# Tax Return

Cohen & Co®

ASSURANCE | TAX | ADVISORY

# Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 Open to Public Inspection

Α	FOR THE	e 2023 calendar year, or tax year beginning	and	enaing		
В	Check if applicabl	C Name of organization			D Employer identifi	cation number
	Addre		DDBANK			
	Name chang	e Doing business as			34-13693	88
	Initial return	Number and street (or P.O. box if mail is not delivered	ed to street address)	Room/suite	E Telephone numbe	<u> </u>
F	Final return	350 ODDORTINITOV DARKWAV	,	330-535-		
	termin ated		or foreign postal code		G Gross receipts \$	62,692,299.
	Amen- return			H(a) Is this a group re		
F	Applic		L R. FLOWERS		for subordinates	
	pendi	SAME AS C ABOVE			H(b) Are all subordinates in	
$\overline{\Gamma}$	Tax-ex		(insert no.) 4947(a)(1)	or 527	1 ' '	list. See instructions
	Websi		$\cdot$		H(c) Group exemption	
		organization: X Corporation Trust Associ		L Year		M State of legal domicile; OH
	art I	Summary		1 = 100.		or or regar definions,
	1	Briefly describe the organization's mission or most sign	nificant activities: FEED	PEOPL	E, FIGHT HU	NGER.
e	-	Briefly december the organization of mission of missiongr	<u>====</u>			
nar	2	Check this box if the organization discontinu	ed its operations or dispos	sed of more	than 25% of its net as:	sets
Ver	3	Number of voting members of the governing body (Part			3	19
Ô	4	Number of independent voting members of the governi	, , , , , , , , , , , , , , , , , , , ,			19
<u>م</u>	5	Total number of individuals employed in calendar year				105
Ţ.	6		2020 (r art v, mio 2a)			10389
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column			7a	0.
ĕ	h	Net unrelated business taxable income from Form 990-	( //			0.
_	<del>  ~</del>	The difficulties business taxable meems from 10m 100	1,1 (111, 1110 11		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)			50,494,608.	59,856,084.
ne	9				596,959.	1,954,669.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and		103,946.	230,281.	
Be	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c,		-13,453.	3,670.	
	1	Total revenue - add lines 8 through 11 (must equal Part		51,182,060.	62,044,704.	
_		Grants and similar amounts paid (Part IX, column (A), li			2,268,881.	2,016,324.
	1				0.	0.
	45	Benefits paid to or for members (Part IX, column (A), lin Salaries, other compensation, employee benefits (Part			6,440,342.	7,562,407.
Expenses	15				0,440,542.	0.
ens	Ioa	Professional fundraising fees (Part IX, column (A), line 1 Total fundraising expenses (Part IX, column (D), line 25		96		0.
Ä	1 47				40,313,709.	50,044,457.
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f			49,022,932.	59,623,188.
	1	Total expenses. Add lines 13-17 (must equal Part IX, co			2,159,128.	2,421,516.
	19 a	Revenue less expenses. Subtract line 18 from line 12			ginning of Current Year	End of Year
Net Assets or		Total accests (Dort V. line 10)		<u> </u>	39,331,003.	52,282,523.
SSe	20	Total assets (Part X, line 16)			1,588,821.	10,517,095.
let /	21 22	Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line			37,742,182.	41,765,428.
	art II	Signature Block	20		31,142,102.	41,703,420.
		Ilties of perjury, I declare that I have examined this return, inclu	ıdina accompanyina echadulas	and etateme	unter and to the heet of my	v knowledge and helief it is
		et, and complete. Declaration of preparer (other than officer) is				y Kilowieuge allu bellet, it is
tiuc	, 601160	is, and complete. Declaration of preparer (other than officer) is	Daseu on an information of wi	iicii pi epai ei	lias ally kilowieuge.	
C:		Signature of officer			I Date	
Sig		DANIEL R. FLOWERS, PRESIDENT	י אאר כבר		Dato	
He	re	Type or print name and title	L AND CEO			
			nararia aignatura	Ιſ	Date Check [	PTIN
Do:	н	Print/Type preparer's name  PARGAT SINGH	parer's signature		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Pai			<u> </u>	<u> </u>		4-1912961
	parer	Firm's name COHEN & COMPANY, LTI Firm's address OFFICES LISTED AT	J •		Firm's EIN 3	#TJT770T
USE	Only		u //115		Di 0 A	0_220_1000
		WWW.COHENCPA.COM, OI			Phone no. 8 U	0-229-1099
Ma	y the II	RS discuss this return with the preparer shown above?	See instructions			X Yes No

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MISSION OF THE AKRON-CANTON REGIONAL FOODBANK IS TO LEAD A
	COLLABORATIVE NETWORK THAT EMPOWERS PEOPLE TO EXPERIENCE HEALTHY AND
	HUNGER-FREE LIVES. WE DISTRIBUTE FOOD TO FEED PEOPLE AND WE ADVOCATE,
	ENGAGE AND CONVENE OUR COMMUNITY IN THE FIGHT TO END HUNGER.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	revenue, if any, for each program service reported.  (Code:) (Expenses \$55, 123, 519. including grants of \$2, 016, 324. ) (Revenue \$1, 954, 669. ]
44	TO PROCURE, WAREHOUSE, AND FACILITATE THE DISTRIBUTION OF DONATED FOODS
	AND OTHER PRODUCTS TO QUALIFIED ORGANIZATIONS WHICH SERVE PEOPLE IN
	NEED.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ including grants of \$ ) (Revenue \$
	, , , , , , , , , , , , , , , , , , , ,
4d	
	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses 55,123,519.
4e	Total program service expenses 55, 123, 519.

### Form 990 (2023) AKRON-CANTON REGIONAL FOODBANK Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		3,7
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		37
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	, ,	11a	х	
h	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
_	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
ч	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			
<b>u</b>	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f				
•	the organization's slability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
19a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<b></b>		
124	,	12a		x
h	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
b		12b	Х	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	174		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		_ <del>-</del>	
	,	19		X
20a	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<del></del>
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? If "Yes," complete Schedule I. Parts I and II	21	х	
	30			

Form 990 (2023) AKRON-CANTON REGIONAL FOODBANK
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? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			3,7
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
4	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	250		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28c		x
29	"Yes," complete Schedule L, Part IV	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			3,7
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		х
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa		, 50		
	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			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		1

AKRON-CANTON REGIONAL FOODBANK
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	-		
	filed for the calendar year ending with or within the year covered by this return 2a 10	_	7	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4-		X
<b>L</b>	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u> </u>
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).			
50		5a		Х
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<del> </del>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	00		
ou	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	"		
~	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	4		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4		
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			
120	amounts due or received from them.)  Section 4047(aV1) non-exempt charitable truste. In the exemptation filing Form 900 in liquid Form 10412	120		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.	100		
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			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	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?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Form 990 (2023) AKRON-CANTON REGIONAL FOODBANK 34-1369388 Page
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			X
Sec	tion 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 19			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
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?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
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	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(IIII COSIO 2 TOGOSCO III SI III SI III SI II SI		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
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	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed OH			
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)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.	• •		
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	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			
	DANIEL R. FLOWERS - 330-535-6900			
	350 OPPORTUNITY PARKWAY, AKRON, OH 44307-2234			

### 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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 no						isate	1			
(A)	(B)	(C) Position						(D)	(E)	(F)
Name and title	Average		not c	heck i	more	than o		Reportable	Reportable	Estimated
	hours per		box, unless person is both an officer and a director/trustee)					compensation	compensation from related	amount of other
	week (list any	tor						from the	organizations	compensation
	hours for	direc				P		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ndividual trustee or director	Institutional trustee		oyee	Highest compensated employee		1099-NEC)	,	and related
	below	vidual	tution	er	Key employee	nest c loyee	ner			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) DANIEL FLOWERS	50.00								_	
PRESIDENT AND CEO	1.00			Х				306,090.	0.	27,001.
(2) JENNIFER DYER	50.00									
VICE PRESIDENT, OPERATIONS					Х			152,132.	0.	21,450.
(3) KATIE CARVER REED	50.00									
VICE PRESIDENT				Х				152,908.	0.	19,813.
(4) COLLEEN BENSON	50.00									
VICE PRESIDENT, DEVELOPMENT						X		136,473.	0.	25,526.
(5) MICHAEL WILSON	50.00									
VICE PRESIDENT, MKT AND COMMUN.						X		113,854.	0.	10,929.
(6) LESLIE GENOVESE	50.00									
DIRECTOR, CORPORATE ENGAGEMENT						X		102,738.	0.	21,916.
(7) CAROL CRABTREE	50.00									
VICE PRESIDENT, HUMAN RESOURCES						X		106,301.	0.	<u> 15,873.</u>
(8) MATTHEW PETRICK	50.00									
DIRECTOR, OPERATIONS						X		100,673.	0.	5,761.
(9) AMANDA MONTGOMERY	1.00									
CHAIRPERSON	1.00	Х		Х				0.	0.	0.
(10) GREG LONG	1.00									
VICE CHAIR & TREASURER		Х		Х				0.	0.	0.
(11) ROB BOWERS	1.00									
SECRETARY		Х		Х				0.	0.	0.
(12) FRANK WILEY	1.00									
DIRECTOR		Х						0.	0.	0.
(13) DR. TERI LASH-RITTER	1.00									
DIRECTOR		Х						0.	0.	0.
(14) AMY BORCHERDING	1.00									
DIRECTOR		Х						0.	0.	0.
(15) ALICIA LAMANCUSA	1.00									
DIRECTOR		Х						0.	0.	0.
(16) CHRIS RICHARDSON	1.00									
DIRECTOR		Х						0.	0.	0.
(17) HYUN PARK	1.00									
DIRECTOR		Х						0.	0.	0.

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Don't VIII											<u> </u>		J -
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compe								ompensated Employee	s (continued)				
(A)	(B)	(C)						(D)	(E)			(F)	
Name and title	Average	(do	not c	Pos heck			one	Reportable	Reportable		Est	timate	d
	hours per	box	, unle	ss per	rson i	s bot	n an	compensation	compensation			ount c	of
	week	_	Cer ai	lu a u	recid	ii/ii us	ice)	from	from related			other	
	(list any hours for	trustee or director						the	organizations	,		oensat	
	related	ord	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC)	′		om the	
	organizations	ruste	trus		e e	nben		1099-NEC)	1099-NEC)		_	anizati I relate	
	below	dual t	rtio na	L	nploy	st cor	-	10001120)				nizatio	
	line)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				5. ga		
(18) DAN BROPHY	1.00	<del>  -</del>	_	_	_	- <u>-</u>							
DIRECTOR		Х						0.	l	).			0.
(19) NANCY HUTCHINSON	1.00												
DIRECTOR		Х						0.	C	).			0.
(20) LISA BACKLIN	1.00												
DIRECTOR		Х						0.	C	).			0.
(21) JONATHAN THORNTON	1.00												
DIRECTOR		Х						0.	C	).			0.
(22) RICH CLARK	1.00	1											
DIRECTOR		Х						0.	C	).			0.
(23) KRISTIN HANNON	1.00	1						_	_				
DIRECTOR		Х						0.	C	).			0.
(24) LAURA QUERY	1.00	l							_				^
DIRECTOR	1 00	Х						0.	C	).			0.
(25) TERRY LINK	1.00	.,							,				^
(26) JEROD CHERRY	1.00	Х						0.		).			0.
DIRECTOR	1.00	Х						0.	، ا	).			0.
4. 6.1						l		1,171,169.		).	148	3,26	
c Total from continuation sheets to Part VII								0.		).		,,_,	0.
d Total (add lines 1b and 1c)								1,171,169.		).	148	3,26	9.
2 Total number of individuals (including but no								•	000 of reportable				
compensation from the organization						•			·				8
												Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	кеу е	empl	loye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for st	uch individual									. L	3		X
4 For any individual listed on line 1a, is the su	m of reportabl	le co	mpe	ensa	tion	and	oth	ner compensation from t	he organization				
and related organizations greater than \$150	),000? If "Yes,	" co	mple	ete S	Sche	edule	J f	for such individual			4	X	
5 Did any person listed on line 1a receive or a	ccrue comper	nsati	on fr	rom	any	unre	elate	ed organization or individ	dual for services				
rendered to the organization? If "Yes." com	plete Schedule	e J f	or su	ıch ı	oers	on					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest con	=	-							· · · · · ·	nsati	on fro	m	
the organization. Report compensation for the calendar year ending with or within the organization's tax year.													
(A) Name and business address NONE  (B) Description of services									Co	(C ompen	) Isation	1	

Total number of independent contractors (including but not limited to those listed above) who received more than

Name and title  Average hours (check all that apply) per week (list any hours for related related and list and	Form 990 AKRON – CAN	TON REG	FIC	NA(	<u>L</u>	FO	OD	BA	NK .	34-136	9388
Name and title  Average hours per week (list any hours for related organizations below line)  Average hours  Description (check all that apply)  Average hours  Description  Descrip	Part VII Section A. Officers, Directors, Tru										
per week (list any hours for related organizations below line)  (27) ALISON BREAUX  per week (list any hours for related organizations below line)  per week (list any hours for related organizations below line)  1.00  from the organizations (W-2/1099-MISC)  from (W-2/1099-MISC)  from (W-2/1099-MISC)  from (W-2/1099-MISC)  organizations (W-2/1099-MISC)  1.00	(A)	(B) Average			(C Pos	<b>C)</b> ition	ı		<b>(D)</b> Reportable	(E) Reportable	<b>(F)</b> Estimated amount of
		per week (list any hours for related organizations below line)							from the organization	from related organizations	other compensation from the organization and related organizations
J.RECTUR  A U. U. O.		1.00	7.7								
	JIRECTOR		Α						0.	0.	0.
Total to Part VII, Section A, line 1c	Fotal to Part VII, Section A, line 1c							<u> </u>			

34-1369388

			Check if Schedule O	onta	ins a ı	response	or note to any lin	e in this Part VIII			
							-	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
									lunction revenue	business revenue	sections 512 - 514
S S	1	а	Federated campaigns			1a					
ant	_		Membership dues			1b					
جَ ۾			Fundraising events			1c	98,039.				
fts, r A						1d	115,216.				
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contri			1e	1,536,484.				
Sin						16	2,000,101.				
Ē Ė		'	All other contributions, gifts, similar amounts not included			1f	58,106,345.				
흡		_					46,642,366.				
o d		_	Noncash contributions included in I	ines 1a	a-1f	1g  \$	40,042,300.	59,856,084.			
Oa		n	Total. Add lines 1a-1f				Business Code	33,030,004.			
	_		DIGERTALISM FIRE				900099	1 266 077	1 266 077		
<u>ic</u>	2	_	DISTRIBUTION FEES					1,266,077.	1,266,077.		
Program Service Revenue		b	SHARED MAINTENANCE				900099	619,992.	619,992.		
n S		С	AGENCY DELIVERY FEES	ANI	) FRE	SIGHT	480000	68,600.	68,600.		
ra Sev		d									
5 T		е									
Δ.		f	All other program service	reven	iue						
		g	Total. Add lines 2a-2f					1,954,669.			
	3		Investment income (includ	ling d	livider	nds, intere	est, and				
			other similar amounts)					166,182.			166,182.
	4		Income from investment o	f tax-	exem	pt bond p	proceeds				
	5		Royalties								
					(i)	) Real	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		С	Rental income or (loss)	6с							
		d	Net rental income or (loss)								
	7	а	Gross amount from sales of		(i) Se	ecurities	(ii) Other				
			assets other than inventory	7a	6	57,170.	390.				
		b	Less: cost or other basis								
ē			and sales expenses	7b	5	93,461.	0.				
ther Revenue		С	Gain or (loss)	7с		63,709.	390.				
Ş.			Net gain or (loss)					64,099.			64,099.
ē	8		Gross income from fundraisir			ot					
뒴			including \$								
			contributions reported on								
			Part IV, line 18		,		23,860.				
		b	Less: direct expenses								
			Net income or (loss) from					-30,274.			-30,274.
	9		Gross income from gamin								
			Part IV, line 19	-							
		b	Less: direct expenses								
			Net income or (loss) from				•				
			Gross sales of inventory, le								
		_	and allowances				a				
		h	Less: cost of goods sold								
			Net income or (loss) from s				71				
		_	THE INCOME OF (1033) HOMES	Jai 53	J1 111V	ontory .	Business Code				
ns	11	2	MISCELLANEOUS INCOME	3			900099	33,944.			33,944.
Jeo Li	• •	a b									,
Miscellaneous Revenue											
Sce		Ç	All other revenue								
Ξ			All other revenue					33,944.			
	10		Total. Add lines 11a-11d					62,044,704.	1,954,669.	0.	233,951.
	12		Total revenue. See instruction	. GII				"",""","""	1 -,,,,,,,,,,		,

### 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).

Secu	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respor			ipiele coluitiit (A).	
	· ·		(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	Program service expenses	Management and	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
'	-	2,016,324.	2,016,324.		
•	and domestic governments. See Part IV, line 21	2,010,524.	2,010,524.		
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,	670 204	446 000	122 027	00 007
	trustees, and key employees	679,394.	446,230.	133,237.	99,927.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		2 1 2 1 2 2 2	0.45 600	
7	Other salaries and wages	5,388,560.	3,184,972.	847,689.	1,355,899.
8	Pension plan accruals and contributions (include	454 045	05 400	20 224	E0 045
	section 401(k) and 403(b) employer contributions)	174,845.	95,109. 569,141.	28,891.	50,845.
9	Other employee benefits	861,605.	569,141.	105,052.	50,845. 187,412. 109,564.
10	Payroll taxes	458,003.	274,547.	73,892.	109,564.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	377,381.	141,406.	218,848.	17,127. 7,130. 737,320.
12	Advertising and promotion	142,817.		132,304.	7,130.
13	Office expenses	1,170,228.	305,008.	127,900.	737,320.
14	Information technology	276,206.	216,712.	59,494.	
15	Royalties				
16	Occupancy	1,284,089.	1,163,148.	23,069.	97,872.
17	Travel	34,687.	24,152.	10,535.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	244,975.	227,318.	17,657.	
20	Interest				
21	Payments to affiliates	42,762.	42,762.		
22	Depreciation, depletion, and amortization	737,314.	737,314.		
23	Insurance	149,233.	98,904.	50,329.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	DONATED FOOD DISTRUBUTE	45,209,069.			
b	FREIGHT AND TRANSPORTAT	368,020.	368,020.	_	
С	DUES AND SUBSCRIPTIONS	7,676.		7,676.	
d					
е	All other expenses				
25	<b>Total functional expenses</b> . Add lines 1 through 24e	59,623,188.	55,123,519.	1,836,573.	2,663,096.
26	<b>Joint costs</b> . Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				5 000 (2222)

Form 990 (2023)

Part X | Balance Sheet

Pai	rt X	Balance Sheet						
		Check if Schedule O contains a response or note	e to any	y line in this Part X				
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year	
	1	Cash - non-interest-bearing			19,162,943.	1	14,378,270.	
	2	Savings and temporary cash investments				2		
	3	Pledges and grants receivable, net			2,045,470.	3	1,520,263.	
	4	Accounts receivable, net			181,167.	4	129,457.	
	5	Loans and other receivables from any current or						
		trustee, key employee, creator or founder, subst						
		controlled entity or family member of any of thes				5		
	6	Loans and other receivables from other disqualif						
		•	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)					
S	7	Notes and loans receivable, net			4,530,750.	7	4,530,750.	
Assets	8	Inventories for sale or use			2,776,920.	8	4,243,291.	
As	9				1,029.	9	12,770.	
	10a	Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D	10a	26,006,800.				
	b	Less: accumulated depreciation	10b	6,327,021.	5,163,419.	10c	19,679,779. 2,529,300.	
	11	Investments - publicly traded securities			2,035,060.	11	2,529,300.	
	12	Investments - other securities. See Part IV, line 1			12			
	13	Investments - program-related. See Part IV, line 1		13				
	14	Intangible assets		14				
	15	Other assets. See Part IV, line 11	3,434,245.	15	5,258,643.			
	16	Total assets. Add lines 1 through 15 (must equa			39,331,003.	16	52,282,523.	
	17	Accounts payable and accrued expenses			970,590.	17	1,694,413.	
	18	Grants payable		18				
	19	Deferred revenue			19	565,641.		
	20	Tax-exempt bond liabilities				20		
	21	Escrow or custodial account liability. Complete F				21		
es	22	Loans and other payables to any current or form						
Ħ		trustee, key employee, creator or founder, subst						
Liabilities		controlled entity or family member of any of thes	-		C10 021	22	COC C10	
_	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·	618,231.	23	696,610.	
	24	Unsecured notes and loans payable to unrelated				24		
	25	Other liabilities (including federal income tax, pages and the company of the com						
		parties, and other liabilities not included on lines	-		0.		7 560 421	
		of Schedule D			1,588,821.		7,560,431. 10,517,095.	
	26	Total liabilities. Add lines 17 through 25		X	1,300,021.	26	10,317,093.	
S		Organizations that follow FASB ASC 958, che and complete lines 27, 28, 32, and 33.	CK HEI					
20	27	. , , ,			32,792,542.	27	37,471,720.	
ala	28		4,949,640.	28	4,293,708.			
Ā	20	Organizations that do not follow FASB ASC 9		ock here	1/313/0100	20	1,233,7001	
필		and complete lines 29 through 33.	JO, CITC	lok fiere				
₽	29	Capital stock or trust principal, or current funds				29		
ets	30	Paid-in or capital surplus, or land, building, or eq				30		
Ass	31	Retained earnings, endowment, accumulated inc				31		
Net Assets or Fund Balances	32			Si Garier ramae	37,742,182.	32	41,765,428.	
Z	33				39,331,003.	33	52,282,523.	

Form **990** (2023)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			4,7	
2	Total expenses (must equal Part IX, column (A), line 25)	2			3,1	
3	Revenue less expenses. Subtract line 2 from line 1	3			1,5	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	<u>37,</u>		2,1	
5	Net unrealized gains (losses) on investments	5		23	0,5	<u>69.</u>
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	1,	37	1,1	<u>61.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	coluṃn (B))	10	41,	76	5,4	28.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			X
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	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?		L	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require		Γ			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>		3b	Х	
				Form	990	(2023)

332012 12-21-23

#### **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.

**ZUZ**J

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

AMDON\_CANDON DECTONAL ECODDANIE

Employer identification number

				EGIONAL FOOD				4-1303300							
Pa	rt I	Reason for Public C	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.								
he	organ	zation is not a private found	ation because it is: (F	or lines 1 through 12, c	heck only	one box.)									
1		A church, convention of chu	urches, or associatio	n of churches described	in <b>sectio</b>	n 170(b)(1	I)(A)(i).								
2		A school described in secti	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990).)										
3		A hospital or a cooperative	hospital service orga	nization described in s	ection 170	(b)(1)(A)(ii	ii).								
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,							
		city, and state:													
5		An organization operated for	or the benefit of a col	lege or university owned	d or operat	ed by a go	vernmental unit describe	ed in							
		section 170(b)(1)(A)(iv). (C	Complete Part II.)												
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).								
7	X	An organization that normal	· ·				• •	oublic described in							
		section 170(b)(1)(A)(vi). (C	•		Ü										
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)													
9	一	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			Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membership fees, an	d gross receipts from							
		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 busin		•	. ,		• •	· ·							
		See section 509(a)(2). (Cor		,			, 3	,							
11		An organization organized a	•	velv to test for public sa	fetv. See	section 50	09(a)(4).								
12	一	An organization organized a	•	•	•			purposes of one or							
		more publicly supported org	•	•	-		•								
		lines 12a through 12d that of	-												
а		Type I. A supporting orga	* *					aivina							
		the supported organization	•			-									
		organization. You must c			,, -										
b		Type II. A supporting orga	-		tion with its	s supporte	ed organization(s), by hav	vina							
		control or management of	•					•							
		organization(s). You mus													
С		Type III functionally inte			in connect	tion with, a	and functionally integrate	ed with.							
		its supported organization					• •	,							
d		Type III non-functionally						zation(s)							
		that is not functionally into	•					. ,							
		requirement (see instructi	-		•		•								
е		Check this box if the orga	•	•	•										
		functionally integrated, or					, , , , , , , , , , , , , , , , , , ,								
f	Ente	er the number of supported o		, 5	3 3										
g		ride the following information		d organization(s).											
	(	) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other							
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)							
							I	i							

332021 12-21-23

Schedule A (Form 990) 2023 AKRON-CANTON REGIONAL FOODBANK 34-1369388 Page 2

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	52850729.	60799747.	51504847.	50494608.	59856084.	275506015
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	52850729.	60799747.	51504847.	50494608.	59856084.	275506015
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)						
6	Public support. Subtract line 5 from line 4.						275506015
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	<u>52850729.</u>	60799747.	51504847.	50494608.	<u>59856084.</u>	275506015
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	40,230.	100,689.	116,733.	149,496.	166,182.	573,330.
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	40 005	204 205	F 4 0 0 0 0	65.060	22 244	
	assets (Explain in Part VI.)	40,837.	381,905.	54,877.	67,062.		578,625.
	<b>Total support.</b> Add lines 7 through 10						276657970
	Gross receipts from related activities	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				,810,087.
13	First 5 years. If the Form 990 is for the		rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	
800	organization, check this box and sto						·····
	etion C. Computation of Publ			(6)			99.58 %
	Public support percentage for 2023 (					15	00 60
	Public support percentage from 2022						
Ioa	33 1/3% support test - 2023. If the						
h	<b>stop here.</b> The organization qualifies <b>33 1/3% support test - 2022.</b> If the						
b							
17^	and <b>stop here.</b> The organization qua <b>10%</b> -facts-and-circumstances test						
11 a	and if the organization meets the fact	_					
	meets the facts-and-circumstances to			=		_	
h	10% -facts-and-circumstances test	•	•			17a and line 15 is	
J	more, and if the organization meets t	_					10/0 01
	organization meets the facts-and-circ						
18	Private foundation. If the organization						
		sia not oncon a	~ 5.1 011 1110 10, 10	a, 100, 114, 01 111	e, encon and box a	55556 45661	

### Schedule A (Form 990) 2023 AKRON-CANTON REGIONAL FOODBANK | Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	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 organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
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						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	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						
	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on  Other income. Do not include gain 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	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	<b>2022</b> Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organiza	ation	
b	<b>33 1/3% support tests - 2022.</b> If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

### Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

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

,		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
··Ia	A (Forn	n aan)	2022

Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ction 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 or	fficers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supporting organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations	3		
Seci				
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructions).		
а				
b				
C	5 The gradual of the state of the stat	tity (see instructior	l ' l	NI.
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
b	that these activities constituted substantially all of its activities.  Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	24		
IJ	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
u	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	32		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Sche	dule A (Form 990) 2023 AKRON-CANTON REGIONAL	FOODBAN	K	34-1369388 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ting Organi	zations	V
1	Check here if the organization satisfied the Integral Part Test as a qualif	ying trust on N	ov. 20, 1970 ( <i>explain</i> i	n Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations m	ust complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion C - Distributable Amount			Current Year
_1_	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
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		

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

5

6

Schedule A (Form 990) 2023

Income tax imposed in prior year

instructions).

**Distributable Amount.** Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Dai	t V Type III Non-Functionally Integrated 509(	(a)(3) Supporting Orga	nizatione /	/\	
		a)(o) Supporting Orga	inizations <sub>(continu</sub>	ea)	O Voca
	ion D - Distributions	mot numacca		4	Current Year
	Amounts paid to supported organizations to accomplish exer			1	
2	Amounts paid to perform activity that directly furthers exemp	or purposes or supported		2	
	organizations, in excess of income from activity	on of aumorted organizations		3	
<u>3</u> 4	Administrative expenses paid to accomplish exempt purpose Amounts paid to acquire exempt-use assets	es or supported organizations	5	4	
<del></del> -	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Dart VI)		5	
<del></del> 6	Other distributions (describe in Part VI). See instructions.	Ovide details in Fait VI)		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the				
Ū	(provide details in <b>Part VI</b> ). See instructions.		8		
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	and a arrest arrange by mile a arrest a	(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Underdistribution Pre-2023	s	Distributable Amount for 2023	
_1_	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
<u>a</u>	From 2018				
b	From 2019				
<u> </u>	From 2020				
d	From 2021				
<u>e</u>	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount				
i_	Carryover from 2018 not applied (see instructions)				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
<u>C</u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8_	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
<u>d</u>	Excess from 2022				

Schedule A (Form 990) 2023

e Excess from 2023

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.)

SCHEI	DULE A	, P	ART	II,	LINE	10,	EXP	LANA'	TION	FOR	OTHE	R	INCOM	Ξ:		
MISCI	ELLANE	ous	INC	COME												
2019	AMOUN'	Г: :	\$	40,8	337.											
2020	AMOUN	Г: :	\$	381,	,905.											
2021	AMOUN'	Г: :	\$	54,8	377.											
	AMOUN'															
	AMOUN'															
				•												
																_
																_
																_
																_
																_

### **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 Inspection

Name of the organization

AKRON-CANTON REGIONAL FOODBANK

**Employer identification number** 34-1369388

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		Similar Funds	or Accour	nts. Complete if the
	organization answered Tes Sitt Offi 550,1 art iv, iiii	(a) Donor advis	ed funds	<b>(b)</b> Fur	nds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v		eld in donor advis	ed funds	
	are the organization's property, subject to the organization's	~			Yes No
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor or				
	impermissible private benefit?				
Par	t II Conservation Easements. Complete if the org	ganization answered "Ye	es" on Form 990, F	Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)			
	Preservation of land for public use (for example, recreated	tion or education)	Preservation of	a historically	important land area
	Protection of natural habitat		Preservation of	a certified hi	storic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contrib	oution in the form	of a conserva	
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
С	Number of conservation easements on a certified historic stru	ucture included on line 2	2a	2c	
d	Number of conservation easements included on line 2c acqui				
	on a historic structure listed in the National Register				
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or	terminated by the	organization	during the tax
	year				
4	Number of states where property subject to conservation eas				
5	Does the organization have a written policy regarding the per				
	violations, and enforcement of the conservation easements it				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, a	nd enforcing cons	ervation ease	ements during the year
_	<del></del>				
7	Amount of expenses incurred in monitoring, inspecting, hand	iling of violations, and e	nforcing conservat	tion easemen	its during the year
•	Dono and an impact of the color		ftion 170/h	\(4\(\D\(;\	
8	Does each conservation easement reported on line 2d above				□ vaa □ Na
•	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservation				
	balance sheet, and include, if applicable, the text of the footn	note to the organization	s financiai stateme	ents that desc	cribes the
Par	organization's accounting for conservation easements.  † III Organizations Maintaining Collections of	Art. Historical Tre	easures, or Ot	her Simila	r Assets.
	Complete if the organization answered "Yes" on Form	-	,		
1a	If the organization elected, as permitted under FASB ASC 95		venue statement a	nd balance sl	heet works
	of art, historical treasures, or other similar assets held for pub	•			
	service, provide in Part XIII the text of the footnote to its finan	•	•		•
b	If the organization elected, as permitted under FASB ASC 95				t works of
	art, historical treasures, or other similar assets held for public				
	provide the following amounts relating to these items.				
	(i) Revenue included on Form 990, Part VIII, line 1				\$
					\$
2	If the organization received or held works of art, historical treat			gain, provide	 e
	the following amounts required to be reported under FASB A			- •	
а	Revenue included on Form 990, Part VIII, line 1				\$
b	Assets included in Form 990, Part X				\$

Par	rt III Organizations Maintaining Co	llections of Art				r Other	Simi			(contin		ige Z
	Using the organization's acquisition, accession									COTTENT	<u>100)</u>	
	collection items (check all that apply).	.,	s, sss a,				9					
а	Public exhibition	d	Loan	or excl	hange progra	am						
b	Scholarly research	e										
c	Preservation for future generations	_										
4	Provide a description of the organization's colle	ections and explain	how they fu	rther th	ne organizatio	n's exen	not nuri	oose in P	art XII	ı		
5	During the year, did the organization solicit or i							3000	art 7th			
	to be sold to raise funds rather than to be mair								П,	Yes		No
Par	rt IV Escrow and Custodial Arrange											
	reported an amount on Form 990, Part		3					,	,	,		
1a	Is the organization an agent, trustee, custodiar	n, or other intermed	liary for cont	ribution	s or other as	sets not	include	d				
	on Form 990, Part X?								<u> </u>	Yes		No
b	If "Yes," explain the arrangement in Part XIII ar											
			Α	mount								
С	Beginning balance						. 1c	;				
	Additions during the year							i				
	Distributions during the year							•				
f	Ending balance											
<b>2</b> a	Did the organization include an amount on For								,	Yes		No
	If "Yes," explain the arrangement in Part XIII. C											
Par	rt V Endowment Funds Complete if the								.			
	<del>-</del>	(a) Current year	(b) Prior		(c) Two year		• •	e years ba		<b>e)</b> Four		
	Beginning of year balance	2,378,049.		,827.		4,087.	1	,459,95			096,0	
b	Contributions	1,122,688.		,115.		6,828.		2,19			205,3	
	Net investment earnings, gains, and losses	373,694.	-475	,999.	206	6,270.		180,27	2.		216,0	004.
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs	115,216.		,915.		8,835.		62,06	•		51,320.	
f	Administrative expenses	12,438.		,979.		7,523.			,267.		5,950.	
g	End of year balance	3,746,777.		,049.		0,827.	1	,574,08	7.	Ι,	459,9	958.
2	Provide the estimated percentage of the currer			umn (a)	) held as:							
	Board designated or quasi-endowment	.0000	_%									
	Permanent endowment 85.6822 Term endowment 14.3178 %	%										
С												
2-	The percentages on lines 2a, 2b, and 2c should		tion that are	hold on	d administa	ad for th	_					
Sa	Are there endowment funds not in the possess	sion of the organiza	llion mat are	neiu an	iu auminister	eu ior iii	Е			Г	Yes	No
	organization by: (i) Unrelated organizations?								ſ	3a(i)		X
	(m) = 1								····	3a(ii)	х	
h	If "Yes" on line 3a(ii), are the related organization	one lieted as require								3b	X	
4	Describe in Part XIII the intended uses of the o								L	OD		
Par	rt VI Land, Buildings, and Equipme		WITTOTTE TUTTUS									
	Complete if the organization answered		, Part IV, line	11a. S	ee Form 990	, Part X,	line 10.					
	Description of property	(a) Cost or of			or other		ccumul	ated	lo	d) Book	value	<del></del>
	2 222ption of proporty	basis (investm		-	(other)		oreciati		,,	., 2001		-
1a	Land	<del>-  </del>	-		3,554.					283	, 55	54.
	Buildings				0,467.	3,3	340,	414.	2	,490		
	Leasehold improvements				0,898.	,		606.		123	, 29	92.
	Equipment				1,055.	2,4		857.	1	,101		
	Other				0,826.			144.		,681		

Schedule D (Form 990) 2023

19,679,779.

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

Part VII Investments - Other Securities  Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 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	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o		-	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  Part IX Other Assets			
	n Form 000 Dort IV line	11d Coo Form 000 Port V line 15	
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	(h) Dook value
	escription		(b) Book value 5,258,643
	AFFILIATES		5,438,843
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	(D))		5,258,643
Total. (Column (b) must equal Form 990, Part X, line 15, col.  Part X Other Liabilities	(B))		3,230,043
Complete if the organization answered "Yes" o	n Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
	111 01111 330, 1 411 14, 11110	7 110 01 111. Oce 1 01111 030, 1 art X, iii10 20	(b) Book value
., , , , , , , , , , , , , , , , , , ,			(b) Book value
(1) Federal income taxes (2) OPERATING LEASE LIABILITIE	g _		
	<b>b</b> –		7,560,431
			1,300,431
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			7,560,431
Total. (Column (b) must equal Form 990, Part X, line 25, col.	(B))		1,JUU,431

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

Par	t XI Reconciliation of Revenue per Audited Financial State	ements With I	Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	62,275,273.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	230,569.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
	Add lines 2a through 2d			2e	230,569.
	Subtract line 2e from line 1			3	62,044,704.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
	Investment expenses not included on Form 990, Part VIII, line 7b			_	
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	62,044,704.
Par	T XII Reconciliation of Expenses per Audited Financial Sta		Expenses per H	Retur	n
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		1	
1	Total expenses and losses per audited financial statements			1	59,623,188.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities			-	
b	Prior year adjustments			-	
С	Other losses			-	
d	Other (Describe in Part XIII.)				
	Add lines 2a through 2d			2e	0.
	Subtract line 2e from line 1			3	59,623,188.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
	Investment expenses not included on Form 990, Part VIII, line 7b			-	
	Other (Describe in Part XIII.)	4b			_
	Add lines 4a and 4b			4c	0.
5 Dar	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 TXIII Supplemental Information	.)		5	59,623,188.
		D 1 1 1 1 1	101 5 11/1		V II 0 D 1 VI
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4,			i; Part	X, line 2; Part XI,
iines 2	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	y additional inform	nation.		
DAR	RT V, LINE 4:				
FAN	XI V, DINE 4:				
тнъ	E AKRON-CANTON REGIONAL FOODBANK ENDOWME	מאי שאכ דיס	TART.TSHED	TN	1999 WТТН
1111	ARRON CANTON REGIONAL FOODBANK ENDOWNE	MI WAD EL	TADLIBIED	T 1/	TOOO WIIII
тнъ	SPECIFIC PURPOSE OF SEEKING FUNDS FOR	THE BENEF	ידיי או יידי	AKR	ON-CANTON
1111	STECTIC TORIODE OF DEERING FONDS FOR	THE DENER	II OF THE	AILIL	ON CANTON
REG	GIONAL FOODBANK, INC. SINCE ITS INCEPTIO	N THE EN	поммелт на	SR	ECETVED
	JIONIE 100DDIMIN, INC. DINCE IID INCELIIO	11, 11111 111	DOWNER IN	10 10	
VAR	RIOUS TEMPORARILY AND PERMANENTLY RESTRI	CTED CONT	RTRUTTONS.	TN	COME
V 2 11 1	CIOOD ILMI ORMICIDI IMD I DRIMMINIDI RUDIRI	CILD CONI	MIDOIIOND.		COME
GEN	NERATED FROM THE ENDOWMENT FUND IS USED	TO SUPPOR	THE AKRO	N-C	ANTON
<u></u>		TO BOLLOI	111111111111111111111111111111111111111		11111011
REG	GIONAL FOODBANK, INC.				
	STORILL TOOBSTANTY THOU				
PAR	RT X, LINE 2:				
	,				
THE	ORGANIZATION RECOGNIZES AND DISCLOSES	UNCERTAIN	TAX POSIT	ION	S IN
					<del> •</del>
ACC	CORDANCE WITH GAAP. AS OF AND DURING THE	YEAR END	ED DECEMBE	R 3	1, 2023,
					· · · · · · · · · · · · · · · · · · ·
тнь	CORGANIZATION DOES NOT HAVE A LIABILITY	FOR IINRE	COGNIZED T	אי	BENEFITS.

Schedule D (Form 990) 2023	AKRON-CANTON	REGIONAL	FOODBANK	34-1369388	Page 5
Schedule D (Form 990) 2023  Part XIII Supplemental Info	rmation (continued)				

### SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization Employer identification number 34-1369388 AKRON-CANTON REGIONAL FOODBANK 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. а Mail solicitations е Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events С g In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 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.

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

		of fundraising event contributions and gr	1			ts greater than \$5,000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events
			HFH		NONE	(add col. (a) through
				ELF	(t - t - 1 )	col. <b>(c)</b> )
ě			(event type)	(event type)	(total number)	
Revenue		Owner was right	66,561.	55,338.		121,899.
Вè	1	Gross receipts	00,301.	33,330.		121,099.
	2	Less: Contributions	57,476.	40,563.		98,039.
	_	Loss. Contributions	37,2700	10/3031		30,0031
	3	Gross income (line 1 minus line 2)	9,085.	14,775.		23,860.
	4	Cash prizes				
				660		660
m		Noncash prizes		668.		668.
nses	6	Pont/facility costs	1,800.			1,800.
xpe	0	Rent/facility costs	1,000.			1,000.
Direct Expenses	7	Food and beverages	9,457.			9,457.
Öire	-		,			
_		Entertainment		1,624.		1,624.
	9	Other direct expenses		28,455.		40,585.
		Direct expense summary. Add lines 4 through	٠,			54,134.
Pa		Net income summary. Subtract line 10 from I				-30,274.
Pa	ITLI		answered "Yes" on Form	1 990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
e			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						(7) 3 (7)
Ä	1	Gross revenue				
S	2	Cash prizes				
ense						
Direct Expenses	3	Noncash prizes				
SCT E		Doob/foodliby cooks				
Dire	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No	No No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)			
_	Г					
		ter the state(s) in which the organization condu the organization licensed to conduct gaming a	_			Yes No
		No," explain:				. LI res LINO
~						
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax y	rear?	Yes No
b	lf "	Yes," explain:				
	_					

Sch	nedule G (Form 990) 2023 AKRON-CANTON REGIONAL FOODBANK 34-	1369388	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No 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
	Indicate the percentage of gaming activity conducted in:	1 1	
	a The organization's facility	13a	<u>%</u>
	An outside facility	13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
k	o 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:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
k	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 \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III, lines 9,	9b, 10b,
_	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
_			

332083 09-13-23 Schedule G (Form 990) 2023

Schedule G	(Form 990)	AKRON-CANTON	REGIONAL	FOODBANK	34-1369388	Page 4
Part IV	(Form 990) Supplemental Infor	mation <sub>(continued)</sub>				

### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **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.

2023

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

AKRON-CANTON REGIONAL FOODBANK							34-1369388
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	istance, and the selecti	
criteria used to award the grants or assis	tance?						X Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to I					anization answered "	Yes" on Form 990, Part	: IV, line 21, for any
recipient that received more than \$	,	· · · · · · · · · · · · · · · · · · ·	<del>-                                    </del>	ı	(f) Method of	Т	
(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	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AKRON CHILDREN'S HOSPITAL							
215 E MARKET ST							
ALLIANCE, OH 44601	23-7114013	501C(3)	0.	67,747.	FAIR VALUE	FOOD	FOOD PROGRAM
ALLIANCE COMMUNITY PANTRY 215 E MARKET ST ALLIANCE, OH 44601	27-0890332	501C(3)	0.	27,834.	FAIR VALUE	FOOD	FOOD PROGRAM
WOOSTER HOPE CENTER/PANTRY 830 ROOD DR AKRON, OH 44319	34-1660106	501C(3)	0.	5,490.	FAIR VALUE	FOOD	FOOD PROGRAM
EAGLE MINISTRIES CHAPEL INC/PANTRY 830 ROOD DR AKRON, OH 44319	80-0094121	501C(3)	0.	7,738.	FAIR VALUE	FOOD	FOOD PROGRAM
SARAH'S HOUSE/PANTRY 414 PINE ST							
AKRON, OH 44307	27-1948149	5010(3)	0.	10,215.	FAIR VALUE	FOOD	FOOD PROGRAM
CALVARY APOSTOLIC CHURCH OF  AKRON/LOVE THY NEIGHBOR/PANTRY -							
1675 E MAIN STREET STE 260 - KENT, OH 44240	62-0720509	501C(3)	0.	5,130.	FAIR VALUE	FOOD	FOOD PROGRAM
2 Enter total number of section 501(c)(3) as	nd government org	ranizations listed in th	ne line 1 table	· · · · · · · · · · · · · · · · · · ·		L	77.

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

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	- Luge
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEN CURTIS FAMILY FOUNDATION							
(PORTAGE)/BACKPACK - 1675 E MAIN							
STREET STE 260 - KENT, OH 44240	46-1431932	501C(3)	0.	29,380.	FAIR VALUE	FOOD	FOOD PROGRAM
•				,			
CELEBRATION CHURCH/PANTRY							
420 MARKET AVE S							
CANTON, OH 44702	34-0834299	501C(3)	0.	6,748.	FAIR VALUE	FOOD	FOOD PROGRAM
DIEGGINGG IN A PAGUDAGU (AUDON)							
BLESSINGS IN A BACKPACK (AKRON) 420 MARKET AVE S							
CANTON, OH 44702	26-1964620	5010(3)	0.	21 920	FAIR VALUE	FOOD	FOOD PROGRAM
CANTON, OII 44702	20 1304020	5010(5)	· ·	21,520.	PAIR VALUE	ГООД	FOOD FROGRAM
OUR COMMUNITY HUNGER CENTER/PANTRY							
9733 RAVENNA RD, STE. G							
TWINSBURG, OH 44087-2143	46-2425606	501C(3)	0.	7,217.	FAIR VALUE	FOOD	FOOD PROGRAM
FIRST FAITH DEVELOPMENT							
CORP/PANTRY & MEAL - 790 EASTER							
AVE - AKRON, OH 44307	02-0737499	501C(3)	0.	7,932.	FAIR VALUE	FOOD	FOOD PROGRAM
VINE OF INC/DAMENY							
VINE ST. UMC/PANTRY 50 N PROSPECT ST							
AKRON, OH 44304	31-1813333	501C(3)	0.	5 023	FAIR VALUE	FOOD	FOOD PROGRAM
inter, or 11001	31 1013333	3010(3)	•	3,023.	THE VILLOR	1 002	Tool Indentif
PETER MAURIN CENTER FOOD PANTRY							
1088 S MAIN ST							
AKRON, OH 44301	30-0712679	501C(3)	0.	16,632.	FAIR VALUE	FOOD	FOOD PROGRAM
NORTH CANTON CARES PANTRY							
LLC/PANTRY - 1300 PITTSBURG AVE.							
NW - NORTH CANTON, OH 44720	84-3842512	501C(3)	0.	6,898.	FAIR VALUE	FOOD	FOOD PROGRAM
DEDDA HEIDING DEDDA/DYMMDA							
PERRY HELPING PERRY/PANTRY 413 LINCOLNWAY EAST							
MASSILLON, OH 44646	27-4003559	501C(3)	0.	6 104	FAIR VALUE	FOOD	FOOD PROGRAM
	1 2. 100000		<u> </u>	,		F	

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	- Luger
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOREVER R CHILDREN/PANTRY							
413 LINCOLNWAY EAST							
MASSILLON, OH 44646	84-3487950	501C(3)	0.	10 524	FAIR VALUE	FOOD	FOOD PROGRAM
middliner, on 44040	04 3407330	3010(37	••	10,324.	INIK VALOE	1 000	I GOD I ROGRIM
ELLET COMMUNITY CHURCH OF							
GOD/PANTRY - 68 WEST MAIN ST							
APPLE CREEK, OH 44606	34-1522189	CHURCH QUALIFIER	0.	38 133.	FAIR VALUE	FOOD	FOOD PROGRAM
,		~		,			
SUMMA FAMILY MEDICINE							
CENTER/PANTRY - 420 W 3RD ST PO							
BOX 95 - DOVER, OH 44622	34-1887844	501C(3)	0.	24,138.	FAIR VALUE	FOOD	FOOD PROGRAM
·							
CLEVELAND CLINIC AKRON							
GENERAL/PANTRY - 420 W 3RD ST PO							
BOX 95 - DOVER, OH 44622	34-0714478	501C(3)	0.	24,410.	FAIR VALUE	FOOD	FOOD PROGRAM
STARK COUNTY HUNGER TASK							
FORCE/PANTRY - 420 W 3RD ST PO BOX							
95 - DOVER, OH 44622	34-1374549	501C(3)	0.	15,782.	FAIR VALUE	FOOD	FOOD PROGRAM
CLEVELAND CLINIC AKRON GEN.							
(WOMEN'S HEALTH CENTER)/PANTRY -							
420 W 3RD ST PO BOX 95 - DOVER, OH							
44622	34-0714478	501C(3)	0.	7,251.	FAIR VALUE	FOOD	FOOD PROGRAM
GREATER DOVER NEW							
PHILADELPHIA/PANTRY - 420 W 3RD ST							
PO BOX 95 - DOVER, OH 44622	80-0255868	501C(3)	0.	7,151.	FAIR VALUE	FOOD	FOOD PROGRAM
FIRST BAPTIST CHURCH OF							
AKRON/PANTRY - 420 W 3RD ST PO BOX	40	5015(0)	_				L
95 - DOVER, OH 44622	13-5563018	501C(3)	0.	5,130.	FAIR VALUE	FOOD	FOOD PROGRAM
CURD (DD HILLWIDGE OFFICE							
SVDP/FR HILKERT OZANAM							
CENTER/PANTRY - 420 W 3RD ST PO	04 2722025	E010(3)	_	F 045		7000	TOOD DROGDAY
BOX 95 - DOVER, OH 44622	04-3723025	DOTC(3)	0.	5,817.	FAIR VALUE	FOOD	FOOD PROGRAM

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HE BROUGHT US OUT MINISTRY/PANTRY							
526 N HOWARD ST							
AKRON, OH 44310	34-1950491	501c(3)	0.	8 543	FAIR VALUE	FOOD	FOOD PROGRAM
				3,323.			
COMPASS NORTH (CANTON)/PERRY							
6282 NAVE ST SW							
CANTON, OH 44706	44-0577787	501C(3)	0.	15,869.	FAIR VALUE	FOOD	FOOD PROGRAM
LIFEWAY CHURCH/PANTRY & MEAL							
6282 NAVE ST SW							
CANTON, OH 44706	44-0577787	501C(3)	0.	5,174.	FAIR VALUE	FOOD	FOOD PROGRAM
JOURNEY COVENANT CHURCH/PANTRY							
2679 NORTH HAVEN BLVD.	24 1622425	F01@(2)		00 764			Doop Brogning
CUYAHOGA FALLS, OH 44223	34-1633435	5010(3)	0.	22,764.	FAIR VALUE	FOOD	FOOD PROGRAM
BELIEVER'S ASSEMBLY CHURCH/PANTRY							
PO BOX 621							
BEACH CITY, OH 44608	43-6061673	501C(3)	0.	6 809.	FAIR VALUE	FOOD	FOOD PROGRAM
				3,333.			
GRACE UNITED CHURCH OF							
CHRIST/PANTRY - 750 WORK DR -							
AKRON, OH 44320	13-1957221	501C(3)	0.	5,452.	FAIR VALUE	FOOD	FOOD PROGRAM
FOCUS COMMUNITY DEVELOPMENT							
CORP/SHILOH MISSION. BAPT							
CHURCH/PANTRY - 1241 GRANT ST -							
AKRON, OH 44301	26-1836787	501C(3)	0.	5,121.	FAIR VALUE	FOOD	FOOD PROGRAM
OPEN DOOR ASSEMBLY OF GOD/PANTRY							
745 UPSON STREET							
AKRON, OH 44305	41-2256716	501C(3)	0.	7,415.	FAIR VALUE	FOOD	FOOD PROGRAM
HEADE A MILE CIMY/DAMEN							
HEART 4 THE CITY/PANTRY 954 EASTLAND AVE							
	82-4427911	501C(3)	0.	10 117	האדם אאניים האדם אאניים	FOOD	FOOD PROGRAM
AKRON, OH 44305	02-442/911	2010(3)	1 0.	10,11/.	FAIR VALUE	£00D	FOOD PROGRAM

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SALVATION ARMY (AKRON)/PANTRY							
& MEAL - 190 S. MAPLE STREET -							
AKRON, OH 44302	31-1485109	501C(3)	0.	45 949.	FAIR VALUE	FOOD	FOOD PROGRAM
OPEN M/PANTRY & MEAL							
941 PRINCETON ST.							
AKRON, OH 44311	34-1046107	501C(3)	0.	50,993.	FAIR VALUE	FOOD	FOOD PROGRAM
GOOD SAMARITAN HUNGER							
CENTER/PANTRY & MEAL - 420 S							
HAWKINS AVE - AKRON, OH 44320	34-1374539	501C(3)	0.	37,679.	FAIR VALUE	FOOD	FOOD PROGRAM
THE SALVATION ARMY (CANTON)/PANTRY							
190 S. MAPLE STREET	42 5560254	F04 = (0)		0.554	L		L
AKRON, OH 44302	13-5562351	5010(3)	0.	8,664.	FAIR VALUE	FOOD	FOOD PROGRAM
SVDP/ST.MARY'S CHURCH/PANTRY							
190 S. MAPLE STREET							
AKRON, OH 44302	53-0196617	501C(3)	0.	9 008.	FAIR VALUE	FOOD	FOOD PROGRAM
	00 0130017		•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	111111 1111111		
CANTON FRIENDSHIP CENTER/PANTRY							
1066 S. WATER STREET							
KENT, OH 44240	34-1048990	501C(3)	0.	5,667.	FAIR VALUE	FOOD	FOOD PROGRAM
AKRON BIBLE CHURCH/HOPE							
CAFE/PANTRY & MEAL - 340 E SOUTH							
ST - AKRON, OH 44311	34-1321296	501C(3)	0.	25,229.	FAIR VALUE	FOOD	FOOD PROGRAM
GOOD SAMARITAN HUNGER							
CENTER/BACKPACK - 420 S HAWKINS			_				
AVE - AKRON, OH 44320	34-1374539	501C(3)	0.	51,853.	FAIR VALUE	FOOD	FOOD PROGRAM
CDEEK ODWIODOK CHURCH OF							
GREEK ORTHODOX CHURCH OF							
ANNUNCIATION/BACKPACK - 129 S	34-0733152	501C(3)	0.	6 472	FAIR VALUE	FOOD	FOOD PROGRAM
UNION ST - AKRON, OH 44304	34-0/33132	2010(3)	<u> </u>	0,4/2.	EVIV AVIOR	F 00D	FROGRAM

Part II Continuation of Grants and Other		nestic Organizations		vernments (Sch	edule I (Form 990), Pa		- 1303300 га
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST CONGREGATIONAL CHURCH OF							
AKRON/MASON PB&J/BACKPACK - 807 S.							
SPRUCE ST WOOSTER, OH 44691	34-0714664	501C(3)	0.	11.149.	FAIR VALUE	FOOD	FOOD PROGRAM
				, -			
FEEDING MEDINA COUNTY/BACKPACK							
807 S. SPRUCE ST.							
WOOSTER, OH 44691	45-4049528	501C(3)	0.	5,688.	FAIR VALUE	FOOD	FOOD PROGRAM
POWER PACKS-CITYHOPE							
AKRON/BACKPACK - 807 S. SPRUCE ST.	27-2883089	E010/2\	0.	E 125	EATD WALTE	ECOD	EOOD DROCRAM
- WOOSTER, OH 44691	27-2003009	5010(3)	0.	5,125.	FAIR VALUE	FOOD	FOOD PROGRAM
ZION 4UCCPIRATE POWER PACKS/							
BACKPACKS - 807 S. SPRUCE ST							
WOOSTER, OH 44691	34-1630295	501C(3)	0.	5,338.	FAIR VALUE	FOOD	FOOD PROGRAM
,				,			
SUGARCREEK FIRST UCC/BACKPACK							
3800 DARROW RD							
STOW, OH 44224	01-0346476	501C(3)	0.	6,400.	FAIR VALUE	FOOD	FOOD PROGRAM
BULLDOG BAGS INC/BACKPACK							
3800 DARROW RD	45 54 22 25 6	504 5 (0)		40.450			L
STOW, OH 44224	47-5133276	501C(3)	0.	13,450.	FAIR VALUE	FOOD	FOOD PROGRAM
BLESSINGS IN A BACKPACK (NEW							
PHILADELPHIA) - 139B ASHWOOD LANE							
NW - NEW PHILADELPHIA, OH 44663	26-1964620	501C(3)	0.	23 590	FAIR VALUE	FOOD	FOOD PROGRAM
NEW THIRDEDININ, ON 11005	20 1301020	3010(3)	· ·	23,330.		1 002	1 GOD TROGRAM
NORTH INDUSTRY CHRISTIAN							
CHURCH/BACKPACK - 425 45TH STREET							
SW - CANTON, OH 44706	34-6006831	501C(3)	0.	10,344.	FAIR VALUE	FOOD	FOOD PROGRAM
				-			
AKRON DREAM CENTER/BACKPACK							
1035 ROSEMARY BLVD STE A							
AKRON, OH 44306	95-1684062	501C(3)	0.	18,016.	FAIR VALUE	FOOD	FOOD PROGRAM

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	- 1303300 F
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SALVATION ARMY							
(CANTON)/BACKPACK - 1035 ROSEMARY							
BLVD STE A - AKRON, OH 44306	13-5562351	501C(3)	0.	9,288.	FAIR VALUE	FOOD	FOOD PROGRAM
BEN CURTIS FAMILY FOUNDATION							
(SUMMIT)/BACKPACK - 1675 E MAIN ST							
STE 260 - KENT, OH 44240	46-1431932	501C(3)	0.	31,057.	FAIR VALUE	FOOD	FOOD PROGRAM
RAVEN PACKS/BACKPACK							
680 SUMMIT RD							
RAVENNA, OH 44266	83-0779010	501C(3)	0.	18,887.	FAIR VALUE	FOOD	FOOD PROGRAM
·				,			
RIVERTREE CHRISTIAN CHURCH							
(JACKSON)/BACKPACK - 680 SUMMIT RD							
- RAVENNA, OH 44266	34-1003958	501C(3)	0.	6,452.	FAIR VALUE	FOOD	FOOD PROGRAM
STARK COUNTY HUNGER TASK							
FORCE/BACKPACK - 408 NINTH ST SW - CANTON, OH 44707	34-1374549	501C(3)	0.	31 203	FAIR VALUE	FOOD	FOOD PROGRAM
emion, on 44707	34 13/4343	3010(3)	· ·	31,203.	IMIK VILLOLI	1002	TOOD TROOMIN
BATH CHURCH FOOD CARE							
BAGS/BACKPACK - 420 W 3RD ST -							
DOVER, OH 44622	34-6004155	501C(3)	0.	7,984.	FAIR VALUE	FOOD	FOOD PROGRAM
GREATER DOVER NEW							
PHILADELPHIA/BACKPACK - 420 W 3RD			_				
ST - DOVER, OH 44622	80-0255868	501C(3)	0.	42,340.	FAIR VALUE	FOOD	FOOD PROGRAM
NORTH CANTON CHURCH OF							
CHRIST/BACKPACK - 420 W 3RD ST -							
DOVER, OH 44622	34-1016763	501C(3)	0.	5 089	FAIR VALUE	FOOD	FOOD PROGRAM
,	21 2010,00		· ·	3,003.			
BEN CURTIS FAMILY FOUNDATION							
(STARK)/BACKPACK - 1675 E MAIN ST.							
STE 260 - KENT, OH 44240	46-1431932	501C(3)	0.	14,657.	FAIR VALUE	FOOD	FOOD PROGRAM

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	7 1303300 F
(a) Name and address of organization or government	(b) EIN (c) IRC section if applicable		(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALBORO CHRISTIAN CHURCH/BACKPACK							
.675 E MAIN ST. STE 260							
ENT, OH 44240	34-6553238	501C(3)	0.	14,648.	FAIR VALUE	FOOD	FOOD PROGRAM
GOOD NEIGHBORS/PANTRY							
.453 GOODYEAR BLVD							
AKRON, OH 44305	34-6560957	501C(3)	0.	41,128.	FAIR VALUE	FOOD	FOOD PROGRAM
FIRST CONGREGATIONAL							
CHURCH/FEEDING HOPE FOOD PANTRY -							
292 E MARKET ST - AKRON, OH 44308	34-0714664	501C(3)	0.	11,667.	FAIR VALUE	FOOD	FOOD PROGRAM
CUYAHOGA FALLS GOOD							
NEIGHBORS/PANTRY - 1742 2ND ST -	24 6560055	F01 (7/2)		22 222			Doop progray
CUYAHOGA FALLS, OH 44221	34-6560957	501C(3)	0.	28,333.	FAIR VALUE	FOOD	FOOD PROGRAM
HELPING HANDS NETWORK/PANTRY							
126 S MAIN ST							
WAYNESBURG, OH 44688	34-1384049	501C(3)	0.	11,330.	FAIR VALUE	FOOD	FOOD PROGRAM
ST JOAN OF ARC CATHOLIC							
CHURCH/PANTRY - 4940 W. TUSCARAWAS	34-0792939	501C/3)	0.	9 633	FAIR VALUE	FOOD	FOOD PROGRAM
ST CANTON, OH 44708	34-0792939	3010(3)	0.	0,033.	FAIR VALUE	FOOD	FOOD FROGRAM
WELL OF HOPE MINISTRIES/PANTRY							
3990 FAIRCREST ST. SW							
CANTON, OH 44706	47-2066861	501C(3)	0.	7,432.	FAIR VALUE	FOOD	FOOD PROGRAM
JOANN'S PANTRY (FIRST CHURCH OF							
GOD TALLMADGE /PANTRY - 2161	34-6560957	501C/3)	0.	6 665	FAIR VALUE	FOOD	FOOD PROGRAM
GREENSBURG RD - GREEN, OH 44232	34-030093/	2010(2)	1	0,005.	LVIK AWPOR	F 00D	FOOD PROGRAM
GREEN GOOD NEIGHBORS/PANTRY							
2161 GREENSBURG RD							
GREEN, OH 44232	34-6560957	501C(3)	0.	6,027.	FAIR VALUE	FOOD	FOOD PROGRAM

Part II Continuation of Grants and Other A	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NITED PRESBYTERIAN CHURCH/PANTRY							
2819 HUDSON DRIVE							
CUYAHOGA FALLS, OH 44221	23-6393377	501C(3)	0.	9,852.	FAIR VALUE	FOOD	FOOD PROGRAM
TOSM/PANTRY							
227 3RD ST. SE							
MASSILLON, OH 44646	31-1513025	501C(3)	0.	30,754.	FAIR VALUE	FOOD	FOOD PROGRAM
BARBERTON AREA COMMUNITY							
MINISTRIES/PANTRY - 939 NORTON AVE							
- BARBERTON, OH 44203	31-1502393	501C(3)	0.	27,957.	FAIR VALUE	FOOD	FOOD PROGRAM
COMMUNITY DROP IN CENTER/PANTRY							
1492 CHERRY AVE SE			_				
CANTON, OH 44707	31-1633131	501C(3)	0.	8,121.	FAIR VALUE	FOOD	FOOD PROGRAM
WORD OF LIFE OUTREACH							
CENTER/PANTRY & MEAL - 1878							
KILLIAN RD - AKRON, OH 44312	34-1435461	501C(3)	0.	7,763.	FAIR VALUE	FOOD	FOOD PROGRAM
·				,			
THE SANCTUARY/PANTRY							
847 LAKEWOOD BLVD							
AKRON, OH 44314	62-0483206	501C(3)	0.	47,750.	FAIR VALUE	FOOD	FOOD PROGRAM
MODEL CANEON CHIEGO OF							
NORTH CANTON CHURCH OF CHRIST/PANTRY - 1301 E. MAPLE ST.							
- NORTH CANTON, OH 44720	34-1016763	501C(3)	0.	39 979	FAIR VALUE	FOOD	FOOD PROGRAM
HORIT CHILDN, OIL 11/20	31 1010,03	3010(3)	· ·	33,373.	THE VILLE	1 002	I GOD I ROGRAM
HARVEST FOOD PANTRY							
2543 STATE RD							
CUYAHOGA FALLS, OH 44223	34-1385652	501C(3)	0.	7,141.	FAIR VALUE	FOOD	FOOD PROGRAM

332102 11-01-23

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
THE FOODBANK MAINTAINS RECORDS OF (	GRANTS TO	EACH AGEN	CY AND THE	APPROPRIATE	
APPLICATION OF THOSE RESOURCES.					

#### SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

AKRON-CANTON REGIONAL FOODBANK

Employer identification number 34-1369388

P	art I Questions Regarding Compensation	0550		
	att   Questions regulating compensation		Yes	No
10	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		res	INO
Ia				
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions  Payments for business use of personal residence  Use the support of the s			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
_	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
	tradices, and officers, including the OLO/Excellive Director, regarding the terms officered of line 12:			
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
Ü	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	X   Independent compensation consultant   X   Compensation survey or study			
	X       Form 990 of other organizations             X       Approval by the board or compensation committee			
	Approval by the board of compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
4	organization or a related organization:			
_		4a		х
a b		4.		X
				X
С	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	The second of lines 4a.c, list the persons and provide the applicable amounts for each item in a time.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
-	contingent on the net earnings of:			
а	The organization?	6a		х
	Any related organization?	6b		Х
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
-	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
-	Regulations section 53.4958-6(c)?	9		
_		_		

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

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MISC compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DANIEL FLOWERS	(i)	195,140.	105,000.	5,950.	8,129.	18,872.	333,091.	0.
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JENNIFER DYER	(i)	125,132.	27,000.	0.	2,593.	18,857.		0.
VICE PRESIDENT, OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KATIE CARVER REED	(i)	127,408.	25,500.	0.	3,862.	15,951.	172,721.	0.
VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) COLLEEN BENSON	(i)	117,673.	18,800.	0.	4,792.	20,734.	161,999.	0.
VICE PRESIDENT, DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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_	(ii)						-	
	(i)						-	
	(ii)							

Part III   Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

### **SCHEDULE M** (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Inspection

**Employer identification number** 

		AKRON-CANTOI	N KEGIO	NAL FOODBA	ANK	34-	<b>1369</b>	<b>388</b>	
Pai	tl Ty	pes 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	Method of o noncash contrib		_	s
1	Art - Worl	ks of art							
2	Art - Histo	orical treasures							
3	Art - Frac	tional interests							
4	Books an	d publications							
5	Clothing	and household goods							
6	Cars and	other vehicles							
7	Boats and	d planes							
8		al property							
9		s - Publicly traded	I						
10	Securities	s - Closely held stock							
11	Securities	s - Partnership, LLC, or							
	trust inter	rests							
12		s - Miscellaneous							
13	Qualified	conservation contribution -							
	Historic s	tructures							
14	Qualified	conservation contribution - Other $\dots$							
15	Real esta	te - Residential							
16	Real esta	te - Commercial							
17	Real esta	te - Other							
18	Collectibl	es							
19	Food inve	entory	X	999,999	48,153,005.	NAT'L STUD	Y, D	ONO	<u>RS_</u>
20	Drugs an	d medical supplies							
21	Taxiderm	у							
22	Historical	artifacts							
23		specimens							
24	Archeolog	gical artifacts							
25	Other	()							
26	Other	()							
27	Other	()							
28	Other	(							
29		of Forms 8283 received by the organ							
	for which	the organization completed Form 8	283, Part V, D	onee Acknowledg	ement <b>29</b>				
								Yes	No
30a	•	e year, did the organization receive	-		,	•			
		d for at least 3 years from the date of			· · · · · · · · · · · · · · · · · · ·				37
		urposes for the entire holding period	d?				30a		X
	,	describe the arrangement in Part II.				•		37	
31		organization have a gift acceptance		•	•	ons?	31	Х	-
32a		organization hire or use third parties		•					177
_	contribut						32a		X
		describe in Part II.							
33	if the orga	anization didn't report an amount in	column (c) fo	r a type of property	ror which column (a) is chec	kea,			

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

Schedule M (Form 990) 2023

### 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.

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

AKRON-CANTON REGIONAL FOODBANK

Employer identification number 34-1369388

FORM 990, PART VI, SECTION B, LINE 11B: A COPY OF FORM 990 IS PROVIDED TO ALL MEMBERS OF THE BOARD OF TRUSTEES IN ADVANCE OF ELECTRONIC FILING. FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST DISCLOSURE IS UPDATED AND SIGNED ANNUALLY AND ANY CONFLICTS ARE REPORTED THROUGHOUT THE YEAR. FORM 990, PART VI, SECTION B, LINE 15: THE CEO'S COMPENSATION IS BASED ON AN ANNUAL REVIEW AT THE LAST BOARD MEETING OF THE FISCAL YEAR. THIS REVIEW TAKES INTO ACCOUNT SALARY DATA PROVIDED BY A 3RD PARTY INDEPENDENT COMPENSATION CONSULTANT. ALL OTHER STAFF COMPENSATION IS DETERMINED BY THE FOODBANK'S HR DEPARTMENT AND LEADERSHIP THROUGH THE USAGE OF 3RD PARTY INDEPENDENT COMPENSATION CONSULTANT REPORTS, FEEDING AMERICA SALARY BENCHMARKING DATA, AND LOCAL COMPARISONS. SALARIES AND INCREASES ARE THEN REVIEWED AND APPROVED BY THE HUMAN RESOURCES COMMITTEE AND THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: CHANGE IN INTEREST IN NET ASSETS OF ENDOWMENT 1,371,161.

Schedule O (Form 990) 2023 Page 2 Name of the organization **Employer identification number** AKRON-CANTON REGIONAL FOODBANK 34-1369388 THE FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE ORGANIZATION'S AUDIT. THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

#### **SCHEDULE R** (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

	AKRON-CANTON F	REGIONAL FOODBANK					34-13693	888	
Part I	Identification of Disregarded Entities. Comple	te if the organization answered "Yes	s" on Form 990, Part IV, line 3	3.					
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	(e) eme End-of-year	assets	ussets Direct co		g
		_							
Part II	Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990	0, Part IV, line 34, l	pecause it had one o	or more	e related tax-exer	mpt	
	(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Dire	(f) ect controlling entity	cont	<b>g)</b> 512(b)(13) rolled tity?
	•		.c.o.g., coa,		501(c)(3))			Yes	No
	ANTON REGIONAL FOODBANK ENDOWMENT - 311, 350 OPPORTUNITY PARKWAY, AKRON, 07-2234	SUPPORT THE AKRON-CANTON REGIONAL FOODBANK.	OHIO	501(C)(3)	LINE 12B, II				x
					,				
				1					I

Page 2

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

	Organisation transfer at a parameter grant											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j	j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	Gene	ral or	Percentage ownership
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under sections 512-514)	income	end-of-year assets	allocations?		amount in box 20 of Schedule	Jie partner?		ownersnip
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	
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	<u> </u>		1	I.		1			1	-		

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country						Yes	No

Page 3

Yes No

1a

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b (	Gift, grant, or capital contribution to related organization(s)				1b		<u> </u>		
C	Gift, grant, or capital contribution from related organization(s)				1c	X			
	oans or loan guarantees to or for related organization(s)								
e l	Loans or loan guarantees by related organization(s)				1e		X		
f	Dividends from related organization(s)				. 1f		X		
g :	Sale of assets to related organization(s)								
h i	Purchase of assets from related organization(s)				1h		X		
i I	Exchange of assets with related organization(s)				1i		<u>X</u>		
j l	Lease of facilities, equipment, or other assets to related organization(s)				<u>1j</u>		<u>X</u>		
							X		
k I	k Lease of facilities, equipment, or other assets from related organization(s)								
1 1	Performance of services or membership or fundraising solicitations for related organization(s)								
	m Performance of services or membership or fundraising solicitations by related organization(s)								
n :	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
0	Sharing of paid employees with related organization(s)				10	X			
р	Reimbursement paid to related organization(s) for expenses				1p		_X_		
q	Reimbursement paid by related organization(s) for expenses				1q		<u>X</u>		
							X		
r Other transfer of cash or property to related organization(s)									
s	Other transfer of cash or property from related organization(s)				1s		X		
2	f the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered rela	ationships and transaction thresholds.					
	<b>(a)</b> Name of related organization	(b)	(c)	(d)					
	Name of related organization	Transaction	Amount involved	Method of determining amoun	involved				
		type (a-s)							
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
332163	09-28-23			Sched	ule R (For	n 990)	2023		

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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0000

Form **8868** 

(Rev. January 2024)

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

OMB No. 1545-0047

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 up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) Type or **Print** 34-1369388 AKRON-CANTON REGIONAL FOODBANK File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 350 OPPORTUNITY PARKWAY return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. AKRON, OH 44307-2234 Enter the Return Code for the return that this application is for (file a separate application for each return) 01 Application Is For Return | Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 12 05 Form 8870 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of DANIEL R. FLOWERS 350 OPPORTUNITY PARKWAY - AKRON, OH 44307-2234 Telephone No. 330-535-6900 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 . 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. I request an automatic 6-month extension of time until NOVEMBER 15 , 20 24 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 23 or tax year beginning , 20 , and ending 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. За 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. 3h 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.

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

Form 8868 (Rev. 1-2024)