

Tax Return

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Return of Organization Exempt From Income Tax

Form 990

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

2023

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning and ending

B Check if applicable: C Name of organization AKRON-CANTON REGIONAL FOODBANK D Employer identification number 34-1369388 E Telephone number 330-535-6900 G Gross receipts \$ 62,692,299. H(a) Is this a group return for subordinates? H(b) Are all subordinates included? I Tax-exempt status: J Website: WWW.AKRONCANTONFOODBANK.ORG K Form of organization: L Year of formation: 1982 M State of legal domicile: OH

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... FEED PEOPLE, FIGHT HUNGER. 2 Check this box... 3 Number of voting members... 4 Number of independent voting members... 5 Total number of individuals employed... 6 Total number of volunteers... 7a Total unrelated business revenue... 7b Net unrelated business taxable income... 8 Contributions and grants... 9 Program service revenue... 10 Investment income... 11 Other revenue... 12 Total revenue... 13 Grants and similar amounts paid... 14 Benefits paid to or for members... 15 Salaries, other compensation... 16a Professional fundraising fees... 16b Total fundraising expenses... 17 Other expenses... 18 Total expenses... 19 Revenue less expenses... 20 Total assets... 21 Total liabilities... 22 Net assets or fund balances...

Part II Signature Block

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

Sign Here: Signature of officer DANIEL R. FLOWERS, PRESIDENT AND CEO Date: Paid: Print/Type preparer's name PARGAT SINGH Preparer's signature Date 11/14/24 Check if self-employed PTIN P02184330 Preparer Use Only: Firm's name COHEN & COMPANY, LTD. Firm's EIN 34-1912961 Firm's address OFFICES LISTED AT WWW.COHENCPA.COM, OH 44115 Phone no. 800-229-1099

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: 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? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 55,123,519. including grants of \$ 2,016,324.) (Revenue \$ 1,954,669.) TO PROCURE, WAREHOUSE, AND FACILITATE THE DISTRIBUTION OF DONATED FOODS AND OTHER PRODUCTS TO QUALIFIED ORGANIZATIONS WHICH SERVE PEOPLE IN NEED.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses 55,123,519.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Yes, No. Rows 1a, 1b, 1c detailing backup withholding rules and other IRS filings.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a		19
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed 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) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
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.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DANIEL FLOWERS PRESIDENT AND CEO	50.00 1.00			X				306,090.	0.	27,001.
(2) JENNIFER DYER VICE PRESIDENT, OPERATIONS	50.00				X			152,132.	0.	21,450.
(3) KATIE CARVER REED VICE PRESIDENT	50.00			X				152,908.	0.	19,813.
(4) COLLEEN BENSON VICE PRESIDENT, DEVELOPMENT	50.00					X		136,473.	0.	25,526.
(5) MICHAEL WILSON VICE PRESIDENT, MKT AND COMMUN.	50.00					X		113,854.	0.	10,929.
(6) LESLIE GENOVESE DIRECTOR, CORPORATE ENGAGEMENT	50.00					X		102,738.	0.	21,916.
(7) CAROL CRABTREE VICE PRESIDENT, HUMAN RESOURCES	50.00					X		106,301.	0.	15,873.
(8) MATTHEW PETRICK DIRECTOR, OPERATIONS	50.00					X		100,673.	0.	5,761.
(9) AMANDA MONTGOMERY CHAIRPERSON	1.00 1.00	X		X				0.	0.	0.
(10) GREG LONG VICE CHAIR & TREASURER	1.00	X		X				0.	0.	0.
(11) ROB BOWERS SECRETARY	1.00	X		X				0.	0.	0.
(12) FRANK WILEY DIRECTOR	1.00	X						0.	0.	0.
(13) DR. TERI LASH-RITTER DIRECTOR	1.00	X						0.	0.	0.
(14) AMY BORCHERDING DIRECTOR	1.00	X						0.	0.	0.
(15) ALICIA LAMANCUSA DIRECTOR	1.00	X						0.	0.	0.
(16) CHRIS RICHARDSON DIRECTOR	1.00	X						0.	0.	0.
(17) HYUN PARK DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DAN BROPHY DIRECTOR	1.00	X						0.	0.	0.
(19) NANCY HUTCHINSON DIRECTOR	1.00	X						0.	0.	0.
(20) LISA BACKLIN DIRECTOR	1.00	X						0.	0.	0.
(21) JONATHAN THORNTON DIRECTOR	1.00	X						0.	0.	0.
(22) RICH CLARK DIRECTOR	1.00	X						0.	0.	0.
(23) KRISTIN HANNON DIRECTOR	1.00	X						0.	0.	0.
(24) LAURA QUERY DIRECTOR	1.00	X						0.	0.	0.
(25) TERRY LINK DIRECTOR	1.00	X						0.	0.	0.
(26) JEROD CHERRY DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								1,171,169.	0.	148,269.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,171,169.	0.	148,269.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 8

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 8

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	98,039.			
	d	Related organizations	1d	115,216.			
	e	Government grants (contributions)	1e	1,536,484.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	58,106,345.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 46,642,366.			
	h	Total. Add lines 1a-1f		59,856,084.			
	Program Service Revenue	2 a	DISTRIBUTION FEES	Business Code			
			900099	1,266,077.	1,266,077.		
b		SHARED MAINTENANCE	900099	619,992.	619,992.		
c		AGENCY DELIVERY FEES AND FREIGHT	480000	68,600.	68,600.		
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		1,954,669.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		166,182.		166,182.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	6a	(i) Real			
				(ii) Personal			
	b	Less: rental expenses ...	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities			
				(ii) Other			
					657,170.	390.	
	b	Less: cost or other basis and sales expenses	7b	593,461.	0.		
	c	Gain or (loss)	7c	63,709.	390.		
	d	Net gain or (loss)		64,099.		64,099.	
8 a	Gross income from fundraising events (not including \$ 98,039. of contributions reported on line 1c). See Part IV, line 18	8a		23,860.			
			8b	54,134.			
c	Net income or (loss) from fundraising events		-30,274.		-30,274.		
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
			9b				
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
			10b				
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	MISCELLANEOUS INCOME	Business Code				
			900099	33,944.		33,944.	
	b						
	c						
	d	All other revenue					
e	Total. Add lines 11a-11d		33,944.				
12	Total revenue. See instructions		62,044,704.	1,954,669.	0.	233,951.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	2,016,324.	2,016,324.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	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)				
7 Other salaries and wages	5,388,560.	3,184,972.	847,689.	1,355,899.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	174,845.	95,109.	28,891.	50,845.
9 Other employee benefits	861,605.	569,141.	105,052.	187,412.
10 Payroll taxes	458,003.	274,547.	73,892.	109,564.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e 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.
12 Advertising and promotion	142,817.	3,383.	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 O.)				
a DONATED FOOD DISTRIBUTE	45,209,069.	45,209,069.		
b FREIGHT AND TRANSPORTAT	368,020.	368,020.		
c DUES AND SUBSCRIPTIONS	7,676.		7,676.	
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	59,623,188.	55,123,519.	1,836,573.	2,663,096.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	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 former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	4,530,750.	7	4,530,750.
	8 Inventories for sale or use	2,776,920.	8	4,243,291.
	9 Prepaid expenses and deferred charges	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.
	11 Investments - publicly traded securities	2,035,060.	11	2,529,300.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	3,434,245.	15	5,258,643.
16 Total assets. Add lines 1 through 15 (must equal line 33)	39,331,003.	16	52,282,523.	
Liabilities	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 Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	618,231.	23	696,610.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	7,560,431.
	26 Total liabilities. Add lines 17 through 25	1,588,821.	26	10,517,095.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	32,792,542.	27	37,471,720.
	28 Net assets with donor restrictions	4,949,640.	28	4,293,708.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	37,742,182.	32	41,765,428.
	33 Total liabilities and net assets/fund balances	39,331,003.	33	52,282,523.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	62,044,704.
2	Total expenses (must equal Part IX, column (A), line 25)	2	59,623,188.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,421,516.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	37,742,182.
5	Net unrealized gains (losses) on investments	5	230,569.
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	1,371,161.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	41,765,428.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(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 organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	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

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	52850729.	60799747.	51504847.	50494608.	59856084.	275506015
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	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 assets (Explain in Part VI.)	40,837.	381,905.	54,877.	67,062.	33,944.	578,625.
11 Total support. Add lines 7 through 10						276657970
12 Gross receipts from related activities, etc. (see instructions)					12	9,810,087.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	99.58	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	99.60	%
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c 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, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

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

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

MISCELLANEOUS INCOME

2019 AMOUNT: \$ 40,837.

2020 AMOUNT: \$ 381,905.

2021 AMOUNT: \$ 54,877.

2022 AMOUNT: \$ 67,062.

2023 AMOUNT: \$ 33,944.

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

2023

Open to Public Inspection

Name of the organization AKRON-CANTON REGIONAL FOODBANK Employer identification number 34-1369388

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and others), and questions about monitoring, expenses, and reporting requirements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included in Form 990.

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,378,049.	2,960,827.	1,574,087.	1,459,958.	1,096,072.
b Contributions	1,122,688.	5,115.	1,256,828.	2,192.	205,152.
c Net investment earnings, gains, and losses	373,694.	-475,999.	206,270.	180,272.	216,004.
d Grants or scholarships					
e Other expenditures for facilities and programs	115,216.	99,915.	68,835.	62,068.	51,320.
f Administrative expenses	12,438.	11,979.	7,523.	6,267.	5,950.
g End of year balance	3,746,777.	2,378,049.	2,960,827.	1,574,087.	1,459,958.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 0.0000 %
 - b Permanent endowment 85.6822 %
 - c Term endowment 14.3178 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|------------------------------|-----|----|
| (i) Unrelated organizations? | | X |
| (ii) Related organizations? | X | |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		283,554.		283,554.
b Buildings		5,830,467.	3,340,414.	2,490,053.
c Leasehold improvements		130,898.	7,606.	123,292.
d Equipment		3,581,055.	2,479,857.	1,101,198.
e Other		16,180,826.	499,144.	15,681,682.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				19,679,779.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1) INTEREST IN NET ASSETS OF AFFILIATES	5,258,643.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	5,258,643.

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITIES -	
(3) RELATED	7,560,431.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	7,560,431.

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 ...

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

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

1	Total revenue, gains, and other support per audited financial statements	1	62,275,273.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	230,569.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	230,569.
3	Subtract line 2e from line 1	3	62,044,704.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	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.

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

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

1	Total expenses and losses per audited financial statements	1	59,623,188.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	59,623,188.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	59,623,188.

Part XIII Supplemental Information

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

PART V, LINE 4:

THE AKRON-CANTON REGIONAL FOODBANK ENDOWMENT WAS ESTABLISHED IN 1999 WITH THE SPECIFIC PURPOSE OF SEEKING FUNDS FOR THE BENEFIT OF THE AKRON-CANTON REGIONAL FOODBANK, INC. SINCE ITS INCEPTION, THE ENDOWMENT HAS RECEIVED VARIOUS TEMPORARILY AND PERMANENTLY RESTRICTED CONTRIBUTIONS. INCOME GENERATED FROM THE ENDOWMENT FUND IS USED TO SUPPORT THE AKRON-CANTON REGIONAL FOODBANK, INC.

PART X, LINE 2:

THE ORGANIZATION RECOGNIZES AND DISCLOSES UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH GAAP. AS OF AND DURING THE YEAR ENDED DECEMBER 31, 2023, THE ORGANIZATION DOES NOT HAVE A LIABILITY FOR UNRECOGNIZED TAX BENEFITS.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		HFH BREAKFAST (event type)	ELF (event type)	NONE (total number)	
Revenue	1	Gross receipts	66,561.	55,338.	121,899.
	2	Less: Contributions	57,476.	40,563.	98,039.
	3	Gross income (line 1 minus line 2)	9,085.	14,775.	23,860.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes		668.	668.
	6	Rent/facility costs	1,800.		1,800.
	7	Food and beverages	9,457.		9,457.
	8	Entertainment		1,624.	1,624.
	9	Other direct expenses	12,130.	28,455.	40,585.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			54,134.
11	Net income summary. Subtract line 10 from line 3, column (d)			-30,274.	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization **AKRON-CANTON REGIONAL FOODBANK** Employer identification number **34-1369388**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
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	501C(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) and government organizations listed in the line 1 table 77.
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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
BLESSINGS IN A BACKPACK (AKRON) 420 MARKET AVE S CANTON, OH 44702	26-1964620	501C(3)	0.	21,920.	FAIR VALUE	FOOD	FOOD PROGRAM
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 ST. UMC/PANTRY 50 N PROSPECT ST AKRON, OH 44304	31-1813333	501C(3)	0.	5,023.	FAIR VALUE	FOOD	FOOD PROGRAM
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
PERRY HELPING PERRY/PANTRY 413 LINCOLNWAY EAST MASSILLON, OH 44646	27-4003559	501C(3)	0.	6,104.	FAIR VALUE	FOOD	FOOD PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOREVER R CHILDREN/PANTRY 413 LINCOLNWAY EAST MASSILLON, OH 44646	84-3487950	501C(3)	0.	10,524.	FAIR VALUE	FOOD	FOOD PROGRAM
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 95 - DOVER, OH 44622	13-5563018	501C(3)	0.	5,130.	FAIR VALUE	FOOD	FOOD PROGRAM
SVPD/FR HILKERT OZANAM CENTER/PANTRY - 420 W 3RD ST PO BOX 95 - DOVER, OH 44622	04-3723025	501C(3)	0.	5,817.	FAIR VALUE	FOOD	FOOD PROGRAM

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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
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. CUYAHOGA FALLS, OH 44223	34-1633435	501C(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
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
HEART 4 THE CITY/PANTRY 954 EASTLAND AVE AKRON, OH 44305	82-4427911	501C(3)	0.	18,117.	FAIR VALUE	FOOD	FOOD PROGRAM

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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 AKRON, OH 44302	13-5562351	501C(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
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
GREEK ORTHODOX CHURCH OF ANNUNCIATION/BACKPACK - 129 S UNION ST - AKRON, OH 44304	34-0733152	501C(3)	0.	6,472.	FAIR VALUE	FOOD	FOOD PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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. - WOOSTER, OH 44691	27-2883089	501C(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 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
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

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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
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
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 Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MALBORO CHRISTIAN CHURCH/BACKPACK 1675 E MAIN ST. STE 260 KENT, OH 44240	34-6553238	501C(3)	0.	14,648.	FAIR VALUE	FOOD	FOOD PROGRAM
GOOD NEIGHBORS/PANTRY 1453 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 - 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 ST. - CANTON, OH 44708	34-0792939	501C(3)	0.	8,633.	FAIR VALUE	FOOD	FOOD PROGRAM
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 GREENSBURG RD - GREEN, OH 44232	34-6560957	501C(3)	0.	6,665.	FAIR VALUE	FOOD	FOOD PROGRAM
GREEN GOOD NEIGHBORS/PANTRY 2161 GREENSBURG RD GREEN, OH 44232	34-6560957	501C(3)	0.	6,027.	FAIR VALUE	FOOD	FOOD PROGRAM

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED 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
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
HARVEST FOOD PANTRY 2543 STATE RD CUYAHOGA FALLS, OH 44223	34-1385652	501C(3)	0.	7,141.	FAIR VALUE	FOOD	FOOD PROGRAM

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

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

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

PART I, LINE 2:

THE FOODBANK MAINTAINS RECORDS OF GRANTS TO EACH AGENCY AND THE APPROPRIATE APPLICATION OF THOSE RESOURCES.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

AKRON-CANTON REGIONAL FOODBANK

Employer identification number

34-1369388

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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

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?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's 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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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:

- a** The organization?
- b** Any related organization?
- 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:

- a** The organization?
- b** Any related organization?
- 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

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DANIEL FLOWERS PRESIDENT AND CEO	(i)	195,140.	105,000.	5,950.	8,129.	18,872.	333,091.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JENNIFER DYER VICE PRESIDENT, OPERATIONS	(i)	125,132.	27,000.	0.	2,593.	18,857.	173,582.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KATIE CARVER REED VICE PRESIDENT	(i)	127,408.	25,500.	0.	3,862.	15,951.	172,721.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) COLLEEN BENSON VICE PRESIDENT, DEVELOPMENT	(i)	117,673.	18,800.	0.	4,792.	20,734.	161,999.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

AKRON-CANTON REGIONAL FOODBANK

Employer identification number

34-1369388

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	999,999	48,153,005.	NAT'L STUDY, DONORS
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

29

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

	Yes	No
30a		X
31	X	
32a		X

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

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

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

b If "Yes," describe in Part II.

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

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.

OMB No. 1545-0047

2023

Open to Public
Inspection

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.

FORM 990, PART XII, LINE 2C

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

Schedule O (Form 990) 2023

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

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 **AKRON-CANTON REGIONAL FOODBANK** Employer identification number **34-1369388**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
AKRON-CANTON REGIONAL FOODBANK ENDOWMENT - 34-1888311, 350 OPPORTUNITY PARKWAY, AKRON, OH 44307-2234	SUPPORT THE AKRON-CANTON REGIONAL FOODBANK.	OHIO	501(C)(3)	LINE 12B, II			X

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

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

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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 instructions.

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

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. AKRON-CANTON REGIONAL FOODBANK	Taxpayer identification number (TIN) 34-1369388
	Number, street, and room or suite no. If a P.O. box, see instructions. 350 OPPORTUNITY PARKWAY	
	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 Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• 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 box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **24**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year 20 **23** or
 tax year beginning _____, 20 _____, and ending _____, 20 _____

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

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

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

Form **8868** (Rev. 1-2024)

**MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045**