

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization VIRGINIA PENINSULA FOODBANK		D Employer identification number 54-1422298
	Doing business as		E Telephone number 757-596-7188
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 20,455,755.
	2401 ALUMINUM AVENUE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code HAMPTON, VA 23661		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
F Name and address of principal officer: KAREN JOYNER SAME AS C ABOVE		H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.HRFOODBANK.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1987
			M State of legal domicile: VA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THROUGH OUR VARIOUS PROGRAMS, WE PROVIDE ALMOST 8.8 MILLION MEALS TO CHILDREN, FAMILIES, SENIORS, AND		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	46
	6 Total number of volunteers (estimate if necessary)	6	6500
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	25,283,293.	18,331,254.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,219,959.	677,012.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	561,557.	308,643.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	95,532.	86,678.
		28,160,341.	19,403,587.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	18,217,370.	14,523,468.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,923,028.	1,951,979.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	187,775.	187,237.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 655,240.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,036,053.	2,461,371.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	23,364,226.	19,124,055.	
19 Revenue less expenses. Subtract line 18 from line 12	4,796,115.	279,532.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	23,195,661.	23,871,273.
	22 Net assets or fund balances. Subtract line 21 from line 20	547,141.	1,888,169.
		22,648,520.	21,983,104.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	KAREN JOYNER, CHIEF EXECUTIVE OFFICER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name AMANDA ADAMS	Preparer's signature <i>Amanda Adams</i>	Date 2023.05.15	Check if self-employed <input type="checkbox"/>	PTIN P00748038
	Firm's name ▶ CHERRY BEKAERT ADVISORY LLC	Firm's EIN ▶ 88-2730877	Firm's address ▶ 222 CENTRAL PARK AVE., STE. 1400 VIRGINIA BEACH, VA 23462		
			Phone no. 757-456-2400		

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

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

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

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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

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

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

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

KAREN JOYNER

• The books are in the care of ▶ **2401 ALUMINUM AVENUE - HAMPTON, VA 23661**

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

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

1 I request an automatic 6-month extension of time until **MAY 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning **JUL 1, 2021**, and ending **JUN 30, 2022**.

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

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

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

Part III Statement of Program Service Accomplishments

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

X

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No X

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No X

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

4a (Code:) (Expenses \$ 16,658,670. including grants of \$ 14,523,468.) (Revenue \$ 213,131.) THIRTY-SIX YEARS OF SERVICE OF PROVIDING FOOD SECURITY: SINCE ITS INCEPTION IN 1986, VIRGINIA PENINSULA FOODBANK HAS DISTRIBUTED ALMOST 236 MILLION POUNDS OF FOOD TO BENEFIT THE NEEDY AND FOOD INSECURE ACROSS THE GREATER VIRGINIA PENINSULA. THIS EQUATES TO \$361 MILLION WORTH OF FOOD AT A WHOLESALE VALUE OF \$1.53 PER POUND THIS YEAR, AS DETERMINED ANNUALLY BY FEEDING AMERICA, THE NATIONAL NETWORK OF FOODBANKS. DURING THE 2021-2022 FISCAL YEAR, THE FOODBANK DISTRIBUTED ALMOST 8.8 MILLION POUNDS OF FOOD 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 \$ 1,128,072. including grants of \$) (Revenue \$ 463,881.) 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 \$ 375,400. including grants of \$) (Revenue \$) OTHER PROGRAMS BENEFITING PENINSULA RESIDENTS: THE MOBILE PANTRY PROGRAM DELIVERED ALMOST 3,000,000 POUNDS OF PRODUCE, PERISHABLE ITEMS, AND USDA TEFAP COMMODITIES TO LOW INCOME, SENIOR HOUSING, AND COMMUNITY PROJECTS THIS FISCAL YEAR. OVERALL FOR THE YEAR, 2,156,000 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 2,422,000 POUNDS OF FOOD WERE COLLECTED AND DISTRIBUTED IN FY 2021-2022.

ALL OF THESE PHENOMENAL PROGRAMS COULD NOT BE ACCOMPLISHED WITHOUT THE HELP AND ASSISTANCE OF DEDICATED VOLUNTEERS. A TOTAL OF APPROXIMATELY

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 18,162,142.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		46
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 16		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **VA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **KAREN JOYNER - (757)596-7188**
2401 ALUMINUM AVENUE, HAMPTON, VA 23661

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KAREN JOYNER CHIEF EXECUTIVE OFFICER	40.00			X			130,460.	0.	14,690.	
(2) ANNETTE HANSEN DIRECTOR OF FINANCE	40.00			X			70,907.	0.	9,598.	
(3) DR. TERRY MORRIS PRESIDENT	2.00	X		X			0.	0.	0.	
(4) JAMES MEARS IMMEDIATE PAST PRESIDENT	2.00	X		X			0.	0.	0.	
(5) ANDREW ELDER VP, ADMINISTRATION	2.00	X		X			0.	0.	0.	
(6) MICHAEL JACOBS VP, DEVELOPMENT	2.00	X		X			0.	0.	0.	
(7) JEFFREY VERHOEF SECRETARY/TREASURER	2.00	X		X			0.	0.	0.	
(8) TIFFANY BOYLE DIRECTOR	2.00	X					0.	0.	0.	
(9) SYLVIA WEINSTEIN CRAFT DIRECTOR	2.00	X					0.	0.	0.	
(10) JAYNE DIVINCENZO DIRECTOR	2.00	X					0.	0.	0.	
(11) DR. SHAWN FLANAGAN DIRECTOR	2.00	X					0.	0.	0.	
(12) ERIK MILLS DIRECTOR	2.00	X					0.	0.	0.	
(13) FAYE HARDY-LUCAS DIRECTOR	2.00	X					0.	0.	0.	
(14) GARY HUNTER DIRECTOR	2.00	X					0.	0.	0.	
(15) ELIZABETH MULHERIN DIRECTOR	2.00	X					0.	0.	0.	
(16) DR. SHERWIN STEWART DIRECTOR	2.00	X					0.	0.	0.	
(17) JONATHAN TOMS DIRECTOR	2.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOSEPH WITT DIRECTOR	2.00	X						0.	0.	0.
1b Subtotal								201,367.	0.	24,288.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								201,367.	0.	24,288.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
RKD ALPHA DOG 8001 S 13TH STREET, LINCOLN, NE 68512	MASS MAILINGS	205,693.

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

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	140,410.					
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e	863,107.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	17,327,737.					
	g Noncash contributions included in lines 1a-1f	1g	\$ 13,806,996.					
	h Total. Add lines 1a-1f			18,331,254.				
Program Service Revenue	2 a SHARED MAINTENANCE FEE	Business Code						
		624200		677,012.	677,012.			
	b							
	c							
	d							
	e							
	f All other program service revenue							
g Total. Add lines 2a-2f				677,012.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			149,844.			149,844.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	6a	(i) Real	(ii) Personal				
	b Less: rental expenses	6b						
	c Rental income or (loss)	6c						
	d Net rental income or (loss)							
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other				
			1,200,347.					
	b Less: cost or other basis and sales expenses	7b	1,041,548.					
	c Gain or (loss)	7c	158,799.					
	d Net gain or (loss)				158,799.		158,799.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a			70,225.				
				10,620.				
b Less: direct expenses	8b							
c Net income or (loss) from fundraising events				59,605.		59,605.		
9 a Gross income from gaming activities. See Part IV, line 19	9a							
b Less: direct expenses	9b							
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances	10a							
b Less: cost of goods sold	10b							
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue	11 a	Business Code						
	b							
	c							
	d All other revenue	624200		27,073.			27,073.	
	e Total. Add lines 11a-11d				27,073.			
12 Total revenue. See instructions				19,403,587.	677,012.	0.	395,321.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	14,523,468.	14,523,468.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	225,655.	100,752.	61,232.	63,671.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,372,000.	1,110,081.	94,439.	167,480.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	43,567.	33,142.	3,493.	6,932.
9 Other employee benefits	188,186.	143,155.	15,090.	29,941.
10 Payroll taxes	122,571.	91,326.	13,428.	17,817.
11 Fees for services (nonemployees):				
a Management				
b Legal	1,436.	1,088.	140.	208.
c Accounting	35,749.	27,094.	3,483.	5,172.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	187,237.			187,237.
f Investment management fees	47,293.		47,293.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	23,516.	17,823.	2,291.	3,402.
12 Advertising and promotion				
13 Office expenses	290,967.	206,398.	18,216.	66,353.
14 Information technology	64,389.	23,330.	2,999.	38,060.
15 Royalties				
16 Occupancy	358,762.	345,810.	8,216.	4,736.
17 Travel	103,525.	102,756.	304.	465.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	20,156.	5,134.	9,802.	5,220.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	326,960.	266,349.	16,996.	43,615.
23 Insurance	70,966.	53,791.	6,912.	10,263.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <u>FOOD COSTS</u>	958,354.	958,354.		
b <u>AGENCY SUPPORT</u>	90,144.	90,144.		
c <u>EQUIPMENT RENTAL AND MA</u>	49,445.	46,130.	1,650.	1,665.
d				
e All other expenses	19,709.	16,017.	689.	3,003.
25 Total functional expenses. Add lines 1 through 24e	19,124,055.	18,162,142.	306,673.	655,240.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,298,445.	1	2,943,081.
	2 Savings and temporary cash investments	6,529,609.	2	7,099,051.
	3 Pledges and grants receivable, net	336,609.	3	790,642.
	4 Accounts receivable, net	6,699.	4	10,032.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	2,582,793.	8	1,711,477.
	9 Prepaid expenses and deferred charges	32,069.	9	26,826.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 8,436,165.		
	b Less: accumulated depreciation	10b 3,157,644.	10c	5,278,521.
	11 Investments - publicly traded securities	5,541,973.	11	6,011,643.
	12 Investments - other securities. See Part IV, line 11	6,867,464.	12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	23,195,661.	16	23,871,273.	
Liabilities	17 Accounts payable and accrued expenses	257,528.	17	164,633.
	18 Grants payable		18	
	19 Deferred revenue	289,613.	19	1,723,536.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	547,141.	26	1,888,169.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	22,227,892.	27	21,621,657.
	28 Net assets with donor restrictions	420,628.	28	361,447.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	22,648,520.	32	21,983,104.
33 Total liabilities and net assets/fund balances	23,195,661.	33	23,871,273.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,403,587.
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,124,055.
3	Revenue less expenses. Subtract line 2 from line 1	3	279,532.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	22,648,520.
5	Net unrealized gains (losses) on investments	5	-944,948.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	21,983,104.

Part XII Financial Statements and Reporting

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

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

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

2021

Open to Public Inspection

Name of the organization

VIRGINIA PENINSULA FOODBANK

Employer identification number

54-1422298

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations: _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	19499224.	19315201.	22973348.	25283293.	18331254.	105402320
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	19499224.	19315201.	22973348.	25283293.	18331254.	105402320
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						24781208.
6 Public support. Subtract line 5 from line 4.						80621112.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	19499224.	19315201.	22973348.	25283293.	18331254.	105402320
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	141,608.	116,269.	125,171.	172,119.	149,844.	705,011.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	7,997.	5,140.	3,584.	24,001.	27,073.	67,795.
11 Total support. Add lines 7 through 10						106175126
12 Gross receipts from related activities, etc. (see instructions)					12	5,026,895.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	75.93 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	74.41 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

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

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

OTHER INCOME

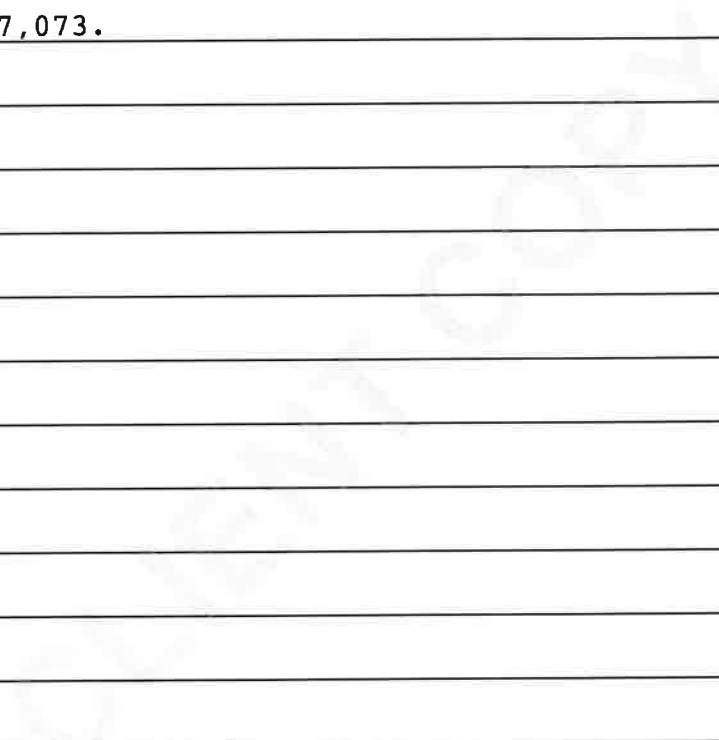
2017 AMOUNT: \$ 7,997.

2018 AMOUNT: \$ 5,140.

2019 AMOUNT: \$ 3,584.

2020 AMOUNT: \$ 24,001.

2021 AMOUNT: \$ 27,073.



Schedule A **Identification of Excess Contributions** **2021**
Included on Part II, Line 5

** Do Not File **
 *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
FOOD LION	17,119,126.	14,995,623.
SAM'S WHOLESALE CLUB	3,607,438.	1,483,935.
SCHMIDT BAKING COMPANY	2,749,129.	625,626.
SMITHFIELD FOODS	4,224,673.	2,101,170.
TRADER JOES	2,769,386.	645,883.
WALMART	7,052,474.	4,928,971.
Total Excess Contributions to Schedule A, Part II, Line 5		24,781,208.

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

2021

Open to Public Inspection

Name of the organization

VIRGINIA PENINSULA FOODBANK

Employer identification number

54-1422298

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and questions about donor informed and grantee informed.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, number of easements, acreage, and expenses, and questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

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

Schedule D (Form 990) 2021

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	9,956.	949,155.		959,111.
b Buildings		5,341,795.	1,685,845.	3,655,950.
c Leasehold improvements				
d Equipment		2,135,259.	1,471,799.	663,460.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,278,521.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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	18,421,966.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-944,948.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	10,620.	
e	Add lines 2a through 2d	2e	-934,328.	
3	Subtract line 2e from line 1	3	19,356,294.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	47,293.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	47,293.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	19,403,587.	

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

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

1	Total expenses and losses per audited financial statements		1	19,087,382.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	10,620.	
e	Add lines 2a through 2d	2e	10,620.	
3	Subtract line 2e from line 1	3	19,076,762.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	47,293.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	47,293.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	19,124,055.	

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE FOODBANK IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT ON NET INCOME DERIVED FROM UNRELATED BUSINESS ACTIVITIES. INTERNAL REVENUE CODE SECTION 513(A) DEFINES AN UNRELATED TRADE OR BUSINESS OF AN EXEMPT ORGANIZATION AS ANY TRADE OR BUSINESS WHICH IS NOT SUBSTANTIALLY RELATED TO THE EXERCISE OR PERFORMANCE OF ITS EXEMPT PURPOSE. CURRENTLY, THE FOODBANK HAS NO OBLIGATION FOR ANY UNRELATED BUSINESS INCOME TAX. THE FOODBANK BELIEVES IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

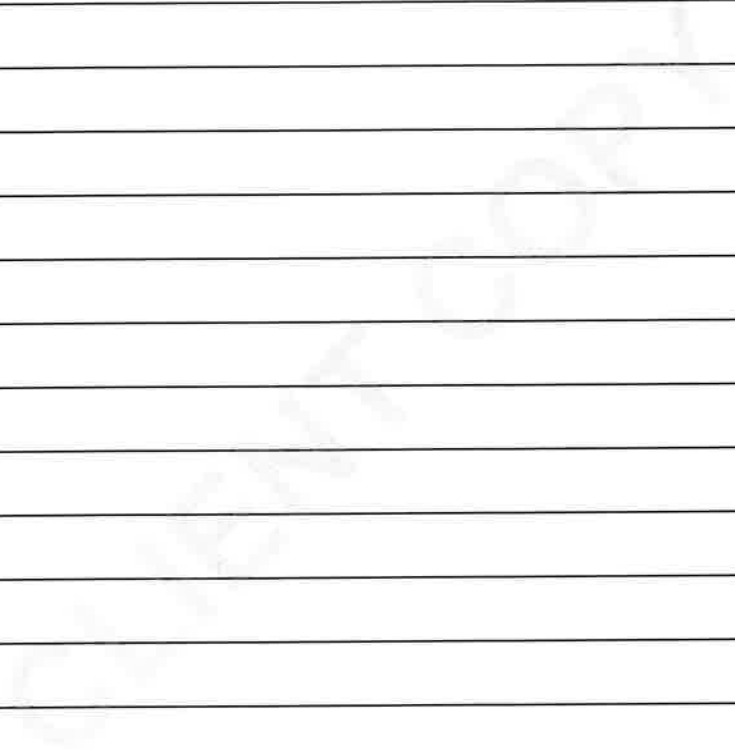
PART XI, LINE 2D - OTHER ADJUSTMENTS:

Part XIII Supplemental Information *(continued)*

DIRECT FUNDRAISING EVENT EXPENSES 10,620.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EVENT EXPENSES 10,620.



**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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.

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

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

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
RKD ALPHA DOG - 8001 S 13TH ST., LINCOLN, NE 68512	MASS MAILINGS		X	1,051,986.	187,237.	864,748.
Total				1,051,986.	187,237.	864,748.

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

VA

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		MAYFLOWER MARATHON		NONE	
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	70,225.		70,225.
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	70,225.		70,225.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	10,620.		10,620.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			10,620.
	11	Net income summary. Subtract line 10 from line 3, column (d)			59,605.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

13a		%
13b		%

 - a The organization's facility
 - b An outside facility
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

VIRGINIA PENINSULA FOODBANK

Employer identification number
54-1422298

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A GIFT FROM BEN 309 WALTZ FARM ROAD WILLIAMSBURG, VA 23185	30-0045747	501(C)(3)	0.	1,104,079.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
ADVANCING GODS KINGDOM WORLDWIDE FELLOWSHIP - 600 LASALLE AVE - HAMPTON, VA 23669	80-0808236	501(C)(3)	0.	117,226.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
ALL NATIONS CHURCH 853 CLOVERLEAF LANE NEWFORT NEWS, VA 23601	81-2490628	501(C)(3)	0.	112,637.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
ALPHA & OMEGA NETWORK 13813 WARWICK BLVD NEWFORT NEWS, VA 23602	52-2138569	501(C)(3)	0.	23,762.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
AMBASSADORS FOR JESUS CHRIST 4 DUNCAN DRIVE HAMPTON, VA 23663	56-1660331	501(C)(3)	0.	72,013.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
ANTIOCH IMPROVEMENT MINISTRIES 1553 OLD BUCKROE RD HAMPTON, VA 23664	54-2058241	501(C)(3)	0.	132,275.	BOOK	FOOD COMMODITIES	PREVENT HUNGER

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **110.**

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

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

Schedule I (Form 990) 2021

VIRGINIA PENINSULA FOODBANK

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BE BLESSED BE A BLESSING OUTREACH MINISTRY - 605 SOUTH AVE - NEWPORT NEWS, VA 23601	92-0849788	501(C)(3)	0.	58,113.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
BEAUTY FOR ASHES 487 DENBIGH BLVD NEWPORT NEWS, VA 23608	54-1747297	501(C)(3)	0.	5,962.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
BELLAMY UNITED METHODIST CHURCH 4870 CHESTNUT FORK ROAD GLOUCESTER, VA 23061	54-0548800	501(C)(3)	0.	23,270.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
BETHEL TEMPLE CHURCH 1705 TODDS LANE HAMPTON, VA 23666	44-0577787	501(C)(3)	0.	82,749.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
BREAD FOR LIFE COMMUNITY FOOD PANTRY - 6262 MAIN STREET - GLOUCESTER, VA 23061	27-0420937	501(C)(3)	279.	602,279.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
BUCKROE BAPTIST CHURCH 1819 NORTH MALLORY STREET HAMPTON, VA 23664	54-0597300	501(C)(3)	0.	67,013.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
CALVARY SDA CHURCH 1200 17TH STREET NEWPORT NEWS, VA 23607	54-6117202	501(C)(3)	0.	69,980.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
CARVER MEMORIAL PRESBYTERIAN CHURCH - 830 25TH STREET - NEWPORT NEWS, VA 23607	54-0922534	501(C)(3)	0.	9,168.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
CASA DE SUENOIS HOUSE OF DREAMS 605 SOUTH AVENUE NEWPORT NEWS, VA 23601	82-2932531	501(C)(3)	0.	129,957.	BOOK	FOOD COMMODITIES	PREVENT HUNGER

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COASTAL COMMUNITY CHURCH 101 VILLAGE AVENUE YORKTOWN, VA 23693	75-2987699	501(C)(3)	0.	201,580.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
COMMUNITY EMPOWERMENT CENTER 5405 ROANOKE AVENUE NEWPORT NEWS, VA 23605	54-2004308	501(C)(3)	0.	90,391.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
COMMUNITY HOUSING PARTNERS 2410 WEST AVENUE NEWPORT NEWS, VA 23607	54-1023025	501(C)(3)	0.	11,804.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
CONNECT COMMUNITY CALVARY ASSEMBLY OF GOD - 1380 N. MALLORY STREET - HAMPTON, VA 23663	54-1376757	501(C)(3)	0.	12,490.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
CRUSADING OUTREACH MINISTRY 711 SPRUCE STREET HAMPTON, VA 23661	54-1661906	501(C)(3)	0.	29,216.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
DOMINION OUTREACH WORSHIP CENTER 119 29TH STREET NEWPORT NEWS, VA 23607	54-1978959	501(C)(3)	0.	14,701.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
DREAMS OF HOPE FOUNDATION 7320 WARWICK BLVD NEWPORT NEWS, VA 23607	47-4736401	501(C)(3)	0.	103,187.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
DUNAMLS CHRISTIAN CENTER 6148 JEFFERSON AVE NEWPORT NEWS, VA 23605	54-1950677	501(C)(3)	0.	7,197.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
E HOUSE 521 NORTH AVE NEWPORT NEWS, VA 23601	46-3151576	501(C)(3)	0.	127,676.	BOOK	FOOD COMMODITIES	PREVENT HUNGER

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).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMPOWERED BELIEVERS CHRISTIAN LEARNING CENTER - 2088 NICKERSON BLVD - HAMPTON, VA 23663	41-2178456	501(C)(3)	0.	24,488.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
FIRST BAPTIST CHURCH DENBIGH 3628 CAMPBELL RD NEWPORT NEWS, VA 23602	54-0932392	501(C)(3)	0.	49,994.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
FIRST BAPTIST CHURCH MORRISON 12720 PATRICK HENRY DRIVE NEWPORT NEWS, VA 23602	54-1562076	501(C)(3)	0.	494,404.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
FIRST CHRISTIAN CHURCH 1458 TODDS LANE HAMPTON, VA 23666	54-6001972	501(C)(3)	0.	10,016.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
FIRST PRESBYTERIAN CHURCH OF HAMPTON - 514 S. ARMISTEAD AVE - HAMPTON, VA 23669	54-0575802	501(C)(3)	0.	8,614.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
FIRST UNITED METHODIST CHURCH 1 SALT POND ROAD HAMPTON, VA 23664	31-1813333	501(C)(3)	0.	24,313.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
FISH 312 SECOND STREET WILLIAMSBURG, VA 23185	54-1523058	501(C)(3)	0.	12,954.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
FIVE LOAVES FOOD PANTRY 13813 WARWICK BLVD NEWPORT NEWS, VA 23608	45-4087949	501(C)(3)	0.	505,188.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
GLEANNING BAPTIST CHURCH 7749 DUTTON RD GLOUCESTER, VA 23061	54-1295681	501(C)(3)	0.	312,653.	BOOK	FOOD COMMODITIES	PREVENT HUNGER

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER BETHLEHEM CHRISTIAN ASSEMBLY - 360 IVY HOME ROAD - HAMPTON, VA 23669	54-1358563	501(C)(3)	0.	53,202.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
GREATER JOY COGIC 72 WALNUT AVENUE NEWPORT NEWS, VA 23607	51-1138353	501(C)(3)	0.	41,149.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
GREATER WORKS MINISTRIES 3614 HUNTINGTON AVENUE NEWPORT NEWS, VA 23607	30-0062358	501(C)(3)	0.	36,372.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
GROVE CHRISTIAN OUTREACH CENTER 8800 POCAHONTAS TRAIL WILLIAMSBURG, VA 23185	27-0077733	501(C)(3)	0.	520,148.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
H. E. L. P. 1320 LASALLE AVENUE HAMPTON, VA 23669	54-1209213	501(C)(3)	0.	15,364.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
HAMPTON BAPTIST CHURCH 40 KINGS WAY HAMPTON, VA 23669	54-0575803	501(C)(3)	0.	138,703.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
HAMPTON ROADS COMMUNITY ACTION PROGRAM - 2410 WICKHAM AVE - NEWPORT NEWS, VA 23607	23-7014485	501(C)(3)	0.	23,524.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
HAMPTON-NEWPORT NEWS COMMUNITY SERVICES BOARD - 300 MEDICAL DR - HAMPTON, VA 23666	54-1716751	501(C)(3)	0.	56,429.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
HANDS ACROSS MATHEWS 10878 BUCKLEY HALL RD MATTHEWS, VA 23091	54-1440260	501(C)(3)	0.	209,500.	BOOK	FOOD COMMODITIES	PREVENT HUNGER

VIRGINIA PENINSULA FOODBANK

Part III Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II).							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARVESTLAND MINISTRIES 5889 JEFFERSON AVE NEWPORT NEWS, VA 23605	30-0273624	501(C)(3)	0.	17,303.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
HEART AND SOUL ASSISTED LIVING P. O. BOX 753 NEWPORT NEWS, VA 23607	04-3597582	501(C)(3)	0.	118,726.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
HELPING THE HOMELESS 7040 GEORGE WASHINGTON MEMORIAL HW GLOUCESTER, VA 23061	47-2850129	501(C)(3)	0.	29,517.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
HESTER HOUSE MINISTRIES 1 GREAT OAK CIRCLE NEWPORT NEWS, VA 23605	54-1940207	501(C)(3)	0.	5,485.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
HOUSE OF BLESSINGS 1113 25TH STREET NEWPORT NEWS, VA 23607	27-0416649	501(C)(3)	0.	8,215.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
IMMACULATE CONCEPTION CATHOLIC CHURCH - 2150 CUNNINGHAM DRIVE - HAMPTON, VA 23666	54-0910633	501(C)(3)	0.	28,949.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
IT'S A START C/O 1ST BAPTIST BUILDING CLAREMONT, CA 23899	03-0391159	501(C)(3)	0.	20,111.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
L.I.N.K. OF HAMPTON ROADS 10413 WARWICK BLVD NEWPORT NEWS, VA 23601	54-1556503	501(C)(3)	0.	76,783.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
LIBERTY LIVE BAPTIST CHURCH 1021 BIG BETHEL ROAD HAMPTON, VA 23666	62-0535346	501(C)(3)	0.	86,999.	BOOK	FOOD COMMODITIES	PREVENT HUNGER

VIRGINIA PENINSULA FOODBANK

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LITTLE SISTERS OF ST. FRANCIS 2204 JOLLY POND RD WILLIAMSBURG, VA 23187	54-1869036	501(C)(3)	0.	7,521.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
LITTLE ZION BAPTIST CHURCH 1824 W. QUEEN STREET HAMPTON, VA 23666	54-1301481	501(C)(3)	0.	55,005.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
LIVING FAITH CHRISTIAN CENTER 14901 WARWICK BLVD NEWPORT NEWS, VA 23608	20-0085549	501(C)(3)	0.	55,504.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
LIVING WATERS FAMILY OUTREACH 2061 WINDSOR ROAD DUTTON, VA 23050	47-1187579	501(C)(3)	0.	105,554.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
LIVING WATERS REDEEMED APOSTOLIC 617 48TH STREET NEWPORT NEWS, VA 23607	02-0720496	501(C)(3)	0.	64,746.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
MERCY SEAT BAPTIST CHURCH 1013 TODDS LANE HAMPTON, VA 23666	62-1440684	501(C)(3)	0.	152,420.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
MID-ATLANTIC TEEN CHALLENGE 9302 WARWICK BLVD NEWPORT NEWS, VA 23601	52-1226269	501(C)(3)	0.	41,818.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
NELSON CHAPEL 1868 LAFAYETTE DRIVE YORKTOWN, VA 23690		501(C)(3)	0.	74,975.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
NEW BEECH GROVE BAPTIST CHURCH 361 BEECHMONT DRIVE NEWPORT NEWS, VA 23608	54-1101997	501(C)(3)	0.	6,408.	BOOK	FOOD COMMODITIES	PREVENT HUNGER

VIRGINIA PENINSULA FOODBANK

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW HOPE INDEPENDENT CHURCH 9713 GEO. WASH. HWY GLOUCESTER, VA 23061	30-0151534	501(C)(3)	0.	15,143.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
NEW LIFE CHURCH 1525 POWER PLANT PKWAY HAMPTON, VA 23669	54-1111710	501(C)(3)	0.	74,244.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
NEW LIFE SDA CHURCH 1808 SHELL ROAD HAMPTON, VA 23661	52-0643036	501(C)(3)	0.	9,271.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
NORTHAMPTON CHRISTIAN CHURCH 1409 TODDS LANE HAMPTON, VA 23666	54-0835408	501(C)(3)	0.	14,214.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
OPEN ARMS ASSISTED LIVING 1229 27TH STREET NEWPORT NEWS, VA 23607	26-0112165	501(C)(3)	0.	101,222.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
OPEN DOOR BAPTIST CHURCH 14 DEEP CREEK ROAD NEWPORT NEWS, VA 23606	54-1687665	501(C)(3)	0.	17,309.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
OPERATION BREAKING THROUGH 330 POPLAR AVE NEWPORT NEWS, VA 23607	54-1592843	501(C)(3)	1,108.	37,784.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
PARISH THRIFT SHOP 487 WYTHE CREEK RD POQUOSON, VA 23662	24-1044073	501(C)(3)	0.	7,974.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
PARKVIEW BAPTIST CHURCH 604 HILTON BLVD NEWPORT NEWS, VA 23602	54-0652290	501(C)(3)	0.	9,703.	BOOK	FOOD COMMODITIES	PREVENT HUNGER

VIRGINIA PENINSULA FOODBANK

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARKVIEW CHURCH OF GOD 1116 BRIARFIELD ROAD NEWPORT NEWS, VA 23605	54-0853892	501(C)(3)	0.	11,604.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
PENINSULA DREAM CENTER 28 HARPERSVILLE RD NEWPORT NEWS, VA 23601	46-1467632	501(C)(3)	0.	90,818.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
PENINSULA HISPANIC SDA CHURCH 682 79TH STREET NEWPORT NEWS, VA 23605	52-0643036	501(C)(3)	0.	116,598.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
PERFECTING SAINTS MINISTRIES 508 PATTERSON AVE HAMPTON, VA 23669	54-2044853	501(C)(3)	0.	40,638.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
POCAHONTAS TEMPLE BAPTIST CHURCH 10324 BRANCH STREET WAKEFIELD, VA 23888	54-1675775	501(C)(3)	0.	27,715.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
ROCK CHURCH 340 TABBS LANE NEWPORT NEWS, VA 23602	54-1060438	501(C)(3)	0.	9,879.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
RUNNEYMEDE HOLINESS CHURCH 7711 WHITE MARSH RD ELBERON, VA 23846	54-1107957	501(C)(3)	0.	12,223.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
SALEM UNITED METHODIST CHURCH 11408 SALEM CHURCH RD GLOUCESTER, VA 23061	54-0312800	501(C)(3)	0.	40,495.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
SALVATION ARMY - GREATER WILLIAMSBURG - 216 IRONBOUND ROAD - WILLIAMSBURG, VA 23188	13-5562351	501(C)(3)	0.	16,336.	BOOK	FOOD COMMODITIES	PREVENT HUNGER

VIRGINIA PENINSULA FOODBANK

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY - VA PENINSULA 1033 BIG BETHEL ROAD HAMPTON, VA 23666	58-0660601	501(C)(3)	0.	39,976.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
SIXTH MOUNT ZION BAPTIST TEMPLE 3100 BUTTERNUT DRIVE HAMPTON, VA 23666	22-3861588	501(C)(3)	0.	95,735.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
SPIRIT OF TRUTH CHRISTIAN MINISTRIES - 2501 MARSHALL AVENUE - NEWPORT NEWS, VA 23607	86-1170118	501(C)(3)	0.	151,744.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
ST. JAMES DELIVERANCE CHURCH OF GOD - 5010 JEFFERSON AVE - NEWPORT NEWS, VA 23605	84-1653003	501(C)(3)	0.	6,275.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
ST. JOHN BAPTIST CHURCH 1397 PENNIMAN RD WILLIAMSBURG, VA 23185	11-3791742	501(C)(3)	0.	152,042.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
ST. JOSEPH CATHOLIC CHURCH 512 BUCKROE AVE HAMPTON, VA 23664	54-0842759	501(C)(3)	0.	11,293.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
ST. MARKS UNITED METHODIST CHURCH 99 EAST MERCURY BLVD HAMPTON, VA 23669	54-0895977	501(C)(3)	0.	49,079.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
ST. TIMOTHY CHURCH OF CHRIST HOLINESS USA - 1711 MADISON AVE - NEWPORT NEWS, VA 23607	54-1456611	501(C)(3)	0.	100,775.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
ST. VINCENT DE PAUL CHURCH 230 33RD STREET NEWPORT NEWS, VA 23607	501(C)(3)	501(C)(3)	0.	17,089.	BOOK	FOOD COMMODITIES	PREVENT HUNGER

Part II VIRGINIA PENINSULA FOODBANK

Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TABERNACLE BAPTIST CHURCH EAST END 1408 MARSHALL AVE NEWPORT NEWS, VA 23607	56-2578455	501(C)(3)	0.	21,942.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
TEMPLE BAPTIST CHURCH 235 HARPERSVILLE RD NEWPORT NEWS, VA 23601	54-0641417	501(C)(3)	0.	94,640.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
TEMPLE OF REFUGE 906 21ST STREET NEWPORT NEWS, VA 23607	54-1972270	501(C)(3)	0.	35,164.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
TENDER CARE ADULT RESIDENCE 1258 W QUEEN STREET HAMPTON, VA 23669	54-1904086	501(C)(3)	0.	37,600.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
THE NEEDS NETWORK 9905 WARWICK BLVD NEWPORT NEWS, VA 23601	51-0675331	501(C)(3)	0.	17,367.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
THRIVE PENINSULA 13195 WARWICK BLVD UNIT 2C NEWPORT NEWS, VA 23602	54-1857664	501(C)(3)	0.	277,112.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
TODDS LANE BIBLE CHURCH 1457 TODDS LANE HAMPTON, VA 23666	52-1401054	501(C)(3)	0.	94,849.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
TRIUMPH CHRISTIAN CENTER 5501 HUNTINGTON AVENUE NEWPORT NEWS, VA 23607	35-2380412	501(C)(3)	0.	8,838.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
TRIUMPH MINISTRIES 1811 WICKHAM AVE NEWPORT NEWS, VA 23607	82-0541428	501(C)(3)	0.	108,645.	BOOK	FOOD COMMODITIES	PREVENT HUNGER

VIRGINIA PENINSULA FOODBANK

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNION BAPTIST CHURCH 9254 GUINEA ROAD HAYES, VA 23072	62-0535346	501(C)(3)	0.	257,378.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
UNITY TABERNACLE AFCOG 2699 GOLDEN HILL ROAD ELBERON, VA 23846	54-1065901	501(C)(3)	0.	9,193.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
VERSABILITY 2520 58TH STREET NEWPORT NEWS, VA 23661	54-0802199	501(C)(3)	0.	7,882.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
VIRGINIA PENINSULA COMMUNITY COLLEGE EDUCATIONAL FOUNDATION - 99 THOMAS NELSON DRIVE - HAMPTON, VA 23666	52-1217532	501(C)(3)	0.	32,352.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
WARWICK ASSEMBLY OF GOD 1228 TODDS LANE HAMPTON, VA 23666	54-1255383	501(C)(3)	0.	21,201.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
WATERS EDGE CHURCH 6830 GEORGE WASHINGTON MEM. HWY YORKTOWN, VA 23692	20-0383096	501(C)(3)	0.	92,768.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
WESLEY GROVE UNITED CHURCH OF CHRIST - 2308 ROANOKE AVE - NEWPORT NEWS, VA 23607	54-1153759	501(C)(3)	0.	36,010.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
WEST HAMPTON BAPTIST CHURCH 631 ABERDEEN ROAD HAMPTON, VA 23661	54-0616849	501(C)(3)	0.	108,656.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
WHITE MARSH BAPTIST CHURCH 5123 GEORGE WASHINGTON MEM. HWY GLOUCESTER, VA 23183	54-1401787	501(C)(3)	0.	10,004.	BOOK	FOOD COMMODITIES	PREVENT HUNGER

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILLIAMSBURG HOUSE OF MERCY 10 HARRISON AVENUE WILLIAMSBURG, VA 23185	47-5347792	501(C)(3)	0.	54,729.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
WORLD OUTREACH WORSHIP CENTER 1233 SHIELDS ROAD NEWPORT NEWS, VA 23608	54-1259047	501(C)(3)	0.	294,364.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
ZION BAPTIST CHURCH HAMPTON 125 W. COUNTY ST HAMPTON, VA 23663	81-3440087	501(C)(3)	0.	5,286.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
ZION BAPTIST CHURCH NEWPORT NEWS 633 20TH STREET NEWPORT NEWS, VA 23607	81-3440087	501(C)(3)	0.	58,157.	BOOK	FOOD COMMODITIES	PREVENT HUNGER
ZION PROSPECT BAPTIST CHURCH 408 DARBY ROAD YORKTOWN, VA 23693	54-1490612	501(C)(3)	0.	15,510.	BOOK	FOOD COMMODITIES	PREVENT HUNGER

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

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

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

PART I, LINE 2:

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ 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.

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	10	151,844.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X		13,655,152.	\$1.53/LB BY INDUSTRY
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**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 QUALITY 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 2021-2022, THE FOODBANK PROVIDED FOOD TO OVER 140 NONPROFIT MEMBER AGENCIES.

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

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

Schedule O (Form 990) 2021

Name of the organization

VIRGINIA PENINSULA FOODBANK

Employer identification number

54-1422298

OUR BACKPACK 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 1,100 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 38,000 BAGS.

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

24,300 VOLUNTEER HOURS WERE CONTRIBUTED FROM THROUGHOUT OUR SERVICE AREA, SAVING OVER \$748,000 IN SALARIES (BASED ON A VALUE OF \$30.80/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 2021-2022.

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:

Name of the organization

VIRGINIA PENINSULA FOODBANK

Employer identification number

54-1422298

MEMBERS OF THE EXECUTIVE COMMITTEE REVIEW THE SALARY HISTORY OF THE
 INDIVIDUAL AND THE INDIVIDUAL'S PERFORMANCE OVER THE PREVIOUS YEAR. THE
 EXECUTIVE COMMITTEE ALSO REVIEWS THE COMPENSATION OF INDIVIDUALS IN SIMILAR
 POSITIONS AT OTHER NONPROFIT ENTITIES ON THE VIRGINIA PENINSULA AND AT
 OTHER FOODBANKS IN THE GEOGRAPHIC AREA. DURING THE CLOSED SESSION OF A
 BOARD MEETING, MEMBERS OF THE EXECUTIVE COMMITTEE REQUEST FEEDBACK FROM THE
 FULL BOARD ON THE PERFORMANCE OF THE CEO. BASED ON THIS FEEDBACK AND THE
 COMPARABLE COMPENSATION INFORMATION PROVIDED, MEMBERS OF THE EXECUTIVE
 COMMITTEE DOCUMENT THE PERFORMANCE EVALUATION, WHICH IS THEN REVIEWED WITH
 THE INDIVIDUAL BY THE PRESIDENT AND IMMEDIATE PAST PRESIDENT OF THE BOARD,
 AND IS FILED IN THE INDIVIDUAL'S EMPLOYMENT FILE AT THE FOODBANK.

FORM 990, PART VI, SECTION C, LINE 19:

THESE ARE AVAILABLE UPON REQUEST.