin of inventory, less returns and allow goods sold or (loss) from sales of inventory (Su e (describe in Schedule O) a. Add lines 1, 2, 3, 4, 5c, 6d, 7c, a milar amounts paid (list in Schedul	ig events (Add lines 6a and ances ubtract line 7b from line 7a)	6b 6c 6b and su 7a 7b		c) 6d 7c 8 9 10	172,026
d 7a b c 8 9 10 11	<ul> <li>Net income of</li> <li>Gross sales of</li> <li>Less cost of</li> <li>Gross profit of</li> <li>Other revenue</li> <li>Total revenue</li> <li>Grants and s</li> <li>Benefits paid</li> </ul>	r (loss) from gaming and fundraisin of inventory, less returns and allow goods sold or (loss) from sales of inventory (Su e (describe in Schedule O) a. Add lines 1, 2, 3, 4, 5c, 6d, 7c, a milar amounts paid (list in Schedul to or for members	ig events (Add lines 6a and ances	6b 6c 6b and su 7a 7b		c) 6d 7c 8 9 . 10 11	
d 7a b c 8 9 10 11 12	<ul> <li>Net income of</li> <li>Gross sales of</li> <li>Less cost of</li> <li>Gross profit of</li> <li>Other revenue</li> <li>Total revenue</li> <li>Grants and s</li> <li>Benefits paid</li> <li>Salaries, other</li> </ul>	r (loss) from gaming and fundraisin of inventory, less returns and allow goods sold or (loss) from sales of inventory (Su e (describe in Schedule O) e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, a milar amounts paid (list in Schedul to or for members	ances	6b 6c 6b and su 7a 7b		c) 6d 7c 8 9 . 10 11 12	39,438
d 7a b c 8 9 10 11 12 13	<ul> <li>Net income of</li> <li>Gross sales of</li> <li>Less cost of</li> <li>Gross profit of</li> <li>Other revenue</li> <li>Total revenue</li> <li>Grants and s</li> <li>Benefits paid</li> <li>Salaries, othe</li> <li>Professional</li> </ul>	r (loss) from gaming and fundraisin of inventory, less returns and allow goods sold or (loss) from sales of inventory (Su e (describe in Schedule O) a. Add lines 1, 2, 3, 4, 5c, 6d, 7c, a milar amounts paid (list in Schedul to or for members er compensation, and employee ber fees and other payments to indepen	ances	6b 6c 6b and su 7a 7b		c) 6d 7c 8 9 . 10 . 11 12 . 13	39,438
d 7a b cc 8 9 10 11 12 13 13 14	<ul> <li>Net income of</li> <li>Gross sales of</li> <li>Less cost of</li> <li>Gross profit of</li> <li>Other revenue</li> <li>Total revenue</li> <li>Grants and s</li> <li>Benefits paid</li> <li>Salaries, othe</li> <li>Professional</li> <li>Occupancy, in</li> </ul>	r (loss) from gaming and fundraisin of inventory, less returns and allow goods sold or (loss) from sales of inventory (Su e (describe in Schedule O) e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, a milar amounts paid (list in Schedul to or for members er compensation, and employee ber fees and other payments to indepen- rent, utilities, and maintenance	ances	6b 6c 6b and su 7a 7b		c) 6d 7c 8 9 10 . 11 12 . 13 . 14	39,438 4,065
d 7a b c 8 9 10 11 12 13 14 15	<ul> <li>Net income of</li> <li>Gross sales of</li> <li>Less cost of</li> <li>Gross profit of</li> <li>Other revenue</li> <li>Total revenue</li> <li>Grants and s</li> <li>Benefits paid</li> <li>Salaries, othe</li> <li>Professional</li> <li>Occupancy, in</li> <li>Printing, publication</li> </ul>	r (loss) from gaming and fundraisin of inventory, less returns and allow goods sold or (loss) from sales of inventory (Su e (describe in Schedule O) a. Add lines 1, 2, 3, 4, 5c, 6d, 7c, a milar amounts paid (list in Schedul to or for members er compensation, and employee ber fees and other payments to indepen rent, utilities, and maintenance ications, postage, and shipping	ances	6b 6c 6b and su 7a 7b		c) 6d 7c 8 9 10 11 12 13 . 14 15	39,438 4,065 411
d 7a b c 8 9 10 11 12 13 14 15 16	<ul> <li>Net income of</li> <li>Gross sales of</li> <li>Less cost of</li> <li>Gross profit of</li> <li>Other revenue</li> <li>Total revenue</li> <li>Grants and s</li> <li>Benefits paid</li> <li>Salaries, othe</li> <li>Professional</li> <li>Occupancy, in</li> <li>Printing, public</li> <li>Other expense</li> </ul>	r (loss) from gaming and fundraisin of inventory, less returns and allow goods sold or (loss) from sales of inventory (Su e (describe in Schedule O) e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, a milar amounts paid (list in Schedul to or for members er compensation, and employee ber fees and other payments to indepen rent, utilities, and maintenance ications, postage, and shipping ses (describe in Schedule O)	ances	6b 6c 6b and su 7a 7b		c) 6d 7c 8 9 10 11 12 13 14 15 16	39,438 4,065 411 95,898
d 7a b c 8 9 10 11 12 13 14 15 16 17	<ul> <li>Net income of</li> <li>Gross sales of</li> <li>Less cost of</li> <li>Gross profit of</li> <li>Other revenue</li> <li>Total revenue</li> <li>Salaries, othe</li> <li>Professional</li> <li>Occupancy, in</li> <li>Printing, public</li> <li>Other expension</li> </ul>	r (loss) from gaming and fundraisin of inventory, less returns and allow goods sold or (loss) from sales of inventory (Su e (describe in Schedule O) a. Add lines 1, 2, 3, 4, 5c, 6d, 7c, a milar amounts paid (list in Schedul to or for members er compensation, and employee ber fees and other payments to indepen rent, utilities, and maintenance ications, postage, and shipping ses (describe in Schedule O) as. Add lines 10 through 16	ances	6b 6c 6b and su 7a 7b		c) 6d 7c 8 9 9 10 11 12 13 14 15 16 17	39,438 4,065 411 95,898 139,812
d 7a b c 8 9 10 11 12 13 14 15 16 17 18	<ul> <li>Net income of Gross sales of Gross profit of Other revenue Total revenue Grants and s Benefits paid Salaries, othe Professional Occupancy, in Printing, publio Other expensional Excess or (determine)</li> </ul>	r (loss) from gaming and fundraisin of inventory, less returns and allow goods sold or (loss) from sales of inventory (Su e (describe in Schedule O) e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, a milar amounts paid (list in Schedul to or for members er compensation, and employee ber fees and other payments to indepen rent, utilities, and maintenance ications, postage, and shipping ses (describe in Schedule O) es. Add lines 10 through 16	ances	6b 6b and su 7a 7b          	  btract line 6   	c) 6d 7c 8 9 10 11 12 13 14 15 16	39,438 4,065 411 95,898 139,812
d 7a b c 8 9 10 11 12 13 14 15 16 17	<ul> <li>Net income of Gross sales of Construction</li> <li>Less cost of Other revenue</li> <li>Total revenue</li> <li>Grants and s</li> <li>Benefits paid</li> <li>Salaries, othe</li> <li>Professional</li> <li>Occupancy, in</li> <li>Printing, public</li> <li>Other expension</li> <li>Other expension</li> <li>Excess or (do Net assets or)</li> </ul>	r (loss) from gaming and fundraisin of inventory, less returns and allow goods sold or (loss) from sales of inventory (Su e (describe in Schedule O) a. Add lines 1, 2, 3, 4, 5c, 6d, 7c, a milar amounts paid (list in Schedul to or for members er compensation, and employee ber fees and other payments to indepen rent, utilities, and maintenance ications, postage, and shipping ies (describe in Schedule O) es. Add lines 10 through 16 eficit) for the year (Subtract line 17 fund balances at beginning of year	ig events (Add lines 6a and ances         ances         ubtract line 7b from line 7a)         and 8         le O)         inefits         indent contractors         inefits         inefits <tr< td=""><td>6b 6b and su 7a 7b          </td><td>   btract line 6    </td><td>c) 6d 7c 8 9 9 10 11 12 13 14 15 16 17</td><td>172,026 39,438 4,065 411 95,898 139,812 32,214</td></tr<>	6b 6b and su 7a 7b          	  btract line 6   	c) 6d 7c 8 9 9 10 11 12 13 14 15 16 17	172,026 39,438 4,065 411 95,898 139,812 32,214
d 7a b cc 8 9 10 11 12 13 14 15 16 17 18	<ul> <li>Net income of</li> <li>Gross sales of</li> <li>Less cost of</li> <li>Gross profit of</li> <li>Other revenue</li> <li>Total revenue</li> <li>Grants and s</li> <li>Benefits paid</li> <li>Salaries, othe</li> <li>Professional</li> <li>Occupancy, if</li> <li>Printing, public</li> <li>Other expension</li> <li>Excess or (de</li> <li>Net assets of</li> <li>end-of-year f</li> </ul>	r (loss) from gaming and fundraisin of inventory, less returns and allow goods sold or (loss) from sales of inventory (Su e (describe in Schedule O) e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, a milar amounts paid (list in Schedul to or for members er compensation, and employee ber fees and other payments to indepen rent, utilities, and maintenance ications, postage, and shipping ses (describe in Schedule O) es. Add lines 10 through 16 eficit) for the year (Subtract line 17 fund balances at beginning of year igure reported on prior year's return	ag events (Add lines 6a and ances         aubtract line 7b from line 7a)         and 8         and 8         le O)         . <t< td=""><td>6b 6b and su 7a 7b          </td><td>   btract line 6    </td><td>c) 6d 7c 8 9 9 10 11 12 13 14 15 16 17</td><td>39,438 4,065 411 95,898 139,812</td></t<>	6b 6b and su 7a 7b          	  btract line 6   	c) 6d 7c 8 9 9 10 11 12 13 14 15 16 17	39,438 4,065 411 95,898 139,812
d 7a b c 8 9 10 11 12 13 14 15 16 17 18	<ul> <li>Net income of</li> <li>Gross sales of</li> <li>Less cost of</li> <li>Gross profit of</li> <li>Other revenue</li> <li>Total revenue</li> <li>Grants and s</li> <li>Benefits paid</li> <li>Salaries, othe</li> <li>Professional</li> <li>Occupancy, if</li> <li>Printing, public</li> <li>Other expension</li> <li>Excess or (de</li> <li>Net assets of</li> <li>end-of-year f</li> </ul>	r (loss) from gaming and fundraisin of inventory, less returns and allow goods sold or (loss) from sales of inventory (Su e (describe in Schedule O) a. Add lines 1, 2, 3, 4, 5c, 6d, 7c, a milar amounts paid (list in Schedul to or for members er compensation, and employee ber fees and other payments to indepen rent, utilities, and maintenance ications, postage, and shipping ies (describe in Schedule O) es. Add lines 10 through 16 eficit) for the year (Subtract line 17 fund balances at beginning of year	ag events (Add lines 6a and ances         aubtract line 7b from line 7a)         and 8         and 8         le O)         . <t< td=""><td>6b 6b and su 7a 7b          </td><td>   btract line 6    </td><td>c) 6d 7c 8 9 9 10 11 12 13 14 15 16 17 18</td><td>39,438 4,065 411 95,898 139,812 32,214</td></t<>	6b 6b and su 7a 7b          	  btract line 6   	c) 6d 7c 8 9 9 10 11 12 13 14 15 16 17 18	39,438 4,065 411 95,898 139,812 32,214

Form 990-EZ (2010)						Page <b>2</b>
Part III Balance Sheets						-
Check if the organization used	Schedule O to respond to	any question in thi	s Part II .		•	<u></u>
(See the instruct	uons for Part II )	Г	(A) Beginning	ofvear		(B) End of year
22 Cash, savings, and investments .		-	(11) Degining	70,535	22	51,300
23 Land and buildings				, 0,000	23	51,500
24 Other assets (describe in Schedule O)		–		1,977	24	57,356
25 Total assets	,	· –		72,512		108,656
26 Total liabilities (describe in Schedule (		· · ·  -		233		4,163
27 Net assets or fund balances (line 27 of	•			72,279		104,493
Part III Statement of Program S				12,219	<u></u>	Expenses
Check if the organization used			ıs Part III 🔒	ন	(Re	equired for section 501
NORTHERN NECK FOOD BANK ("NNFB") ACTIVITY IS CARRIED OUT BY PROVID BANK AGENCIES WHO SERVICE INDIVI UTILIZES DIRECT DISTRIBUTION OF MI ACTIVITY WILL BE CARRIED OUT THRO AND FOOD PRODUCTS WILL BE DONATE VIRGINIA FOOD BANK, AND WHOLESAL METHODOLOGY TO ACHIEVE FAVORAB PLANNED FOOD DISTRIBUTION CENTER COMMISSARY AND DISTRIBUTION CENTER BANKS OR SIMILAR PROGRAMS LACTED AREA AN ALLIANCE HAS BEEN FORMED KNOWN AS FEED MOR Describe the organization's program servic measured by expenses In a clear and cond benefited, and other relevant information fo	ING FOOD AND GROCER DUALS AT RISK AND FAN EALS TO INDIVIDUALS A UGH A NETWORK OF VOI ED OR PURCHASED FROM ERS USING A MASS PUR FLE PRICING WHEN DONA R HAS BEEN RENTED TO TER THIS HAS REDUCED WITHIN THE AFOREMEN WITH THE CENTRAL VI MITH THE CENTRAL VI e accomplishments for eac cise manner, describe the s	Y PRODUCTS TO MILIES IN NEED C TRISK AND FAM LUNTEERS NUTR MINDUSTRY RETA CHASING OR COM ATIONS ARE NOT ACT AS A NO FEE D THE BURDEN WI NTIONED GEOGR RGINIA FOOD BA	A NETWORK C F MEALS NNF ILIES IN NEET ITIOUS GROC AILERS, THE C NTRACT APPLICABLE COLLECTION ITH PARTNER APHICAL OUT NK, OTHERWI 	A FOOD REALSO D THE ERY ENTRAL A N, FOOD REACH SE	49	anızatıons and section 47(a)(1) trusts, ional for others )
INDIVIDUALS AT RISK AND FAMILIES I VOLUNTEERS AND A DISTRIBUTION CE DISTRIBUTION CENTER NNFB PURCHA ENTITY IS A 501(C)3 ORGANIZED FOR A GENERAL PUBLIC BY VIRTURE OF DIREC REQUESTS, AND OTHER MARKETABLE L ROUGLY 100% OF ALL ALLOCATED TIM (Grants \$ ) If this 29	NTER TO ACT AS A NO F SES A MAJORITY OF ITS A SIMILAR PRURPOSE N CT MAILING CAMPIAGNS IFETIME GIVING STRAT	EE COLLECTION FOOD FROM FEE NFB SOLICITS FU 5, FOOD DRIVES, EGIES THIS ACT	, COMMISSAR D MORE, INC INDS FROM TH FACE TO FAC IVITY WILL TA	THIS IE E	28a	128,796
(Grants \$ ) If this	s amount includes foreign g	grants, check here			29a	
30				,		
(Grants \$ ) If this <b>31</b> Other program services (describe in Sch	s amount includes foreign g				30a	
	s amount includes foreign g			Г	31a	
32 Total program service expenses (add line	es 28a through 31a) .			•	32	128,796
Part IV List of Officers, Directors, Trus				(See the inst	truction	ns for Part IV )
Check if the organization used						
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensati (If not paid, enter -0)	employee	ntributions benefit pl compensa	ans 8	(e) Expense account and other allowances
See Addıtıonal Data Table						

Form **990-EZ** (2011)

		Z (2011)				Page <b>3</b>
Pa	rt V	Other Information (Note the statement requirements in the instru-	· –			
		Check if the organization used Schedule O to respond to any question in this	Part V			
					Yes	No
33		e organization engage in any significant activity not previously reported to the d description of each activity in Schedule O				Nia
24				33		No
34	of the a	ny significant changes made to the organizing or governing documents? If "Ye amended documents if they reflect a change to the organization's name Other ile O (see instructions)	wise, explain the change on	34		No
35	others	organization had income from business activities, such as those reported on li ), but <b>not</b> reported on Form 990-T, explain in Schedule O why the organization 90-T	i did not report the income on			
а		e organization have unrelated business gross income of \$1,000 or more during les (such as those reported on lines 2, 6a, and 7a, among others)?	g the year from business	35a		No
Ь	If 'Yes' Schedu	' to line 35a, has the organization filed a <b>Form 990-T</b> for the year? If 'No,' provi ile O	de an explanation in	35b		
С		e organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subj reporting, and proxy tax requirements during the year? If Yes, ' complete Sch		35c		No
36		e organization undergo a liquidation, dissolution, termination, or significant dis ar? If "Yes," complete applicable parts of Schedule N		36		No
37a	Enter an	nount of political expenditures, direct or indirect, as described in the instructions	37a			
b	Did the	e organization file Form 1120-POL for this year?		37b		No
38a	Did the	e organization borrow from, or make any loans to, any officer, director, trustee,	or key employee <b>or</b> were			
	any su	ch loans made in a prior year and still outstanding at the end of the tax year c	overed by this return?	38a		No
b		," complete Schedule L, Part II and enter the total amount involved	38b			
39		501(c)(7) organizations. Enter				
а	Inıtıatı	on fees and capital contributions included on line 9	39a			
b	Gross	receipts, included on line 9, for public use of club facilities	39b			
		501(c)(3) organizations. Enter amount of tax imposed on the organization durin	ng the year under			
		4911 🕨, section 4912 🕨, section 4955 🛡				
Ь	<i>Section</i> transa	501(c)(3) and $501(c)(4)$ organizations. Did the organization engage in any sectors during the year or did it engage in an excess benefit transaction in a prior do on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Pa	ion 4958 excess benefit r year that has not been	40b		No
с		n 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on orga	-	400		NO
d	Sectio	lified persons during the year under sections 4912, 4955, and 4958 n 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reim zation				
e	All orga	<i>anizations .</i> At any time during the tax year, was the organization a party to a pr ction? If "Yes," complete Form 8886-T		40e		No
41	List the	states with which a copy of this return is filed 🕨				
42a	The or	ganization's books are in care of 🕨 STEVENS & MESSINGER PC	Telephone no	► <u>(80</u>	4)791	-0458
		280 RIO VISTA ed at I WEEMS, VA		► <u>2</u> 2	2576	
b		time during the calendar year, did the organization have an interest in or a sig financial account in a foreign country (such as a bank account, securities acc	•		Yes	No
	accour		ount, of other infancial	42b		No
		," enter the name of the foreign country <b>•</b>				
		ial Accounts.	-			
с	Atany	time during the calendar year, did the organization maintain an office outside	of the US?	42c		No
	If "Yes	," enter the name of the foreign country 🕨				
43		1 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1</b> er the amount of tax-exempt interest received or accrued during the tax year			• •	▶
44a	Did the	e organızatıon maıntaın any donor advısed funds? <i>If "Yes", Form 990 must be co</i>	ompleted instead of		Yes	No
	Form 9		,	44a		No
b	Did the	e organization operate one or more hospital facilities during the year? <i>If 'Yes,' l</i> <i>f of Form990-EZ</i>	Form 990 must be completed	44b		No
с	Dıd the	e organization receive any payments for indoor tanning services during the yea	ar?			
d	If 'Y es <i>in Sche</i>	' to line 44c, has the organization filed a Form 720 to report these payments?	If 'No,' provide an explanation	44c		No
45a		e organization have a controlled entity within the meaning of section 512(b)(13	3)?	44d		
	<b>F</b>		анарана ала ала ала ала ала ала ала ала ала	45a		No
45b	meanır	e organization receive any payment from or engage in any transaction with a cong of section 512(b)(13)? If Yes,' Form 990 and Schedule R may need to be c 90-EZ (see instructions)		45b		

Form	990-EZ (2011)						Page <b>4</b>
						Yes	No
46	Did the organization engage, directly candidates for public office? If "Yes,"			ehalf of or in opposition to	46		No
Pa	rt VI Section 501(c)(3) orga All section 501(c)(3) orga 47-49b and 52.			-		-	stions
	Check if the organization use	d Schedule O to respond to	any question in this P	art VI			<u>,                                     </u>
						Yes	No
47	Did the organization engage in lobby If "Yes," complete Schedule C, Part		tion 501(h) election in	effect during the tax year?	47		No
48	Is the organization a school describe	ed in section 170(b)(1)(A)(	II)? If "Yes," complete S	chedule E	48		No
49a	Did the organization make any transf	ers to an exempt non-char	table related organizat	uon?	49a		No
	If "Yes," was the related organization				49b		
		_					
50	Complete this table for the organizat employees) who each received more						
(a)	Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e a	<b>e)</b> Expe ccount a er allowa	and
NON	IE						
f	Total number of other employees pa			·	•		
51	Complete this table for the organizat of compensation from the organizatio			actors who each received m	nore th	an \$10	0,000
	(a) Name and address of each indepe	ndent contractor paid more	e than \$100,000	(b) Type of service	(c) (	Compen	sation
NON	IE						
_					_	_	

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.

Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

Total number of other independent contractors each receiving over \$100,000 . . . . . .

must attach a completed Schedule A

d

52

Sign Here	****** Signature of officer LANCE BARTON EXECUTIV Type or print name and tit			20: Dat	12-08-15 te	
Paid	Preparer's JACQUELYN S MESSINGER Date 2012-08-15 Check if self- employed I				Preparer's taxpayer identification number (See instructions)	
Preparer's Use Only	Firm's name (or yours STEVENS & MESSINGER PC if self-employed), address, and ZIP + 4 PO BOX 236				EIN 🕨	
	IRVINGTON, VA 224800236				Phone no 🕨 (804) 436-4227	
May the IR	S discuss this return with	the preparer shown above?	See instructions		🕨 🗹 Yes 🛛 No	

. Þ

efi	le GF	APHIC p	rint - D	O NOT PROCESS	As File	ed Data -				DLN: 934	92228010642
		OULE A or 990EZ)		Public C	Charity S	Status a	nd Publ	ic Suppo	ort	ОМ	B No 1545-0047
Departr	ment of th	ne Treasury		Complete if the o		s a section 5 nonexempt o			a section		ZUII Open to Public
Interna	Revenue	e Service		🕨 Attach to I	orm 990 or l	Form 990-EZ	. 🕨 See sepa	rate instruct	ions.		Inspection
		ne organizat NECK FOOD B							Employer	ident if icat i	on number
NORT		Let 1000 B							27-30804	400	
Ра	rt I	Reasor	າ for Pເ	blic Charity Sta	<b>tus</b> (All org	ganizations	must com	plete this p			5
The	organı			te foundation becaus			-		) ( x		
1				ion of churches, or a				b)(1)(A)(i).			
2				d in section 170(b)(1							
3				operative hospital se							
4	I			h organızatıon opera ıty, and state	ted in conjun	iction with a	hospital des	scribed in <b>sec</b>	tion 170(b)(	(1)(A)(iii).	Enter the
5	Г			erated for the benefi (A)(iv). (Complete P		e or universit	y owned or	operated by a	a governmen	tal unıt des	cribed in
6	Γ	A federal,	state, or	local government o	government	tal unıt desc	rıbed ın <b>seci</b>	ion 170(b)(1	)(A)(v).		
7	Г	described	lın	ion that normally receives a substantial part of its support from a governmental unit or from the general public					ieral public		
8	Г			described in <b>section</b>	-	<b>A)(vi)</b> (Com	nplete Part I	I)			
9	ন			at normally receives					outions, men	nbership fee	s, and gross
				vities related to its e							
		its suppo	rt from gr	oss investment inco	me and unre	lated busine	ss taxable ı	ncome (less :	section 511	tax) from b	usinesses
		acquired	by the or	ganızatıon after June	30,1975 S	ee section 5	509(a)(2). (0	Complete Par	tIII)		
10	Г			ganized and operated							
11	Г	one or mo the box th	re public	ganized and operated ly supported organiz ibes the type of supp <b>b</b> Type I	ations descr	ibed in secti ization and c	on 509(a)(1 complete lin	) or section	509(a)(2) S gh 11h	ee <b>section</b>	
e	Г		n foundat	ox, I certify that the ion managers and ot							
f g		If the org check thi	anization s box	received a written d						III support	ing organization,
9		following				stea any grit	or concribut	lion non uny	or the		
		(i) a pers	on who d	rectly or indirectly c	ontrols, eith	er alone or to	ogether with	persons des	cribed in (ii)		Yes No
				governing body of th		_	ition?				g(i)
				er of a person descrı							J(ii)
_				lled entity of a perso						<b>11</b> g	(iii)
h		Provide ti	ne followi	ng information about	the support	ed organızatı	ion(s)				
				<b>(iii)</b> Type of	(iv) Is the	e	(v)		(vi)		
	(i) Name suppo rganız	e of <b>(ii)</b> (described on col (i) listed in col (i) of your col (i) of your col (i) of your col (i) of your col (i) organization in col (i) of your col (i) organization in col (i) of your col (i) organized			tion in janized	<b>(vii)</b> A mount of support?					
				(see instructions))	Yes	No	Yes	No	Yes	No	-1
				macucions))							
Tota											

Sch	edule A (Form 990 or 990-EZ) 2011							Page <b>2</b>
F	Complete only if your set of the	ou checked the	box on line 5,	7, or 8 of Part	I or if the organ	nization	failed to	1)(A)(vi) o qualify
	under Part III. If the ection A. Public Support	e organization	rails to quality i	under the tests	listed below, pl	ease co	mplete	Part III.)
	endar year (or fiscal year beginning	()	(1) 2 2 2 2	()		())		
	in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2	011	(f) ⊺otal
1	Gifts, grants, contributions, and							
	membership fees received (Do not include any "unusual							
	grants ")							
2	Tax revenues levied for the							
	organization's benefit and either							
	paıd to or expended on ıts 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			_	-			
5	The portion of total contributions by each person (other than a							
	governmental unit or publicly							
	supported organization) included or	ו						
	line 1 that exceeds 2% of the							
	amount shown on line 11, column (f)							
6	Public Support. Subtract line 5 from							
	line 4							
	ection B. Total Support							
Cal	<b>endar year</b> (or fiscal year beginning in)	<b>(a)</b> 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2	011	<b>(f)</b> Total
7	Amounts from line 4							
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources							
9	Net income from unrelated							
_	business activities, whether or							
	not the business is regularly							
10	carried on O ther income (Explain in Part							
10	IV ) Do not include gain or loss							
	from the sale of capital assets							
11	Total support (Add lines 7							
12	through 10) Gross receipts from related activiti	ac atc (Saa inc						
	First Five Years If the Form 990 is			t third forwth	fifth tax waaraa -	<b>12</b>		
13	check this box and <b>stop here</b>	ior the organizat	ion's mst, second	i, cinia, iourcii, or	mun tax year as a	501(C)(3	) organi	
	-							,
	ection C. Computation of Pul							
14	Public Support Percentage for 201	·	., .	11 column (f))		14		
15	Public Support Percentage for 201					15		
16a	33 1/3% support test—2011. If the				line 14 is 33 1/39	∕₀ or more	, check	
h	and stop here. The organization qua 33 1/3% support test-2010. If the				6a and line 15 is	33 1/3%	or more	► Check this
5	box and <b>stop here.</b> The organizatio				sa, ana nie 13 15	JJ 1/J/0	or more,	
17a	10%-facts-and-circumstances test	— <b>2011.</b> If the org	anization did not	check a box on l				·
	is 10% or more, and if the organiza							
	in Part IV how the organization meeorganization	ets the "facts and	a circumstances"	test The organi	zation qualifies as	a publicl	y suppo	rted F
b	10%-facts-and-circumstances test	-2010. If the oro	anization did not	check a box on li	ine 13, 16a. 16b	or 17a an	id line	P 1
2	15 is 10% or more, and if the organ							
	Explain in Part IV how the organiza							
10	supported organization Private Foundation If the organizat	ion did not oba-l	a hay an line 17	162 166 17-	or 17h charlette	hovard	5.0.0	►
18	instructions		a pox on fille 13	, 100, 100, 1780	or it of the the tills		366	▶

Pa	<b>Art III</b> Support Schedule (Complete only if yo Part II. If the organi	u checked the	box on line 9 d	of Part I or if th	ne organization f			under
-	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	<b>(e)</b> 2	011	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not	:			99,919		118,044	217,963
2	Include any "unusual grants ") Gross receipts from admissions,							
-	merchandise sold or services							
	performed, or facilities furnished in any activity that is related to the				6,451		53,982	60,433
	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							
	paıd to or expended on ıts behalf							
5	The value of services or facilities							
	furnished by a governmental unit to							
6	the organization without charge <b>Total.</b> Add lines 1 through 5				106,370		172,026	278,396
	Amounts included on lines 1, 2,							,
	and 3 received from disqualified							
	persons Amounts included on lines 2 and 3							
D	received from other than							
	disqualified persons that exceed							
	the greater of \$5,000 or 1% of the							
c	amount on line 13 for the year Add lines 7a and 7b							
8	Public Support (Subtract line 7c							270 200
	from line 6)							278,396
	ction B. Total Support ndar year (or fiscal year beginning							
Cale	in)	<b>(a)</b> 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2	011	<b>(f)</b> Total
9	Amounts from line 6				106,370		172,026	278,396
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							
С	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)				106,370		172,026	278,396
14	First Five Years If the Form 990 is	for the organizat	ion's first, secon	d, thırd, fourth, o	r fifth tax year as a	501(c)(	3) organi	
	check this box and <b>stop here</b>							▶
Se	ction C. Computation of Pub	lic Support F	Percentage					
15	Public Support Percentage for 201			e 13 column (f))		15		100 000 %
16	Public support percentage from 20	10 Schedule A, I	Part III, line 15			16		
	ction D. Computation of Inv							
17	Investment income percentage for	-		-	nn (f))	17		0 %
18	Investment income percentage from					18		
19a	<b>33 1/3% support tests</b> -2011. If th							
b	more than 33 1/3%, check this box 33 1/3% support tests-2010. If th							► L/3% and line
_	18 is not more than 33 1/3%, chec	k this box and <b>st</b>	: <b>op here.</b> The orga	anızatıon qualıfıe	s as a publicly sup	ported or	ganızatıo	·
20	Private Foundation If the organizat	ion did not chec	k a box on line 14	l, 19a or 19b, ch	neck this box and s	ee instru	ctions	₽

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

#### Facts And Circumstances Test

Explanation

Schedule A (Form 990 or 990-EZ) 2011

#### Software ID:

#### Software Version:

EIN: 27-3080400

#### Name: NORTHERN NECK FOOD BANK INC

## Form 990-EZ, Special Condition Description:

Special Condition Description Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees				
LANCE BARTON 🔂 PO BOX 152 WICOMICO CHURCH, VA 22579	PRESIDENT 000 00	0		
LINDSY GARDNER 🕏 PO BOX 1951 KILMARNOCK, VA 22482	SECRETARY 000 00	0		
PAUL SCIACCHITANO 🔁 PO BOX 1688 KILMARNCOK,VA 22482	TREASURER 000 00	0		
TONY CLAYTON 🔁 557 JOHNS NECK ROAD WEEMS, VA 22576	MEMBER 000 00	0		
JERRY LATELL 🔁 370 KING CARTER DRIVE IRVINGTON, VA 22480	MEMBER 000 00	0		
SUE DONALDSON 🕏 218 CLOSE QUARTERS DRIVE WHITE STONE, VA 22578	MEMBER 000 00	0		
CRAIG GIESE 😨 18 HOLIDAY DRIVE LANCASTER,VA 22503	MEMBER 000 00	0		

efile GRAPHIC print -	DO NOT PROCESS	As Filed Data -		DLN: 93492228010642
SCHEDULE O (Form 990 or 990-EZ)	Supplementa	Il Information t	o Form 990 or 990-EZ	омв № 1545-0047 <b>2011</b>
Department of the Treasury Internal Revenue Service		ide information for res 90 or to provide any ad ▶ Attach to Form 99	Open to Public Inspection	
			Employe	er identification number
Name of the organization NORTHERN NECK FOOD BANK INC			Employe	

ldentifier	Return Reference	Explanation
OTHER EXPENSES	PART I, LINE 16	EXPENSES OFFICE 5,578 INTEREST 20 INSURANCE 4,260 ELECTRIC 2,074 MERCHANT FEES 290 OPEN HOUSE EXPENSES 7,085 TELEPHONE EXPENSES 1,296 GAS AND FUEL 5,800 WAREHOUSE EXPENSES 6,201 RENT 19,284 FOOD BANK PURCHASES 29,972 TAXES & LICENSES 769 SMALL EQUIPMENT PURCHASES 305 BANK SERVICE CHARGES 49 EDUCATION 45 PEST CONTROL 570 TRUCK REPAIRS 2,388 PENALTIES & FINES 64 NON-INVESTMENT DEPRECIATION 9,848 TOTAL 95,898

ldentifier	Return Reference	Explanation
OTHER ASSETS	FORM 990- EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE -2,241 496 INVENTORIES FOR SALE OR USE 3,717 5,403 PREPAID EXPENSES AND DEFERRED CHARGES 501 501 2006 INTERNATIONSL CF500 0 17,929 LESS ACCUMULATED DEPRECIATION 0 3,586 COMPUTER 0 1,030 LESS ACCUMULATED DEPRECIATION 0 206 COOLBOT 0 5,009 LESS ACCUMULATED DEPRECIATION 0 716 FLAVORSEAL 0 3,750 LESS ACCUMULATED DEPRECIATION 0 536 FORKLIFT 0 7,955 LESS ACCUMULATED DEPRECIATION 0 1,136 FREEZER 0 11,995 LESS ACCUMULATED DEPRECIATION 0 1,714 GENERATOR 0 6,368 LESS ACCUMULATED DEPRECIATION 0 910 PALLET SCALES 0 1,453 LESS ACCUMULATED DEPRECIATION 0 208 PALLET SHELVING 0 3,968 LESS ACCUMULATED DEPRECIATION 0 567 SIGNAGE 0 1,347 LESS ACCUMULATED DEPRECIATION 0 269 TOTAL 1,977 57,356

ldentifier	Return Reference	Explanation						
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 0 873 PAYROLL TAXES PAYABLE 233 3,290						

 Return ference	Explanation
RM 990- , PART Ⅲ	NORTHERN NECK FOOD BANK ("INNFB") FIGHTS HUNGER IN THE NORTHERN NECK OF VIRGINIA THIS ACTIVITY IS CARRIED OUT BY PROVIDING FOOD AND GROCERY PRODUCTS TO A NETWORK OF FOOD BANK AGENCIES WHO SERVICE INDIVIDUALS AT RISK AND FAMILIES IN NEED OF MEALS INNFB ALSO UTILIZES DIRECT DISTRIBUTION OF MEALS TO INDIVIDUALS AT RISK AND FAMILIES IN NEED THE ACTIVITY WILL BE CARRIED OUT THROUGH A NETWORK OF VOLUNTEERS NUTRITIOUS GROCERY AND FOOD PRODUCTS WILL BE DONATED OR PURCHASED FROM INDUSTRY RETAILERS, THE CENTRAL VIRGINIA FOOD BANK, AND WHOLESALERS USING A MASS PURCHASING OR CONTRACT METHODOLOGY TO ACHIEVE FAVORABLE PRICING WHEN DONATIONS ARE NOT APPLICABLE A PLANNED FOOD DISTRIBUTION CENTER HAS BEEN RENTED TO ACT AS A NO FEE COLLECTION, COMMISSARY AND DISTRIBUTION CENTER THIS HAS REDUCED THE BURDEN WITH PARTNER FOOD BANKS OR SIMILAR PROGRAMS LACTED WITHIN THE AFOREMENTIONED GEOGRAPHICAL OUTREACH AREA AN ALLIANCE HAS BEEN FORMED WITH THE CENTRAL VIRGINIA FOOD BANK, OTHERWISE KNOWN AS FEED MORE, INC THIS ENTITY IS A 501(C)3 ORGANIZED FOR A SIMILAR PURPOSE SUPPORTING A LARGER REGIONAL OUTREACH AREA FEED MORE, INC CURRENTLY SELLS FOOD TO QUALIFIED NON-PROFIT INSTITUTIONS FOR 17 CENTS A POUND INFB WILL PURCHASE A MAJORITY OF ITS FOOD FROM THE AFOREMENTIONED ORGANIZATION INFB SOLICITS FUNDS FROM THE GENERAL PUBLIC BY VIRTUE OF COMMON MEDIA THIS INCLUDES, BUT IS NOT LIMITED TO, DIRECT MAILING CAMPAIGNS, FOOD DRIVES AT STRATEGIC LOCATIONS, FACE TO FACE REQUESTS, AND OTHER MARKETALE LIFETIME GIVING STRATEGIES (BEQUESTS) INFB MAY APPLY FOR GRANTS ALL OF INFB'S ACTIVITIES WILL BE FINANCED THROUGH DONATIONS AND THE LABOR POOL IS COMPRISED OF PRIMARILY VOLUNTEERS

ldentifier	Return Reference	Explanation
FIRST ACCOMPLISHMENT	FORM 990- EZ, PART III, LINE 28	NORTHERN NECK FOOD BANK, INC (NNFB) FIGHTS HUNGER IN THE NORTHERN NECK THIS ACTIVITY IS CARRIED OUT BY PROVIDING FOOD AND GROCERY PRODUCTS TO A NETWORK OF INDIVIDUALS AT RISK AND FAMILIES IN NEED OF MEALS NNFB UTILIZES A NETWORK OF VOLUNTEERS AND A DISTRIBUTION CENTER TO ACT AS A NO FEE COLLECTION, COMMISSARY AND DISTRIBUTION CENTER NNFB PURCHASES A MAJORITY OF ITS FOOD FROM FEED MORE, INC THIS ENTITY IS A 501(C)3 ORGANIZED FOR A SIMILAR PRURPOSE NNFB SOLICITS FUNDS FROM THE GENERAL PUBLIC BY VIRTURE OF DIRECT MAILING CAMPIAGNS, FOOD DRIVES, FACE TO FACE REQUESTS, AND OTHER MARKETABLE LIFETIME GIVING STRATEGIES THIS ACTIVITY WILL TAKE ROUGLY 100% OF ALL ALLOCATED TIME

efile GRAPHIC prin	t - DO NOT PR	OCESS A	s Filed D	ata -		[	DLN:	93492228010642
Form <b>4562</b>		Depred	ciation	and Amor	tization			OMB No 1545-0172
		-		tion on Liste		y)		2011
Department of the Treasury nternal Revenue Service (99)	►	See separate i	nst ruct ions	. 🕨 Attach	to your tax re	turn.		Attachment Sequence No <b>179</b>
Name(s) shown on return NORTHERN NECK FOOD	BANKINC		Business	or activity to w	which this form	n relates	I	dentifying number
				T DEPRECIAT			2	27-3080400
	<b>To Expense (</b> you have any li					plete Part I.		
<b>1</b> Maximum amount (se							1	500,000
<b>2</b> Total cost of section	179 property plac	ced in service (	(see instru	ctions) .			2	
<b>3</b> Threshold cost of sec	tion 179 property	y before reduct	ion in limit	atıon (see ınstr	uctions) .		3	2,000,000
4 Reduction in limitatio	n Subtract line 3	from line 2 If	zero or les	s, enter -0-			4	
<b>5</b> Dollar limitation for ta	ax year Subtract	lıne 4 from lıne	1 Ifzero	or less, enter - (	0- If married	filing		
separately, see instru	ictions						5	
6 (a)	Description of pr	roperty			usiness use	(c) Elected c	ost	
				on	iy)			-
7 Listed property Enter	r the amount from	line 29 .			. 7			4
8 Total elected cost of			ints in colu	ımn (c), lınes 6			8	1
<b>9</b> Tentative deduction							. 9	
10 Carryover of disallow	ed deduction from	n line 13 of you	r 2010 For	m 4562 .			10	
11 Business income limitation	Enter the smaller of	business income	(not less thar	n zero) or line 5 (se	ee instructions)		11	
12 Section 179 expense	deduction Add I	ines 9 and 10,	but do not	enter more tha	n line 11 🕠		12	
13 Carryover of disallow	ed deduction to 2	012 Add lines	9 and 10,	less line 12	. 🕨 🛛 13			
Note: Do not use Part	t II or Part III b	below for liste	ed proper	ty. Instead, u	ise Part V.			
								ty <b>)</b> (See instructions )
14 Special depreciation a		lified property (	other than	listed property	) placed in se	rvice during the		
tax year (see instruct		lastion					14 15	
<ul><li><b>15</b> Property subject to se</li><li><b>16</b> Other depreciation (in</li></ul>		election .	• • •		• • •		15	
	epreciation (I	Do not inclue	· · · ·	· · ·	· · ·	<u></u> ns )	10	
				ction A				
17 MACRS deductions for	or assets placed i	n service in ta:	k years beg	jinning before 2	011		17	
18 If you are electing						one or more		
general asset acco						▶Γ		
Section B-Ass	sets Placed in			1 Tax Year	Using the	<u>General Dep</u>	reci	ation System
(a) Classification of property	( <b>b)</b> Month and year placed in service	(c) Basis deprecia (business/inv use only—see inst	ition /estment	<b>(d)</b> Recovery period	<b>(e)</b> Convent	ion <b>(f)</b> Metho	od	<b>(g)</b> Depreciation deduction
<b>19a</b> 3-year property								
<b>b</b> 5-year property			20,306	50	НҮ	200 DB		4,061
c 7-year property	_		40,498	70	НҮ	200 DB		5,787
d 10-year property								
e 15-year property f 20-year property	-							
g 25-year property	-			25 yrs		S/L		
<b>h</b> Residential rental				27 5 yrs	ММ	S/L		
property				27 5 yrs	ММ	S/L		
i Nonresidential real				39 yrs	MM	S/L		
property		od in Service "	Juring 2014	Tay Vear Heim	MM a the Alternat	S/L	. 6	
20a Class life	on C—Assets Pla	ceu in service L	2011 ///////////////////////////////////	L IAX TEAT USIN		S/L	n əysi	
<b>b</b> 12-year	1			12 yrs	S/L S/L			
<b>c</b> 40-year				40 yrs	ММ	S/L		
	ry (see instruc							
21 Listed property Enter			· ·				21	
<b>22 Total.</b> Add amounts fr and on the appropriat	e lines of your ret	urn Partnersh	ips and S c	orporations—se	ee instruction		22	9,848
23 For assets shown abo	ve and placed in	service during	the curren	t year, enter the				
portion of the basis at	والمتحاج والمتحاج والمتحاج				23			

Part V       Listed Property (Include automobiles, cartain other vehicles, cartain computers, and property used for entertiamment, recreation, or answement). Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, candidate and the standard mileage rate or deducting lease expense, candidate and the standard mileage rate or deducting lease expense, candidate and the standard mileage rate or deducting lease expense, candidate and the standard mileage rate or deducting lease expense, candidate and the standard mileage rate or deducting lease expense, candidate and the standard mileage rate or deducting lease expense, candidate and the standard mileage rate or deducting lease expense, candidate and the standard mileage rate or deducting lease expenses, candidate and the standard mileage rate or deducting lease expenses, candidate and the standard mileage rate or deducting lease expenses, candidate and the standard mileage rate or deducting lease expenses, candidate and the standard mileage rate or deducting lease expenses, candidate and the standard mileage rate or deducting lease expenses, candidate and the standard mileage rate or deducting lease expenses, candidate and the standard mileage rate or deducting lease expenses, condition of the standard mileage rate or deducting lease expenses, condition of the standard mileage rate or deducting lease expenses, condition of the standard mileage rate or deducting lease expenses, condition of the standard mileage rate or deducting lease expenses, condition of the standard mileage rate or deducting lease expenses, condition of the standard mileage rate or deducting lease expenses, condition of the standard mileage rate or deducting lease expenses, condition of the standard mileage rate or deducting lease expenses, condition of the standard mileage rate or deducting lease expenses, condition of the standard mileage rate or deducting lease expenses, condition of the standard mileage rate o	Form 4562 (2011)													Page <b>2</b>
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, outnoms (a) through (c) of Section A, a) of Section B, and Section C. If applicable.         Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles).         24b to you have evidence to upon the banesawinetment use dameed T vs. No.       24b tr Yves.* the evidence with the dameed T vs. No.         27 yee of appeny (b) and passed in movement. See one of the passenger automobiles.       25b tr Yves.* the evidence with the dameed T vs. No.       24b tr Yves.* the evidence with T vs.* the set of the evidence with the passenger automobiles.         25 yee of appeny (b) and passed in movement. See one of the passenger automobiles.       25b tr Yves.* the vidence with the passenger automobiles.         25 yee of appeny (b) and passed in movement. See one of the passenger automobiles.       25b tr Passenger automobiles.         25 yee of appeny (b) and passenger automobiles.       25b tr Passenger automobiles.         25 yee of appeny (b) and passenger automobiles.       25b tr Passenger automobiles.         25 yee of appeny (b) and passenger automobiles.       25b tr Passenger automobiles.         25 yee of appeny (b) and passenger automobiles.       25b tr Passenger automobiles.         25 yee of appeny (b) and passenger automobiles.       25b tr Passenger automobiles.         25 yee of appeny (b) and passenger automobiles.       25b tr Passenger automobiles.         25 yee of appeny (b) and p					ther ve	ehicle	s, certa	aın com	puters	s, and	prope	erty u	ised fo	or
complete only 24a, 24b, columns (a) through (c) of Section 8, and Section 2, if applicable.         Section A Depreciation and Other Information (Cautor): See the instructors for limits for passenger automobiles).         24b ID you have evidence to support the barresourcedment use clames?       Yes       No       24b IT Yes, 's the evidence writer?       Yes       No         (a)       (b)       (c)					o ctor	ndard	milaaa	a rata	or dad	luction				
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7%       7%         27 Property used 50% or less in a qualified business use       5%1         27 Property used 50% or less in a qualified business use       5%1         28 Add amounts in column (h), line 25 Entrongh 27 Enter here and on line 7, page 1       28         29 Add amounts in column (h), line 26 Enter here and on line 7, page 1       29         Section B — Information on Use of Vehicles         Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person         17 out provide vehicles to your employees, this amount the quasing in Section 0 to ongleting the section thes vehicles       (b)       (c)       (d)       (e)       (f)         30 Total business/investment miles driven during the year (do not include commuting miles driven during the year (do not include commuting miles driven during the year (do not include commuting miles driven during the year (do not include commuting miles driven during the year (do not include commuting miles driven during the year (do not include commuting miles driven during the year (do not include commuting miles driven during the year (do not include commuting miles driven during the year (do not include commuting miles driven during the year (do not include commuting miles driven during the year (do not include commuting miles driven during the year (do not include commuting miles driven during the year (do not include commuting miles driven during the year (do not include commuting miles driven during the year (do not include commuting miles driven during the year (do not include commuting miles driven during the year)       20       20			in service	during the	tax year	and use	ed more t		5					
3%       3%       3%         27 Property used 50% or less in a qualified business use       5/L         37 Arrow 1       5/L         38 Add amounts in column (h), line 25 through 27 Enter here and on line 21, page 1       28         28 Add amounts in column (h), line 25 through 27 Enter here and on line 21, page 1       28         29 Add amounts in column (h), line 26 Enter here and on line 7, page 1       28         29 Add amounts in column (h), line 26 Enter here and on line 7, page 1       28         Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person         You movid evolutions to completing this section for the vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person         You movid evolutions to completing this section for the vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person         You movid evolutions for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person         You movid evolution to completing this section for vehicles         You movid evolution this diven during the year         32 Total other personal use diven during the year         Yes No Yes N	26 Property used more than 50°	· · · · · · · · · · · · · · · · · · ·	use											
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No         No         No         No         No         Yes         No	27 Property used 50% or less in	n a qualified business us	е											
statule         statule         statule         statule           28 Add amounts in columm (h), lines 25 through 27 Enter here and on line 7, page 1         28           29 Add amounts in columm (h), lines 26 Enter here and on line 7, page 1         28           Section B—Information on Use of Vehicles           Complete this section for whice used by a sole proprietor, partner, or or or related person           Or late diversity of the section for these vehicles           30 Total business/investment miles driven during the year           31 Total commuting miles driven during the year           32 Total other personal (noncommuting) miles driven during the year 4 d lines 30           Total week colspan="2">Add mes 30           Method is a colspan="2">Weincle 3           Vehicle 1           Vehicle 1           Vehicle 1           Vehicle 1           Vehicle 3           Vehicle 5           Vehicle 1           Vehicle 3           Vehicle 4           Vehicle 5           Vehicle 5           Vehicle 1           Vehicle 1								-				_		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 7, page 1       28         29 Add amounts in column (h), lines 25 through 27 Enter here and on line 7, page 1       29         Section B — Information On Use of Vehicles         Complete this section for vehicles used by a sole proprieor, partner, or other "more than 5% owner," or related person if you provide vehicles to your employees, find anwer the questions in Section IC to see if you meet an exception to completing this section of those vehicles         30 Total business/investment miles driven during the year (do not include commuting miles)       (a)       (b)       (c)       (d)       (e)       Vehicle 1         Section E — Kon Ves         31 Total commuting miles driven during the year 1         33 Total other personal (fnocommuting) miles driven         Mee No       Yes       <												-		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1       29         Section B—Information on Use of Vehicles         Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person         The provided vehicles by our employees, first answer the questore in Section C to see if you meet an exception to completing the section for these vehicles         30 Total business/investment miles driven during the year         31 Total commuting miles driven during the year         31 Total commuting miles driven during the year         33 Total other personal(noncommuting) miles driven         33 Total other personal (noncommuting) miles driven         33 Total miles driven during the year         33 Total other personal use         Yes       No	<b>28</b> Add amounts in column (h).		ter here	and on lu	ne 21.	page 1						<u> </u>		
Section B—Information on Use of Vehicles         Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person if you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles         30 Total business/investment miles driven during the year (do not include commuting miles)         (a)         (b)         (c)         (d)         (c)         (d)         Vehicle 1         Vehicle 3         Vehicle 3         Vehicle 3         Vehicle 4         Vehicle 3         Vehicle 4         Vehicle 3         Vehicle 3         Vehicle 3         Vehicle 3         Vehicle 3         Vehicle 4         Vehicle 4         Vehicle 4         Vehicle 3         Vehicle 4         Vehicle 4         Vehicle 4         Vehicle 4         Vehicle 5 <t< td=""><td></td><td>-</td><td></td><td></td><td>,</td><td>5</td><td>-</td><td></td><td></td><td>29</td><td></td><td></td><td></td><td></td></t<>		-			,	5	-			29				
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through 32       Yes       No       Yes	32 Total other personal(noncor	nmuting) miles driven												
34 Was the vehicle available for personal use during off-duty hours?       Yes       No       Yes <td></td> <td>e year Add lines 30</td> <td></td>		e year Add lines 30												
35 Was the vehicle used primarily by a more than 5% owner or related person?	5	r personal use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
owner or related person?       36 Is another vehicle available for personal use?       a	during off-duty hours? .													
Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees         Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than         5% owners or related persons (see instructions)         37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?       Yes       No         38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners       Yes       No         39 Do you treat all use of vehicles by employees as personal use?       .       .       .       .         40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?       .		rily by a more than 5%												
Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)       37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?       Yes       No         38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners       Image: Commuting in the information for whice is used by corporate officers, directors, or 1% or more owners       Image: Commuting information for whice is used by corporate officers, directors, or 1% or more owners       Image: Commuting information for whice is used by corporate officers, directors, or 1% or more owners       Image: Commuting information for my our employees about the use of the vehicles, and retain the information received?       Image: Commuting information for my our employees about the use of the vehicles, and retain the information received?       Image: Commuting information for my our employees about the use of the vehicles, and retain the information received?       Image: Commuting information for my our employees about the use of the vehicles, and retain the information received?       Image: Commuting information for my our employees is about the use of the vehicles is oncerning qualified automobile demonstration use? (See instructions)       Image: Commuting information for my our employees about the use of the information for this year         41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)       Image: Commuting information for the information for the information fo	•	for personal use? .												
employees?	Answer these questions to dete $5\%$ owners or related persons (:	rmine if you meet an exc see instructions)	eption to	o comple	tıng Se	ction E	3 for veh	ncles us	ed by e	mploy	ees wh	io are		
employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners          39 Do you treat all use of vehicles by employees as personal use?          40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?          41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)          Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles          Part VI       Amortization         (a)       Date       Amortizable       (f)         Description of costs       Date       Amortization       Amortization period or percentage         42 Amortization of costs that begins during your 2011 tax year (see instructions)	employees?				• •	•	•	• •	• •	•	•			
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?       Image: Construction of constend construction of construction of construc														
vehicles, and retain the information received?         41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions )         All Do you meet the requirements concerning qualified automobile demonstration use? (See instructions )         Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles         Part VI       Amortization         (a)       (b)       (c)       (d)       Amortization period or period or period or percentage       (f)         Amortization of costs that begins during your 2011 tax year (see instructions)       2011       Amortize (see instructions)       2011         42 A mortization of costs that begins during your 2011 tax year (see instructions)	<b>39</b> Do you treat all use of vehic	les by employees as pe	rsonal us	se? .										
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles         Part VI       Amortization         (a)       (b)       (c)       (d)       (e)       (f)         Description of costs       Date       Amortizable       amount       Code       section       Period or       period or         42 A mortization of costs that begins during your 2011 tax year (see instructions)       Image: Complete Section B for the covered vehicles       Image: Complete Section B for the covered vehicles       Image: Complete Section B for the covered vehicles	, ,	, , ,	oyees,o	btaın ınfo	ormatio •	n from • •	your en	nployees	about	the us	e of th	e		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles         Part VI       Amortization         (a)       (b)       (c)       (d)       (e)       (f)         Description of costs       Date       Amortizable       amount       Code       section       period or       period or         42 A mortization of costs that begins during your 2011 tax year (see instructions)       Image: Complete Section B for the covered vehicles       Image: Complete Section B for the covered vehicles	<b>41</b> Do you meet the requiremen	its concerning qualified	automobi	ıle demor	nstratio	on use?	? (See ır	nstructio	ns)					
Part VI       Amortization         (a)       (b)       (c)       (d)       (e)       (f)         Description of costs       Date amortization begins       Amortizable amount       Code section       period or period or period rest       (f)         42 A mortization of costs that begins during your 2011 tax year (see instructions)       Image: Comparison of costs       Image: Comparison of costs       Image: Comparison of costs         42 A mortization of costs that begins during your 2011 tax year (see instructions)       Image: Comparison of costs       Image: Comparison of costs       Image: Comparison of costs	<b>Note:</b> If your answer to 37	38.39.40.or41.is "Ye	s." do no	t comple	te Sect	ion B f	or the c	overed v	ehicles	5				
(a) Description of costs(b) Date amortization begins(c) Amortizable amount(d) Code section(e) Amortization period or percentage(f) Amortization for this year42 Amortization of costs that begins during your 2011 tax year (see instructions)1111			-,							-				
(a)       Date       (c)       (d)       A mortization       A mortization         Description of costs       amortization       Amortizable       Code       period or       period or         42 A mortization of costs that begins during your 2011 tax year (see instructions)       Image: Code								(e	e)			(5)		
Degins     percentage       42 A mortization of costs that begins during your 2011 tax year (see instructions)	(a) Date			Amortizable Code			A mortization period or				Amortization for			
	<b>40</b> A							perce	ntage			- , -		
	<b>42</b> A mortization of costs that b	egins auring your 2011	tax year	(see ins	truction	ns)								
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**44 Total.** Add amounts in column (f) See the instructions for where to report  $\$  .

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# **TY 2011** Compensation Explanation

### Name: NORTHERN NECK FOOD BANK INC

**EIN:** 27-3080400

Person Name	Explanation
LANCE BARTON	
LINDSY GARDNER	
PAUL SCIACCHITANO	
TONY CLAYTON	
JERRY LATELL	
SUE DONALDSON	
CRAIG GIESE	