

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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.
Go to www.irs.gov/Form990 for instructions and the latest information.

2024
Open to Public
Inspection**A** For the **2024** calendar year, or tax year beginning **JUL 1, 2024** and ending **JUN 30, 2025**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization VIRGINIA PENINSULA FOODBANK		D Employer identification number 54-1422298
	Doing business as		E Telephone number 757-596-7188
	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		G Gross receipts \$ 21,643,461.
F Name and address of principal officer: ROBERT LATVIS SAME AS C ABOVE		H(a) Is this a group return for subordinates? ☐ Yes ☒ 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: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527			
J Website: WWW.HRFOODBANK.ORG			
K Form of organization: ☒ 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: THROUGH OUR VARIOUS PROGRAMS, WE PROVIDE ALMOST 10.4 MILLION MEALS TO CHILDREN, FAMILIES, SENIORS,		
	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	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	53
	6 Total number of volunteers (estimate if necessary)	6	5281
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	26,367,083.	20,673,079.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	31,186.	30,673.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	456,540.	671,417.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-1,146.	213,943.
		26,853,663.	21,589,112.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	16,443,099.	16,142,663.
	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)	2,405,064.	2,618,532.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	208,654.	216,922.
	b Total fundraising expenses (Part IX, column (D), line 25)	791,047.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,412,251.	3,935,468.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	23,469,068.	22,913,585.
	19 Revenue less expenses. Subtract line 18 from line 12	3,384,595.	-1,324,473.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	29,252,451.	27,133,846.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,148,415.	706,385.
		27,104,036.	26,427,461.

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	Signature of officer		Date	
	SHERI MCCARTHY, CHIEF FINANCIAL OFFICER Type or print name and title			
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check ☐ if self-employed PTIN
	BREE-ANN WEIDNER			P01319397
Preparer Use Only	Firm's name	Firm's EIN		
	CHERRY BEKAERT ADVISORY LLC	88-2730877		
	Firm's address	Phone no.		
	222 CENTRAL PARK AVE., STE. 1400 VIRGINIA BEACH, VA 23462	757-456-2400		

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions. VIRGINIA PENINSULA FOODBANK	Taxpayer identification number (TIN) 54-1422298
	Number, street, and room or suite no. If a P.O. box, see instructions. 2401 ALUMINUM AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. HAMPTON, VA 23661	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **THE VIRGINIA PENINSULA FOODBANK**
2401 ALUMINUM AVENUE - HAMPTON, VA 23661

Telephone No. **(757) 596-7188** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15**, 20 **26**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
☐ calendar year 20 ____ or
☒ tax year beginning **JUL 1**, 20 **24**, and ending **JUN 30**, 20 **25**

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2025)

Part III Statement of Program Service Accomplishments

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

☒**1** Briefly describe the organization's mission:

TO DISTRIBUTE FOOD EFFECTIVELY THROUGH COLLABORATIVE EFFORTS THAT MINIMIZE HUNGER, 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 \$ 15,142,654. including grants of \$ 16,142,663.) (Revenue \$ 30,673.)

FOOD DISTRIBUTION. VIRGINIA PENINSULA FOODBANK'S FOOD DISTRIBUTION PROGRAM SERVES AS A REGIONAL CLEARINGHOUSE FOR DONATED AND PURCHASED FOOD AS WELL AS RELATED ITEMS. THESE ITEMS ARE DISTRIBUTED TO QUALIFIED NONPROFIT ORGANIZATIONS PROVIDING FOOD TO THE LESS FORTUNATE ACROSS THE GREATER VIRGINIA 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. FIRST QUALITY FOOD ITEMS ARE OBTAINED FROM THE USDA THROUGH THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP) AND THE

4b (Code:) (Expenses \$ 2,139,063. including grants of \$) (Revenue \$)

CHILD NUTRITION. THE KID'S CAFE PROGRAM NORMALLY PROVIDES NUTRITIOUS AFTERNOON MEALS AND SNACKS TO CHILDREN IN AFTER SCHOOL PROGRAMS IN A SAFE, CARING, AND LEARNING ENVIRONMENT. 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

4c (Code:) (Expenses \$ 4,357,841. including grants of \$) (Revenue \$)

MOBILE PANTRY. THE MOBILE PANTRY PROGRAM DELIVERED ALMOST 3.5 MILLION POUNDS OF PRODUCE, PERISHABLE ITEMS, AND USDA TEFAP COMMODITIES TO LOW INCOME, SENIOR HOUSING, AND COMMUNITY PROJECTS THIS FISCAL YEAR. OVERALL FOR THE YEAR, 2.7 MILLION 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.

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 21,639,558.

Form **990** (2024)

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)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>	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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	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? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I. See instructions</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? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	X

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	34
b Enter the number of Forms W-2G included on 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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
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 53		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
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 on 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring 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? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
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 on Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

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 on Schedule O. See instructions.

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

☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	16			
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 on Schedule O.				
b Enter the number of voting members included on line 1a, above, who are independent		16		
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?				X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?				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?				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?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			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 on Schedule O				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?		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?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe on 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	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	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	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process on 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?		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?		

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 (1024 or 1024-A, 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.
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on 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, address, and telephone number of the person who possesses the organization's books and records
THE VIRGINIA PENINSULA FOODBANK - (757) 596-7188
2401 ALUMINUM AVENUE, HAMPTON, VA 23661

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

☐ 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) RENEE FIGURELLE CHIEF OPERATIONS OFFICER	40.00 0.00					X		107,093.	0.	13,482.
(2) KAREN JOYNER CHIEF EXECUTIVE OFFICER (THRU 8/24)	40.00 0.00			X				108,861.	0.	10,627.
(3) LISA OLVERSON CHIEF FINANCIAL OFFICER	40.00 0.00			X				104,954.	0.	11,457.
(4) ROBERT P LATVIS CHIEF EXECUTIVE OFFICER (FROM 8/24)	40.00 0.00			X				74,795.	0.	1,750.
(5) MICHAEL JACOBS BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(6) IAN WILLIAMS BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(7) JEFF VERHOEF BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(8) AMBER PRICE BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(9) PATRICK MURPHREY BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(10) DAVIN LINCOLN BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(11) GEORGE FINELLI BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(12) TIFFANY BOYLE BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(13) EBONI COUNCIL BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(14) JENNIFER MUSE MEMBER AT LARGE	2.00 0.00	X						0.	0.	0.
(15) CURTIS BAKER VICE PRESIDENT, ADMINISTRATION	2.00 0.00	X		X				0.	0.	0.
(16) MICHAEL DOUCETTE VICE PRESIDENT, DEVELOPMENT	2.00 0.00	X		X				0.	0.	0.
(17) JOSEPH WITT SECRETARY/TREASURER	2.00 0.00	X		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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(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) JONATHAN TOMS IMMEDIATE PAST PRESIDENT	2.00 0.00	X		X				0.	0.	0.
(19) MATISHA DENTU BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(20) ERIK MILLS PRESIDENT	2.00 0.00	X		X				0.	0.	0.
1b Subtotal								395,703.	0.	37,316.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								395,703.	0.	37,316.

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

3

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 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*
- 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*

	Yes	No
3		X
4		X
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
NONE		
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	0	

Form 990 (2024)

Part VIII Statement of RevenueCheck 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	1 a Federated campaigns	1a	203,003.					
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e	1,874,229.					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	18,595,847.					
	g Noncash contributions included in lines 1a-1f	1g	\$ 15,213,483.					
	h Total. Add lines 1a-1f							20,673,079.
Program Service Revenue	2 a SHARED MAINTENANCE FEE	Business Code	624200	30,673.	30,673.			
	b							
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f			30,673.				
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			471,370.			471,370.
4 Income from investment of tax-exempt bond proceeds								
5 Royalties								
6 a Gross rents		6a	(i) Real (ii) Personal					
b Less: rental expenses ...		6b						
c Rental income or (loss)		6c						
d Net rental income or (loss)								
7 a Gross amount from sales of assets other than inventory		7a	(i) Securities (ii) Other					
b Less: cost or other basis and sales expenses		7b	200,047. 0.					
c Gain or (loss)		7c	200,047.					
d Net gain or (loss)			200,047.					
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a		233,432.				
b Less: direct expenses		8b		54,349.				
c Net income or (loss) from fundraising events				179,083.				
9 a Gross income from gaming activities. See Part IV, line 19		9a						
b Less: direct expenses	9b							
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances	10a							
b Less: cost of goods sold	10b							
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue	11 a MISCELLANEOUS REVENUE	Business Code	624200	34,860.			34,860.	
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d			34,860.				
	12 Total revenue. See instructions			21,589,112.	30,673.	0.	885,360.	

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 domestic organizations and domestic governments. See Part IV, line 21	16,142,663.	16,142,663.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	369,678.	130,422.	105,207.	134,049.
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	1,826,169.	1,516,651.	97,448.	212,070.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	45,193.	36,233.	2,079.	6,881.
9 Other employee benefits	213,380.	159,980.	15,501.	37,899.
10 Payroll taxes	164,112.	123,044.	14,816.	26,252.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17	216,922.			216,922.
f Investment management fees	72,773.		72,773.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	135,355.	21,400.	112,822.	1,133.
12 Advertising and promotion	83,198.	33,092.	5,419.	44,687.
13 Office expenses	100,038.	79,030.	9,003.	12,005.
14 Information technology				
15 Royalties				
16 Occupancy	356,493.	345,317.	5,588.	5,588.
17 Travel	96,664.	96,011.	280.	373.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	29,245.	23,104.	2,632.	3,509.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	396,314.	322,639.	24,056.	49,619.
23 Insurance	114,230.	90,241.	10,281.	13,708.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a FOOD COSTS	2,106,880.	2,106,880.		
b AGENCY SUPPORT	158,613.	158,613.		
c SUPPLIES	84,324.	71,340.	1,898.	11,086.
d EQUIPMENT RENTAL AND MA	39,257.	36,382.	1,322.	1,553.
e All other expenses	162,084.	146,516.	1,855.	13,713.
25 Total functional expenses. Add lines 1 through 24e	22,913,585.	21,639,558.	482,980.	791,047.
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 SheetCheck 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	1,543,397.	1	1,171,442.
	2 Savings and temporary cash investments	6,014,463.	2	6,130,589.
	3 Pledges and grants receivable, net	2,168,104.	3	41,672.
	4 Accounts receivable, net	127.	4	50,551.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	2,923,509.	8	1,919,828.
	9 Prepaid expenses and deferred charges	12,780.	9	56,136.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 9,310,048.		
	b Less: accumulated depreciation	10b 4,153,551.	10c	5,156,497.
	11 Investments - publicly traded securities	11,253,519.	11	12,607,131.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	29,252,451.	16	27,133,846.	
Liabilities	17 Accounts payable and accrued expenses	348,541.	17	310,958.
	18 Grants payable		18	
	19 Deferred revenue	1,799,874.	19	395,427.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	2,148,415.	26	706,385.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	27,016,820.	27	26,382,007.
	28 Net assets with donor restrictions	87,216.	28	45,454.
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	27,104,036.	32	26,427,461.
	33 Total liabilities and net assets/fund balances	29,252,451.	33	27,133,846.

Form 990 (2024)

Part XI Reconciliation of Net AssetsCheck 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	21,589,112.
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,913,585.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,324,473.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	27,104,036.
5	Net unrealized gains (losses) on investments	5	647,898.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	26,427,461.

Part XII Financial Statements and ReportingCheck 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 on 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 on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	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 on Schedule O and describe any steps taken to undergo such audits _____	3b	X

Form 990 (2024)

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization

VIRGINIA PENINSULA FOODBANK

Employer identification number

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 12, 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 (Form 990).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

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

g Provide the following information about the supported organization(s).						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	25283293.	18331254.	19623739.	26367083.	20906511.	110511880
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	25283293.	18331254.	19623739.	26367083.	20906511.	110511880
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)						19451029.
6 Public support. Subtract line 5 from line 4.						91060851.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	25283293.	18331254.	19623739.	26367083.	20906511.	110511880
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	172,119.	149,844.	320,987.	451,540.	471,370.	1565860.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	66,237.	59,605.				125,842.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	24,001.	27,073.	76,935.	58,590.	34,860.	221,459.
11 Total support. Add lines 7 through 10						112425041
12 Gross receipts from related activities, etc. (see instructions)					12	3,031,673.
13 First 5 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 2024 (line 6, column (f), divided by line 11, column (f))	14	81.00	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	80.69	%
16a 33 1/3% support test - 2024. 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			
			☒
b 33 1/3% support test - 2023. 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 - 2024. 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 VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			
			☐
b 10% -facts-and-circumstances test - 2023. 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 VI 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			
			☐

Schedule A (Form 990) 2024

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

(Complete only if you checked the box on line 10 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 on 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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 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 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. 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 - 2023. 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 Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2024

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Other distributions (describe in Part VI). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 2024 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule A (Form 990) 2024

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**OTHER INCOME**

2020 AMOUNT: \$ 24,001.

2021 AMOUNT: \$ 27,073.

2022 AMOUNT: \$ 76,935.

2023 AMOUNT: \$ 58,590.

2024 AMOUNT: \$ 34,860.

2024

***** Not Open to Public Inspection *****

423171 04-01-24

**Schedule B
(Form 990)**(Rev. December 2024)
Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

VIRGINIA PENINSULA FOODBANK

Employer identification number

54-1422298

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (Rev. 12-2024)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FOOD LION 2110 EXECUTIVE DRIVE SALISBURY, NC 28147	\$ 3,367,510.	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
2	TRADER JOES 12551 JEFFERSON AVEUE NEWPORT NEWS, VA 23602	\$ 527,749.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
3	SAM'S WHOLE CLUB 12407 JEFFERSON AVENUE NEWPORT NEWS, VA 23602	\$ 617,288.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
4	WALMART 12401 JEFFERSON AVENUE NEWPORT NEWS, VA 23602	\$ 1,126,404.	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
5	PUBLIX 3300 PUBLIX CORPORATE PKWY SOUTHSIDE, FL 33811	\$ 872,997.	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	1,935,351 LBS OF FOOD	\$ 3,164,220.	12/31/24
2	303,304 LBS OF FOOD	\$ 527,749.	12/31/24
3	354,763 LBS OF FOOD	\$ 617,288.	12/31/24
4	647,359 LBS OF FOOD	\$ 1,085,748.	12/31/24
5	501,722 LBS OF FOOD	\$ 822,997.	12/31/24
		\$	

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of 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" on 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 (for example, recreation or education)	☐ Preservation of a 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 on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, 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, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2d 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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 FASB 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) Revenue included on 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$

b Assets included in Form 990, Part X \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) (Rev. 12-2024)

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 make significant use of its collection items (check all that apply).

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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" on 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:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ 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" on 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 Term endowment _____ %

The percentages on 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:

(i) Unrelated organizations?

(ii) Related organizations?

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

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" on 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	9,956.	950,855.		960,811.
b Buildings		5,598,645.	2,153,741.	3,444,904.
c Leasehold improvements				
d Equipment		2,750,592.	1,999,810.	750,782.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)).				5,156,497.

Schedule D (Form 990) (Rev. 12-2024)

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on 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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on 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, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on 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, line 15, col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on 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, line 25, col. (B))	

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☒

Schedule D (Form 990) (Rev. 12-2024)

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

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

1	Total revenue, gains, and other support per audited financial statements	1	22,218,586.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	647,898.
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	647,898.
3	Subtract line 2e from line 1	3	21,570,688.
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	72,773.
b	Other (Describe in Part XIII.)	4b	-54,349.
c	Add lines 4a and 4b	4c	18,424.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	21,589,112.

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

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

1	Total expenses and losses per audited financial statements	1	22,895,161.
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	54,349.
e	Add lines 2a through 2d	2e	54,349.
3	Subtract line 2e from line 1	3	22,840,812.
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	72,773.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	72,773.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	22,913,585.

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:

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 XI, LINE 4B - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EVENT EXPENSES -54,349.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EVENT EXPENSES 54,349.

Schedule D (Form 990) (Rev. 12-2024) ENCINER	
Part XIII	Supplemental Information <i>(continued)</i>

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SCHEDULE G
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 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.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

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" on 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 e [X] Solicitation of nongovernment grants
b [X] Internet and email solicitations f [X] Solicitation of government grants
c [X] Phone solicitations g [X] Special fundraising events
d [X] In-person solicitations
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? [X] Yes [] No
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be
compensated at least \$5,000 by the organization.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (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. Includes entry for RKD ALPHA DOG and a Total row.

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

Part II Fundraising Events. Complete if the organization answered "Yes" on 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 MAYFLOWER MARATHON	(b) Event #2 TASTEFULLY YOURS	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
	(event type)	(event type)	(total number)	
Revenue				
1 Gross receipts	68,077.	165,355.		233,432.
2 Less: Contributions				
3 Gross income (line 1 minus line 2)	68,077.	165,355.		233,432.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs	1,101.	4,528.		5,629.
7 Food and beverages	356.	14,257.		14,613.
8 Entertainment		21,804.		21,804.
9 Other direct expenses	8,563.	3,740.		12,303.
10 Direct expense summary. Add lines 4 through 9 in column (d)				54,349.
11 Net income summary. Subtract line 10 from line 3, column (d)				179,083.

Part III Gaming. Complete if the organization answered "Yes" on 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 conducts gaming activities: _____

a Is the organization licensed to conduct 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 conduct 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 conducted 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 the 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 provide any additional information. See instructions.

Part IV	Supplemental Information <i>(continued)</i>
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SCHEDULE I
(Form 990)

(Rev. December 2024)

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" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

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? ☒ 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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
LINK OF HAMPTON ROADS 10413 WARWICK BLVD NEWPORT NEWS, VA 23601	54-1556503	501(C)(3)	7,706.	0.	BOOK		SETUP A HEALTHY PANTRY
HANDS ACROSS MATHEWS 10878 BUCKLEY HALL RD MATHEWS, VA 23109	54-4410260	501(C)(3)	7,706.	0.	BOOK		SETUP A HEALTHY PANTRY
HILTON BAPTIST 101 MAIN ST NEWPORT NEWS, VA 23601	54-0652493	501(C)(3)	0.	9,872.	BOOK	EQUIPMENT	TO PROVIDE COLD STORAGE
GLEANNING BAPTIST 7749 DUTTON RD. GLOUCESTER, VA 23061	54-1295681	501(C)(3)	0.	27,435.	BOOK	EQUIPMENT REPAIR AND REFURBISH	TO FIX TRUCK
A GIFT FROM BEN 309 WALTZ FARM DRIVE WILLIAMSBURG, VA 23185	30-0045747	501(C)(3)	0.	1,060,974.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
ADVANCING GOD'S KINGDOM WORLDWIDE FELLOWSHIP - 1924 E. PEMBROKE AVE - HAMPTON, VA 23663	80-0808236	501(C)(3)	0.	85,244.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 98.

3 Enter total number of other organizations listed in the line 1 table 0.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (Rev. 12-2024)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALL NATIONS CHURCH 853 CLOVERLEAF LANE NEWPORT NEWS, VA 23601	81-2490628	501(C)(3)	0.	141,436.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
ALPHA & OMEGA NETWORK 13813 WARWICK BLVD NEWPORT NEWS, VA 23602	52-2138569	501(C)(3)	0.	31,191.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
AMBASSADORS FOR JESUS CHRIST 4 DUNCAN DRIVE HAMPTON, VA 23663	56-1660331	501(C)(3)	0.	80,426.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
ANTIOCH IMPROVEMENT MINISTRIES 1553 OLD BUCKROE RD. HAMPTON, VA 23664-1136	54-2058241	501(C)(3)	0.	193,643.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
BE BLESSED BE A BLESSING OUTREACH MINISTRY - 605 SOUTH AVE - NEWPORT NEWS, VA 23601	92-0849722	501(C)(3)	0.	219,063.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
BELLAMY UNITED METHODIST CHURCH 4870 CHESTNUT FORK ROAD GLOUCESTER, VA 23061	54-0548800	501(C)(3)	0.	6,334.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
BETHEL TEMPLE CHURCH 1705 TODDS LANE HAMPTON, VA 23666	44-0577787	501(C)(3)	0.	158,973.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
BREAD FOR LIFE COMMUNITY FOOD PANTRY, INC. - 7840 JOHN CLAYTON MEMORIAL HIGHWAY - GLOUCESTER, VA 23061	27-0420937	501(C)(3)	0.	871,408.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
BUCKROE BAPTIST CHURCH 1819 NORTH MALLORY STREET HAMPTON, VA 23664	54-0597300	501(C)(3)	0.	79,937.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(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
CALVARY SDA CHURCH 1200 17TH STREET NEWPORT NEWS, VA 23607	54-6117202	501(C)(3)	0.	111,988.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
COASTAL COMMUNITY CHURCH 101 VILLAGE AVENUE YORKTOWN, VA 23693	75-2987699	501(C)(3)	0.	209,653.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
COMMUNITY EMPOWERMENT CENTER 5405 ROANOKE AVENUE NEWPORT NEWS, VA 23605	54-2004308	501(C)(3)	0.	106,084.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
CRUSADING OUTREACH MINISTRY 711 SPRUCE STREET HAMPTON, VA 23661	54-1661906	501(C)(3)	0.	18,601.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
DIVINE TRINITY OUTREACH 66 COLONY ROAD NEWPORT NEWS, VA 23602	13-4206571	501(C)(3)	0.	99,262.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
DREAMS OF HOPE FOUNDATION 7320 WARWICK BLVD NEWPORT NEWS, VA 23607	47-4736401	501(C)(3)	0.	75,253.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
E HOUSE INC. 521 NORTH AVE. NEWPORT NEWS, VA 23601	46-3151576	501(C)(3)	0.	149,362.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
EMPOWERED BELIEVERS CHRISTIAN LEARNING CENTER - HAMPTON - 3315 W. MERCURY BLVD. - HAMPTON, VA 23666	41-2178456	501(C)(3)	0.	48,626.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
FAITH & DELIVERANCE RECOVERY OUTREACH - 1609 25TH STREET - NEWPORT NEWS, VA 23607	47-5187373	501(C)(3)	0.	36,220.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(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
FIRST BAPTIST CHURCH DENBIGH 13656 WARWICK BLVD NEWPORT NEWS, VA 23602	54-0932392	501(C)(3)	0.	255,481.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
FIRST BAPTIST CHURCH MORRISON 12720 PATRICK HENRY DRIVE NEWPORT NEWS, VA 23602	54-1562076	501(C)(3)	0.	645,984.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
FIRST CHRISTIAN CHURCH 1458 TODDS LANE HAMPTON, VA 23666	54-6001972	501(C)(3)	0.	8,415.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
FIRST CHURCH OF NEWPORT NEWS 2300 WICKHAM AVE. NEWPORT NEWS, VA 23607	54-6130640	501(C)(3)	0.	76,551.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
FIRST PRESBYTERIAN CHURCH OF HAMPTON - 514 S. ARMISTEAD AVE - HAMPTON, VA 23669	54-0575802	501(C)(3)	0.	10,698.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
FIRST UNITED METHODIST CHURCH - FOX HILL - 1 SALT POND ROAD - HAMPTON, VA 23664	31-1813333	501(C)(3)	0.	20,238.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
FIRST UNITED METHODIST CHURCH - NEWPORT NEWS - 10246 WARWICK BLVD. - NEWPORT NEWS, VA 23601	31-1813333	501(C)(3)	0.	6,897.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
FISH 312 SECOND STREET WILLIAMSBURG, VA 23185	54-1523058	501(C)(3)	0.	81,164.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
FIVE LOAVES FOOD PANTRY 13813 WARWICK BLVD NEWPORT NEWS, VA 23608	45-4087949	501(C)(3)	0.	1,096,212.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(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
GLEANNING BAPTIST CHURCH 7749 DUTTON RD. GLOUCESTER, VA 23061	54-1295681	501(C)(3)	0.	732,155.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
GREATER BETHLEHEM CHRISTIAN ASSEMBLY - 360 IVY HOME ROAD - HAMPTON, VA 23669	54-1358563	501(C)(3)	0.	73,567.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
GREATER JOY COGIC 72 WALNUT AVENUE NEWPORT NEWS, VA 23607	51-1138353	501(C)(3)	0.	73,056.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
GREATER WORKS MINISTRIES 3614 HUNTINGTON AVENUE NEWPORT NEWS, VA 23607	30-0062358	501(C)(3)	0.	44,664.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
GROVE CHRISTIAN OUTREACH CENTER 8800 POCAHONTAS TRAIL WILLIAMSBURG, VA 23185	27-0077733	501(C)(3)	0.	905,245.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
H.E.L.P. 1320 LASALLE AVENUE HAMPTON, VA 23669	54-1209213	501(C)(3)	0.	9,445.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
HAMPTON BAPTIST CHURCH 40 KINGS WAY HAMPTON, VA 23669	54-0575803	501(C)(3)	0.	118,805.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
HAMPTON ROADS COMMUNITY ACTION PROGRAM - 2410 WICKHAM AVE. - NEWPORT NEWS, VA 23607	23-7014485	501(C)(3)	0.	50,552.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
HANDS ACROSS MATHEWS 10878 BUCKLEY HALL RD MATTHEWS, VA 23109	54-1440260	501(C)(3)	0.	359,206.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARVESTLAND MINISTRIES 5889 JEFFERSON AVE. NEWPORT NEWS, VA 23605	30-0273624	501(C)(3)	0.	54,817.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
HILTON BAPTIST CHURCH 101 MAIN ST NEWPORT NEWS, VA 23601	54-0652493	501(C)(3)	0.	319,257.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
HOSANNA CHRISTIAN CHURCH 179 TYNES STREET SUFFOLK, VA 23434	54-1336524	501(C)(3)	0.	5,859.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
HOUSE ME HAMPTON ROADS 811 79TH STREET NEWPORT NEWS, VA 23605	93-4023833	501(C)(3)	0.	6,342.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
HOUSE OF BLESSINGS 1113 25TH STREET NEWPORT NEWS, VA 23607	27-0416649	501(C)(3)	0.	346,204.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
IMMACULATE CONCEPTION CATHOLIC CHURCH - 2150 CUNNINGHAM DRIVE - HAMPTON, VA 23666	54-0910633	501(C)(3)	0.	103,767.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
LIBERTY LIVE BAPTIST CHURCH 1021 BIG BETHEL ROAD HAMPTON, VA 23666	62-0535346	501(C)(3)	0.	24,858.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
LINK OF HAMPTON ROADS INCORPORATED 10413 WARWICK BLVD. NEWPORT NEWS, VA 23601	54-1556503	501(C)(3)	0.	133,216.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
LITTLE ZION BAPTIST CHURCH 1824 W. QUEEN STREET HAMPTON, VA 23666	54-1301481	501(C)(3)	0.	169,403.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIVING FAITH CHRISTIAN CENTER 14901 WARWICK BLVD. NEWPORT NEWS, VA 23608	20-0085549	501(C)(3)	0.	99,154.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
LIVING WATERS FAMILY OUTREACH 2061 WINDSOR ROAD DUTTON, VA 23050	47-1187579	501(C)(3)	0.	128,043.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
LIVING WATERS REDEEMED APOSTOLIC 617 48TH STREET NEWPORT NEWS, VA 23607	02-0720496	501(C)(3)	0.	39,689.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
MERCY SEAT BAPTIST CHURCH 1013 TODDS LANE HAMPTON, VA 23666	62-1440684	501(C)(3)	0.	126,303.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
NEW BEECH GROVE BAPTIST CHURCH 361 BEECHMONT DRIVE NEWPORT NEWS, VA 23608	54-1101997	501(C)(3)	0.	5,925.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
NEW HOPE INDEPENDENT CHURCH 9713 GEO. WASH. HWY. GLOUCESTER, VA 23061	30-0151534	501(C)(3)	0.	92,377.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
NEW LIFE MINISTRY CENTER 3450 GEO. WASH. MEM. HWY. HAYES, VA 23072	54-1209538	501(C)(3)	0.	12,899.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
NEW LIFE SDA CHURCH 1808 SHELL ROAD HAMPTON, VA 23661	52-0643036	501(C)(3)	0.	164,562.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
NORTHAMPTON CHRISTIAN CHURCH 1409 TODDS LANE HAMPTON, VA 23666	54-0835408	501(C)(3)	0.	41,174.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(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
OPEN DOOR BAPTIST CHURCH 14 DEEP CREEK ROAD NEWPORT NEWS, VA 23606	54-0575803	501(C)(3)	0.	89,558.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
OPERATION BREAKING THROUGH 330 POPLAR AVE. NEWPORT NEWS, VA 23607	54-1592843	501(C)(3)	0.	56,576.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
PENINSULA DREAM CENTER (ALL GENERATIONS CHURCH) - 28 HARPERSVILLE RD. - NEWPORT NEWS, VA 23601	46-1467632	501(C)(3)	0.	53,707.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
PENINSULA HISPANIC SDA CHURCH 682 79TH STREET NEWPORT NEWS, VA 23605	52-0643036	501(C)(3)	0.	123,180.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
PERFECTING SAINTS MINISTRIES 508 PATTERSON AVENUE HAMPTON, VA 23669	54-2044853	501(C)(3)	0.	5,822.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
ROCK CHURCH 340 TABBS LANE NEWPORT NEWS, VA 23602	54-1063438	501(C)(3)	0.	46,204.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
RUNNEYMEDE HOLINESS CHURCH 7711 WHITE MARSH RD. ELBERON, VA 23846	54-1107957	501(C)(3)	0.	7,470.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
SAFE HAVEN 429 THORNCLIFF DR NEWPORT NEWS, VA 23608	84-2155555	501(C)(3)	0.	19,178.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
SALEM CHRISTIAN (COMMUNITY) CHURCH 11408 SALEM CHURCH RD. GLOUCESTER, VA 23061	54-0312800	501(C)(3)	0.	54,432.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY - GREATER WILLIAMSBURG - 216 IRONBOUND ROAD - WILLIAMSBURG, VA 23188	13-5562351	501(C)(3)	0.	51,417.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
SALVATION ARMY - VA PENINSULA 1033 BIG BETHEL ROAD HAMPTON, VA 23666	58-0660601	501(C)(3)	0.	38,063.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
SIXTH MOUNT ZION BAPTIST TEMPLE 3100 BUTTERNUT DRIVE HAMPTON, VA 23666	22-3861588	501(C)(3)	0.	64,747.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
SPIRIT OF TRUTH CHRISTIAN MINISTRIES - 2501 MARSHALL AVENUE - NEWPORT NEWS, VA 23607	86-1170118	501(C)(3)	0.	40,947.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
ST. JOHN BAPTIST CHURCH 2114 BAY AVENUE HAMPTON, VA 23661	11-3791742	501(C)(3)	0.	89,434.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
ST. JOSEPH CATHOLIC CHURCH 1397 PENNIMAN RD. WILLIAMSBURG, VA 23185	54-0842759	501(C)(3)	0.	15,114.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
ST. MARK'S METHODIST CHURCH 512 BUCKROE AVE. HAMPTON, VA 23664	93-4180799	501(C)(3)	0.	10,308.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
ST. VINCENT DE PAUL CHURCH 230 33RD STREET NEWPORT NEWS, VA 23607	53-0196617	501(C)(3)	0.	29,322.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
SUSANNA WESLEY UNITED METHODIST CHURCH - PO BOX 39 - HAYES, VA 23072	54-1484993	501(C)(3)	0.	9,112.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(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
TABERNACLE BAPTIST CHURCH EAST END 1408 MARSHALL AVE. NEWPORT NEWS, VA 23607	56-2578455	501(C)(3)	0.	148,297.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
TEMPLE BAPTIST CHURCH 235 HARPERSVILLE RD. NEWPORT NEWS, VA 23601	54-0641417	501(C)(3)	0.	245,350.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
TEMPLE OF REFUGE 906 21ST STREET NEWPORT NEWS, VA 23607	54-1972270	501(C)(3)	0.	58,943.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
THE LIGHTHOUSE CHURCH NN 604 HILTON BLVD. NEWPORT NEWS, VA 23602	54-0652290	501(C)(3)	0.	21,207.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
THE MOUNT-PENINSULA MOUNT LEBANON BAPTIST CHURCH YORKTOWN, VA 23692	54-1275807	501(C)(3)	0.	13,541.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
THRIVE PENINSULA 12749 NETTLES DRIVE NEWPORT NEWS, VA 23606	54-1857664	501(C)(3)	0.	658,475.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
TODDS LANE BIBLE CHURCH 1457 TODDS LANE HAMPTON, VA 23666	52-1401054	501(C)(3)	0.	190,878.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
TRIUMPH MINISTRIES 1811 WICKHAM AVE. NEWPORT NEWS, VA 23607-5342	82-0541428	501(C)(3)	0.	139,818.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
TRUE VINE ACOC 925 OLD BUCKROE RD HAMPTON, VA 23663	38-4104086	501(C)(3)	0.	20,535.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(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
UNION BAPTIST CHURCH 9254 GUINEA ROAD HAYES, VA 23072	62-0535346	501(C)(3)	0.	226,986.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
UNITED FAMILY WORSHIP CENTER 667 HANNAH STREET HAMPTON, VA 23661	01-0825310	501(C)(3)	0.	141,921.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
UNITY TABERNACLE AFCOG 2699 GOLDEN HILL ROAD ELBERON, VA 23846	54-1065401	501(C)(3)	0.	34,496.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
USO 833 MONROE AVE FORT EUSTIS, VA 23604	54-1305517	501(C)(3)	0.	11,336.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
VIRGINIA PENINSULA COMMUNITY COLLEGE EDUCATIONAL FOUNDATION - 99 THOMAS NELSON DRIVE - HAMPTON, VA 23666	52-1217532	501(C)(3)	0.	12,570.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
WATERS EDGE CHURCH 6830 GEORGE WASHINGTON MEM. HWY. YORKTOWN, VA 23692	20-0383096	501(C)(3)	0.	106,509.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
WESLEY GROVE UNITED CHURCH OF CHRIST - 2308 ROANOKE AVE. - NEWPORT NEWS, VA 23607	54-1153759	501(C)(3)	0.	185,655.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
WILLIAMSBURG HOUSE OF MERCY 10 HARRISON AVENUE WILLIAMSBURG, VA 23185	47-5347792	501(C)(3)	0.	172,768.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
WORLD OUTREACH WORSHIP CENTER 1233 SHIELDS ROAD NEWPORT NEWS, VA 23608	54-1259047	501(C)(3)	0.	319,173.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ZION BAPTIST CHURCH NEWPORT NEWS 633 20TH STREET NEWPORT NEWS, VA 23607	54-0834976	501(C)(3)	0.	97,692.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY
ZION COMMUNITY CHURCH 22 RIP RAP ROAD HAMPTON, VA 23669	84-1821310	501(C)(3)	0.	7,212.	BOOK	FOOD DISTRIBUTION	FEED THE NEEDY

Schedule I (Form 990)

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 noncash 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:
THE FOODBANK DISTRIBUTES FOOD AND BOTH CASH AND NON-CASH GRANT RESOURCES TO ORGANIZATIONS WHO ASSIST INDIVIDUALS AND FAMILIES EXPERIENCING FOOD INSECURITY IN THE COMMUNITY. THERE ARE ELIGIBILITY REQUIREMENTS THAT NEED TO BE MET TO RECEIVE FOOD COMMODITIES FROM THE USDA, AND COMPLIANCE IS MONITORED BY FOODBANK STAFF. WHEN THE FOODBANK RECEIVES GRANT FUNDING THAT CAN BE USED TO PROVIDE COMMUNITY AGENCIES WITH RESOURCES TO INCREASE THEIR CAPACITY, FOODBANK STAFF MANAGES AND MONITORS ALL PROCUREMENT, EXECUTION, AND REPORTING PROCEDURES IN ACCORDANCE WITH GRANT FUNDER REQUIREMENTS AND CONTRACTS.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

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	11	29,304.	FMV
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		15,184,179.	\$1.74/LB BY INDUSTRY
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (.....)				
26 Other (.....)				
27 Other (.....)				
28 Other (.....)				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part V, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

Yes No

30a		X
31	X	
32a		X
33		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2024

Part II

Supplemental Information.

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 M, PART I, COLUMN (B):

THE NUMBER REPORTED IN COLUMN (B) REFLECTS THE NUMBER OF CONTRIBUTIONS.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**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:
AND VETERANS IN OUR COMMUNITY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP), 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.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
SERVICE INDUSTRY AS A SUCCESSFUL EMPLOYEE. OUR BACK PACK FOR KIDS
PROGRAM WAS IMPLEMENTED IN 2005 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). WE DISTRIBUTED BACKPACK BAGS OF FOOD TO OVER 1,500 CHILDREN
MOST WEEKS AT DOZENS OF LOCATIONS ACROSS THE GREATER VIRGINIA
PENINSULA.

FORM 990, PART VI, SECTION B, LINE 11B:
A COPY OF THE FORM 990 IS REVIEWED BY THE CEO, WHO WAS A FORMER CPA, PRIOR
TO FILING. IN ADDITION, THE BOARD REVIEWS AND MAY PROVIDE FEEDBACK PRIOR TO
FILING.

FORM 990, PART VI, SECTION B, LINE 12C:
EMPLOYEES AND BOARD MEMBERS COMPLETE AN UPDATED QUESTIONNAIRE REGARDING
CONFLICTS OF INTEREST ANNUALLY. IF CONFLICT OF INTEREST SITUATIONS OCCUR,
RESOLUTION IS DETERMINED BY THE BOARD OF DIRECTORS, OR THE GOVERNANCE
COMMITTEE OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15:
MEMBERS OF THE EXECUTIVE COMMITTEE REVIEW 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 AT
OTHER FOODBANKS IN THE GEOGRAPHIC AREA. DURING THE CLOSED SESSION OF A
BOARD MEETING, MEMBERS OF THE EXECUTIVE COMMITTEE REQUEST FEEDBACK FROM THE
FULL BOARD ON THE PERFORMANCE OF THE CEO. BASED ON THIS FEEDBACK AND THE
COMPARABLE COMPENSATION INFORMATION PROVIDED, MEMBERS OF THE EXECUTIVE
COMMITTEE DOCUMENT THE PERFORMANCE EVALUATION, WHICH IS THEN REVIEWED WITH
THE INDIVIDUAL BY THE PRESIDENT AND IMMEDIATE PAST PRESIDENT OF THE BOARD,
AND IS FILED IN THE INDIVIDUAL'S EMPLOYMENT FILE AT THE FOODBANK.

FORM 990, PART VI, SECTION C, LINE 19:
THESE ARE AVAILABLE UPON REQUEST.