Form **990**

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information. TIIT 1 2022 and ending JUN 30

AF	or the	2022 calendar year, or tax year beginning 001 1, 2022	ande	many U	UN 30, 2023	
B C	heck if oplicable:	C Name of organization			D Employer identific	cation number
	Address	VIRGINIA PENINSULA FOODBANK			_	• •
	Name change	Doing business as			54-14222	98
	Initial return	Number and street (or P.O. box if mail is not delivered to street address	s) I	Room/suite	E Telephone number	
	Final return/	2401 ALUMINUM AVENUE			757-596-	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal	code		G Gross receipts \$	20,168,170.
	Amende	HAMPION, VA 25001			H(a) Is this a group re	
	Applica tion	IF Name and address of principal officer. Letter 3 0 111 211			for subordinates	? Yes X No
	pending	SAME AS C ABOVE			H(b) Are all subordinates in	
LT	ax-exe	mpt status: X 501(c)(3) 501(c) () (insert no.)	4947(a)(1) o	r 527	If "No," attach a	list. See instructions
J۷	Vebsite	www.HRFOODBANK.ORG			H(c) Group exemptio	
K F	orm of	organization: X Corporation Trust Association Other	r	L Year	of formation; 1987 N	State of legal domicile: VA
	ırt I	Summary				
	1 1	Briefly describe the organization's mission or most significant activities:	THROU	JGH OU	R VARIOUS PI	ROGRAMS, WE
Governance]	PROVIDE ALMOST 9.1 MILLION MEALS TO				
na.	2 (Check this box if the organization discontinued its operations	s or dispos	ed of more	than 25% of its net ass	sets.
) ve	3 1	Number of voting members of the governing body (Part VI, line 1a)			3	17
Ğ	4 1	Number of independent voting members of the governing body (Part VI,	, line 1b) 🦼		4	17
95	5	Total number of individuals employed in calendar year 2022 (Part V, line	e 2a)			48
Activities &		Total number of volunteers (estimate if necessary)				6500
Ę	7 a -	Total unrelated business revenue from Part VIII, column (C), line 12				0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		**********		0.
				_	Prior Year	Current Year
Revenue	8 (Contributions and grants (Part VIII, line 1h)	***********		18,331,254.	19,623,739.
	1	Program service revenue (Part VIII, line 2g)			677,012.	53,784.
eve	1	investment income (Part VIII, column (A), lines 3, 4, and 7d)			308,643.	413,712. 23,367.
<u>—</u>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			86,678.	20,114,602.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A),			19,403,587.	
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			14,523,468.	13,075,844.
		Benefits paid to or for members (Part IX, column (A), line 4)			1,951,979.	2,251,740.
e S	15	Salaries, other compensation, employee benefits (Part IX, column (A), li			187,237.	196,001.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	002 23		107,237.	150,001.
ă	b		802,33		2,461,371.	3,963,013.
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			19,124,055.	19,486,598.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25			279,532.	628,004.
		Revenue less expenses. Subtract line 18 from line 12			ginning of Current Year	End of Year
ets or	4	T		100	23,871,273.	24,342,704.
Assel	20	Total assets (Part X, line 16)			1,888,169.	1,465,186.
Net A	21	Total liabilities (Part X, line 26)			21,983,104.	22,877,518.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		12214127	<u> </u>	22/01/12/20
Und		Ities of perjury, I declare that I have examined this return, including accompanying	na schedules	and statem	ents, and to the best of m	v knowledge and belief, it is
truo	er herra	t, and complete. Declaration of preparer (other than officer) is based on all inform	mation of wh	ich preparer	has any knowledge.	, ,
ude	,	t, and complete, Declaration of proparer (outer than emocry to succe on an inner		El Shares		
Sig	n	Signature of officer			Date	
Her		KAREN JOYNER, CHIEF EXECUTIVE OFFICE	ΞR			
ПСІ	-	Type or print name and title				
-		Print/Type preparer's name Preparer's signature	~ A	Λ , ə h	Date 24.04.24 06:46:57 Check	PTIN
Pair	d	AMY DOSIK	Olm (1'00' self-emplo	
	parer	Firm's name CHERRY BEKAERT ADVISORY LLC			Firm's EIN 8	8-2730877
	Only	Firm's address 222 CENTRAL PARK AVE., STE.	1400			
_		VIRGINIA BEACH, VA 23462			Phone no. 7 5	57-456-2400
Ma	y the IF	as discuss this return with the preparer shown above? See instructions	3			X Yes No
						Form 990 (2022)

orm	990 (2022) VIRGINIA PENINSULA FOUDBANK 54 1422230 Page 2
Par	t 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?
	If "Yes," describe these new services on Schedule O.
_	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	If "Yes," describe these changes on Schedule O.
_	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4	Describe the organization's program service accomplishments for each of its time largest program services, as measured by expenses, and
	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. (Code:) (Evenues \$ 16,462,349 including grants of \$ 13,075,844) (Revenue \$ 53,784)
4a	(Code: / (Expenses 3 20/10 2) Incidently grants of
	SINCE ITS INCEPTION IN 1986, VIRGINIA PENINSULA FOODBANK HAS
	DISTRIBUTED OVER 247 MILLION POUNDS OF FOOD TO BENEFIT THE NEEDY AND
	FOOD INSECURE ACROSS THE GREATER VIRGINIA PENINSULA. THIS EQUATES TO
	\$388 MILLION WORTH OF FOOD AT A WHOLESALE VALUE OF \$1.57 PER POUND THIS
	YEAR, AS DETERMINED ANNUALLY BY FEEDING AMERICA, THE NATIONAL NETWORK
	OF FOODBANKS. DURING THE 2022-2023 FISCAL YEAR, THE FOODBANK
	DISTRIBUTED ALMOST 9.1 MILLION MEALS THROUGHOUT ITS NINE-JURISDICTION
	SERVICE AREA ACROSS THE GREATER VIRGINIA PENINSULA. THIS SERVICE AREA
	ENCOMPASSES THE CITIES OF HAMPTON, NEWPORT NEWS, POQUOSON, AND
	WILLIAMSBURG AND THE COUNTIES OF GLOUCESTER, JAMES CITY, MATHEWS,
	SURRY, AND YORK.
4b	(Code:) (Expenses \$ 1,268,858. including grants of \$) (Revenue \$)
	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 SERVICE INDUSTRY AS A SUCCESSFUL EMPLOYEE.
4c	(Code:) (Expenses \$670,011. including grants of \$) (Revenue \$)
	OTHER PROGRAMS BENEFITING PENINSULA RESIDENTS:
	THE MOBILE PANTRY PROGRAM DELIVERED ALMOST 2,800,000 POUNDS OF PRODUCE,
	PERISHABLE ITEMS, AND USDA TEFAP COMMODITIES TO LOW INCOME, SENIOR
	HOUSING, AND COMMUNITY PROJECTS THIS FISCAL YEAR. OVERALL FOR THE YEAR,
	1,702,000 POUNDS OF USDA TEFAP COMMODITIES WERE DISTRIBUTED. THE
	NEIGHBOR TO NEIGHBOR PROGRAM LINKS PREPARED AND PERISHABLE FOOD DONORS
	DIRECTLY WITH QUALIFIED AGENCIES WHO HAVE RECEIVED THE APPROPRIATE SAFE
	FOOD HANDLING TRAINING. THROUGH THIS PROGRAM, OVER 2,929,000 OF FOOD
	WERE COLLECTED AND DISTRIBUTED IN FY 2022-2023.
	ALL OF THESE PHENOMENAL PROGRAMS COULD NOT BE ACCOMPLISHED WITHOUT THE
	HELP AND ASSISTANCE OF DEDICATED VOLUNTEERS. A TOTAL OF APPROXIMATELY
44	Other program services (Describe on Schedule O.)
₹u	(Expenses \$ including grants of \$) (Revenue \$
40	Total program service expenses 18,401,218.
-+c	Form 990 (2022)

Form 990 (2022) VIRGINIA PENINSULA FOODBANK
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)?		x	
	If "Yes," complete Schedule A	2	X	_
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	-	-	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		X
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
4	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			====
·	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			77
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		_X_
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X,		1.17	
	as applicable.			Market .
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	١ا	v	
	Part VI	11a	Χ.	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		
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	11d		х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D. Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			X
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	-	_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47	x	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	_	_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18	x	
	1c and 8a? If "Yes," complete Schedule G, Part II	10	-41	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		x
	complete Schedule G, Part III	20a		X
20a	The state of the s	20b		
b 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	х	
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Form 990 (2022) VIRGINIA PENINSULA FOODBANK

Part IV Checklist of Required Schedules (continued)

Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			_	Yes	No_
Did the organization answer "Yes" to Part VII, Section A, Ire 3.4, or 5, about compensation of the organization's current and former officers, discretize, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after Discrember 31, 2002? If "Yes," analyze and complete Schedule K. If "No." To to fine 25a. Did the organization mixes tary proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization mixes tary proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization mixes tary proceeds of tax-exempt bonds a property period exception? Did the organization mixes tary proceeds of tax-exempt bonds a property period exception? Did the organization mixes tary proceeds of tax-exempt bonds are funding excreve at any tax-exempt bonds? Did the organization and the second of tax-exempt bonds beyond a temporary period exception? Did the organization and the second of tax-exempt bonds beyond a temporary period exception? Did the organization and the second of tax-exempt bonds beyond a temporary period exception? Did the organization and the second of the organization should be the second or the second tax period tax period the second or the description of the organization and the second or the description with a disqualed person during the year? If yes, complete Schedule L. Part II are the part of the organization and the tax property and the tax branches on any ordanization and the tax branches to any current or former officer, director, trustee, key employee, creator or former and substantial contributor? If Yes, complete Schedule I, Part II are the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or former and substantial contributor? If Yes, complete Schedule I, Part II are the section of applic	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			7.7
and former officers, directors, fustees, key employees, and nighest compensate employees? If Yes,* complete Schedule L, Petr II 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If Yes,* answer lines 24b through 24d and complete Schedule K. If Yes,* to nice 25a Did the organization minest any proceeds of tax exempt bonds beyond a temporary partod exception? 25b Did the organization maintain an exercive account of their than a rehunding secrew at any time during the year to defease any tax-exempt bonds? 25c 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 in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction are reported on any of the organization prior forms 900 of 990-72 If Yes, complete Schedule L, Part I 25c Did the organization report any amount on Part X, line 5 or 22, for noceivables from or payables to any current or former officer, director, fusites, key employee, creator or founder, substantial contributor, or 35% controlled entity or furnily member of any of these persons? If Yes, complete Schedule L, Part II 25d Did the organization provide agent or other assistance to any current or former officer, director, fusites, key employee, creator or founder, substantial contributor or employee threeof, a graft selection committee member, or to a 59% controlled entity furnicularia or employee threeof, a graft selection committee member, or to a 59% controlled entity formed reports or feet member of any of these persons? If Yes, complete Schedule L, Part IV, instructions for applicable filing three-holds, conditions, and exceptions or substantial contributor? If Yes, complete Schedule I, Part IV II 25d A 25% contributions or purplete Schedule II Par			22		<u>X</u>
Schedule / I was 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 Desember 31, 2002? If "Yes," answer lines 245 through 24d and complete Schedule K. If "No," go to line 25s. Schedule K. If "No," go to line 25s. Did the organization invest any proceeds of tax-exempt bonds beyond a temporary pariod exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary pariod exception? Did the organization invest any proceeds of tax-exempt bonds per year any tax-exempt bonds? Did the organization invest and an \$50 (e)(29) organizations. Did the organization engage in an excess brenifit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I 25a X bestine 50 (16)(3), 50 (16)(4) and 50 (e)(29) organizations. Did the organization engage in an excess brenifit transaction has not been reported on any of the organization's prior Forms 990 or 990-27? If "Yes," complete Schedule I, Part I 25a X bestine 50 (e)(4), Part I 25b (e)	23				
Die the organization have a bax-exempt bond issue with an outstanding periodial amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answare lines 24b through 24d and complete Schedule K. If "No," you fair the Zeas" and year and the provided of the complete Schedule K. If "No," you fair the Zeas" and year and the complete Schedule K. If "No," you fair the accord was controlled entity of the provided Schedule K. Part I. 24a		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	22		x
sized day of the year, that was issued after December 31, 2002? (if "Yes," answer lines 24b through 24d and complete \$25b. Schedule K, if "Mo," op to line 28a \$2b. bill the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b			23		
Schedule K. If "No." go to fine 25s	24a				
Did the organization meets any proceeds of tax-exempt bonds beyond a temporary portof exception? Did the organization meets any proceeds of tax-exempt bonds beyond a temporary portof exception? Did the organization member and any exempt bonds? did bit the organization and as an "on behalf of" issue for bonds outstanding at any time during the year? 24d 25a Section 30(16),3 501(16),4 and 501(12)9 organizations. Did the organization engage in an excess bonefit transaction with a disqualified person during the year? If "yes," complete Schedule I, Part I 25b Is the organization aware that the engaged in an excess benefit transaction with a disqualified person of uning the year? If "yes," complete Schedule I, Part I 25b Is the organization aware that the 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-E27? If "Yes," complete Schedule I, Part II 26b Is the organization report any amount on Part X, Ires 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or any of these persons? If "Yes," complete Schedule I, Part II is a sub-insert stransaction with one of the following partitive for the 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule I, Part IV is instructions for applicable fling thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule I, Part IV is a sub-insert stransaction with one of the following partitive feet the Schedule II Part IV is instructions for applicable fling thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule II Part IV is a Schedule II		•	24a		X
c Did the organization maintain an eacrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 591(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? (If "Yes," complete Schedule L, Part I (25a)	ь				
any tax-excempt bonds? 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? (if "Yes," complete Schedule L, Part I 25s X b Is the organization aware that is engaged in an excess benefit transaction with a disqualified person of any of the organization's prior Forms 990 or 990-E2? (if "Yes," complete Schedule L, Part I 25b X 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, furstee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereof) or 1 these persons? (if "Yes," complete Schedule L, Part II 26b X 27 Did the organization provide a grant or other assistance to any current or former officer, director, furstee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereof) or family member of any of these persons? (if "Yes," complete Schedule L, Part III 27c X 27c 2					
d Did the organization act as an "on behalf of Issuer for bonds outstanding at any time during the year? 24d 25a Saction 50(16)(3), 50(16)(4), 4nd 50(16)(20) grainstations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 11 / 12 / 12 25a X 25a X 25b Is the organization waver 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 930 or 930-E2? 11 / 12 / 12 / 12 / 12 25b X 25c Did the organization are proof any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, fustee, key employee, creator or founder, substantial contributor, or 35% controlled entity forticity member of any of these persons? 11 / 12 / 12 / 12 / 12 / 12 / 12 / 12	Ū		24c		
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? #"Yes," complete Schedule (_Part I	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
b is the organization ewer that it engaged in a 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-E2? If "Yes," complete Schedule I, Part I I 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 ertitity or farrilly member of any or these persons? If "Yes," complete Schedule I, Part II 28 X 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 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule I, Part II 28 X X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule I, Part IV, instructions for applicable finging thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule I, Part IV 28b X X X X X X X X X X					
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? [f "Yes," complete Schedule I, Part I		transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
Schedule L, Part I 25 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? If *Yes,* complete Schedule L, Part II 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? If *Yes,* complete Schedule L, Part III. 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part III. 29 Later of former officer, director, trustee, key employee, creator or founder, or substantial contributor? If *Yes,* complete Schedule L, Part IV. 29 Did the organization receive more then \$28.000 in non-cash contributions? If *Yes,* complete Schedule L, Part IV. 29 Did the organization receive more then \$28.000 in non-cash contributions? If *Yes,* complete Schedule M. 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If *Yes,* complete Schedule M, Part II. 30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If *Yes,* complete Schedule N, Part II. 31 Did the organization related to any tax-exempt or taxable entity? If *Yes,* complete Schedule N, Part II. 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If *Yes,* complete Schedule R, Part II, III, or IV, and Part V, Iiine 1 34 Was the organization as a partnership for federal income tax purposes? If *Yes,* complete Schedule R, Part II III. 35 Did the organization organization have a controlled entity within the meaning of section 512(b)(13)? If *Yes,* comp	b				l.
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instructions for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule I., Part IV b A family member of any individual described in line 28a? If "Yes," complete Schedule L., Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule I., Part IV 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization ilquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? b. If "Yes," to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filters are required to complete Schedule O 28 Did the organization conduct more than 5% of its activities through an entity that is not a related organization? If "Yes," complete Schedule O 29 Did the organization complete Schedule O and provide explanations on Schedule	00		-		1 11
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b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c	-		28a		X_
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"Yes," complete Schedule L, Part IV 28c					
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	00000	19			(2022)

Form	990 (2022) VIRGINIA PENINSULA FOODBANK 54-1422	298	Р	age 5
Par	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)	-	Yes	No
	Town W.C. Transmitted of Wase and Tou Statements		Yes	NO
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 48	11/2		
	filed for the calendar year ending with or within the year obvered by this rotation	2b	х	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	3a		х
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	OU		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4a		X
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	44	(DE)	
b	If "Yes," enter the name of the foreign country	1.00	1.5	
	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Eo.		х
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			41
С	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	ا م		v
	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).			77
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			١
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	100		
е	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	_	<u> </u>
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.			
а	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:			
а	Initiation fees and capital contributions included on Part VIII, line 12		No.	150
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1 3		
11	Section 501(c)(12) organizations. Enter:	180	J. S.	
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	Pysi		
-	amounts due or received from them.)		P.Y	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note: See the instructions for additional information the organization must report on Schedule O.	11	1	
Ь	Enter the amount of reserves the organization is required to maintain by the states in which the	/ , T D		
5	organization is licensed to issue qualified health plans		E Y	
С	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	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			
.5	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.	112		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
16	If "Yes," complete Form 4720, Schedule O.			
47	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
17	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.	- Alice		1 = 1
00000	5 12-13-22	For	m 990	(2022

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.

	to line ba, bb, or rob below, describe the discursationed, proceeding, or ordering			TT
	Check if Schedule O contains a response or note to any line in this Part VI		****	X
Sec	tion A. Governing Body and Management		Van	No
	Enter the number of voting members of the governing body at the end of the tax year 17		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	15		-
	If there are material differences in voting rights among members of the governing body, or if the governing	53		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. Fator the number of voting members included on line 1a above, who are independent.	1.3		
b	Enter the number of voting members included on line 12, above, who are independent	13		1111
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	2		x
	officer, director, trustee, or key employee?			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	3		х
	of officers, directors, trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	-	X
6	Did the organization have members or stockholders?	ь	-	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			x
	more members of the governing body?	7a		_
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			x
	persons other than the governing body?	7b		_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			\ ₁
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
		r —	Yes	-
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		-
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	ALC: S		
12a		12a	X	-
b		12b	X	-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			1
	on Schedule O how this was done	12c	X	-
13	Did the organization have a written whistleblower policy?	13	X	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	11 3	100	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
ха	The state of the s	15a	X	
	Other officers or key employees of the organization	15b	X	
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	VII	. 5	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		18	
	taxable entity during the year?	16a		X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		1.00	
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			TE
	exempt status with respect to such arrangements?	16b		
Sec	ction 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)	availa	able
10	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
40	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finar	cial	
19	statements available to the public during the tax year.			
00	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	KAREN JOYNER - (757)596-7188			
	2401 ALUMINUM AVENUE, HAMPTON, VA 23661			
	M A Y A 1			

VIRGINIA PENINSULA FOODBANK

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

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

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 (A)	(B)			(0	2)			(D)	(E)	(F)
Name and title	Average hours per	box.	not cl	Posi heck i	nore son i	than o s both r/trus	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) KAREN JOYNER CHIEF EXECUTIVE OFFICER	0.00		7.1	х				129,066.	0.	15,366
(2) LISA OLVERSON CHIEF FINANCIAL OFFICER	40.00			х				89,595.	0.	6,371
(3) JONATHAN TOMS	2.00	7,						0.	0.	0
PRESIDENT (4) DR. TERRY MORRIS	2.00	X		Х		\vdash				
IMMEDIATE PAST PRESIDENT (5) MICHAEL JACOBS	2.00	X		X		-	_	0.	0.	0
SECRETARY / TREASURER	0.00	х		Х		_		0.	0.	0
(6) SYLVIA WEINSTEIN CRAFT VP, DEVELOPMENT	2.00	x		х				0.	0.	0
(7) ELIZABETH MULHERIN VP, ADMINISTRATION	2.00	х		x				0.	0.	0
(8) ERIK MILLS MEMBER-AT-LARGE	0.00	x		x				0.	0.	0
(9) CURTIS BAKER MEMBER	2.00	x						0.	0.	0
(10) TIFFANY BOYLE MEMBER	2.00	x						0.	0.	0
(11) MICHAEL DOUCETTE	2.00							0.	0.	0
(12) SHAWN FLANAGAN MEMBER	2.00	x				İ		0.	0.	0
(13) GARY B. HUNTER	2.00	-						0.	0.	0
MEMBER (14) PATRICK MURPHREY	2.00	X			\vdash					
MEMBER (15) JENNIFER MUSE	2.00	X		-	H		H	0.	0.	0
MEMBER (16) SHERWIN STEWART	0.00 2.00	X	-	-	-	-	-	0.	0.	0
MEMBER	0.00	X	-	-	-		-	0 +	0.	0
(17) JEFF VERHOEF MEMBER	0.00	x					L	0.	0.	0

Part VII Section A. Officers, Directors, Tru	stees, Key Emp	oloy	ees,	and	Hig	hest	C	pmpensated Employee	s (continued)			
(A)	(B)	(B) (C)						(D)	(E)		(F)	
Name and title	Average	(do			ition	than or	ie	Reportable	Reportable		Estima	
	hours per	box	, unles	s per	son i	s both r/truste	an	compensation	compensation		amoun othe	
	week (list any	\vdash					-,	from the	from related organizations	Cr	ompens	
	hours for	direct				,		organization	(W-2/1099-MISC/		from t	
	related	10 88	slee			nsale		(W-2/1099-MISC/	1099-NEC)		organiza	ation
	organizations	Trust	nal Iru		oyee	edwo		1099-NEC)			and rela	
	below	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensaled employee	Рог тег			0	rganiza	tions
·	line)	를	lins.	10	Key	울등	ᅙ			+		
(18) IRA WILLIAMS	2.00							0.	0			0.
MEMBER	0.00	X			_			0.		-		0.
(19) JOSEPH WITT	2.00	₩.						0.	0	1/45		0.
MEMBER	0.00	X					_	0.		•		- 0 •
		1										
		-	\vdash	-	-	\vdash				_		
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		+										
		1										
	-	+	H		\vdash	\vdash				\neg		
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		-	\vdash		\vdash	\vdash	Т			\top		
		1										
-	-	1	t		\vdash	\vdash				\top		
		1	10			1 1						
		1	\vdash									
		1										
1b Subtotal			_		-			218,661.	C).	21,	737.
c Total from continuation sheets to Part								0.	С).		0.
d Total (add lines 1b and 1c)								218,661.	C).	21,	737.
Total number of individuals (including but								eceived more than \$100,	000 of reportable			
compensation from the organization												1
4 DATE OF THE PARTY OF THE PART											Ye	s No
3 Did the organization list any former office	er, director, trus	tee,	key (emp	loye	e, or	hig	hest compensated emp	loyee on			
line 1a? If "Yes." complete Schedule J for	r such individual	1000		*****		*********	2000	**************************************		نے ا	3	X
4 For any individual listed on line 1a, is the	sum of reportat	le c	omp	ensa	ation	and	oth	her compensation from t	he organization			
and related organizations greater than \$1	50,000? If "Yes	, " c	ompl	ete .	Sch	edule	J1	for such individual			4	X
	r accrue compe						late	ed organization or indivi	dual for services			1
										l X		
rendered to the organization? If "Yes," co		le J	for s	uch	pers	son .				نان	5	
rendered to the organization? If "Yes." co	omplete Schedu											
rendered to the organization? // "Yes." co Section B. Independent Contractors 1 Complete this table for your five highest	compensated in	dep	ende	nt c	ontr	acto		hat received more than S	\$100,000 of compe			
rendered to the organization? If "Yes." Go Section B. Independent Contractors 1 Complete this table for your five highest the organization. Report compensation for	compensated in	dep	ende	nt c	ontr	acto		hat received more than s	\$100,000 of compe		n from	
rendered to the organization? If "Yes." Go Section B. Independent Contractors 1 Complete this table for your five highest the organization. Report compensation for (A)	compensated in	dep	ende	nt c	ontr	acto		hat received more than so the organization's tax s	\$100,000 of comper rear.	nsatior	n from	
rendered to the organization? If "Yes." Consider the organization. Report compensation for the organization. Report compensation for the organization. Report compensation for the organization for the organization for the organization for the organization.	compensated in	dep	ende	nt c	ontr	acto		hat received more than s	\$100,000 of comper rear.	nsatior	n from	
rendered to the organization? If "Yes." Consider the organization. Report compensation for the organization for th	complete Schedu compensated in or the calendar y	depo rear	ende endi	nt c	ontr	acto	hir	hat received more than so the organization's tax y (B) Description of so	\$100,000 of competer.	nsatior Com	n from (C) npensa	tion
rendered to the organization? If "Yes." Consider the organization. Report compensation for the organization. Report compensation for the organization. Report compensation for the organization for the organization for the organization for the organization.	complete Schedu compensated in or the calendar y	depo rear	ende endi	nt c	ontr	acto	hir	hat received more than so the organization's tax s	\$100,000 of competer.	nsatior Com	n from (C) npensa	tion
rendered to the organization? If "Yes." Consider the organization. Report compensation for the organization for th	complete Schedu compensated in or the calendar y	depo rear	ende endi	nt c	ontr	acto	hir	hat received more than so the organization's tax y (B) Description of so	\$100,000 of competer.	nsatior Com	n from (C) npensa	tion
rendered to the organization? If "Yes." Consider the organization. Report compensation for the organization for th	complete Schedu compensated in or the calendar y	depo rear	ende endi	nt c	ontr	acto	hir	hat received more than so the organization's tax y (B) Description of so	\$100,000 of competer.	nsatior Com	n from (C) npensa	tion
rendered to the organization? If "Yes." Consider the organization. Report compensation for the organization for th	complete Schedu compensated in or the calendar y	depo rear	ende endi	nt c	ontr	acto	hir	hat received more than so the organization's tax y (B) Description of so	\$100,000 of competer.	nsation Com	n from (C) npensa	tion
rendered to the organization? If "Yes." Consider the organization. Report compensation for the organization for th	complete Schedu compensated in or the calendar y	depo rear	ende endi	nt c	ontr	acto	hir	hat received more than so the organization's tax y (B) Description of so	\$100,000 of competer.	nsation Com	n from (C) npensa	tion
rendered to the organization? If "Yes." Consider the organization. Report compensation for the organization for th	complete Schedu compensated in or the calendar y	depo rear	ende endi	nt c	ontr	acto	hir	hat received more than so the organization's tax y (B) Description of so	\$100,000 of competer.	nsation Com	n from (C) npensa	tion
rendered to the organization? If "Yes." Consider the organization. Report compensation for the organization for th	complete Schedu compensated in or the calendar y	depo rear	ende endi	nt c	ontr	acto	hir	hat received more than so the organization's tax y (B) Description of so	\$100,000 of competer.	nsation Com	n from (C) npensa	tion
rendered to the organization? If "Yes." Consider the organization of the organization. Report compensation for the organization. Report compensation for the organization of the organizat	complete Schedu compensated in or the calendar y	depo rear	ende endi	nt c	ontr	acto	hir	hat received more than so the organization's tax y (B) Description of so	\$100,000 of competer.	nsation Com	n from (C) npensa	tion
rendered to the organization? If "Yes." Government of the organization of the organization. Report compensation for the organization of the organization? If "Yes." Government of the organization of the organiza	complete Schedu compensated in or the calendar y ss address	depe	ende endi	nt c	ontr	actor wi	thir	hat received more than so the organization's tax y (B) Description of so	\$100,000 of competer. services	nsation Com	n from (C) npensa	tion
rendered to the organization? If "Yes." Go Section B. Independent Contractors 1 Complete this table for your five highest the organization. Report compensation for (A) Name and busines RKD ALPHA DOG	complete Schedu compensated in or the calendar y ss address COLN , NE	depe	ende endi	nt c	ontr	actor wi	thir	hat received more than so the organization's tax y (B) Description of so	\$100,000 of competer. services	nsation Com	n from (C) npensa	

			Check if Schedule O contains a response	or note to any line				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
5 50	1	а	Federated campaigns 1a	93,952.				
and in			Membership dues 1b					
2 8			Fundraising events 1c	396,943.				
r A			Related organizations 1d			All the last	earted #11	
S, 3			Government grants (contributions) 1e	3,664,237.				
Contributions, Giffs, Grants and Other Similar Amounts			All other contributions, gifts, grants, and				STATE OF	TAC SERVE
but	-		similar amounts not included above 1f	15,468,607				
Ē		g	Noncash contributions included in lines 1a-1f	11,965,840.				
SE		h	Total. Add lines 1a-1f	.,,	19,623,739.		Mark 1 - 1 for	
				Business Code		11-11 - 10 1		
ا يو	2	а	SHARED MAINTENANCE FEE	624200	53,784.	53,784.		
Program Service Revenue		b						
Sel		c						
am		d						
P.G		е	ě.					
ă		f	All other program service revenue					
		g	Total. Add lines 2a-2f		53,784.			
	3		Investment income (including dividends, inter	rest, and				
- 1			other similar amounts)		320,987.			320,987.
	4		Income from investment of tax-exempt bond	proceeds				
	5		Royalties	(0) 10 11 11 10 10 10 10 10 10 10 10 10 10				
			(i) Real	(ii) Personal			J. 12-12 - 21	J. T. S. S. T. L.
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities			7-3-4 value 1		
			assets other than inventory 7a 87,725	5,000.		THE COLUMN		
		b	Less: cost or other basis			- 12 2 2 2		
음			and dated expenses	0.		12/12 Bill 24 G		
le l		¢	Gain or (loss) 7c 87,725	5,000.				20 505
æ		d	Net gain or (loss)	***************************************	92,725.			92,725
Other Revenue	8	а	Gross income from fundraising events (not including \$ of					
			contributions reported on line 1c). See				LET'S MEAN	
			Part IV, line 18	a 0.		Maria de la companya della companya de la companya de la companya della companya		E = 15.
- 1		b		b 53,568.				
	n	С	Net income or (loss) from fundraising events	**************	-53,568.			-53,568.
	9		Gross income from gaming activities. See					
				a		MARKET	Louis Land	the state of the state of
		b		b				
		С	Net income or (loss) from gaming activities_					
	10	а	Gross sales of inventory, less returns				-0; 10 ; 0	Charles S. A.
			and allowances 1	0a				17 A TO
		b		Db		X E. L.		
		С	Net income or (loss) from sales of inventory	*******************				
				Business Code		Contract of		
Miscellaneous	11	а	MISCELLANEOUS REVENUE	624200	76,935.			76,935.
ane		b						
eve		С	A					
Alisc		d	All other revenue	624200				
		е	Total. Add lines 11a-11d		76,935.			425 050
	12		Total revenue. See instructions		20,114,602.	53,784	. 0,	437,079.

Form 990 (2022) VIRGINIA PENINSULA FOODBANK Part IX Statement of Functional Expenses

	Check if Schedule O contains a respon	se or note to any line in t (A)	his Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	12 075 044	12 075 044		
	and domestic governments. See Part IV, line 21	13,075,844.	13,075,844.		
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,	240,398.	81,764.	84,091.	74,543.
_	trustees, and key employees	240,330.	01,701	01/0321	/,
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B) Other salaries and wages	1,599,503.	1,292,307.	65,181.	242,015.
7 8	Pension plan accruals and contributions (include	2/035/0001			•
0	section 401(k) and 403(b) employer contributions)	64,940.	50,035.	5,537.	9,368.
9	Other employee benefits	209,153.	161,150.	17,832.	30,171.
10	Payroll taxes	137,746.	102,812.	10,800.	24,134.
11	Fees for services (nonemployees):				
	Management				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17	196,001.			196,001.
f		41,719.		41,719.	
g					
	column (A), amount, list line 11g expenses on Sch O.)	48,648.	35,969.	3,271.	9,408.
12	Advertising and promotion				
13		124,963.	40,191.	3,807.	80,965.
14	Information technology	78,186.	32,024.	6,036.	40,126.
15	Royalties				
16	Occupancy	288,377.	277,966.	6,604.	3,807.
17	Travel	115,122.	114,471.	94.	557.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	30,392.	20,994.	7,837.	1,561.
20	Interest				
21	Payments to affiliates			10.555	14 564
22	Depreciation, depletion, and amortization	334,403.	277,274.	12,565.	44,564.
23	Insurance	83,639.	64,504.	4,942.	14,193.
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 0.) FOOD COSTS	1,825,771.	1,825,771.		
a	A CIDION CUIDDODE	676,562.	676,562.		
b	CUDDI TEC	141,717.	103,591.	10,409.	27,717.
c	DOLLTONGER DENGAL AND MA	48,879.	45,573.	1,366.	1,940.
d	A.V. 16	124,635.	122,416.	951.	1,268.
25	Total functional expenses. Add lines 1 through 24e	19,486,598.	18,401,218.	283,042.	802,338.
26	Joint costs. Complete this line only if the organization				
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Par	tΧ	Balance Sheet					
		Check if Schedule O contains a response or no	te to any l	ine in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,943,081.	4	1,621,649.
	2	Savings and temporary cash investments			7,099,051.	2	5,210,439.
	3	Pledges and grants receivable, net			790,642.	3	1,031,386.
	4	Accounts receivable, net		10,032.	4	5,531.	
	5	Loans and other receivables from any current of	r former o	fficer, director,			
		trustee, key employee, creator or founder, subs				100	
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe	on 4958(c)(3)(B)		6		
un	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			1,711,477.	8	874,475.
As	9	11 M 12 12 12 12 12 12 12 12 12 12 12 12 12		26,826.	9	13,784.	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	8,785,564.		Y.J	
	Ь	Less: accumulated depreciation	100 aug 11	3,492,047.	5,278,521.	10c	5,293,517.
	11	Investments - publicly traded securities			6,011,643.	11	10,291,923.
	12	Investments - other securities. See Part IV, line	100000000000000000000000000000000000000		12		
10	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 eq			23,871,273.	16	24,342,704.
	17	Accounts payable and accrued expenses	164,633.	17	249,168.		
	18	Grants payable		18	1 015 010		
	19	Deferred revenue			1,723,536.	19	1,216,018.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ģ	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub-	stantial co	entributor, or 35%		15-11	
abi		controlled entity or family member of any of the				22	
Ξ	23	Secured mortgages and notes payable to unre	lated third	parties		23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	es 17-24).	Complete Part X		_	
		of Schedule D			1 000 160	25	1,465,186.
_	26	Total liabilities. Add lines 17 through 25		[चर	1,888,169.	26	1,405,100.
		Organizations that follow FASB ASC 958, ch	neck here	X			
češ	1	and complete lines 27, 28, 32, and 33.		1	21,621,657.	27	22,857,518.
lan	27	Net assets without donor restrictions			361,447.	28	20,000.
B	28	Net assets with donor restrictions		301,447.	28	20,000.	
Ę.		Organizations that do not follow FASB ASC	958, chec	k here		7-1	1 2 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Net Assets or Fund Balances		and complete lines 29 through 33.				29	
tso	29	Capital stock or trust principal, or current fund			30		
SSe	30	Paid-in or capital surplus, or land, building, or				31	
ţ	31	Retained earnings, endowment, accumulated		100000000000000000000000000000000000000	21,983,104.	31	22,877,518.
S	32	Total net assets or fund balances			23,871,273.		24,342,704.
	33	Total liabilities and net assets/fund balances			43,011,413.	33	Form 990 (2022

Form 990 (2022)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

54-1422298

Name of the organization

VIRGINIA PENINSULA FOODBANK

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

. 4		neason for 1 upile e	marrey otataon (All Organizations mast of	nipioto ti	.o pa, o .	30 11.00.200.000						
The	organ	ization is not a private founda											
1		A church, convention of chu				n 170(b)(1)(A)(i).						
2		A school described in section	on 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	990).)								
3		A hospital or a cooperative h											
4		A medical research organiza	ation operated in cor	junction with a hospital	described	in sectio i	n 170(b)(1)(A)(iii). Enter	the hospital's name,					
		city, and state:											
5		An organization operated fo	r the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit describe	d 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	X												
-		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	Ħ	An agricultural research orga				d in conju	nction with a land-grant	college					
•	L	or university or a non-land-g											
		university:	g										
10		An organization that normal	ly receives (1) more	than 33 1/3% of its supp	ort from co	ontribution	s, membership fees, and	gross receipts from					
10	ш	activities related to its exem	nt functions subjec	t to certain exceptions: a	nd (2) no r	nore than	33 1/3% of its support fr	rom gross investment					
		income and unrelated busin	ess tavable income	(less section 511 tax) fro	m busines	ses acquir	red by the organization a	fter June 30, 1975.					
		See section 509(a)(2). (Cor		(1000 000 000 000 000 000 000 000 000 00		18	J	,					
11		An organization organized a	•	vely to test for public saf	etv. See	section 50	9(a)(4).						
12	Ħ	An organization organized a						purposes of one or					
12		more publicly supported org											
		lines 12a through 12d that of											
_		Type I. A supporting orga						aivina					
а		the supported organizatio	on(s) the nower to re	gularly appoint or elect a	maiority o	f the direc	tors or trustees of the su	pporting					
		organization. You must c			majorney o	, ,,,,,							
		Type II. A supporting orga			ion with its	sunnorte	d organization(s), by hay	vina					
ь		control or management of											
					ine person	110 11101 001	itto or manage the eap						
		organization(s). You mus Type III functionally inte			in connect	ion with a	and functionally integrate	ed with.					
C		its supported organization											
	. –	Type III non-functionally						zation(s)					
C	· _	that is not functionally into											
								renesa					
		requirement (see instructi	ions). You must cor	npiete Part IV, Sections	m the IDS	that it is a	Type I Type II Type III						
e		Check this box if the orga					Type I, Type II, Type III						
		functionally integrated, or											
f		er the number of supported o						V					
		vide the following information (i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other					
	,	organization	(,	(described on lines 1-10	Yes	No No		support (see instructions)					
-				above (see instructions))	100	110							
_													
_													
_													
-	_												
	CAN												

(Form 990) 2022 VIRGINIA PENINSULA FOODBANK 54-1422 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Schedule A (Form 990) 2022 Part II Support Sch

(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								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	19315201.	22973348.	25283293.	18331254.	19623739.	105526835	
2	Tax revenues levied for the organ-							
	ization'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	19315201.	22973348.	25283293.	18331254.	19623739.	105526835	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly		L-TRACT,		A reflected			
	supported organization) included		100	40.0	4			
	on line 1 that exceeds 2% of the		The state of	123 - 1450				
	amount shown on line 11,	attention of the						
	column (f)						22210276.	
6	Public support. Subtract line 5 from line 4.					il di la	83316559.	
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
7	Amounts from line 4	19315201.	22973348.	25283293.	18331254.	19623739.	105526835	
8	Gross income from interest,							
	dividends, payments received on					-		
	securities loans, rents, royalties,							
	and income from similar sources	116,269.	125,171.	172,119.	149,844.	320,987.	884,390.	
9	Net income from unrelated business							
	activities, whether or not the		2					
	business is regularly carried on	141,026.	31,996.	66,237.	59,605.	0.	298,864.	
10	Other income. Do not include gain							
	or loss from the sale of capital						405 700	
	assets (Explain in Part VI.)	5,140.	3,584.	24,001.	27,073.	76,935.	136,733.	
11	Total support. Add lines 7 through 10		STR IIV				106846822	
12	Gross receipts from related activities	, etc. (see instructi	ons)				473,650.	
13	First 5 years. If the Form 990 is for t	he organization's f	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)		
_	organization, check this box and sto							
	ction C. Computation of Publ						77.98 %	
	Public support percentage for 2022 (14		
15	Public support percentage from 202	1 Schedule A, Part	II, line 14			15		
16a	33 1/3% support test - 2022. If the							
	stop here. The organization qualifies	s as a publicly supp	orted organization	n	LI 45 - 00 4 /00			
t	33 1/3% support test - 2021. If the							
	and stop here. The organization qua	alifies as a publicly	supported organiz	zation	- 10 10 16b	and line 14 is 100/	or more	
17a	10% -facts-and-circumstances tes	t - 2022. If the or	ganization did not	cneck a box on lin	e io, iba, or ibb,	and line 14 is 10%	or more,	
	and if the organization meets the fac							
	meets the facts-and-circumstances to	est. The organization	on qualifies as a p	abook a bay as "=	o 12 160 16b oz	17a and line 15 is		
k	10% -facts-and-circumstances tes						1070 OI	
	more, and if the organization meets t							
	organization meets the facts-and-circ						s	
<u>18</u>	Private foundation. If the organizati	on ula not check a	DOX OF THE 13, 11	Ja, 10D, 17d, 01 17	D. CHECK HIIS DOX 6	and see moduction		

Schedule A (Form 990) 2022 VIRGINIA PENINSULA FOODBANK 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.)

Sec	ction A. Public Support	now, picade comp	ioto i di i mj				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						:
	ization'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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received					4	
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support			1	T	T	160 T 1 1
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6				1	4.	
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
	Unrelated business taxable income					2:	
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975				-		
	Add lines 10a and 10b Net income from unrelated business						
.,	activities not included on line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
12	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's f	irst second third.	fourth, or fifth tax	vear as a section	501(c)(3) organi	zation,
17	AND THE RESIDENCE OF THE PROPERTY OF THE PARTY OF THE PAR	io organization o					
Se	ction C. Computation of Publi	ic Support Per	rcentage				
	Public support percentage for 2022 (column (f))	(1.0.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	15	%
16	Public support percentage from 2021	Schedule A, Part	III, line 15			16	%
_	ction D. Computation of Inves						
17	Investment income percentage for 20					17	%
18	Investment income percentage from	2021 Schedule A,	Part III, line 17	animaticamen recension		18	%
19	a 33 1/3% support tests - 2022. If the	organization did ı	not check the box	on line 14, and lin	ne 15 is more than	33 1/3%, and lir	ne 17 is not
	more than 33 1/3%, check this box a	nd stop here. The	e organization qua	lifies as a publicly	supported organiz	ation	
	33 1/3% support tests - 2021. If the	organization did	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3	%, and
	line 18 is not more than 33 1/3%, che						OII
20	Brigate foundation If the organization	an did not check a	DOY ON LINE 14 19	⊲a or iyo∷checki1	inis pox and see in	STRUCTIONS	

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- 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?
- 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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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))? If "Yes," provide detail in Part VI.
- **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? If "Yes," provide detail in **Part VI.**
- 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? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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(3-5	
III S	

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		Aug 1	
а	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		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	ALC:		
	detail in Part VI.	11c		
Sec	tion 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		W.	
	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)		133	
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported		1. THE	40
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			-24
	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		W4.5	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		21	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u>C.,</u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		V	NG
	the state of the dispersion of	[Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	XXX F		-
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		12.5	
	or management of the supporting organization was vested in the same persons that controlled or managed	1		2300
Sar	the supported organization(s). ction D. All Type III Supporting Organizations	1		
000	Mon Di All Type in 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		100	110
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			17
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		100	
	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			men.
	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			100
	supported organizations played in this regard.	3		
Sec	ction 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	s).		
а	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	nstructio		T
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а			3.7	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			113
	those supported organizations and explain how these activities directly furthered their exempt purposes,			9.41
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
	that these activities constituted substantially all of its activities.	2a	W V	
b				100
	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	2b		
_	these activities but for the organization's involvement.	20		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	1 317	1 3	
а	•	3a		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja	F E	1
	of its supported organizations? If "Yes" describe in Part VI the role placed by the organization in this regard.	. 3b		

1	Type III Non-Functionally Integrated 509(a)(3) Supporting Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	ov. 20, 1970 (<i>explain in</i> l	Part VI). See instruction
	All other Type III non-functionally integrated supporting organizations mus	t complete S	Sections A through E.	
ecti	ion 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		
	ion 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):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			Market Market
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		70
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		
	ion 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	all potential t	
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		J. 17. T. S. 48 " E.	
	emergency temporary reduction (see instructions).	6		

Schedule A (Form 990) 2022

Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (contin	nued)			
Secti	on D - Distributions				Current Year		
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1			
2	Amounts paid to perform activity that directly furthers exemp						
	organizations, in excess of income from activity			2			
3	Administrative expenses paid to accomplish exempt purpose	ninistrative expenses paid to accomplish exempt purposes of supported organizations bunts paid to acquire exempt-use assets lified set-aside amounts (prior IRS approval required · provide details in Part VI)					
4	Amounts paid to acquire exempt-use assets	24.		4			
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		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	ne organization is responsive					
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2022 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
		(i)	(ii)		(iii)		
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributi Pre-2022	ons	Distributable Amount for 2022		
1	Distributable amount for 2022 from Section C, line 6			Cr.,			
2	Underdistributions, if any, for years prior to 2022 (reason-	The state of					
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2022						
а	From 2017		7"- 1				
b	From 2018						
С	From 2019						
d	From 2020						
e	From 2021			= 1			
f	Total of lines 3a through 3e			v E			
q	Applied to underdistributions of prior years						
h	Applied to 2022 distributable amount			171-5			
$\overline{}$							
$\overline{}$	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			E = -			
4	Distributions for 2022 from Section D,	Shitter Start Margarette	A SWELLO				
·	line 7:						
a	Applied to underdistributions of prior years						
	Applied to 2022 distributable amount			ALL			
	Remainder. Subtract lines 4a and 4b from line 4.			3.00			
5	Remaining underdistributions for years prior to 2022, if						
J	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2022. Subtract lines 3h			17 Y Y Y			
U	and 4b from line 1. For result greater than zero, explain in			1 4 1 6			
	Part VI. See instructions.						
7	Excess distributions carryover to 2023. Add lines 3j			X Table			
'	and 4c.						
8	Breakdown of line 7:						
_	Excess from 2018						
	Excess from 2019						
	Excess from 2020						
	Excess from 2021						
	Excess from 2022				TV0		
	MINOUS IT WILL GOVER						

Schedule A (Form 990) 2022

Part IV, Section A, line 1: Part IV, Section	ines 1, 2, 3b, 3c, 4b, 4c, 5a on D. lines 2 and 3: Part IV	a, 6, 9a, 9b, 9c, 11a, 11b, /. Section E. lines 1c. 2a.	, and 11c; Part IV, S 2b, 3a, and 3b; Par	art II, line 17a or 17b; Part III, Section B, lines 1 and 2; Part IV t V, line 1; Part V, Section B, lint for any additional information	/, Section C, ne 1e; Part V,
SCHEDULE A, PART	II, LINE 10,	EXPLANATION	FOR OTHER	INCOME:	
OTHER INCOME					
2018 AMOUNT: \$	5,140.				
2019 AMOUNT: \$	3,584.				
2020 AMOUNT: \$	24,001.				
2021 AMOUNT: \$	27,073.				
2022 AMOUNT: \$	76,935.				
-					
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			5),		
•					

SCHEDULE D (Form 990)

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

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		S OF ACCOUNTS. Complete if the
-		(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 wi	riting that the assets held in donor advi	sed funds
•	are the organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and donor ad-		
_	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		
Pa	rt II Conservation Easements. Complete if the orga	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreation	on or education) Preservation of	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		1 1
С	Number of conservation easements on a certified historic structure	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired af	ter July 25,2006, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by th	ne organization during the tax
	year		
4	Number of states where property subject to conservation ease	ement is located	- ;
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	f
	violations, and enforcement of the conservation easements it it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing cor	nservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conserv	ration easements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial stater	nents that describes the
_	organization's accounting for conservation easements.	1	Nh Cimiler Accets
Pa	rt III Organizations Maintaining Collections of		other Similar Assets.
9-	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 958		
	of art, historical treasures, or other similar assets held for publ		
	service, provide in Part XIII the text of the footnote to its finance		
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fui	rtherance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(iii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical trea		sial gain, provide
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		
h	Assets included in Form 990, Part X		\$

Schedule D (Form 990) 2022

5,293,517.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)

Schedule D (Form 990) 2022 VIRGINIA P	ENINSULA FOODB	ANK	54-1422298 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes	s" 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		2	
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes	s" on Form 990, Part IV, line		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Ye	s" 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, col. (B)	line 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Ye	s" on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, I	ine 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)		FI CONTRACTOR	
(3)			
(4)			
(5)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2022

(6) (7) (8)

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	20,392,861.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		Tive.	
а	Net unrealized gains (losses) on investments	266,410.		
Ь	Donated services and use of facilities 2b		1999	
С	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIII.)		1	
е	Add lines 2a through 2d	*****************	2e	266,410.
3	Subtract line 2e from line 1	***************************************	3	20,126,451.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		1	
а		41,719.	120	
b	Other (Describe in Part XIII.)	-53,568.	100	
C.	Add lines 4a and 4b	,	4c	-11,849.
			5	20,114,602.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	*********		
Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) Int XII Reconciliation of Expenses per Audited Financial Statements With Ex	cpenses per R		
Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) Int XII Reconciliation of Expenses per Audited Financial Statements With Ex Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	(penses per R	eturi	n.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Ex	(penses per R		
5 Pa 1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	(penses per R	eturi	n.
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	(penses per R	eturi	n.
1 2	Total expenses and losses per audited Financial Statements With Expenses if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	(penses per R	eturi	n.
1 2 a	Total expenses per audited Financial Statements With Expenses per Audited Financial Statements With Expenses if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	kpenses per R	eturi	n.
1 2 a	Total expenses and losses per audited Financial Statements With Expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments 2b	(penses per R	eturi	n. 19,498,447.
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	53,568.	1 2e	19,498,447. 53,568.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	53,568.	eturi	n. 19,498,447.
1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	53,568.	1 2e	19,498,447. 53,568.
1 2 a b c d e	Total expenses and losses per audited financial Statements With Expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	53,568.	1 2e	19,498,447. 53,568.
1 2 a b c d e 3	Total expenses and losses per audited financial Statements With Expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	53,568.	1 2e	53,568. 19,444,879.
1 2 a b c d e 3 4	Total expenses and losses per audited financial Statements With Expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a	53,568. 41,719.	1 2e	19,498,447. 53,568.

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.

Schedule D (Form 990) 2022 VIRGINIA PENINSULA FOODBANK	54-1422298 Page 5
Schedule D (Form 990) 2022 VIRGINIA PENINSULA FOODBANK Part XIII Supplemental Information (continued)	
	-53,568.
DIRECT FUNDRAISING EVENT EXPENSES	-33,300.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
DIRECT FUNDRAISING EVENT EXPENSES	53,568.
DIRECT FORDIATOTIC SVERT EMPERORE	
	8
<u> </u>	
ū.	
	4

SCHEDULE G (Form 990)

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.

ntered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Open

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

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

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not

VIRGINIA PENINSULA FOODBANK 54-1422298

required to complete this par									
1 Indicate whether the organization rais	sed funds through any of the followin	ng activi	ties. (Check all that apply.					
a X Mail solicitations	e X Solicita	tion of	non-g	overnment grants					
b X Internet and email solicitations	b X Internet and email solicitations f X Solicitation of government grants								
c X Phone solicitations g X Special fundraising events									
	g ZZ Opecial	luliula	isii ig v	SVGIILG					
d X In-person solicitations									
2 a Did the organization have a written					tees, or				
key employees listed in Form 990, F	Part VII) or entity in connection with p	rofessi	onal fu	undraising services?	X Yes	No			
b If "Yes," list the 10 highest paid indi	viduals or entities (fundraisers) pursu	ant to a	greer	ments under which th	ne fun <mark>draiser is to</mark> be				
compensated at least \$5,000 by the									
	1	T							
		(iii)	Did	(5-) Ourse vessints	(v) Amount paid	(vi) Amount paid			
(i) Name and address of individual	(ii) Activity	(iii) fundr have cu	alser	(iv) Gross receipts	to (or retained by) fundraiser	to (or retained by)			
or entity (fundraiser)		or con	trol of itions?	from activity	listed in col. (i)	organization			
		-							
KD ALPHA DOG - 8001 S 13TH T., LINCOLN, NE 68512	MASS MAILINGS	Yes	No X	1,034,146.	196,001.	838,145.			
1. HINCOLN, NE 00312	MADO MATERIOD	1	-	-,,					
		1 1		20					
		+							
		1							
		-	_						
					1				
		1 1			1				
		+							
			_						
				1 024 146	106 001	020 145			
fotal				1,034,146.		838,145.			
3 List all states in which the organization	on is registered or licensed to solicit	contrib	utions	or has been notified	I it is exempt from re	gistration			
or licensing.									
/A									
*1									

		of fundraising event contributions and gr	(a) Event #1 MAYFLOWER	(b) Event #2 TASTEFULLY	(c) Other events NONE	(d) Total events (add col. (a) through
			MARATHON	YOURS		col. (c))
			(event type)	(event type)	(total number)	COI. (C)
Revenue	1	Gross receipts	196,171.	200,772.		396,943.
ш	2	Less: Contributions	196,171.	200,772.		396,943.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
"	5	Noncash prizes				
esued	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Ω	8	Entertainment				
	9	Other direct expenses	1 - 700	37,859.		53,568.
	10	Direct expense summary. Add lines 4 throug	gh 9 in column (d)		*************	53,568.
	11	Net income summary. Subtract line 10 from	line 3, column (d)			-53,568.
Pa	rt l		answered "Yes" on Forn	n 990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				
a			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Revenue		v v		bingo/progressive bingo		coi. (a) through coi. (c)
eve						
_	1	Gross revenue				
Ses	2	Cash prizes				
ens	3	Noncash prizes				
Expenses	3	Noticash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	_		Yes %	Yes%	Yes %	
	6	Volunteer labor	□ No	☐ No	No	
	7	Direct expense summary. Add lines 2 throug	0.0000			
_	8	Net gaming income summary. Subtract line	/ from line 1, column (d)			
_	_		luoto gamina sativities:			
9		iter the state(s) in which the organization cond the organization licensed to conduct gaming a				Yes No
		_				
ı) IT '	'No," explain:				
10-	1//	ere any of the organization's gaming licenses	revoked, suspended, or t	erminated during the tax	/ear?	Yes No
		ere any of the organization's garming licenses "Yes," explain:				
•) II (теэ, ехріаін				
	_					

Sch	edule G (Form 990) 2022 VIRGINIA PENINSULA FOODBANK 54	1 - 1422	298	Page 3
11	Does the organization conduct gaming activities with nonmembers?	🔲	Yes	No No
	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:			
	The organization's facility	13a	i	%
	a An outside facility			%
44	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
1**	Little the Halife and address of the person who propares the organization organization of			
	Nama			
	Name			
	Address		_	
			Yes	No
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		162	NO
t	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount	ıt		
	of gaming revenue retained by the third party \$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
	(6)			
16	Gaming manager information:			
10	daming manager information.			
	Name			
	Name			
	Gaming manager compensation \$			
	Gaming manager compensation \$			
	Description of any time provided			
	Description of services provided			
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to	_	1	
	retain the state gaming license?		Yes	No
- 1	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	10		
	organization's own exempt activities during the tax year \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); an	d Part III, I	ines 9,	9b, 10b,
_	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
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Schedule G	(Form 990)	VIRGINIA	PENINSULA	FOODBANK		54-1422298	Page 4
Part IV	(Form 990) Supplemental Infor	mation (continue	ed)				
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SCHEDULE I (Form 990)

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

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

Open to Public Inspection

OMB No. 1545-0047

Employer identification number

Name of the organization Department of the Treasury Internal Revenue Service

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

å [54-1422298 X Yes 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 VIRGINIA PENINSULA FOODBANK General Information on Grants and Assistance criteria used to award the grants or assistance? Part I

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 diministed if additional space is needed. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II

A GIET FROM BEN 309 WALTZ FARM ROAD WILLIAMSBURG, VA 23185 ADVANCING GODS KINGDOM WORLDWIDE FELLOWSHIP - 1924 E. PEMBROKE AVE - HAMPTON, VA 23663 ALL NATIONS CHURCH 853 CLOVERLEAF LANE NEWPORT NEWS, VA 23601 ALE NATIONS CHURCH 853 CLOVERLEAF LANE NEWPORT NEWS, VA 23601 ALE NATIONS CHURCH 854 CHURCH 855 CLOVERLEAF LANE NEWPORT NEWS, VA 23601 ALE NATIONS CHURCH 855 CLOVERLEAF LANE NEWPORT NEWS, VA 23601 ALE NATIONS CHURCH 856 CLOCO (3) ALE NATIONS CHURCH 857 CLOSS CONCOUNTING 858 CLOCO (3) ALE NATIONS CHURCH 858 CLOCO (3) ALE NATIONS CHURCH 859 CLOCO (3) AMBASSADORS FOR JESUS CHRIST 4 DUNCAN DRIVE HAMPTON, VA 23663 566 CLOCO (3) 97 627.		assistance riviv, appraisar, other)	וטוכמטו מטטטמומוטס	or assistance
B 80-0808236 501(C)(3) 0. 1 81-2490628 501(C)(3) 0. 1 52-2138569 501(C)(3) 0.	.0	68, BOOK	FOOD COMMODITIES	PREVENT HUNGER
HELST S1-2490628 501(C)(3) CHRIST 52-2138569 501(C)(3) CHRIST 56-1660331 501(C)(3) 0.	.0	96. BOOK	FOOD COMMODITIES	PREVENT HUNGER
CHRIST 52-2138569 501(C)(3) 0.	0	104. BOOK	FOOD COMMODITIES	PREVENT HUNGER
CHRIST 56-1660331 501(C)(3) 0.	.0	14,439, BOOK	FOOD COMMODITIES	PREVENT HUNGER
AND COURAGE MINICIPALES	0	93,627. BOOK	FOOD	PREVENT HUNGER
1553 OLD BUCKROE RD. 54-2058241 501(C)(3) 0. 145,659.	0.	559. BOOK	ROOD COMMODITIES	PREVENT HUNGER

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) 2022

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Schedule I (Form 990) VIRGINIA PENINSULA FOODBANK Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	PENINSULA Assistance to Don	FOODBANK nestic Organizations	and Domestic Go		(Schedule I (Form 990), Part II.)		54-1422298 Page 1
	(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
BE BLESSED BE A BLESSING OUTREACH MINISTRY - 605 SOUTH AVE - NEWPORT NEWS, VA 23601	92-0849788	501(C)(3)	349.	300,064.	воок	FOOD	PREVENT HUNGER
BELLAMY UNITED METHODIST CHURCH 4870 CHESTNUT FORK ROAD GLOUCESTER, VA 23061	54-0548800	501(C)(3)	.0	8,871.	воок	FOOD	PREVENT HUNGER
BETHEL TEMPLE CHURCH 1705 TODDS LANE HAMPTON, VA 23666	44-0577787	501(C)(3)	0	112,084. BOOK	ВООК	FOOD	PREVENT HUNGER
BREAD FOR LIFE COMMUNITY FOOD PANTRY - 6262 MAIN STREET - GLOUCESTER, VA 23061	27-0420937	501(C)(3)	.002,6	862,109.	воок	FOOD	PREVENT HUNGER
BREAKTHROUGH WORSHIP CENTER 1709 HAMPTON HIGHWAY TABB, VA 23693	54-1638492	501(C)(3)	*0	6,289,	воок	FOOD COMMODITIES	PREVENT HUNGER
BUCKROE BAPTIST CHURCH 1819 NORTH MALLORY STREET HAMPTON, VA 23664	54-0597300	501(C)(3)	0.	72,608.	ВООК	FOOD	PREVENT HUNGER
CALVARY SDA CHURCH 1200 17TH STREET NEWPORT NEWS, VA 23607	54-6117202 501(C)	501(C)(3)	*0	106,664.	воок	FOOD	PREVENT HUNGER
COASTAL COMMUNITY CHURCH 101 VILLAGE AVENUE YORKTOWN, VA 23693	75-2987699	\$01(C)(3)	0.	170,149.	BOOK	FOOD	PREVENT HUNGER
COMMUNITY EMPOWERMENT CENTER 5405 ROANOKE AVENUE NEWPORT NEWS, VA 23605	54-2004308 501(C)	501(C)(3)	0.	64,579. BOOK	воок	FOOD COMMODITIES	PREVENT HUNGER
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Schedule I (Form 990) VIRGINIA PENINSULA FOODBANK Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	PENINSULA Assistance to Dor	FOODBANK nestic Organizations	and Domestic Go	vernments (Sche	(Schedule I (Form 990), Part II.)		54-1422298 Page 1
4	(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
CONNECT COMMUNITY CALVARY ASSEMBLY OF GOD - 1380 N. MALLORY STREET - HAMPTON, VA 23663	54-1376757	501(C)(3)	*0	18,665.	воок	FOOD COMMODITIES	PREVENT HUNGER
CRUSADING OUTREACH MINISTRY 711 SPRUCE STREET HAMPTON, VA 23661	54-1661906	501(C)(3)	.0	78,657.	воок	FOOD	PREVENT HUNGER
DENBIGH UNITED PRESBYTERIAN CHURCH 302 DENBIGH BLVD. NEWPORT NEWS, VA 23608	54-0834929 501(C)(3	501(C)(3)	*0	7,192.	воок	FOOD COMMODITIES	PREVENT HUNGER
DOMINION OUTREACH WORSHIP CENTER 119 29TH STREET NEWPORT NEWS, VA 23607	54-1978969	\$01(C)(3)	0.	23,021.	воок	FOOD	PREVENT HUNGER
DREAMS OF HOPE FOUNDATION 7320 WARWICK BLVD NEWPORT NEWS, VA 23607	47-4736401 501(C)(3	501(C)(3)	* 0	72,740.	воок	FOOD COMMODITIES	PREVENT HUNGER
	54-1950677	501(C)(3)	0	5,838,	воок	FOOD COMMODITIES	PREVENT HUNGER
. \$	46-3151576	501(C)(3)	,0	108,826.	BOOK	FOOD	PREVENT HUNGER
EAST END ACADEMY 804 CITY CENTER BOULEVARD NEWPORT NEWS, VA 23606	56-2591930 \$01(C)(3	\$01(C)(3)	.0	93,191.	воок	FOOD	PREVENT HUNGER
EMPOWERED BELIEVERS CHRISTIAN LEARNING CENTER - 2088 NICKERSON BLVD HAMPTON. VA 23663	41-2178456 501(C)(3)	501(C)(3)	• 0	46,363,	ВООК	FOOD COMMODITIES	PREVENT HUNGER
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Schedule I (Form 990) VIRGINIA PENINSULA FOODBANK Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	PENINSULA Assistance to Dor	FOODBANK nestic Organizations	and Domestic Go		(Schedule I (Form 990), Part II.)		54-1422298 Page 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 non-cash assistance	(h) Purpose of grant or assistance
FAITH & DELIVERANCE RECOVERY OUTREACH - 1609 25TH STREET - NEWPORT NEWS, VA 23607	47-5187373	501(C)(3)	*0	8,486.	ВООК	FOOD COMMODITIES	PREVENT HUNGER
FIRST BAPTIST CHURCH DENBIGH 3628 CAMPBELL RD. NEWPORT NEWS, VA 23602	54-0932392	501(C)(3)	0.	209,958.	ВООК	FOOD	PREVENT HUNGER
FIRST BAPTIST CHURCH MORRISON 12720 PATRICK HENRY DRIVE NEWPORT NEWS, VA 23602	54-1562076 501(C)(3)	501(C)(3)	*0	741,557.	воок	FOOD COMMODITIES	PREVENT HUNGER
FIRST CHRISTIAN CHURCH 1458 TODDS LANE HAMPTON, VA 23666	54-6001972	501(C)(3)	*0	8,700.	ВООК	FOOD COMMODITIES	PREVENT HUNGER
FIRST CHURCH OF NEWPORT NEWS 2300 WICKHAM AVE, NEWPORT NEWS, VA 23607		501(C)(3)	*0	. 27, 562.	воок	FOOD COMMODITIES	PREVENT HUNGER
FIRST FRIENDS CHURCH 1062 BIG BETHEL ROAD HAMPTON, VA 23666	54-0833884	501(C)(3)	•0	17,784. BOOK	воок	FOOD COMMODITIES	PREVENT HUNGER
	54-0575802	501(C)(3)	.0	6,011.	воок	FOOD COMMODITIES	PREVENT HUNGER
FIRST UNITED METHODIST CHURCH 1 SALT POND ROAD HAMPTON, VA 23664	31-1813333 501(C)(501(C)(3)	.0	30,075.	воож	FOOD	PREVENT HUNGER
FISH 312 SECOND STREET WILLIAMSBURG, VA 23185	54-1523058	501(C)(3)	0	46,472.BOOK	воок	FOOD	PREVENT HUNGER
							Schedule I (Form 990)

Schedule I (Form 990) VIRGINIA PENINSULA FOODBANK Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)	PENINSULA Assistance to Dor	FOODBANK nestic Organizations	and Domestic Go	vernments (Sche	dule I (Form 990), Par		54-1422298 Page 1
1	(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
FIVE LOAVES FOOD PANTRY 13813 WARWICK BLVD NEWPORT NEWS, VA 23608	45-4087949	501(C)(3)	*0	870,656.	воок	FOOD COMMODITIES	PREVENT HUNGER
GLEANING BAPTIST CHURCH 7749 DUTTON RD. GLOUCESTER, VA 23061	54-1295681	501(C)(3)	.0	418,287.	воох	FOOD COMMODITIES	PREVENT HUNGER
GREATER BETHLEHEM CHRISTIAN ASSEMBLY - 360 IVY HOME ROAD - HAMPTON, VA 23669	54-1358563	501(C)(3)	*0	77,831.	воок	POOD COMMODITIES	PREVENT HUNGER
GREATER JOY COGIC 72 WALNUT AVENUE NEWPORT NEWS, VA 23607	51-1138353	501(C)(3)	*0	80,510. BOOK	ВООК	FOOD COMMODITIES	PREVENT HUNGER
GREATER WORKS MINISTRIES 3614 HUNTINGTON AVENUE NEWPORT NEWS, VA 23607	30-0062358	501(C)(3)	• 0	42,608. BOOK	ВООК	FOOD COMMODITIES	PREVENT HUNGER
	27-007733	501(C)(3)	0	636,191.	воок	FOOD	PREVENT HUNGER
H.E.L.P. 1320 LASALLE AVENUE HAMPTON, VA 23669	54-1209213 501(C)	\$01(C)(3)	.0	35,500. BOOK	воок	FOOD	PREVENT HUNGER
HAMPTON BAPTIST CHURCH 40 KINGS WAY HAMPTON, VA 23669	54-0575803	501(C)(3)	994.	107,009.	воок	FOOD	PREVENT HUNGER
HAMPTON ROADS COMMUNITY ACTION PROGRAM - 2410 WICKHAM AVE NEWPORT NEWS, VA 23607	23-7014485 501(C)	501(C)(3)	* 0	38,313, BOOK	воок	FOOD	PREVENT HUNGER
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Schedule I (Form 990) VIRGINIA PENINSULA FOODBANK Dart II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	PENINSULA Assistance to Dor	FOODBANK	and Domestic Go		(Schedule I (Form 990), Part II.)		54-1422298 Page 1
	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAMPTON-NEWPORT NEWS COMMUNITY SERVICES BOARD - 300 MEDICAL DR - HAMPTON, VA 23666	54-1716751	501(C)(3)	0.	26,643.	ВООК	FOOD COMMODITIES	PREVENT HUNGER
HANDS ACROSS MATHEWS 10878 BUCKLEY HALL RD MATTHEWS, VA 23091	54-1440260	501(C)(3)	*0	275,201.	воок	FOOD COMMODITIES	PREVENT HUNGER
HARVESTLAND MINISTRIES 5889 JEFFERSON AVE NEWPORT NEWS, VA 23605	30-0273624	501(C)(3)	0.	10,930.	воок	FOOD	PREVENT HUNGER
HEART AND SOUL ASSISTED LIVING 611 19TH STREET NEWPORT NEWS, VA 23607	04-3597582	\$01(C)(3)	0.	86,728.	воок	FOOD COMMODITIES	PREVENT HUNGER
HELPING THE HOMELESS 7040 GEORGE WASHINGTON MEMORIAL HWY GLOUCESTER, VA 23061	47-2850129 S01(C)	501(C)(3)	.0	46,316.	воок	FOOD COMMODITIES	PREVENT HUNGER
1 14 61	54-1940207	501(C)(3)	* 0	5,084.	ВООК	FOOD COMMODITIES	PREVENT HUNGER
HOSANNA CHRISTIAN CHURCH 179 TYNES STREET SUFFOLK, VA 23434	54-1336524	501(C)(3)	°	7,492.	воок	FOOD COMMODITIES	PREVENT HUNGER
HOUSE OF BLESSINGS 1113 25TH STREET NEWPORT NEWS, VA 23607	27-0416649	501(C)(3)	.0	211,867.	воок	FOOD	PREVENT HUNGER
IMMACULATE CONCEPTION CATHOLIC CHURCH - 2150 CUNNINGHAM DRIVE - HAMPTON, VA 23666	54-0910633 501(C)	; 501(C)(3)	0.	47,205. BOOK	ВООК	FOOD COMMODITIES	PREVENT HUNGER
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Part II Continuation of Grants and Other Assistance to Domestic Or	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	ganizations and Domestic Governments (Schedule I (Form 990), Part II.)	t 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
ISRAEL UNITED IN CHRIST, INC. 222 23RD STREET NEWPORT NEWS, VA 23607	20-0516499	501(C)(3)	0.	6,583,	воок	FOOD	PREVENT HUNGER
IT'S A START 3224 SPRING GROVE ROAD CLAREMONT, VA 23899	03-0391159	501(C)(3)	.0	23,307. BOOK	воок	FOOD COMMODITIES	PREVENT HUNGER
L.I.N.K. OF HAMPTON ROADS 10413 WARWICK BLVD. NEWPORT NEWS, VA 23601	54-1556503	501(C)(3)	0.	77,250.	ВООК	FOOD	PREVENT HUNGER
LITTLE ZION BAPTIST CHURCH 1824 W. QUEEN STREET HAMPTON, VA 23666	54-1301481	501(C)(3)	. 0	98,436.	ВООК	FOOD COMMODITIES	PREVENT HUNGER
LITTLE ZION BAPTIST CHURCH 8625 POCAHONTAS TRAIL WILLIAMSBURG, VA 23185	54-1402489	501(C)(3)	• 0	9,960.	воок	FOOD COMMODITIES	PREVENT HUNGER
LIVING FAITH CHRISTIAN CENTER 14901 WARWICK BLVD, NEWPORT NEWS, VA 23608	20-0085549	501(C)(3)	• 0	101,798.	ВООК	ROOD COMMODITIES	PREVENT HUNGER
LIVING WATERS FAMILY OUTREACH 2061 WINDSOR ROAD DUTTON, VA 23050	47-1187579	501(C)(3)	0.	77,274.	воок	FOOD	PREVENT HUNGER
LIVING WATERS REDEEMED APOSTOLIC 617 48TH STREET NEWPORT NEWS, VA 23607	02-0720496	501(C)(3)	0	30,020.	воок	FOOD	PREVENT HUNGER
MERCY SEAT BAPTIST CHURCH 1013 TODDS LANE HAMPTON, VA 23666	62-1440684 501(C)	501(C)(3)	.0	180,476. BOOK	ВООК	FOOD COMMODITIES	PREVENT HUNGER
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Schedule I (Form 990) VIRGINIA PENINSULA FOODBANK Part II Continuation of Grants and Other Assistance to Domestic Organizations	PENINSULA Assistance to Dor	FOODBANK nestic Organizations	and Domestic Governments		(Schedule I (Form 990), Part II.)		54-1422298 Page 1
	(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
MID-ATLANTIC TEEN CHALLENGE 9302 WARWICK BLVD, NEWPORT NEWS, VA 23601	52-1226269	501(C)(3)	*0	32,711.	воок	FOOD COMMODITIES	PREVENT HUNGER
MT, MORIAH RZUA CHURCH 718 18TH STREET NEWPORT NEWS, VA 23607	82-1747210	501(C)(3)	,0	13,832.	воох	FOOD	PREVENT HUNGER
NEW HOPE INDEPENDENT CHURCH 9713 GEO. WASH, HWY. GLOUCESTER, VA 23061	30-0151534 501(C)	501(C)(3)	*0	42,321.	воок	FOOD	PREVENT HUNGER
NEW LIFE CHURCH 1525 POWER PLANT PKWAY HAMPTON, VA 23669	54-1111710 501(C)	501(C)(3)	*0	10,227.	BOOK	FOOD	PREVENT HUNGER
NEW MT. ZION BAPTIST CHURCH 11127 WOODS CROSS ROAD GLOUCESTER, VA 23061	45-0594345	501(C)(3)	0.	6,276,	воок	FOOD COMMODITIES	PREVENT HUNGER
NORTHAMPTON CHRISTIAN CHURCH 1409 TODDS LANE HAMPTON, VA 23666	54-0835408	501(C)(3)	* 0	.33,918.	ВООК	FOOD COMMODITIES	PREVENT HUNGER
OPEN ARMS ASSISTED LIVING 1229 27TH STREET NEWPORT NEWS, VA 23607	26-0112165	501(C)(3)	.0	.996,386	воок	FOOD COMMODITIES	PREVENT HUNGER
OPEN DOOR BAPTIST CHURCH 14 DEEP CREEK ROAD NEWPORT NEWS, VA 23606	54-1687665	501(C)(3)	0.	15,158.	воок	FOOD	PREVENT HUNGER
OPERATION BREAKING THROUGH 330 POPLAR AVE. NEWPORT NEWS, VA 23607	54-1592843	501(C)(3)	0	53,689.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
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(a) Name and address of (b) EIN (c) IRC section cash grant abount of noncasing overnment assistant and Domestic advernment (b) EIN (c) IRC section (d) Amount of noncas if applicable cash grant assistan	Assistance to Dor	(c) IRC section if applicable	(d) Amount of cash grant	1 ~ - -	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARISH THRIFT SHOP 487 WYTHE CREEK RD, POQUOSON, VA 23662	24-1044073	501(C)(3)	*0	9,179.	воок	FOOD COMMODITIES	PREVENT HUNGER
PARKVIEW BAPTIST CHURCH 604 HILTON BLVD, NEWPORT NEWS, VA 23602	54-0652290 501(C)(3	501(C)(3)	• 0	13,843, BOOK	воок	FOOD COMMODITIES	PREVENT HUNGER
PENINSULA DREAM CENTER 28 HARPERSVILLE RD. NEWPORT NEWS, VA 23601	46-1467632	501(C)(3)	• 0	53,211.	воок	FOOD COMMODITIES	PREVENT HUNGER
PENINSULA HISPANIC SDA CHURCH 682 79TH STREET NEWPORT NEWS, VA 23661	52-0643036 501(C)(3	501(C)(3)	0	219,066.	воок	FOOD COMMODITIES	PREVENT HUNGER
AINTS V AVE	54-2044853	501(C)(3)	*0	39,271.	воок	FOOD COMMODITIES	PREVENT HUNGER
POCAHONTAS TEMPLE BAPTIST CHURCH 10324 BRANCH STREET WAKEFIELD, VA 23888	54-1675775 501(C)(3	501(C)(3)	.0	16,857. BOOK	BOOK	FOOD	PREVENT HUNGER
	54-1060438 501(C)(3	501(C)(3)	1,209,	18,696,	воок	FOOD	PREVENT HUNGER
RUNNEYMEDE HOLINESS CHURCH 7711 WHITE MARSH RD. ELBERON, VA 23846	54-1107957 501(C)(3	501(C)(3)	7,000.	31,523.	воок	FOOD COMMODITIES	PREVENT HUNGER
SALEM UNITED METHODIST CHURCH	(3.		c			FOOD	dabahan dimush
GLOUCESTER, VA 23601	54-0312800 501(C)(3	501(C)(3)	0.	46,429, BUUK	BOOK	COMMODITES	ENDVENT MONOEN

Schedule I (Form 990) VIRGINIA PENINSULA FOODBANK Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	PENINSULA Assistance to Dor	FOODBANK nestic Organizations	and Domestic Go		(Schedule I (Form 990), Part II.)		54-1422298 Page 1
_1	(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)	2,690.	25,924.	воок	FOOD	PREVENT HUNGER
SALVATION ARMY - VA PENINSULA 1033 BIG BETHEL ROAD HAMPTON, VA 23666	58-0660601	501(C)(3)	491,	56,019.	воок	POOD COMMODITIES	PREVENT HUNGER
SIXTH MOUNT ZION BAPTIST TEMPLE 3100 BUTTERNUT DRIVE HAMPTON, VA 23666	22-3861588	501(C)(3)	.0	64,841,	воок	FOOD COMMODITIES	PREVENT HUNGER
SPIRIT OF TRUTH CHRISTIAN MINISTRIES - 2501 MARSHALL AVENUE - NEWPORT NEWS, VA 23607	86-1170118	\$01(C)(3)	0.	124,893,	воок	FOOD COMMODITIES	PREVENT HUNGER
ST. JOHN BAPTIST CHURCH 1397 PENNIMAN RD. WILLIAMSBURG, VA 23185	11-3791742 501(C)	501(C)(3)	. 526.	114,502,	ВООК	FOOD COMMODITIES	PREVENT HUNGER
ST, JOSEPH CATHOLIC CHURCH 512 BUCKROE AVE. HAMPTON, VA 23664	54-0842759	501(C)(3)	*0	15,118.	ВООК	FOOD COMMODITIES	PREVENT HUNGER
ST. MARKS UNITED METHODIST CHURCH 99 EAST MERCURY BLVD. HAMPTON, VA 23669	54-0895977	501(C)(3)	0	57,826.	воок	FOOD	PREVENT HUNGER
ST, TIMOTHY CHURCH OF CHRIST HOLLNESS USA - 1711 MADISON AVE, - NEWPORT NEWS, VA 23607	54-1456611	501(C)(3)	0.	157,726.	BOOK	FOOD	PREVENT HUNGER
ST, VINCENT DE PAUL CHURCH 230 33RD STREET NEWPORT NEWS, VA 23607		501(C)(3)	.0	20,680. BOOK	воок	FOOD COMMODITIES	PREVENT HUNGER
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Schedule I (Form 990) VIRGINIA PENINSULA FOODBANK Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)	PENINSULA Assistance to Don	FOODBANK nestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Par		54-1422298 Page 1
	(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
SUSANNA WESLEY UNITED METHODIST CHURCH - 3900 GEORGE WASHINGTON MEMORIAL HIGHWAY - GLOUCESTER, VA 23131	54-1484993	501(C)(3)	0.	7,344.	ВООК	FOOD COMMODITIES	PREVENT HUNGER
TABERNACLE BAPTIST CHURCH EAST END 1408 MARSHALL AVE, NEWPORT NEWS, VA 23607	56-2578455	501(C)(3)	*0	87,706.	воок	FOOD	PREVENT HUNGER
TEMPLE BAPTIST CHURCH 235 HARPERSVILLE RD. NEWPORT NEWS, VA 23601	54-0641417	501(C)(3)	.0	122,252.	воок	FOOD	PREVENT HUNGER
TEMPLE OF REFUGE 906 21ST STREET NEWPORT NEWS, VA 23607	54-1972270	501(C)(3)	0.	163,719,	воок	FOOD	PREVENT HUNGER
TENDER CARE ADULT RESIDENCE 1258 W QUEEN STREET HAMPTON, VA 23669	54-1904086 501(C)(3)	501(C)(3)	.0	35,077.BOOK	BOOK	FOOD	PREVENT HUNGER
THE EZER INITIATIVE 2200 COLISEUM DR HAMPTON, VA 23666	83-0849639	501(C)(3)	°	36,501.	ВООК	FOOD	PREVENT HUNGER
THE NEEDS NETWORK 9905 WARWICK BLVD. NEWPORT NEWS, VA 23601	51-0675331	\$01(C)(3)	0	17,068.	воок	FOOD	PREVENT HUNGER
THRIVE PENINSULA 13195 WARWICK BLVD., UNIT 2C NEWPORT NEWS, VA 23602	54-1857664	501(C)(3)	0	336,536,	ВООК	FOOD	PREVENT HUNGER
TODDS LANE BIBLE CHURCH 1457 TODDS LANE HAMPTON, VA 23666	52-1401054 501(C)(501(C)(3)	0	148,222. BOOK	Воок	FOOD	PREVENT HUNGER
							Schedule I (Form 990)

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	PENINSULA	FOODBANK		9			54-1422298 Page 1
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)	ssistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	dule I (Form 990), Par	T :)	
(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
TRIUMPH CHRISTIAN CENTER 5501 HUNTINGTON AVENUE NEWPORT NEWS, VA 23607	35-2380412	501(C)(3)	.0	20,831.	воок	FOOD COMMODITIES	PREVENT HUNGER
TRIUMPH MINISTRIES 1811 WICKHAM AVE, NEWPORT NEWS, VA 23607	82-0541428	501(C)(3)	.0	61,444.	воок	FOOD COMMODITIES	PREVENT HUNGER
UNION BAPTIST CHURCH 9254 GUINEA ROAD HAYES, VA 23072	62-0535346	501(C)(3)	0	255,510.	воок	FOOD COMMODITIES	PREVENT HUNGER
UNITY TABERNACLE AFCOG 2699 GOLDEN HILL ROAD ELBERON, VA 23846	54-1065901	501(C)(3)	0,	19,074.	воок	FOOD COMMODITIES	PREVENT HUNGER
USO OF HAMPTON ROADS AND CENTRAL VIRGINIA - 833 MONROE AVE, - FT. EUSTIS, VA 23604	54-1305517 501(C)	501(C)(3)	• 0	12,100. BOOK	воок	FOOD COMMODITIES	PREVENT HUNGER
VIRGINIA PENINSULA COMMUNITY COLLEGE EDUCATIONAL FOUNDATION - 99 THOMAS NELSON DRIVE - HAMPTON, VA 23666	52-1217532	501(C)(3)	.0	30,229.	ВООК	FOOD	PREVENT HUNGER
WARWICK ASSEMBLY OF GOD 1228 TODDS LANE HAMPTON, VA 23666	54-1255383	501(C)(3)	.0	30,719.	воок	FOOD	PREVENT HUNGER
WATERS EDGE CHURCH 6830 GEORGE WASHINGTON MEM, HWY, YORKTOWN, VA 23692	20-0383096	\$01(C)(3)	.0	101,002.	ВООК	FOOD	PREVENT HUNGER
WESLEY GROVE UNITED CHURCH OF CHRIST - 2308 ROANOKE AVE, -	54-1153759 501(C)	501(C)(3)	.0	72,016. BOOK	воок	FOOD COMMODITIES	PREVENT HUNGER
							Schedule I (Form 990)

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Schedule I (Form 990) VIRGINIA PENINSULA FOODBANK Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	PENINSULA Assistance to Dor	FOODBANK nestic Organizations	and Domestic Go	vernments (Sche	(Schedule I (Form 990), Part II.)		54-1444496 Page1
	(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
WEST HAMPTON BAPTIST CHURCH 631 ABERDEEN ROAD HAMPTON, VA 23661	54-0616849	501(C)(3)	*0	46,772.	ВООК	FOOD	PREVENT HUNGER
WHITE MARSH BAPTIST CHURCH 5123 GEORGE WASHINGTON MEM, HWY GLOUCESTER, VA 23183	54-1401787	501(C)(3)	0,	7,602.	воок	FOOD	PREVENT HUNGER
WILLIAMSBURG HOUSE OF MERCY 10 HARRISON AVENUE WILLIAMSBURG, VA 23185	47-5347792 501(C)(501(C)(3)	*0	74,041.	воок	FOOD	PREVENT HUNGER
WORLD OUTREACH WORSHIP CENTER 1233 SHIELDS ROAD NEWPORT NEWS, VA 23608	54-1259047 501(C)	501(C)(3)	0,	312,683.	воок	FOOD COMMODITIES	PREVENT HUNGER
ZION BAPTIST CHURCH, NEWPORT NEWS 633 20TH STREET NEWPORT NEWS, VA 23607	54-0834976	501(C)(3)	*0	62,418. BOOK	ВООК	FOOD COMMODITIES	PREVENT HUNGER
ZION COMMUNITY CHURCH 22 RIP RAP ROAD HAMPTON, VA 23669		501(C)(3)	.0	24,075.	воок	FOOD	PREVENT HUNGER
ZION PROSPECT BAPTIST CHURCH 408 DARBY ROAD YORKTOWN, VA 23693	54-1490612	501(C)(3)	.0	7,088, BOOK	воок	FOOD COMMODITIES	PREVENT HUNGER
					57		*
		(4)					Schedule I (Form 990)

Schedule I (Form 990) 2022

Part III

(Form 990) 2022 VIRGINIA PENINSULA FOODBANK

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
(a) (i)					
			a a		
	Þ			d	
Supplementa	quired in Part I, lir	ne 2; Part III, column	(b); and any other ac	Iditional information.	
PART I, LINE 2: THE FOODBANK DISTRIBITES FOOD TO OR	RGANIZATI	GANIZATIONS WHO ASSIST	VIGNI TSIS	INDIVIDUALS IN	
IS IN THE COMMUNITY.)	LITY REQUI	ELIGIBILITY REQUIREMENTS THAT MUST	AT MUST BE	
RECEIVE USDA FOOD,		RED BY THE	BY THE FOODBANK S	STAFF.	
ZV.					

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Pai	11 Types of Property	-,-	1 (1.)	(-)	(d)		
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of determ noncash contribution		3
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	4	9,915.	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			B -			
15	Real estate - Residential						_
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles	Х		11 065 040	\$1.57/LB BY I	יסוותא	ע קיד
19	Food inventory	X		11,905,040.	\$1.57/UD DI I.	GDGD	11(1
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						_
23	Scientific specimens						
24	Archeological artifacts						
25	Other ()						
26	Other ()		, , , , , , , , , , , , , , , , , , ,				
27	Other ()						
28	Other (_ 4.1		antributions			
29	Number of Forms 8283 received by the organiz		_				
	for which the organization completed Form 828	33, Part V, I	Jonee Acknowledg	ement		Yes	No
	During the year, did the organization receive by	. aanteihusti	an any proporty for	sorted in Part I lines 1 through	oh 28 that it	163	140
30a	must hold for at least 3 years from the date of t						100
					20		X
	exempt purposes for the entire holding period?					a	
	If "Yes," describe the arrangement in Part II.	aliau that	aguiros tha ravieu	of any nonetandard contribu	itions?	1 X	
31	Does the organization have a gift acceptance p						\vdash
32a	Does the organization hire or use third parties of				0.0	,	x
	contributions?			***************************************		.0	
	If "Yes," describe in Part II. If the organization didn't report an amount in c	olumo (a) fa	or a tune of propert	v for which column (a) is obs	cked		
33	describe in Part II	olamii (c) ic	n a type or propert	y for withort column (a) is one			

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

Schedule M (Form 990) 2022

Schedule M	(Form 990) 2022	VIRGINIA	PENINSULA	FOODBANK		54-1422298	Page 2
Part II	Supplemental is reporting in Part this part for any ac	Information.	Provide the informa	ation required by l tions, the numbe	Part I, lines 30b, 32b, a r of items received, or a	nd 33, and whether the organization of both. Also com	ation plete
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SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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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 the latest information.

2022
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: VETERANS IN OUR COMMUNITY. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: 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 OUALITY FOOD ITEMS ARE OBTAINED FROM THE USDA THROUGH THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP) AND THE 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. IN FY 2022-2023, THE FOODBANK PROVIDED FOOD TO OVER 140 NONPROFIT MEMBER AGENCIES.

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

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. THESE DISTRIBUTIONS CONSISTED OF A
VARIETY OF KID FRIENDLY, YET NUTRITIOUS, FOOD ITEMS AND AMOUNTED TO
OVER 48,000 BAGS.

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

23,700 VOLUNTEER HOURS WERE CONTRIBUTED FROM THROUGHOUT OUR SERVICE

AREA, SAVING OVER \$772,000 IN SALARIES (BASED ON A VALUE OF \$32.59/HOUR

IN VIRGINIA AS DETERMINED BY THE INDEPENDENT SECTOR) IN SUPPORT OF THE

FOODBANK AND ITS HUNGER RELIEF PROGRAMS ACROSS THE GREATER VIRGINIA

PENINSULA IN FY 2022-2023.

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

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