Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

or calendar year 2022, or fiscal year beginning	, 2022, and er	nding , 20

Do not send to the IRS. Keep for your records.

OMB No. 1545-0047

	t of the Treasury venue Service		Go		/Form8879TE for the	=		
Name of							EIN or SSN	
	AKRON-	CANTON	REGI	ONAL FOOD	BANK		34-136	59388
Name an	d title of officer or pe	rson subject to	tax I	DANIEL R.	FLOWERS			
				PRESIDENT				
Part I	Type of I	Return and	d Retu	rn Informatior	1			_
Form 53 or 10a k whichev	330 filers may enter below, and the amo	dollars and ount on that li	cents. Foine for th	or all other forms, o e return being file	enter whole dollars or d with this form was b	pplicable amount, if any nly. If you check the box plank, then leave line 1k en enter -0- on the applic	on line 1a, 2a, 3a, 3b, 2b, 3b, 4b, 5b, 6	a, 4a, 5a, 6a, 7a, 8a, 9a, 6b, 7b, 8b, 9b, or 10b,
1a	Form 990 check h	ere	X ı	b Total revenue,	if any (Form 990, Pa	rt VIII, column (A), line 1	2)	њ5 <u>1,182,060.</u>
2a	Form 990-EZ che	ck here						2b
3a	Form 1120-POL 0	heck here						3b
4a	Form 990-PF che	ck here		b Tax based on	investment income	(Form 990-PF, Part V, Iir		4b
5a	Form 8868 check	here						5b
	Form 990-T check		<u></u>	b Total tax (Forn	n 990-T, Part III, line 4)	(6b
	Form 4720 check						7	7b
	Form 5227 check				at end of tax year (F			3b
	Form 5330 check		=	,	5330, Part II, line 19)			9b
10a Part I	Form 8038-CP ch					ed (Form 8038-CP, Par Person Subject to	t III, line 22)	10b
						I am a person subjec		
entry to financia later tha paymen persona	the financial institut I institution to debi in 2 business days t of taxes to receiv I identification nun eck one box only	ution account t the entry to prior to the p e confidentia nber (PIN) as	t indicate this acco payment I informa my signa	ed in the tax prepa ount. To revoke a (settlement) date. tion necessary to	ration software for pa payment, I must cont I also authorize the fin answer inquiries and	gent to initiate an electryment of the federal tax act the U.S. Treasury Financial institutions involvesolve issues related to blicable, the consent to	tes owed on this re nancial Agent at 1 ved in the process o the payment. I ha electronic funds w	eturn, and the -888-353-4537 no sing of the electronic ave selected a vithdrawal.
X	l authorize SI	KICH LI	JP				_ to enter my PIN	
				ERO	firm name			Enter five numbers, but do not enter all zeros
	with a state age on the return's of As an officer or preturn. If I have i	ncy(ies) regul isclosure cor person subjec ndicated with	ating chansent scr ct to tax on this re	arities as part of the een. with respect to the eturn that a copy o	e IRS Fed/State prog	ated within this return the ram, I also authorize the PIN as my signature outled with a state agency ascreen.	e aforementioned I	ERO to enter my PIN 2 electronically filed
Signature of Part I	of officer or person subject Certifica	et to tax tion and A	uthen	tication			Date	
ERO's I	EFIN/PIN. Enter yo	ur six-digit el	ectronic	filing identification	1			
number	(EFIN) followed by	your five-dig	it self-sel	ected PIN.		340085173 Do not enter all z		
submitti	ng this return in ac s Returns.	cordance wit	th the red	quirements of Pul		tronically filed return ind e-File (MeF) Information	for Authorized IRS	
ERO's si	gnature <u>JIL</u>	L M. BC	YLE,	CPA		Date	L0/19/23	
		Do N			in This Form - Son to the IRS Unle	ee Instructions ss Requested To	Do So	
на Б	or Privacy Act and	l Panerwork	Reducti	on Act Notice se	e instructions.			Form 8879-TE (2022)

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print AKRON-CANTON REGIONAL FOODBANK 34-1369388 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 350 OPPORTUNITY PARKWAY return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. AKRON, OH 44307-2234 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) DANIEL R. FLOWERS The books are in the care of ► 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. I request an automatic 6-month extension of time until NOVEMBER 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or ___ tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. 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 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. 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

223841 04-01-22

LHA

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

Form 8868 (Rev. 1-2022)

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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

		e 2022 calendar year, or tax year beginning and ending									
	heck if	C Name of organization	D Employer identifi	cation number							
a	pplicabl	e:	D Employer Identili								
	Addre	SE AKRON-CANTON REGIONAL FOODBANK									
	Name chang		34-13693	88							
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s									
	Final return	350 ODDODMINITAN DARKWAN	330-535-								
	terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$										
	Amen return		H(a) Is this a group re	eturn							
	Application	F name and address of principal officer: DANTELL K. FLOWERS	for subordinates	? Yes X No							
	pendi	SAME AS C ABOVE	H(b) Are all subordinates in	ncluded? Yes No							
<u> </u>	ax-ex		527 If "No," attach a	list. See instructions							
	Vebsi		H(c) Group exemption								
			ear of formation: 1982 N	M State of legal domicile: OH							
Pa	art I	Summary									
ø	1	Briefly describe the organization's mission or most significant activities: $\ \underline{FEED} \ \ \underline{PEO}$	PLE, FIGHT HUI	NGER.							
auc											
Governance	2	Check this box if the organization discontinued its operations or disposed of m	_								
30	3		3	19 19							
જ	4 5	Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2022 (Part V, line 2a)		122							
ties	6		_	7407							
Activities &			7a	0.							
¥	l	Net unrelated business taxable income from Form 990-T, Part I, line 11		0.							
			Prior Year	Current Year							
•	8	Contributions and grants (Part VIII, line 1h)	51,685,043.	50,494,608.							
Revenue	9	Program service revenue (Part VIII, line 2g)	453,445.	596,959.							
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	281,977.	103,946.							
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,533.	-13,453.							
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	52,426,998.	51,182,060.							
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,844,718.	2,268,881.							
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.							
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,997,981.	6,440,342.							
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.							
ğ	b	Total fundraising expenses (Part IX, column (D), line 25) 2,342,719.	20 020 420	40 212 700							
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	38,939,439.	40,313,709.							
	I	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	47,782,138. 4,644,860.	49,022,932.							
v	19	Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year	2,159,128. End of Year							
Net Assets or	20	Total assets (Part X, line 16)	38,369,339.	39,331,003.							
Asse Ball	21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)	1,484,312.	1,588,821.							
Net/	22	Net assets or fund balances. Subtract line 21 from line 20	36,885,027.	37,742,182.							
Pa	rt II	Signature Block									
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of my	/ knowledge and belief, it is							
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.								
Sigi	n	Signature of officer	Date								
Her	е	DANIEL R. FLOWERS, PRESIDENT AND CEO									
		Type or print name and title	In.	- I DTIN							
_		Print/Type preparer's name Preparer's signature	Date Check	PTIN							
Paid		JILL M. BOYLE, CPA JILL M. BOYLE, CPA	10/19/23 self-employ								
	arer	Firm's name SIKICH LLP	Firm's EIN 3	6-3168081							
use	Only	Firm's address 274 WHITE POND DRIVE AKRON, OH 44320-1118	Dh / 3	30\864_6661							
N40:	, the !!	RS discuss this return with the preparer shown above? See instructions	j Phone no. (3	30)864-6661 X Yes No							
ivia)	, uie II	NO CHARGAS THIS TELLITE WITH THE DIFFURIEL SHOWLI MOUVE? SHE HISHIUGHOUS		144 165 100							

Pai	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	37 3 NTD
	COLLABORATIVE NETWORK THAT EMPOWERS PEOPLE TO EXPERIENCE HEALTH	
	HUNGER-FREE LIVES. WE DISTRIBUTE FOOD TO FEED PEOPLE AND WE AD	VOCATE,
	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 ex	penses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$45,122,490. including grants of \$2,268,881.) (Revenue \$	<u>596,959.</u>)
	TO PROCURE, WAREHOUSE, AND FACILITATE THE DISTRIBUTION OF DONAT	
	AND OTHER PRODUCTS TO QUALIFIED ORGANIZATIONS WHICH SERVE PEOPL	E IN
	NEED.	
4b	(Code:) (Expenses \$)
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 45,122,490.	
		Form 990 (2022)

Form 990 (2022) AKRON-CANTON REGIONAL FOODBANK Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
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? If "Yes," complete Schedule C, Part II	4		Х
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? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
0	, ,	8		x
0	Schedule D, Part III	-		
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?			x
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	<u> </u>
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? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			T -
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	"		
13	·	19		x
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a	• •	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		\vdash
21		04	Х	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Λ	<u> </u>

Form 990 (2022) AKRON-CANTON REGIONAL FOODBANK
Part IV | Checklist of Required Schedules (continued)

ı a	Officerist of nequired Scriedules (continued)								
			Yes	No					
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			v					
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X					
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current								
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	00	х						
04-	Schedule J	23	Λ						
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the								
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		x					
h	Schedule K. If "No," go to line 25a	24b							
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease								
·	any tax-exempt bonds?	24c							
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d							
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	210							
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x					
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200							
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete								
	Schedule L. Part I	25b		x					
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current								
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%								
	controlled entity or family member of any of these persons? If "Yes." complete Schedule L. Part II	26		x					
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,								
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled								
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x					
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,								
	instructions for applicable filing thresholds, conditions, and exceptions):								
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If								
	"Yes," complete Schedule L, Part IV	28a		Х					
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х					
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If								
	"Yes," complete Schedule L, Part IV	28c		Х					
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х						
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation								
	contributions? If "Yes," complete Schedule M	30		X					
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х					
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete								
	Schedule N, Part II	32		X					
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations								
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X					
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and								
	Part V, line 1	34	Х						
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X					
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1					
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>					
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			1					
	If "Yes," complete Schedule R, Part V, line 2	36		X					
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization								
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X					
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			1					
Р-	Note: All Form 990 filers are required to complete Schedule O	38	X	<u> </u>					
Pa	Statements Regarding Other IRS Filings and Tax Compliance								
	Check if Schedule O contains a response or note to any line in this Part V			oxed					
			Yes	No					
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 12	_							
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	4							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming								
	(gambling) winnings to prize winners?	1c	İ	1					

232004 12-13-22

Form 990 (2022) AKRON-CANTON REGIONAL FOODBANK

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

					Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return	2a	122							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	autho	rity over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccou	nt)?	4a		X				
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Foreign Bank and Financial Actions for F	ccou	nts (FBAR).			х				
	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?									
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e org	anization solicit			,,				
	any contributions that were not tax deductible as charitable contributions?			6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons c	r gifts							
_	were not tax deductible?			6b						
7	Organizations that may receive deductible contributions under section 170(c).			_	v					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a	X					
				7b	Λ					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			7.		x				
لم	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d	1	7с						
	,			7e		х				
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		ot?	7e 7f		X				
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		300 as required?	7g						
•	If the organization received a contribution of qualified intellectual property, and the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, airplanes, air			79 7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained									
	sponsoring organization have excess business holdings at any time during the year?									
9	Sponsoring organizations maintaining donor advised funds.			8						
а	Did the appropriate conscious realistics realistics to the distributions and a continuous 40000			9a						
b				9b						
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders	11a								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b	•							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	104	?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?			13a						
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the	امد ا	1							
	organization is licensed to issue qualified health plans	13b								
	Enter the amount of reserves on hand	130	•	44-		Х				
				14a						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu.			14b		 				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			15		x				
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.			10						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t inco	me?	16		Х				
10	If "Yes," complete Form 4720, Schedule O.	. 11100	me?	10						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitic	s							
••	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17						
	If "Yes," complete Form 6069.									

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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.

Sec	tion A. Governing Body and Management					Δ					
000	tion A. Governing Body and Management				Yes	No					
10	Enter the number of voting members of the governing body at the end of the tax year	1a	19		162	NO					
Ia	If there are material differences in voting rights among members of the governing body, or if the governing	la	17								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
h	Enter the number of voting members included on line 1a, above, who are independent	1b	19								
b	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			-							
2	officer, director, trustee, or key employee?										
3	Did the organization delegate control over management duties customarily performed by or under the			2		X					
3				3		х					
4	Did the organization make any significant changes to its governing documents since the prior Form 9		s filod?	4		X					
5	Did the organization make any significant changes to its governing documents since the prior Form 9. Did the organization become aware during the year of a significant diversion of the organization's ass			5		X					
6	5.11			6		X					
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap			-							
7a				7a		х					
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, st			1 a		21					
D				7b		x					
				76							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			0-	X						
a	The governing body? Each committee with authority to act on behalf of the governing body?			8a 8b	X						
b				OD	- 25						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rear			9		х					
Sec	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		Λ					
366	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)		Vaa	Na					
100	Did the erganization have local chapters, branches, or affiliates?			10a	Yes	No X					
	Did the organization have local chapters, branches, or affiliates?			IUa							
D	If "Yes," did the organization have written policies and procedures governing the activities of such chand branches to ensure their operations are consistent with the organization's exempt purposes?			10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body		o filing the form?	11a	Х						
i ia b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	y beloi	e illing the form?	Ha	21						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X						
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? f			120	21						
C		,		12c	х						
13	on Schedule O how this was done			13	X						
14				14	X						
15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approva			14	21						
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	прупп	иерепиети								
•	The organization's CEO, Executive Director, or top management official			15a	х						
b	Other officers or key employees of the organization			15b	X						
D	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			.55							
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a								
.54	taxable entity during the year?			16a		х					
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			.54							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	•								
	exempt status with respect to such arrangements?			16b							
Sec	tion C. Disclosure			100							
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, ar	nd 990	-T (section 501(c)(3)s	only)	availal	ole					
.5	for public inspection. Indicate how you made these available. Check all that apply.	500	. (5558517 551(5)(6)5	(C. 11y)	a vanuk						
	X Own website X Another's website X Upon request Other (explain	on S	shedule (1)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			l finan	cial						
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	d records								
	DANIEL R. FLOWERS - 330-535-6900										
	350 OPPORTUNITY PARKWAY, AKRON, OH 44307-2234										

Form **990** (2022)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	(do box	not c	Pos heck	ition more frson is	than c	one i an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) DAN FLOWERS	50.00			v				250 000	0	24 560
PRESIDENT AND CEO (2) JENNIFER DYER	50.00			Х				259,880.	0.	24,569.
DIRECTOR, OPERATIONS	30.00	1				х		143,960.	0.	18,600.
(3) COLLEEN BENSON	50.00							143,900.	0.	10,000.
SENIOR DIRECTOR, DEVELOPMENT	30.00	1				х		120,311.	0.	20,424.
(4) KATIE CARVER REED	50.00							120,511.	0.	20,424.
DIRECTOR, NETWORK PARTNERS	30:00	1				х		105,926.	0.	14,443.
(5) GINA CAMPBELL	50.00							103/3201	•	
DIRECTOR, FUND DEVELOPMENT	9000	1				x		109,242.	0.	10,138.
(6) MICHAEL WILSON	50.00									
DIRECTOR, MARKETING&COMM						х		104,653.	0.	10,178.
(7) TERRY LINK	1.00									•
CHAIRPERSON	1.00	Х		Х				0.	0.	0.
(8) AMANDA MONTGOMERY	1.00									
VICE CHAIRPERSON		Х		Х				0.	0.	0.
(9) MAUREEN DESANZO	1.00									
SECRETARY		Х		Х				0.	0.	0.
(10) GREG LONG	1.00									
TREASURER		Х		Х				0.	0.	0.
(11) ALISON BREAUX	1.00									
DIRECTOR		Х						0.	0.	0.
(12) DR. TERI LASH-RITTER	1.00	1								_
DIRECTOR		Х						0.	0.	0.
(13) ALICIA LAMANCUSA	1.00	ļ								
DIRECTOR		Х						0.	0.	0.
(14) JILL PENROSE	1.00	ļ							•	•
DIRECTOR	1 00	Х						0.	0.	0.
(15) ANNIE MCCAULEY	1.00	3,7							0	0
DIRECTOR (16) TONATURAN THORNTON	1 00	Х	\vdash		\vdash			0.	0.	0.
(16) JONATHAN THORNTON	1.00	Х							0	^
DIRECTOR (17) PICH CLARK	1.00	Λ						0.	0.	0.
(17) RICH CLARK DIRECTOR	1.00	Х						0.	0.	0.
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Port VIII									34-1309	300 Page C
Part VII Section A. Officers, Directors, Tru	istees, Key Emp (B)	oloy	ees,			ghes	t Co		, ,	Γ
(A))			(D)	(E)	(F)				
Name and title	Average hours per week	per (do not check more than one box, unless person is both an						Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) BILL ARTMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(19) KRISTIN HANNON DIRECTOR	1.00	X						0.	0.	0.
(20) LAURA QUERY	1.00									
DIRECTOR		Х						0.	0.	0.
(21) JEROD CHERRY DIRECTOR	1.00	Х						0.	0.	0.
(22) ROBERT BOWERS DIRECTOR	1.00	X						0.	0.	0.
(23) GARY MARTIN DIRECTOR	1.00	х						0.	0.	0.
(24) HYUN PARK DIRECTOR	1.00	Х						0.	0.	0.
(25) CHRIS RICHARDSON DIRECTOR	1.00	х						0.	0.	0.
1b Subtotal								843,972.	0.	98,352.
c Total from continuation sheets to Part	/II, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								843,972.	0.	98,352.

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

Yes No

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

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Yes No

X

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)	(B)	(C)
Name and business address	Description of services	Compensation
TRUESENSE MARKETING		
PO BOX 641114, PITTSBURGH, PA 15264-1114	DIRECT MAILINGS	420,756.
RJ TECHNOLOGIES, 8279 MAYFIELD RD, UNIT		
14, CHESTERLAND, OH 44026	IT SERVICES	115,882.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	

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\$100,000 of compensation from the organization

Form 990 (2022) AKRON-C
Part VIII Statement of Revenue

			Check if Schedule O contains	a resnonse (or note to any lin	e in this Part VIII			
			Check ii Conedaic C Contains	a response v	or riote to arry iii	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
$\overline{}$				1.1					Sections 512 - 514
nts nts			Federated campaigns						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues	1b					
s, C		С	Fundraising events	1c	270,321.				
ä ji		d	Related organizations	1d	99,915.				
s, C		е	Government grants (contributions)	1e	10,617,674.				
Sign		f	All other contributions, gifts, grants, an	d					
he			similar amounts not included above	1f	39,506,698.				
를		a	Noncash contributions included in lines 1a-1f	1g \$	36,956,182.				
Š		_	Total. Add lines 1a-1f	[· J] +		50,494,608.			
<u> </u>		<u> </u>	Totali / Ida iii loo Ta Ti		Business Code	, , ,			
_	_	_	SHARED MAINTENANCE		900099	529,959.	529,959.		
ice	2	_	DISTRIBUTION FEES		900099	42,900.	42,900.		
er ne		-			480000	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
n S		С	FREIGHT		400000	24,100.	24,100.		
rar Se		d							
Program Service Revenue		е							
٩			All other program service revenue						
		g	Total. Add lines 2a-2f			596,959.			
	3		Investment income (including divid	ends, intere	st, and				
			other similar amounts)			149,496.			149,496.
	4		Income from investment of tax-exe	mpt bond p	roceeds				
	5		Royalties						
			·	(i) Real	(ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)						
			` ' 	Securities	(ii) Other				
	′	а	()	595,826.	14,916.				
			assets other than inventory 7a	333,020.	14,910.				
•		b	Less: cost or other basis	CEC 202					
nue			and sales expenses	656,292.	0.				
her Revenue			Gain or (loss) 7c	-60,466.	14,916.				
æ			Net gain or (loss)			-45,550.			-45,550.
þe	8	а	Gross income from fundraising events						
ð			including \$ 270,321	<u>·</u> of					
			contributions reported on line 1c).	I .					
			Part IV, line 18	8a	36,099.				
		b	Less: direct expenses	8b	116,614.				
		С	Net income or (loss) from fundraising	ng event <u>s</u>		-80,515.			-80,515.
	9	а	Gross income from gaming activities	es. See					
			Part IV, line 19	9a					
		b	Less: direct expenses						
			Net income or (loss) from gaming a		•				
			Gross sales of inventory, less return						
		u	and allowances	I					
		h	Less: cost of goods sold						
-		C	Net income or (loss) from sales of i	inventory	Business Code				
S			MI CCEL I ANEOLIC			67.062			67.062
eo e			MISCELLANEOUS		900099	67,062.			67,062.
lan en		b							
Sel Sev		С							
Miscellaneous Revenue			All other revenue						
\perp		e	Total. Add lines 11a-11d			67,062.			
	12		Total revenue. See instructions			51,182,060.	596,959.	0.	90,493.

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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 (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 2,268,881. 2,268,881. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 284,449. 85,334. 113,780. 85,335. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 4,958,745. 2,994,878. 711,733. 1,252,134. Other salaries and wages 7 Pension plan accruals and contributions (include 125,650. 73,347. 17,829. 34,474. section 401(k) and 403(b) employer contributions) 63,737. 390,582. 590,335. 136,016. Other employee benefits 9 481,163. 303,630. 67,767. 109,766. 10 Payroll taxes Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 32,304. 32,304. column (A), amount, list line 11g expenses on Sch O.) 6,636. 99,513. 121,319. 15,170. Advertising and promotion 12 438,129. 128,058. 175,735. 134,336. Office expenses 13 227,430. 202,460. 24,970. Information technology 14 15 Royalties 608,098. 588,845. 19,253. 16 Occupancy 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Payments to affiliates 21 63,236. 736,591. 673,355. Depreciation, depletion, and amortization 22 101,364. 65,398. 35,966. 23 Other expenses. Itemize expenses not covered 24 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.) 36,168,607. 36,168,607. DONATED FOOD DISTRIBUTE TRANSPORTATION 729,116. 729,116. 584,022. 584,022. DIRECT MAIL 277,471. 217,321. 60,150. d MISCELLANEOUS EXPENSE 71,750. 289,258. 217,508. e All other expenses 49,022,932. 45,122,490. 1,557,723. 2,342,719. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

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Check here

if following SOP 98-2 (ASC 958-720)

Form 990 (2022)

Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or note t	o any	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	16,872,254.	1	19,162,943		
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net	3,185,451.	3	2,045,470		
	4	Accounts receivable, net			31,117.	4	181,167
	5	Loans and other receivables from any current or fo					
		trustee, key employee, creator or founder, substan	ntial c	ontributor, or 35%			
		controlled entity or family member of any of these	perso	ons		5	
	6	Loans and other receivables from other disqualified	d per				
		under section 4958(f)(1)), and persons described in	n sect	tion 4958(c)(3)(B)		6	
ဖွ	7	Notes and loans receivable, net			4,530,750.	7	4,530,750
Assets	8	Inventories for sale or use			1,712,162.	8	2,776,920
¥	9				5,139.	9	1,029
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	10,764,284.			
	b	Less: accumulated depreciation	10b	5,600,865.	5,310,596.	10c	5,163,419
	11	Investments - publicly traded securities			2,403,287.	11	2,035,060
	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	4,318,583.	15	3,434,245		
	16	Total assets. Add lines 1 through 15 (must equal			38,369,339.	16	39,331,003
	17	Accounts payable and accrued expenses	984,312.	17	970,590		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Pa				21	
s l	22	Loans and other payables to any current or former	offic	er, director,			
₽		trustee, key employee, creator or founder, substan	ntial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of these	perso	ons		22	
<u>ا</u> دُ	23	Secured mortgages and notes payable to unrelate	d thir	d parties	500,000.	23	618,231
	24	Unsecured notes and loans payable to unrelated the	hird p	parties		24	
	25	Other liabilities (including federal income tax, paya	bles	to related third			
		parties, and other liabilities not included on lines 1					
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			1,484,312.	26	1,588,821
		Organizations that follow FASB ASC 958, check	here	e X			
Ses		and complete lines 27, 28, 32, and 33.					
au	27	Net assets without donor restrictions			30,205,962.	27	32,792,542
Ba	28	Net assets with donor restrictions			6,679,065.	28	4,949,640
밀		Organizations that do not follow FASB ASC 958	, che	eck here			
ᇎᅵ		and complete lines 29 through 33.					
ğΪ	29	Capital stock or trust principal, or current funds				29	
Set:	30	Paid-in or capital surplus, or land, building, or equi				30	
As	31	Retained earnings, endowment, accumulated inco				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			36,885,027.	32	37,742,182
-	33	Total liabilities and net assets/fund balances			38,369,339.	33	39,331,003

Form **990** (2022)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
		.				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,182</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,022		
3	Revenue less expenses. Subtract line 2 from line 1	3	2	<u>,159</u>	9,1	28.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,88!		
5	Net unrealized gains (losses) on investments	5		-41'	7,6	35.
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		-884	4,3	38.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	37	,742	2,1	82.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>	<u></u>		X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				l
	separate basis, consolidated basis, or both:					l
	Separate basis Consolidated basis Both consolidated and separate basis					l
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	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:					l
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	Х	
				Form	990	(2022)

232012 12-13-22

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

ZUZZ

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

AKRON-CANTON REGIONAL FOODBANK

Employer identification number 3.4 - 1369388

				EGIONAL LOODE				4-1303300	
Pa	art I	Reason for Public (Charity Status. ((All organizations must c	omplete th	nis part.) S	ee instructions.		
The	organ	zation is not a private found	ation because it is: (F	For lines 1 through 12, ch	neck only	one box.)			
1		A church, convention of chu	urches, or association	n of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3		A hospital or a cooperative				(b)(1)(A)(ii	ii).		
4	一	A medical research organiza					•	the hospital's name.	
-		city, and state:	·				CARA 7	,	
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit describe	ed in	
•		section 170(b)(1)(A)(iv). (C		g,		, 3-			
6		A federal, state, or local gov	•	nental unit described in	section 17	70/61/41/41	(v)		
	X	An organization that normal	ū				• •	oublic described in	
′	21	-	•	itiai part of its support if	om a gove	HIIIIEHIAI	unit of from the general	public described in	
		section 170(b)(1)(A)(vi). (Co		4VAVvi) (Complete Dari	. 11 \				
8	\square	A community trust describe				at the second	on all and a state of the state of the state of		
9	Ш	An agricultural research org				-	-	-	
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the i	name, city	, and state of the college	eor	
		university:							
10	Ш	An organization that normal							
		activities related to its exem	•	•				-	
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.	
		See section 509(a)(2). (Cor	mplete Part III.)						
11	Щ	An organization organized a	and operated exclusi	vely to test for public saf	ety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functio	ns of, or to carry out the	purposes of one or	
		more publicly supported org	ganizations described	d in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3). (Check the box on	
		lines 12a through 12d that of	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and 12g.		
а	ı	Type I. A supporting orga	nization operated, su	upervised, or controlled I	by its supp	orted org	anization(s), typically by	giving	
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustees of the su	upporting	
		organization. You must c	omplete Part IV, Se	ections A and B.					
b	, [Type II. A supporting orga	anization supervised	or controlled in connect	ion with its	s supporte	ed organization(s), by hav	/ing	
		control or management of	f the supporting orga	anization vested in the sa	me perso	ns that co	ntrol or manage the sup	ported	
		organization(s). You mus	t complete Part IV,	Sections A and C.	·				
c	;	Type III functionally inte	grated. A supporting	g organization operated i	in connect	ion with, a	and functionally integrate	ed with,	
		its supported organization					• •		
c	ı 🗆	Type III non-functionally						zation(s)	
		that is not functionally into					• • • •		
		requirement (see instructi	-		•				
e		Check this box if the orga	•	-					
		functionally integrated, or					., po ., ., po, ., po		
f	Ente	er the number of supported o		iany intogratou oupportin	ig organiz	u.i.o.i.i.			
		ride the following information		d organization(s)					
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)	
				above (see instructions))					

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

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

Sec	ction A. Public Support	71	1	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Gifts, grants, contributions, and	,	, ,	, ,	, ,			
	membership fees received. (Do not							
	include any "unusual grants.")	44063164.	52850729.	60799747.	51504847.	50494608.	259713095	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	44063164.	52850729.	60799747.	51504847.	50494608.	259713095	
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.						259713095	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
7	Amounts from line 4	44063164.	52850729.	60799747.	51504847.	50494608.	259713095	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	40,475.	40,230.	100,689.	116,733.	149,496.	447,623.	
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.)	48,804.	40,837.	381,905.	54,877.	67,062.	593,485.	
11	Total support. Add lines 7 through 10						260754203	
12	Gross receipts from related activities.	, etc. (see instruction	ons)			12 10	,301,758.	
13	First 5 years. If the Form 990 is for the	he organization's fi				01(c)(3)		
	organization, check this box and sto	_						
Sec	ction C. Computation of Publ							
14	Public support percentage for 2022 (line 6, column (f), d	ivided by line 11,	column (f))		14	99.60 %	
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	99.63 %	
	33 1/3% support test - 2022. If the					ore, check this bo	x and	
	stop here. The organization qualifies as a publicly supported organization X							
b	b 33 1/3% support test - 2021. 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 qua	lifies as a publicly s	supported organiza	ation				
17a	and stop here. The organization qualifies as a publicly supported organization 7a 10% -facts-and-circumstances test - 2022. 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 to	est. The organizatio	on qualifies as a pu	ublicly supported o	organization			
b	10% -facts-and-circumstances test	-	-	* **	-			
	more, and if the organization meets to	he facts-and-circun	nstances test, che	ck this box and s	top here. Explain i	n Part VI how the		
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
18	Private foundation. If the organization		-	• •	•		s	
				•			(Form 990) 2022	

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.)

Se	ction A. Public Support	elow, please comp	Diete Fait II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(1)	(12)	(5)====	(-7	(5) = 5 = 5	χ,
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(2) = 3 : 3	(2) 20:0	(0) = 0 = 0	(4) = 5 = 1	(0) = 0 = 0	(1)
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975					+	
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		. —
	check this box and stop here	- O 1 D -					
	ction C. Computation of Publi						
	Public support percentage for 2022 (I		•	column (f))		15	%
	Public support percentage from 2021 ction D. Computation of Inves					16	%
	•			: 10!···-· (f)		147	0/
	Investment income percentage for 20					17	%
	Investment income percentage from					18	% 7 is not
198	a 33 1/3% support tests - 2022. If the					-41	
k	more than 33 1/3%, check this box are 33 1/3% support tests - 2021. If the		-	•	• •		
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14 19	a or 10h check th	nis hox and see in	structions	

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	2-		
	3a		
	3b		
	3с		
	4a		
	4b		
	40		
	4c		
	F-		
	5a		
	5b		
	5c		
	6		
	7		
	7		
	8		
	9a		
	9b		
	On		
	9с		
	10a		
	10b		
ule	A (Forn	n 990)	2022
		,	

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Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has tl	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
С	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sect	ion I	B. Type I Supporting Organizations			
				Yes	No
		ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		ne organization operate for the benefit of any supported organization other than the supported			
	organ	nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
Soot	super	vised, or controlled the supporting organization.	2		
Seci	.1011	C. Type II Supporting Organizations		1	
				Yes	No
		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed	4		
Sect	ion I	upported organization(s). D. All Type III Supporting Organizations	1		
		Divin Typo in Supporting SiguinEditions		Yes	No
4	Did #h	ne organization provide to each of its supported organizations, by the last day of the fifth month of the		162	NO
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		nization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	icant voice in the organization's investment policies and in directing the use of the organization's			
	-	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		· · · · · · · · · · · · · · · · · · ·	3		
Sect	ion I	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations			
1	Checi	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b	Ш	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	s).	
2	Activi	ities Test. Answer lines 2a and 2b below.		Yes	No
		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		hese activities constituted substantially all of its activities.	2a		
		ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		the reasons for the organization's position that its supported organization(s) would have engaged in	CI.		
		activities but for the organization's involvement.	2b		
		nt of Supported Organizations. Answer lines 3a and 3b below.			
		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. ne organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
	u u	to organization occided a depotential adgree of another ever the policies, programs, and activities of Cacil			

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations			
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					
Sect	Section A - Adjusted Net Income (A) Prior Year (optional)					
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	on 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				
	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	on C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functional		d Type III supporting orga	nization (see		
	instructions).					

Schedule A (Form 990) 2022

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations _{(continue}	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	1			
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	1		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022		(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
<u>a</u>	From 2017				
<u>b</u>	From 2018				
<u> </u>	From 2019				
<u>d</u>	From 2020				
е	From 2021				
f_	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years			_	
<u>h</u>	Applied to 2022 distributable amount				
<u>i</u>	Carryover from 2017 not applied (see instructions)				
<u>i_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years			_	
<u>b</u>	Applied to 2022 distributable amount				
<u>C</u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.			_	
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
_	Excess from 2022				

Schedule A (Form 990) 2022

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** 2018 AMOUNT: \$ 48,804. 2019 AMOUNT: \$ 40,837. 2020 AMOUNT: \$ 381,905. 54,877. 2021 AMOUNT: \$ 2022 AMOUNT: \$ 67,062.

Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

AKRON-CANTON REGIONAL FOODBANK

OMB No. 1545-0047

2022

Name of the organization

Employer identification number

34-1369388

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Name of organization Employer identification number

AKRON-CANTON REGIONAL FOODBANK

34-1369388

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	OHIO DEPARTMENT OF JOB AND FAMILY SERVICES 30 E. BROAD ST., 38TH FLOOR COLUMBUS, OH 43215	\$ <u>2,061,759</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	OHIO DEPARTMENT OF JOB AND FAMILY SERVICES 30 E. BROAD ST., 38TH FLOOR COLUMBUS, OH 43215	\$ 7,747,564.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		. \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		. \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

AKRON-CANTON REGIONAL FOODBANK

34-1369388

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	FOOD AND SUPPLIES		
2			
		\$ 7,747,564.	12/31/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		. \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		. .	
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
223453 11-15			Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Page **4**

Name of organization **Employer identification number** AKRON-CANTON REGIONAL FOODBANK 34-1369388 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

AKRON-CANTON REGIONAL FOODBANK

Employer identification number 34-1369388

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6. (a) Donor advised funds	(b) Funds and other accounts
	Takel assessed as and of season	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2 3	Aggregate value of contributions to (during year) Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	eed funds
J	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
Par			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		l l
			I I
	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired a	•	
•	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the tax
4	year Number of states where property subject to conservation eas	coment is located	
5	Does the organization have a written policy regarding the per		
Ŭ	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
			,
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statem	ents that describes the
Dos	organization's accounting for conservation easements.	i Aut Historiaal Trassures or Of	thay Cimilay Assats
Par	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
па	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for pub	, ,	'
h	service, provide in Part XIII the text of the footnote to its finar		
D	If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	exhibition, education, or research in full	lerance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		\$
			•
2	If the organization received or held works of art, historical trea		
_	the following amounts required to be reported under FASB A		J , F
а	Revenue included on Form 990, Part VIII, line 1	·	\$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2022

	2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2						
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back	
1a	Beginning of year balance	2,960,827.	1,574,087.	1,459,958.	1,096,072.	1,168,070.	
b	Contributions	5,115.	1,256,828.	2,192.	205,152.	231.	
	Net investment earnings, gains, and losses	-475,999.	206,270.	180,272.	216,004.	-66,229.	
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs	99,915.	68,835.	62,068.	51,320.		
f	Administrative expenses	11,979.	7,523.	6,267.	5,950.	6,000.	
g	End of year balance	2,378,049.	2,960,827.	1,574,087.	1,459,958.	1,096,072.	

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- **a** Board designated or quasi-endowment 0000
- **b** Permanent endowment 87.7870 %
- c Term endowment 12.2120 %

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:

organization by:

(i) Unrelated organizations

(ii) Related organizations

(iii) Related organizations

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

3a(ii) X

3b X

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		5,811,350.	3,145,836.	2,665,514.
c Leasehold improvements		130,898.	3,884.	127,014.
d Equipment		2,117,278.	1,275,019.	842,259.
e Other		2,421,204.	1,176,126.	1,245,078.
Total. Add lines 1a through 1e. (Column (d) must equa	l Form 990, Part X, colun	nn (B), line 10c.)		5,163,419.

Schedule D (Form 990) 2022

Schedule L	(Form 990) 2022	AKKON-CAN
Part VII	Investments -	 Other Securities.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			•
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
Complete if the organization answered "Yes" (a)	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
(a)	Description	11d. See Form 990, Part X, line 15.	· · ·
(a) (1) INTEREST IN NET ASSETS OF		11d. See Form 990, Part X, line 15.	(b) Book value 3,434,245
(a) (1) INTEREST IN NET ASSETS OF (2)	Description	11d. See Form 990, Part X, line 15.	· · ·
(a) (1) INTEREST IN NET ASSETS OF (2) (3)	Description	11d. See Form 990, Part X, line 15.	· · ·
(a) (1) INTEREST IN NET ASSETS OF (2) (3) (4)	Description	11d. See Form 990, Part X, line 15.	· · ·
(a) (1) INTEREST IN NET ASSETS OF (2) (3) (4) (5)	Description	11d. See Form 990, Part X, line 15.	· · ·
(a) (1) INTEREST IN NET ASSETS OF (2) (3) (4) (5) (6)	Description	11d. See Form 990, Part X, line 15.	` '
(a) (1) INTEREST IN NET ASSETS OF (2) (3) (4) (5) (6) (7)	Description	11d. See Form 990, Part X, line 15.	· · ·
(a) (1) INTEREST IN NET ASSETS OF (2) (3) (4) (5) (6) (7) (8)	Description	11d. See Form 990, Part X, line 15.	· · ·
(a) (1) INTEREST IN NET ASSETS OF (2) (3) (4) (5) (6) (7) (8) (9)	Description AFFILIATES		3,434,245
(a)	Description AFFILIATES		· · ·
(a) (a) (1) INTEREST IN NET ASSETS OF (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	Description AFFILIATES		3,434,245
(a) (a) (a) (a) (b) INTEREST IN NET ASSETS OF (2) (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Description AFFILIATES		3,434,245
(a) (1) INTEREST IN NET ASSETS OF (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description AFFILIATES		3,434,245
(a) (a) (a) (a) (b) INTEREST IN NET ASSETS OF (c) (c) (c) (c) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	Description AFFILIATES		3,434,245
(a) (1) INTEREST IN NET ASSETS OF (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes (2)	Description AFFILIATES		3,434,245
(a) (1) INTEREST IN NET ASSETS OF (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the image of	Description AFFILIATES		3,434,245
(a) (1) INTEREST IN NET ASSETS OF (2) (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Description AFFILIATES		3,434,245
(a) (1) INTEREST IN NET ASSETS OF (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description AFFILIATES		3,434,245
(a) (a) (a) (a) (a) (b) INTEREST IN NET ASSETS OF (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (2) (1) (2) (1) (2) (1) (2) (1) (2) (2) (3) (4) (5) (6) (6) (7) (6) (7) (8) (9) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Description AFFILIATES		3,434,245
(a) (1) INTEREST IN NET ASSETS OF (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the interest of the organization of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description AFFILIATES		3,434,245
(a) (1) INTEREST IN NET ASSETS OF (2) (3) (4) (5) (6) (7) (8) (9) (1) Federal income taxes (2) (3) (4) (5) (6) (7) (6) (7) (8) (1) Federal form 990, Part X, col. (B) line (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	Description AFFILIATES		3,434,245
(a) (1) INTEREST IN NET ASSETS OF (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the interest of the organization of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description AFFILIATES 15.) on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	3,434,245

232053 09-01-22

Schedule D (Form 990) 2022

Joi loddio D	(1 01111 000) 2022		,			
Part XI	Reconciliation of	f Revenue n	or Auditod	Financial S	tatements With	Revenue

Pa	Reconciliation of Revenue per Audited Financial Sta	tements with	nevenue per ne	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	50,846,934.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-417,635.		
b	Donated services and use of facilities	2b			
С					
d			82,509.		
е	Add lines 2a through 2d			2e	-335,126.
3	Subtract line 2e from line 1			3	51,182,060.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	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	51,182,060.
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With	n Expenses per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.			
1	Total expenses and losses per audited financial statements				
2	1			1	49,105,441.
а	Amounts included on line 1 but not on Form 990, Part IX, line 25:			1	49,105,441.
b		1 1		1	49,105,441.
-	Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a		1	49,105,441.
c	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b		1	49,105,441.
С	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	82,509.	1	
c d	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	82,509.	1 2e	82,509.
c d	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	82,509.		
c d e	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	82,509.	2e	82,509.
c d e 3	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	82,509.	2e	82,509.
c d e 3	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 4a	82,509.	2e	82,509.
c d e 3 4 a b	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	82,509.	2e	82,509.

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 FOODBANK AND ENDOWMENT ARE NONPROFIT ORGANIZATIONS EXEMPT FROM FEDERAL

INCOME TAXES UNDER THE CURRENT PROVISIONS OF INTERNAL REVENUE CODE SECTION

501(C)(3) AND HAVE BEEN CLASSIFIED AS ORGANIZATIONS THAT ARE NOT PRIVATE

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization Employer identification number 34-1369388 AKRON-CANTON REGIONAL FOODBANK Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

232081 10-27-22

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

Schedule G (Form 990) 2022

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

		of fundraising event contributions and gro	oss income on Form 990	EZ, III les T al lu ob. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			TASTE	ELF	1	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ne			, ,,	71 7	(, , , , , , , , , , , , , , , , , , ,	
Revenue	1	Gross receipts	207,464.	55,338.	43,618.	306,420.
æ			,	,	•	,
	2	Less: Contributions	191,114.	42,033.	37,174.	270,321.
	3	Gross income (line 1 minus line 2)	16,350.	13,305.	6,444.	36,099.
	4	Cash prizes				
	5	Noncoch prizes		628.		628.
S		Noncash prizes		020.		020.
Direct Expenses	6	Rent/facility costs			10,748.	10,748.
χbε					• •	,
ct E	7	Food and beverages	13,089.		7,140.	20,229.
Dire						
	8	Entertainment	1,000.	1,500.		2,500.
	9	Other direct expenses	51,691.	27,235.	3,583.	82,509.
	l .	Direct expense summary. Add lines 4 through				116,614.
Pa	ırt I	Net income summary. Subtract line 10 from li Gaming. Complete if the organization a		000 Part IV line 10 or r		-80,515.
		\$15,000 on Form 990-EZ, line 6a.	answered res on Form	990, Fait IV, line 19, 011	eported more triair	
		¥ · · · · · · · · · · · · · · · · · · ·	() =:	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve						
ш	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses		Namanah miinaa				
Exp	3	Noncash prizes				
ect	4	Rent/facility costs				
Ë	·					
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	☐ No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
		Not consider in the constant of the continue of	forms the state of the state of the			
	8	Net gaming income summary. Subtract line 7	from line 1, column (a)			
9	Fnt	ter the state(s) in which the organization condu	icts gaming activities.			
		the organization licensed to conduct gaming ac	_			Yes No
		No," explain:				
	_					
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax y	ear?	Yes No
b	If "	Yes," explain:				
	_					

Schedule G (Form 990) 2022

232082 10-27-22

Sch	edule G (Form 990) 2022 AKRON-CANTON REGIONAL FOODBANK 34-	<u>-1369388</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
12		103	140
	Indicate the percentage of gaming activity conducted in:	ا مدا	0.4
	The organization's facility		<u>%</u>
	An outside facility	13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
			□ Na
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	∟ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
С	If "Yes," enter name and address of the third party:		
	• •		
	Nama		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Consider the control of the control		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	L No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and I	Part III. lines 9. 9	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,	,,
	. 52, . 50, 10, and 112, at approache. The provide any additional information, 600 methodione.		
			_

Schedule G	(Form 990)	AKRON-CANTON	REGIONAL	FOODBANK	<u>34-1369388</u>	Page 4
Part IV	G (Form 990) Supplemental Infor	mation (continued)				
		(continued)				
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-						
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-						
1						
-						

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.

2022 Open to Public

Inspection

OMB No. 1545-0047

Employer identification number Name of the organization 34-1369388 AKRON-CANTON REGIONAL FOODBANK Part I **General Information on Grants and Assistance** 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 1 X Yes criteria used to award the grants or assistance? 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. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) AKRON CHILDREN'S HOSPITAL 215 E MARKET ST 23-7114013 501C(3) 0 42 104. FAIR VALUE NON FOOD FOOD PROGRAM ALLIANCE, OH 44601 ALLTANCE COMMUNITY PANTRY 215 E MARKET ST 27-0890332 501C(3) 10,762. FAIR VALUE ALLIANCE, OH 44601 0. FOOD FOOD PROGRAM EAGLE MINISTRIES CHAPEL INC/PANTRY 830 ROOD DR FOOD & NON AKRON, OH 44319 80-0094121 501C(3) 0 15,633. FAIR VALUE FOOD FOOD PROGRAM SARAH'S HOUSE/PANTRY 414 PINE ST 27-1948149 501C(3) 15 912 FAIR VALUE AKRON OH 44307 0. FOOD FOOD PROGRAM BEN CURTIS FAMILY FOUNDATION (PORTAGE)/BACKPACK - 1675 E MAIN 46-1431932 501C(3) 19 302 FAIR VALUE FOOD PROGRAM STREET STE 260 - KENT OH 44240 0. FOOD BULLDOG BAGS INC/PANTRY 420 MARKET AVE S CANTON, OH 44702 47-5133276 501C(3) 0. 5 502 FAIR VALUE FOOD FOOD PROGRAM

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

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

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

Schedule I (Form 990) 2022

72.

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				
OUR COMMUNITY HUNGER CENTER/PANTRY 9733 RAVENNA RD, STE. G TWINSBURG, OH 44087-2143	46-2425606	501c(3)	0.	6,753.	FAIR VALUE	FOOD	FOOD PROGRAM				
FIRST FAITH DEVELOPMENT CORP/PANTRY & MEAL - 790 EASTER AVE - AKRON, OH 44307	02-0737499	501c(3)	0.	7,058.	FAIR VALUE	FOOD	FOOD PROGRAM				
HOLY TRINITY LUTHERAN CHURCH/PANTRY & MEAL - 50 N PROSPECT ST - AKRON, OH 44304	02-0737499	501c(3)	0.	6,368.	FAIR VALUE	FOOD	FOOD PROGRAM				
AKRON SAY NO TO DOPE/PANTRY 932 KENMORE BLVD AKRON, OH 44314	81-4074688	501c(3)	0.	5,282.	FAIR VALUE	FOOD	FOOD PROGRAM				
PETER MAURIN CENTER FOOD PANTRY 1088 S MAIN ST AKRON, OH 44301	30-0712679	501C(3)	0.	23,093.	FAIR VALUE	FOOD	FOOD PROGRAM				
ELLET COMMUNITY CURCH OF GOD/PANTRY - 1752 WILLIAMS ST - CUYAHOGA FALLS, OH 44221	34-1522186	501c(3)	0.	25,236.	FAIR VALUE	FOOD	FOOD PROGRAM				
SAM CENTER/PANTRY 413 LINCOLNWAY EAST MASSILLON, OH 44646	47-2927411	501c(3)	0.	5,788.	FAIR VALUE	FOOD & NON FOOD	FOOD PROGRAM				
GREATER DOVER NEW PHILADELPHIA/PANTRY - PO BOX 95 420 W 3RD ST - DOVER, OH 80-0255868	80-0255868	501c(3)	0.	8,170.	FAIR VALUE	FOOD	FOOD PROGRAM				
HE BROUGHT US OUT MINISTRY/PANTRY 526 N HOWARD ST AKRON, OH 44310	34-1950491	501c(3)	0.	12,067.	FAIR VALUE	FOOD	FOOD PROGRAM				

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	- Lage
(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
GRACE FELLOWSHIP/PANTRY							
6282 NAVE ST SW							
CANTON, OH 44706	44-0577787	501C(3)	0.	7 598.	FAIR VALUE	FOOD	FOOD PROGRAM
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
JOURNEY COVENANT CHURCH/PANTRY							
2679 NORTH HAVEN BLVD.							
CUYAHOGA FALLS, OH 44223	34-1633435	501C(3)	0.	34,552.	FAIR VALUE	FOOD	FOOD PROGRAM
FOCUS COMMUNITY DEVELOPMENT							
CORP/SHILOH MISSIONARY BAPT CH -						FOOD & NON	
754 KENMORE BLVD - AKRON, OH 44314	26-1836787	501C(3)	0.	7,000.	FAIR VALUE	FOOD	FOOD PROGRAM
NEW EXODUS CHRISTIAN FELLOWSHIP							
CHURCH/PANTRY & MEAL - 1063 S	26 1152122	E010(3)		0.600	EATD 17AT IIE	HOOD	ECOD PROGRAM
ARLINGTON ST - AKRON, OH 44306	26-1153123	5010(3)	0.	9,609.	FAIR VALUE	FOOD	FOOD PROGRAM
OPEN DOOR ASSEMBLY OF GOD/PANTRY							
745 UPSON STREET							
AKRON, OH 44305	41-2256716	501C(3)	0.	7 835.	FAIR VALUE	FOOD	FOOD PROGRAM
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
HEART 4 THE CITY/PANTRY							
954 EASTLAND AVE							
AKRON, OH 44305	82-4427911	501C(3)	0.	18,958.	FAIR VALUE	FOOD	FOOD PROGRAM
THE SALVATION ARMY WOOSTER/SENIOR							
190 S. MAPLE STREET							
AKRON, OH 44302	13-5562351	501C(3)	0.	6,175.	FAIR VALUE	NON FOOD	FOOD PROGRAM
MAIL CALLIANTON ADMIT (AMDON) (DATE:							
THE SALVATION ARMY (AKRON)/PANTRY							
& MEAL - 190 S. MAPLE STREET -	21 1405100	F010/2\		06 610	EATD WALTE	ECOD	EOOD DROCDAM
AKRON, OH 44302	31-1485109	DUIC(3)	0.	80,010.	FAIR VALUE	FOOD	FOOD PROGRAM
OPEN M/PANTRY & MEAL							
941 PRINCETON ST.							
AKRON, OH 44311	34-1046107	501C(3)	0.	101 644.	FAIR VALUE	FOOD	FOOD PROGRAM
	1		<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		F	

•							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOOD SAMARITAN HUNGER							
CENTER/PANTRY & MEAL - 420 S							
HAWKINS AVE - AKRON, OH 44320	34-1374539	5010(3)	0.	57 418	FAIR VALUE	FOOD	FOOD PROGRAM
IMMENS IVE MINON, OI 44320	34 1374333	5016(5)	· · ·	37,410.	INIK VIIIOI	1 000	TOOD TROCKING
AKRON BIBLE CHURCH/HOPE							
CAFE/PANTRY & MEAL - 340 E SOUTH							
ST - AKRON, OH 44311	34-1321296	501C(3)	0.	27 663.	FAIR VALUE	FOOD	FOOD PROGRAM
	01 1011110		1	27,000.	111111 11111111	1002	1002 1110011111
GOOD SAMARITAN HUNGER							
CENTER/BACKPACK - 420 S HAWKINS							
AVE - AKRON, OH 44320	34-1374539	501C(3)	0.	38 673.	FAIR VALUE	FOOD	FOOD PROGRAM
,				7 7 7 7			
GREEK ORTHODOX CHURCH OF							
ANNUNCIATION/BACKPACK - 129 S							
UNION ST - AKRON, OH 44304	34-0733152	501C(3)	0.	7 051.	FAIR VALUE	FOOD	FOOD PROGRAM
,				, -			
WOOSTER HOPE CENTER/BACKPACK							
807 S. SPRUCE ST.							
WOOSTER, OH 44691	34-1660106	501C(3)	0.	16,806.	FAIR VALUE	FOOD	FOOD PROGRAM
•				,			
BULLDOG BAGS INC/BACKPACK							
3800 DARROW RD							
STOW, OH 44224	47-5133276	501C(3)	0.	14,427.	FAIR VALUE	FOOD	FOOD PROGRAM
				,			
NEW BEGINNINGS CROSSROADS							
FELLOWSHIP CHURCH/BACKPACK - 99 E.							
BUCKEYE ST - WEST SALEM, OH 44287	81-2525820	501C(3)	0.	21,127.	FAIR VALUE	FOOD	FOOD PROGRAM
BLESSINGS IN A BACKPACK (NEW							
PHILADELPHIA) - 139B ASHWOOD LANE							
NW - NEW PHILADELPHIA, OH 44663	26-1964620	501C(3)	0.	30,208.	FAIR VALUE	FOOD	FOOD PROGRAM
•				,			
NORTH INDUSTRY CHRISTIAN							
CHURCH/BACKPACK - 425 45TH STREET							
SW - CANTON, OH 44706	34-6006831	501C(3)	0.	8 069.	FAIR VALUE	FOOD	FOOD PROGRAM

Part II Continuation of Grants and Other			<u> </u>	(, <u> </u>	
(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
AKRON DREAM CENTER/BACKPACK							
1035 ROSEMARY BLVD STE A							
AKRON, OH 44306	95-1684062	5010(3)	0.	14 324	FAIR VALUE	FOOD	FOOD PROGRAM
minon, on 44500	J3 100400Z	5010(5)	•	14,324.	INIK VIIIOI	1 000	TOOD TROCKING
BEN CURTIS FAMILY FOUNDATION							
(SUMMIT)/BACKPACK - 1675 E MAIN ST							
STE 260 - KENT, OH 44240	46-1431932	501C(3)	0.	14 050.	FAIR VALUE	FOOD	FOOD PROGRAM
,							
RAVEN PACKS/BACKPACK							
680 SUMMIT RD							
RAVENNA, OH 44266	83-0779010	501C(3)	0.	15,426.	FAIR VALUE	FOOD	FOOD PROGRAM
				-			
STARK COUNTY HUNGER TASK							
FORCE/BACKPACK - 408 NINTH ST SW -							
CANTON, OH 44707	34-1374549	501C(3)	0.	29,511.	FAIR VALUE	FOOD	FOOD PROGRAM
GREATER DOVER NEW							
PHILADELPHIA/BACKPACK - 420 W 3RD							
ST - DOVER, OH 44622	80-0255868	501C(3)	0.	45,190.	FAIR VALUE	FOOD	FOOD PROGRAM
MILLERSBURG CHURCH OF GOD/BACKPACK							
10643 STATE ROUTE 39 WEST							
MILLERSBURG, OH 44654	62-0484177	501C(3)	0.	5,168.	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.	7,861.	FAIR VALUE	FOOD	FOOD PROGRAM
WILDOO GUDTAMIN							
MALBORO CHRISTIAN CHURCH/BACKPACK							
1675 E MAIN ST. STE 260		504.5(0)	_		L		
KENT, OH 44240	34-6553238	501C(3)	0.	10,592.	FAIR VALUE	FOOD	FOOD PROGRAM
MINIBRIA MIGGION (D. 2002 20							
MINERVA MISSION/BACKPACK							
1675 E MAIN ST. STE 260	01 0605611	5017(2)		6 50.			
KENT, OH 44240	81-2685911	DOTC(3)	0.	6,504.	FAIR VALUE	FOOD	FOOD PROGRAM

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(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)/DIRECT DISTRIBUTION - 190 S. MAPLE STREET - AKRON, OH 44302	34-1485109	501c(3)	0.	16,140.	FAIR VALUE	FOOD	FOOD PROGRAM
OPEN M DIRECT DISTRIBUTION 941 PRINCETON ST. AKRON, OH 44311	34-1046107	5010(3)	0.	25 150	FAIR VALUE	FOOD	FOOD PROGRAM
THE SALVATION ARMY (BARBERTON)/DIRECT DISTRIBUTION - 560 WOOSTER RD W - BARBERTON, OH 44203	13-5562351		0.				FOOD PROGRAM
HEART 4 THE CITY/DIRECT DISTRIBUTION - 954 EASTLAND AVE - AKRON, OH 44305	82-4427911		0.	,	FAIR VALUE	FOOD	FOOD PROGRAM
GOOD NEIGHBORS/PANTRY 1453 GOODYEAR BLVD AKRON, OH 44305	34-6560957	501C(3)	0.		FAIR VALUE	FOOD	FOOD PROGRAM
BLESSED TRINITY PARISH/PANTRY 300 E TALLMADGE AVE AKRON, OH 44310	53-0196617	501c(3)	0.	11,135.	FAIR VALUE	FOOD	FOOD PROGRAM
ZION LUTHERAN CHURCH (AKRON)/PANTRY - 139 S. HIGH ST AKRON, OH 44308	43-0658188	501c(3)	0.	6,380.	FAIR VALUE	FOOD	FOOD PROGRAM
FIRST CONGREGATIONAL CHURCH/FEEDING HOPE FOOD PANTRY - 292 E MARKET ST - AKRON, OH 44308	34-0714664	501c(3)	0.	15,186.	FAIR VALUE	FOOD	FOOD PROGRAM
ARLINGTON MEMORIAL BAPTIST CHURCH/PANTRY - 2330 E MARKET ST AKRON , OH 44312	34-0742676	501C(3)	0.	6,496.	FAIR VALUE	FOOD	FOOD PROGRAM

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt 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
CHANGE FALLS COOP							
CUYAHOGA FALLS GOOD NEIGHBORS/PANTRY - 1742 2ND ST -						FOOD & NON	
CUYAHOGA FALLS, OH 44221	34-6560957	501C(3)	0.	38,094.	FAIR VALUE	FOOD	FOOD PROGRAM
				,			
HELPING HANDS NETWORK/PANTRY							
126 S MAIN ST							
WAYNESBURG, OH 44688	34-1384049	501C(3)	0.	10,446.	FAIR VALUE	FOOD	FOOD PROGRAM
GE TON OF ANG GARRIOTTS							
ST JOAN OF ARC CATHOLIC CHURCH/PANTRY - 4940 W. TUSCARAWAS							
ST CANTON, OH 44708	34-0792939	501C(3)	0.	9 110	FAIR VALUE	FOOD	FOOD PROGRAM
21. Cimilon, on 11,00	01 0791909	0010(0)	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11111 111202		1 000 1 1 1 0 0 1 1 1 1
CANAL FULTON COMMUNITY							
CUPBOARD/PANTRY - 8101 MANCHESTER							
RD NW - CANAL FULTON, OH 44614	30-0914238	501C(3)	0.	5,091.	FAIR VALUE	FOOD	FOOD PROGRAM
WELL OF HOPE MINISTRIES/PANTRY							
3990 FAIRCREST ST. SW	47-2066861	E010/3\		E E 6 E		ECOD	EOOD DROGDAM
CANTON, OH 44706	47-2066861	5010(3)	0.	5,565.	FAIR VALUE	FOOD	FOOD PROGRAM
PEOPLE TO PEOPLE MINISTRIES/PANTRY							
109 N. WATER ST.						FOOD & NON	
UHRICHSVILLE, OH 44683	34-1264151	501C(3)	0.	13,519.	FAIR VALUE	FOOD	FOOD PROGRAM
				-			
MT. OLIVE BAPTIST							
CHURCH/AKRON/PANTRY - 211 MOODY							
AVENUE - CARROLLTON, OH 44615	34-1099418	501C(3)	0.	5,137.	FAIR VALUE	FOOD	FOOD PROGRAM
GDEEN, GOOD, NELGUIDODG (DANEDY)							
GREEN GOOD NEIGHBORS/PANTRY							
2161 GREENSBURG RD GREEN, OH 44232	34-6560957	5010(3)	0.	11 887	FAIR VALUE	FOOD	FOOD PROGRAM
OKIDA, OH 11202	34 0300937	5010(3)	1	11,307.	TATE ANDE	¥ 00 <i>D</i>	LOOD INOGRAM
UNITED PRESBYTERIAN CHURCH/PANTRY							
2819 HUDSON DRIVE							
CUYAHOGA FALLS, OH 44221	23-6393377	501C(3)	0.	17,683.	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				
MOCM / DANIED V											
TOSM/PANTRY 227 3RD ST. SE											
MASSILLON, OH 44646	31-1513025	5010(3)	0.	29 036	FAIR VALUE	FOOD	FOOD PROGRAM				
MASSIBLON, OIL 44040	31 1313023	5010(3)	0.	25,030.	PAIR VALUE	FOOD	FOOD FROGRAM				
BARBERTON AREA COMMUNITY MINISTRIES/PANTRY - 939 NORTON AVE	31-1502393	E010/2)		E0 E6E		HOOD	FOOD PROGRAM				
- BARBERTON, OH 44203	31-1502393	5010(3)	0.	50,565.	FAIR VALUE	FOOD	FOOD PROGRAM				
COMMUNITY DROP IN CENTER/PANTRY 1492 CHERRY AVE SE	31-1633131	E010(2)	0.	0.001	FAIR VALUE	FOOD	FOOD PROGRAM				
CANTON, OH 44707	31-1633131	5010(3)	0.	9,081.	FAIR VALUE	FOOD	FOOD PROGRAM				
WORD OF LIFE OUTREACH CENTER/PANTRY & MEAL - 1878	34-1435461	5010/3)	0.	14 670	FAIR VALUE	FOOD	FOOD PROGRAM				
KILLIAN RD - AKRON, OH 44312	34-1435461	5010(3)	0.	14,670.	FAIR VALUE	FOOD	FOOD PROGRAM				
UNITY HOLINESS MINSITRIES/PANTRY 350 POOORTUNITY PARKWAY	24 4260200	E017(2)		5 686		FOOD & NON					
AKRON, OH 44307	34-1369388	5010(3)	0.	5,6/6.	FAIR VALUE	FOOD	FOOD PROGRAM				
THE SANCTUARY/PANTRY 847 LAKEWOOD BLVD AKRON, OH 44314	62-0483206	501C(3)	0.	63,521.	FAIR VALUE	FOOD	FOOD PROGRAM				
NORTH CANTON CHURCH OF CHRIST/PANTRY - 1301 E. MAPLE ST.											
- NORTH CANTON, OH 44720	34-1016763	501C(3)	0.	12,723.	FAIR VALUE	FOOD	FOOD PROGRAM				
HARVEST FOOD PANTRY 2543 STATE RD											
CUYAHOGA FALLS, OH 44223	34-1385652	501C(3)	0.	6,016.	FAIR VALUE	FOOD	FOOD PROGRAM				
CLEVELAND CLINIC AKRON GENERAL/PANTRY - 9550 WINDHAM PARKMAN ROAD - WINDHAM, OH 44288	34-0074478	501C(3)	0.	5,840.	FAIR VALUE	FOOD	FOOD PROGRAM				
FARMAN KOAD - WINDHAM, OR 44200	34-00/44/0	Porc(3)	<u> </u>	5,840.	LVIV AVTOR	E OOD	FOOD FROGRAM				

(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
t IV Supplemental Information. Provide the information	on required in Part I, lin	e 2; Part III, columi	n (b); and any other ad	Iditional information.	
RT I, LINE 2:					
E FOODBANK MAINTAINS RECORDS O	OF GRANTS TO	EACH AGE	NCY AND THE	APPROPRIATE	
PLICATION OF THOSE RESOURCES.					

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

AKRON-CANTON REGIONAL FOODBANK

Employer identification number 34-1369388

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
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.			
	X Compensation committee Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
7	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		х
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	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:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	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:			
	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			37
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			77
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

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

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

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

			(B) Breakdown of W	I-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
PRESIDENT AND CEO (II) 0. 0. 0. 0. 0. 0. 0. 0. (2) JENNIFER DYER (I) 116,960. 27,000. 0. 2,425. 16,175. 162,560. DIRECTOR, OPERATIONS (II) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(A) Name and Title		(i) Base compensation	incentive	reportable	compensation			reported as deferred on prior Form 990
PRESIDENT AND CEO (ii) 0. 0. 0. 0. 0. 0. 0. 0. 0. (2) JENNIFER DYER (i) 116,960. 27,000. 0. 2,425. 16,175. 162,560. DIRECTOR, OPERATIONS (ii) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(1) DAN FLOWERS	(i)	189,480.	65,000.	5,400.	7,872.	16,697.	284,449.	0.
DIRECTOR, OPERATIONS (i) 0	PRESIDENT AND CEO		0.		0.	0.	0.	0.	0.
DIRECTOR, OPERATIONS (i)	(2) JENNIFER DYER	(i)	116,960.	27,000.	0.	2,425.	16,175.	162,560.	0.
	DIRECTOR, OPERATIONS		0.	0.	0.	0.	0.	0.	0.
		(i)							
		(i)							
		(ii)							
		(i)							
(ii) (ii) (iii) (i		(ii)							
(ii) (iii) ((ii)							
(i) (ii) (ii) (iii) (iii									
(ii) (iii) (
(i) (i) (ii) (ii) (iii) (iiii) (iiii) (iiii) (iiii) (iiiii) (iiiii) (iiiiii) (iiiiiiii									
(i) (ii) (iii) (ii									
(i) (i) (ii) (ii) (iii) (iiii) (iiii) (iiiii) (iiiiiii) (iiiiiiii									
(i) (ii) (ii) (iii) (iiii) (iiiii) (iiiii) (iiiii) (iiiii) (iiiii) (iiiiii) (iiiiii) (iiiiii) (iiiiii) (iiiiiii) (iiiiiii) (iiiiiiii									
(ii) (iii) (iiii) (iiii) (iiiii) (iiiiiii) (iiiiiiii									
(i) (ii) (ii) (iii) (iiii) (iiii) (iiii) (iiiii) (iiiii) (iiiiiii) (iiiiiiii									
(i) (i) (ii) (ii) (ii) (iii) (iii) (iii) (iiii) (iiiiiiii									
(i) (ii) (ii) (iii) (iii) (iii) (iiii) (iiii) (iiii) (iiiii) (iiiii) (iiiii) (iiiiii) (iiiiii) (iiiiiii) (iiiiiiii									
(ii) (i) (ii)									
(i)									
(i)									
(i)									

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

AKRON-CANTON REGIONAL FOODBANK

Inspection Employer identification number

34-1369388

Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or litems contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu			s
1	Art - Works of art		TESTIO CONTINUATOR	Tom ood, Fare Vin, into 19				
2	Art - Works of art 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	Х	999,999	36,956,182.	NAT'L STUDY	, D	ONO	RS
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 organiz	zation during	the tax year for co	ontributions				
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least 3 years from the date of t	the initial co	ntribution, and whi	ich isn't required to be used	for			
	exempt purposes for the entire holding period?					30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	equires the review	of any nonstandard contribut	ions?	31	Х	
32a	Does the organization hire or use third parties of	or related or	ganizations to soli	cit, process, or sell noncash				
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of property	y for which column (a) is chec	cked,			
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 990	D	Schedule N	/ (Forn	n 990)	2022

232141 09-09-22

232142 09-09-22

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.

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

AKRON-CANTON REGIONAL FOODBANK

Employer identification number 34-1369388

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF FORM 990 IS PROVIDED TO ALL MEMBERS OF THE BOARD OF DIRECTORS 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

-884,338.

FORM 990, PART XII, LINE 2C:

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization AKRON-CANTON REGIONAL FOODBANK	Employer identification number 34-1369388
THE FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT	OF THE
ORGANIZATION'S AUDIT. THE PROCESS HAS NOT CHANGED FROM TH	E PRIOR YEAR.

SCHEDULE R (Form 990)

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

AKRON-CANTON 1	REGIONAL FOODBANK					34-13693	388	
Part I Identification of Disregarded Entities. Complete	ete if the organization answered "Yes	s" on Form 990, Part IV, line 3	33.					
(a)	(b)	(c)	(d)	(e)			(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state	or Total inco	me End-of-year	assets		controlling	g
or disregarded entity		foreign country)				er	ntity	
-	-							
-								
Idealife all and Palata d Tay Francis Operation	- Consolida Killer consolidation		0 Dart IV En a 04 I					
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990	u, Part IV, line 34, i	because it had one	or more	related tax-exe	mpt	
(a)	(b)	(c)	(d)	(e)		(f)	Castian	g) 512(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code section	Public charity	Dire	ct controlling	cont	trolled
of related organization		foreign country)	Section	status (if section 501(c)(3))		entity	Yes	tity?
AKRON-CANTON REGIONAL FOODBANK ENDOWMENT -							163	140
34-1888311, 350 OPPORTUNITY PARKWAY, AKRON,	SUPPORT THE AKRON-CANTON							
OH 44307-2234	REGIONAL FOODBANK.	оніо	501(C)(3)	12B				X
	-							
	\dashv							

		0 11 70 1	"\ " E 000	D 1 11 / 11 O 1 1	
Part III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990,	, Part IV, line 34, becal	use it had one or more related
Part III	organizations treated as a partnership during the tax year.				
	organizations treated as a partitioning during the tax year.				

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	ortionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General emanaging partner	(k) Percentage ownership

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

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

Page 3

Yes No

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

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

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

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

b	b Giπ, grant, or capital contribution to related organization(s)				מר		
С	c Gift, grant, or capital contribution from related organization(s)				1c	X	
d	d Loans or loan guarantees to or for related organization(s)				1d		X
	Loans or loan guarantees by related organization(s)				1e		X
f	f Dividends from related organization(s)				1f		Х
g	g Sale of assets to related organization(s)				1g		X
h	h Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	j Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k	k Lease of facilities, equipment, or other assets from related organization(s)				1k		X
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11		X
m	m Performance of services or membership or fundraising solicitations by related organization(s)				1m		Х
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	X	
0	Sharing of paid employees with related organization(s)				10	X	
р	p Reimbursement paid to related organization(s) for expenses				1 p		X
q	Reimbursement paid by related organization(s) for expenses				1q		X
r	r Other transfer of cash or property to related organization(s)				1r		X
s	s Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must com-	mplete this	s line, including covered re	elationships and transaction thresholds.			
	(a) (b) Name of related organization Transac type (a	ction	(c) Amount involved	(d) Method of determining amount invo	olved		
1)							
2)							
3)							
41							
4)							
- \							
5)		+					
<u>د</u> ۱							
6) 2012	•			Calcadada F) /E ~==	. 000	1 2020
3216	63 09-14-22	_		Schedule F	(rorn	1 990	<i>j</i> 2022

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocation Yes N	General of managing partner? Yes No	(k) r Percentage ownership

Schedule R (Form 990) 2022

CARRYOVER DATA TO 2023

Name AKRON-CANTON REGIONAL FOODBANK	Employer Identification Number 34-1369388
Based on the information provided with this return, the following are possible carryover amounts to next year.	1
FEDERAL PRE-2018 NET OPERATING LOSS	83.
FEDERAL AMT NET OPERATING LOSS	83.
	·
	<u> </u>
	·
	<u> </u>
	_
	·
	-

		and Entity: PRE	-2018 NOL FED	Section 382 Carryover		DETAIL C	ARRYOVER SCH	EDULE				
,	Year Origi- nated	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
	2015	83.										
C D												
E F												
A B C D E F G H												
J												
L M												
K L M N O P Q R S T U V W												
P Q												
R S												
T U												
v W		E Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
	Detail Type	E Amount S Used for B C	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
д [—] В												
A B C D E F G H												
E F												
G H												
J												
L M												
N O												
K L M N O P Q R S T U												
R S												
T U												
V W												

	nd Entity: AMT 32 Annual Limitation	NOL FED	Section 382 Carryover		DETAIL C	ARRYOVER SCH	IEDULE				
/ear Origi- ated	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
2015	83.	0004									
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