## **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.
- Information about Form 990 and its instructions is at www.irs.gov/form990.

Α	For the	2016 cal	lendar year, or tax year beginning $$ Oct $$ $01$ , $$ $$ $$ $$ $$ $$ $$ $$ and ending $$ $$ Sep $$ $$ $$	0, 20	)17
В	Check if	applicable:	C Name of organization TOLEDO SEAGATE FOODBANK INC D Emplo	yer identi	fication number
$\square$	Address	change	Doing business as		
_		ū	Number and street (or P.O. box if mail is not delivered to street address) Room/suite $51-02$	52948	3
Ш	Name ch	ange	<del></del>	none numb	
$\Box$	nitial retu	urn	City or town		
$\equiv$			TOLEDO OH 43609-	44-69	996
<u></u> Г	inal return	n/terminated	Foreign country name Foreign province/state/county Foreign postal code		
$\Box$	Amended	d return		receipts \$	6272886.
_				•	
$\square'$	Application	on pending		urn for subor	rdinates? Yes X No
			526 HIGH ST TOLEDO OH 43609- H(b) Are all subord	inates inclu	ided? Yes No
ı T	ax-exem	npt status:	X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527 If "No," attach	a list. (see	instructions)
		-		lian numba	. 🛌
					_
KF	orm of o	rganization	: X Corporation Trust Association Other ► L Year of formation: 19	180 <b>m</b> s	State of legal domicile: OH
P	art I	Su	mmary		
	1			NOTTA	ASPIRES AND
93		COMMI	ITS OUR ENERGIES TO ELIMINATING HUNGER. WE SERVE		
an			CITY TO IDENTIFY AND DIRECT OUR RESOURCES TO THOS		
eru			· <u></u>		
8	2		his box  if the organization discontinued its operations or disposed of more than 2		_
<u>ن</u> مع	3		r of voting members of the governing body (Part VI, line 1a)	3	7
Ş	4		r of independent voting members of the governing body (Part VI, line 1b)	4	7
ij	5		umber of individuals employed in calendar year 2016 (Part V, line 2a)	5	11
Activities & Governance	6	Total nu	umber of volunteers (estimate if necessary)	6	
¥	7a	Total un	nrelated business revenue from Part VIII, column (C), line 12	7a	
	b	Net unre	elated business taxable income from Form 990-T, line 34	7b	
			Prior Yea	r	Current Year
a	8	Contribu	utions and grants (Part VIII, line 1h)	627.	6249087.
Ž	9			1816.	
Revenue	10			3771.	23799.
~	11		evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12			214.	6272886.
-	13		and similar amounts paid (Part IX, column (A), lines 1–3)	211.	0272000.
	14		s paid to or for members (Part IX, column (A), line 4)		
				5997.	632143.
ses	15		, , , , , , , , , , , , , , , , , , , ,	1997.	032143.
eus	16a		ional fundraising fees (Part IX, column (A), line 11e)		
Expenses	_ b		ndraising expenses (Part IX, column (D), line 25) ► 82244.	1200	E040E13
ш	17			1390.	5849513.
	18			387.	6481656.
	19	Revenu		2173.	-208770.
Net Assets or Fund Balances			Beginning of Cur		End of Year
sets	20	Total as	, ,	3379.	3633787.
t As	21	Total lia	abilities (Part X, line 26)	3503.	406545.
울撎	22	Net ass	ets or fund balances. Subtract line 21 from line 20	876.	3227242.
Pa	rt II	Sig	gnature Block		
			ry, I declare that I have examined this return, including accompanying schedules and statements, and to the best	of my know	vledge
and	belief, it	is true, corr	rect, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has a	ny knowled	ge.
Sic	ın		02	2/15/2	2018
Sig			Signature of officer Da	te	
He	re		DEBRA VAS EXECUTIVE D	IRECT(	OR.
			Type or print name and title		
		Prin	nt/Type preparer's name Preparer's signature Date		PTIN
Pai	id			Check	
	eparer	. RON	NALD W COON SR MPPA 02/15/2018	self-emp	loyed P00850776
	-		n's name ▶RONALD W COON SR CPA Firm's EIN	▶ 34-1	L535170
US	e Only	у —	n's address ▶ 1812 BROADWAY SUITE TOLEDO OH 43609 Phone no.		-241-8240
		•	·		
Ma	y the IF	KS discus	ss this return with the preparer shown above? (see instructions)		. Yes X No

**4e** Total program service expenses

Pa	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 ORGANIZATION ASPIRES AND COMMITS THEIR ENERGIES TO ELIMINATING
	HUNGER. WE SERVE IN A REGIONAL CAPACITY THROUGH PARTNERSHIPS WITH
	OTHER, TO IDENTIFY AND DIRECT AVAILABLE RESOURCES TO THOSE IN NEED.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 1828368. including grants of \$ 1869133. ) (Revenue \$ 1869133. )
<b>4</b> a	TFAP - FOOD ASSITANCE TO THOSE IN NEED WITHIN NORTHWEST OHIO
	GEOGRAPHICAL AREA
46	(Code: ) (Expenses \$ 1472250. including grants of \$ 1409240. ) (Revenue \$ 1409240. )
4b	CSFP - FOOD ASSISTANCE TO INDIVIDUALS THAT ARE OVER 60 YEARS OF AGE.
	THE RECIPIENTS RECEIVE A FOOD BASKET ONCE A MONTH AT THE VARIOUS
	LOCATIONS IN NORTHWEST OHIO
4c	(Code: ) (Expenses \$ 3070942. including grants of \$ 29913. ) (Revenue \$ 2994513. )
70	(Code:) (Expenses \(
4d	Other program services. (Describe in Schedule O.)
τu	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 6371560.

Part IV

		_	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		37	
_	complete Schedule A	1	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If</i> "Yes," <i>complete Schedule C, Part I</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 Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			37
	endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		Х
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	Х	
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		Х
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		Х
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		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		Χ
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? <i>If</i> "Yes," <i>complete</i>		37	
L	Schedule D, Parts XI and XII	12a	Λ	
D	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	12h		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		
	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		Χ
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	Χ	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		37	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		Х
	If "Yes," complete Schedule G, Part III	19		-7-

Checklist of Required Schedules (continued) Part IV No Χ 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . . 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . . . . 21 Χ Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Χ 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 23 Χ **24a** Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines Χ **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . . . c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c **d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . . 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a Χ **b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 25b Χ Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or Χ 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Χ 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): Χ a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . . . . 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Χ 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) Χ was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . . . . . 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.... 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Χ Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Χ 31 **32** Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 32 Χ Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Χ 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, Χ 34 Χ 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . . . . . . . . . . . . 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . . . . . . 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related Χ 36 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 Χ 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and Χ

Part V

Statements Regarding Other IRS Filings and Tax Compliance	
Check if Schedule O contains a response or note to any line in this Part V	

	Check if Schedule O contains a response of note to any line in this Fart v	· ·	•	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		Х
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 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			37
	account)?	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 Accounts			
<b>-</b> -	(FBAR).	-		v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Λ
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	60		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		21
b	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
u	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7</b> f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40	against amounts due or received from them.)	40		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b 12	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.	120		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
D	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		
	11 Too, That it mad a Tottli T20 to report these payments: If Tvo, provide all explanation in Gonedule O	170		

Part VI

Sect	ion A. Governing Body and Management			•				
				Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 7	1					
	If there are material differences in voting rights among members of the governing body, or							
	if the governing body delegated broad authority to an executive committee or similar							
	committee, explain in Schedule O.							
b	<b>b</b> Enter the number of voting members included in line 1a, above, who are independent <b>1b</b>							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation							
	any other officer, director, trustee, or key employee?		2		X			
3	Did the organization delegate control over management duties customarily performed by or und							
	supervision of officers, directors, or trustees, or key employees to a management company or o		3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 v		4		X			
5	Did the organization become aware during the year of a significant diversion of the organization		5		X			
6	Did the organization have members or stockholders?		6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect		_		3.7			
	one or more members of the governing body?		7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members to the control of the organization reserved to (or subject to approval by) members to the control of the organization reserved to (or subject to approval by) members to the control of the organization reserved to (or subject to approval by) members to the control of the organization reserved to (or subject to approval by) members to the control of the organization reserved to (or subject to approval by) members to the control of the organization reserved to (or subject to approval by) members to the control of the organization reserved to (or subject to approval by) members to the control of the organization reserved to (or subject to approval by) members to the control of the organization reserved to (or subject to approval by) members to the control of the organization reserved to (or subject to approval by) members to the control of the control of the organization reserved to (or subject to approval by) members to the control of the control o				37			
_	stockholders, or persons other than the governing body?		7b		X			
8	Did the organization contemporaneously document the meetings held or written actions underta	ken during						
_	the year by the following: The governing body?		8a		Х			
a b			8b		X			
9	Each committee with authority to act on behalf of the governing body?							
9	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule (		9		Х			
Sect	ion B. Policies (This Section B requests information about policies not required by the			)				
OCOL	on b. I dides (This decien b requeste information about policies not required by the	mornar revenue e	ouc.	Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?		10a		X			
	If "Yes," did the organization have written policies and procedures governing the activities of suc							
	affiliates, and branches to ensure their operations are consistent with the organization's exempt		10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body bef	ore filing the form?.	11a	Х				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	-						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Χ				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	give rise to conflicts?	12b	Χ				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy?	If "Yes,"						
	describe in Schedule O how this was done		12c	Х				
13	Did the organization have a written whistleblower policy?		13	X				
14	Did the organization have a written document retention and destruction policy?		14	X				
15	Did the process for determining compensation of the following persons include a review and app							
	independent persons, comparability data, and contemporaneous substantiation of the deliberation		45		37			
	The organization's CEO, Executive Director, or top management official		15a		X			
b	Other officers or key employees of the organization		15b		Λ			
160	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	ngomont						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrawith a taxable entity during the year?	_	16a		Х			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to ev		IUa		21			
D	participation in joint venture arrangements under applicable federal tax law, and take steps to sa							
	the organization's exempt status with respect to such arrangements?	•	16b					
Sect	ion C. Disclosure		.00		L			
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 (or 1024 if applicable), 990, and	990-T (Section 501(c	)(3)s (	only)				
	available for public inspection. Indicate how you made these available. Check all that apply.	, (	,	,				
		plain in Schedule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing document	•		and				
	financial statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization	s books and records:	•					
	DEBRA VAS	419-244-6	996					
	L J L L L L L L L L							

# 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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor ar	ny related organ	izatio	n c	omp	ens	ated a	any	current officer,	director, or trust	tee.
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unle: er an	Pos heck ss pe	erson	e than o is both or/truste	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) K KIESSLING	4									
PRESIDENT		Х		X				0	0	0
(2) R NEWBOLD	3									
V PRESIDENT		Χ		X				0	0	0
(3) J MCCARTHY	3									
SECRETARY		Χ		X				0	0	0
(4) N SHAHEEN	4									
TREASURER		Χ		X				0	0	0
(5) H BREWS	2									
MEMBER		Х						0	0	0
(6) V MOLNAR	2									
MEMBER		Х						0	0	0
(7) J MCDAY	2									
MEMBER		Х						0	0	0
(8) D VAS	45									
EXEC DIRECTOR					Χ			43593.	.0	0
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Pa	art VII S	Section A. Officers, Directors, Tr	ustees, Key Eı	nplo	yee	s, a	nd	High	est	Compensated	Employees (co	ntinue	ed)
						-	C) sition						
		(A) Name and title	(B) Average			neck	more	e than		(D) Reportable	<b>(E)</b> Reportable	E	(F) timated
		Name and title	hours per					or/trus	tee)	compensation	compensation	an	nount of
			week (list any hours for	Indi	Insti	Officer	Key	High	Former	from the	from related organizations		other pensation
			related organizations	Individual trustee or director	itutio	er	Key employee	nest o	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC)		om the anization
			below dotted	or tru	nal t		oloye	comp		(**-2/1099-101100)		and	d related
			line)	stee	Institutional trustee		Ф	Highest compensated employee				orga	inizations
					Ō			ated					
(15)													
(16)													
(17)													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b	Sub-total .			٠	٠.				<b>•</b>	43593.			
С		continuation sheets to Part VII,							▶	10500			
d_		ines 1b and 1c)								43593.	22.222.7		
2		er of individuals (including but not lompensation from the organization		listed	abo	ove)	) wh	o rec	eiv	ed more than \$1	00,000 of		
	reportable co	ompensation from the organization											Yes No
3	Did the orga	nization list any former officer, di	rector, or trustee	e, key	em/	olqr	yee	, or h	igh	est compensate	d		100 110
		n line 1a? If "Yes," complete Sche										3	Х
4	For any indiv	vidual listed on line 1a, is the sum	of reportable co	mpe	nsa	tion	and	d othe	er c	ompensation fro	m		
	-	ition and related organizations gre	ater than \$150,	000?	If "	Yes	s," C	ompl	ete	Schedule J for s	such		
	individual .				•							4	X
5		son listed on line 1a receive or acc rendered to the organization? If "	•			•				•		5	X
Sec		endent Contractors											
1		is table for your five highest compon from the organization. Report co										n's tax	
	<i>y</i> -cu	(A) Name and business add	Iress							(B) Description of ser	vices (	(C)	
2	Total numbe	er of independent contractors (inclu	udina hut not lim	nited	to th	าดระ	, lict	ted a	hov	e) who received			
_		100,000 of compensation from the		•		.550		.ou u	~ U V	5,5 1000ived			

Statement of Revenue	Part VIII	Statement of Revenue
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		Check if Schedule O contains a response or no	ote to any line i	n this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues					
s, G Amo	С	Fundraising events 1c	25423.				
Gifts, ilar An	d	<u> </u>					
اS, ( imi		, , , , , , , , , , , , , , , , , , ,	3308286.				
ıtioi er S	f	All other contributions, gifts, grants, and					
rib Gth			2915378.				
Contributions, and Other Sim	g	Noncash contributions included in lines 1a-1f: \$	2469424.				
O a	h	<b>Total.</b> Add lines 1a–1f		6249087.			
e.		_ i	Business Code				
/en	2a						
Re	b						
/ice	С						
Sen	d						
me (	е						
Program Service Revenue	f	All other program service revenue					
- Ā	g	<b>Total.</b> Add lines 2a–2f	▶				
	3	Investment income (including dividends, interest, a					
		other similar amounts)	-	23799.	23799.		
	4	Income from investment of tax-exempt bond proce	eds▶				
	5	Royalties					
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory .					
	b	Less: cost or other basis					
		and sales expenses					
	С	Gain or (loss)					
	d	Net gain or (loss)	▶				
an l	8a	Gross income from fundraising					
ver		events (not including \$					
Re		of contributions reported on line 1c).					
Other Revenue		See Part IV, line 18 a					
Ę		Less: direct expenses b					
		Net income or (loss) from fundraising events	▶				
	9a	Gross income from gaming activities.					
		See Part IV, line 19 a					
		Less: direct expenses b					
		Net income or (loss) from gaming activities	▶				
	10a	Gross sales of inventory, less					
		returns and allowances a					
		Less: cost of goods sold b					
	<u> </u>	Net income or (loss) from sales of inventory					
	11-		Business Code				
	11a						
	b						
	۲ C	All other revenue					
	d	All other revenue					
	12	Total revenue. See instructions.	T	6272886.	23799.		

Par	t X Statement of Functional Expenses				
Secti	on 501(c)(3) and 501(c)(4) organizations must complete a	ll columns. All other	organizations mus	t complete column	(A).
	Check if Schedule O contains a response or note				
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		
	domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	43593.	41850.	915.	828.
7	Other salaries and wages	466074.	446921.	10042.	9111.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions).				
9	Other employee benefits	84036.	80590.	1807.	1639.
10	Payroll taxes	38440.	36864.	826.	750.
11	Fees for services (non-employees):	40565	46556	1011	0.45
a	Management	48567.	46576.	1044.	947.
b	Legal	02500	00010	F11	4.6.4
C	Accounting	23788.	22813.	511.	464.
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	112620	10.501	0.4.4.2	60400
12	Advertising and promotion	113632.	48691.	2443.	62498.
13	Office expenses	16277.	15610.	350.	317.
14	Information technology				
15	Royalties	4024	4060	0.1	0.2
16	Occupancy	4234. 24236.	4060. 23242.	91. 521.	83. 473.
17	Travel	24230.	23242.	521.	4/3.
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings	3644.		3644.	
21	Payments to affiliates	5011.		3011.	
22	Depreciation, depletion, and amortization	74999.	74999.		
23	Insurance	52574.	50419.	1130.	1025.
24	Other expenses. Itemize expenses not covered	32371.	30117.	11301	1023.
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	SÉE STMT	5276902.			
b		12875.			
С		58698.			
d		17875.			
е	All other expenses	121212.	116243.	2605.	2364.
25	Total functional expenses. Add lines 1 through 24e.	6481656.	6371560.	27852.	82244.
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here ▶ if				
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X	(		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	407650.	1	361883.
	2	Savings and temporary cash investments	399652.	2	404541.
	3	Pledges and grants receivable, net	91462.	3	83564.
	4	Accounts receivable, net	18664.	4	18694.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ets		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net	C 4 5 5 5 4	7	E 40224
1	8	Inventories for sale or use	645574.	8	542334.
	9	Prepaid expenses and deferred charges	26936.	9	28342.
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D  Less: accumulated depreciation	1107031.	10-	1045340.
	11	Less: accumulated depreciation	773814.	10c 11	759930.
	12	Investments—publicly traded securities	773014.	12	139930.
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	422596.	15	389159.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3893379.	16	3633787.
	17	Accounts payable and accrued expenses	20907.	17	17386.
	18	Grants payable		18	
	19	Deferred revenue	422596.	19	389159.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
abi		disqualified persons. Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete			
		Part X of Schedule D	4.42502	25	106545
	26	Total liabilities. Add lines 17 through 25	443503.	26	406545.
seo		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
<u>a</u> n	27	Unrestricted net assets	3051587.	27	2834360.
Ва	28	Temporarily restricted net assets	395578.	28	390171.
pu	29	Permanently restricted net assets	2711.	29	2711.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC958), check here and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
\ss	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
³t ⊿	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	3449876.	33	3227242.
	34	Total liabilities and net assets/fund balances	3893379.	34	3633787.

Part	X Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					]
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6	272	886	· .
2	Total expenses (must equal Part IX, column (A), line 25)	2		481		
3	Revenue less expenses. Subtract line 2 from line 1	3		-208		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	(*)	3449		
5	Net unrealized gains (losses) on investments	5		-13	884	Ŀ .
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8			20	١.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		_			
			3227	242	<u>.</u>	
Part	Financial Statements and Reporting				_	7
	Check if Schedule O contains a response or note to any line in this Part XII					<u></u>
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 in		- [	Y	es N	0
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2	2a	Х	2
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2	2b X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
	X Separate basis 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? .		. 2	2c X		
	If the organization changed either its oversight process or selection process during the tax year, explain in	1				
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?		· <u> </u>	3a X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3	3b X		

Form **990** (2016)

#### SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

OMB No. 1545-0047
2016

Department of the Treasury Internal Revenue Service

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

Open to Public Inspection

Name of the organization

ΓΟΙ	ĿΕD	O SEAGATE FOODBAN	K INC				51-0252948	
Pai	rt I	Reason for Public Char	ity Status (All org	ganizations must cor	nplete th	is part.)	See instructions.	
The	orga	anization is not a private founda						
1		A church, convention of church	nes, or association	of churches described	in <b>sectio</b>	on 170(b)	(1)(A)(i).	
2		A school described in <b>section</b>	170(b)(1)(A)(ii). (A	Attach Schedule E (Fo	m 990 or	990-EZ).	)	
3		A hospital or a cooperative hos	spital service organ	ization described in s	ection 17	'0(b)(1)(A	)(iii).	
4		A medical research organization hospital's name, city, and state	-	unction with a hospital				. Enter the
5		An organization operated for the section 170(b)(1)(A)(iv). (Con	he benefit of a colle	ge or university owner	d or opera	ated by a	governmental unit d	escribed in
6	A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b>							
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>section 170(b)(1)(A)(vi)</b> . (Complete Part II.)							
8	8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)							
9	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:							
10		An organization that normally receipts from activities related support from gross investment acquired by the organization a	to its exempt functi	ions—subject to certain ated business taxable i	n exception ncome (le	ons, and ( ess sectio	2) no more than 33 n 511 tax) from bus	1/3% of its
11		An organization organized and	d operated exclusive	ely to test for public sa	fety. See	section	509(a)(4).	
12		An organization organized and of one or more publicly suppor Check the box in lines 12a thro	ted organizations d	lescribed in section 5	09(a)(1)	or <b>sectior</b>	n <b>509(a)(2).</b> See <b>se</b> o	ction 509(a)(3).
	<ul> <li>Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.</li> <li>Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported</li> </ul>							
С		organization(s). You must Type III functionally integ	rated. A supporting	organization operated				tegrated with,
	Г	its supported organization(s						
d	_	Type III non-functionally i that is not functionally integ requirement (see instruction	rated. The organiza	ation generally must sa	atisfy a dis	stribution	requirement and an	
е		Check this box if the organic functionally integrated, or T	zation received a w	ritten determination fro	om the IR	S that it is		ype III
f		Enter the number of supported	organizations					
g		Provide the following information		rted organization(s).			•	(.4) A
	(1)	Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No	•	
(A)								
(B)								
(C)								
(D)								
E)								

Page 2

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						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2012	<b>(b)</b> 2013	(c) 2014	<b>(d)</b> 2015	<b>(e)</b> 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7006928.	6396369.	5626046.	7090443.	6272886.	32392672
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 5</b>	Total. Add lines 1 through 3	7006928.	6396369.	5626046.	7090443.	6272886.	32392672
6	Public support. Subtract line 5 from line 4.						32392672
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2012	<b>(b)</b> 2013	(c) 2014	<b>(d)</b> 2015	<b>(e)</b> 2016	(f) Total
7	Amounts from line 4	7006928.	6396369.	5626046.	7090443.	6272886.	32392672
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	14586.	34998.	25898.	18771.	23799.	118052
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.)						
11	Total support. Add lines 7 through 10						32510724
12	Gross receipts from related activities, etc. (se					12	
13	First five years. If the Form 990 is for the or organization, check this box and stop here	· · · · · · · · · · · · · · · · · · ·					· · · · • <u></u>
	ction C. Computation of Public Sup						00 64
	Public support percentage for 2016 (line 6, c					14	99.64% 99.67%
	Public support percentage from 2015 Sched 33 1/3% support test—2016. If the organization qualifies as	ation did not check	the box on line 13	and line 14 is 33	1/3% or more,		_
b	33 1/3% support test—2015. If the organization qualified box and stop here. The organization qualified	ation did not check	a box on line 13 o	r 16a, and line 15 is	s 33 1/3% or more	, check this	<u></u>
17a	10%-facts-and-circumstances test—2016. is 10% or more, and if the organization meet Part VI how the organization meets the "facts organization	s the "facts-and-cir s-and-circumstance	cumstances" test, es" test. The organ	check this box and ization qualifies as	a publicly support	ain in ed	· · · · • • <u></u>
b	10%-facts-and-circumstances test—2015. 15 is 10% or more, and if the organization m Part VI how the organization meets the "facts supported organization	eets the "facts-and s-and-circumstance	l-circumstances" te es" test. The organ	est, check this box a ization qualifies as	and <b>stop here.</b> E a publicly	xplain in	<b>.</b> .
18	Private foundation. If the organization did r	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		-
	instructions						•

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

**Schedule of Contributors** 

2016

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Employer identification number

TOLEDO SEAGATE FOODBANK INC 51-0252948 Organization type (check one): Filers of: Section: X 501(c)(3 Form 990 or 990-EZ ) (enter number) organization 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** X 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** 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 or 990-EZ), 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, 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

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	Foreign State or Province: Foreign Country:	\$697,886.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2_	Foreign State or Province: Foreign Country:	\$ 542,010.	Person Payroll Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3	Foreign State or Province: Foreign Country:	\$ 191,689.	Person Payroll Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4	Foreign State or Province: Foreign Country:	\$ 153,287.	Person Payroll Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5_	Foreign State or Province: Foreign Country:	\$89,107.	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			
6	Foreign State or Province: Foreign Country:	\$ 78,108.	Person Payroll Noncash  (Complete Part II for noncash contributions.)			

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
7	Foreign State or Province: Foreign Country:	\$54,628.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
8	Foreign State or Province: Foreign Country:	\$49,529.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
9	Foreign State or Province: Foreign Country:	\$ 48,293.	Person Payroll Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_10	Foreign State or Province: Foreign Country:	\$ 44,085.	Person Payroll Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_11_	Foreign State or Province: Foreign Country:	\$37,633.	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			
12	Foreign State or Province: Foreign Country:	\$31,114.	Person Payroll Noncash  (Complete Part II for noncash contributions.)			

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_13_	Foreign State or Province: Foreign Country:	\$25,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
14	Foreign State or Province: Foreign Country:	\$ 22,314.	Person Payroll Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
15	Foreign State or Province: Foreign Country:	\$ 19,365.	Person Payroll Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
16	Foreign State or Province: Foreign Country:	\$ 18,185.	Person Payroll Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_17_	Foreign State or Province: Foreign Country:	\$17,332.	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			
18	Foreign State or Province: Foreign Country:	\$ 14,607.	Person Payroll Noncash  (Complete Part II for noncash contributions.)			

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
19	Foreign State or Province: Foreign Country:	\$14,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
20	Foreign State or Province: Foreign Country:	\$ 13,933.	Person Payroll Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
21	Foreign State or Province: Foreign Country:	\$ 11,585.	Person Payroll Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_22_	Foreign State or Province: Foreign Country:	\$ 10,367.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
23	Foreign State or Province: Foreign Country:	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
24	Foreign State or Province: Foreign Country:	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
25	Foreign State or Province: Foreign Country:	\$9,660.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
26	Foreign State or Province: Foreign Country:	\$7,182.	Person Payroll Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
27	Foreign State or Province: Foreign Country:	\$6,317.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
28	Foreign State or Province: Foreign Country:	\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
29	Foreign State or Province: Foreign Country:	\$5,569.	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			
30	Foreign State or Province: Foreign Country:	\$5,521.	Person Payroll Noncash  (Complete Part II for noncash contributions.)			

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
31	Foreign State or Province: Foreign Country:	\$5,311.	Person Payroll Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
32	Foreign State or Province: Foreign Country:	\$ 5,000.	Person X Payroll  Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
33	Foreign State or Province: Foreign Country:	\$ 29,912.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
34	Foreign State or Province: Foreign Country:	\$ 3,278,373.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	FOOD PRODUCTS	\$ 696,853.	09/30/2017
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
2	FOOD PRODUCTS	\$ 542,010.	09/30/2017
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
3	FOOD PRODUCTS	\$ 191,689.	09/30/2017
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
4	FOOD PRODUCTS	\$ 153,287.	09/30/2017
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
5	PRODUCE	\$ 89,107.	09/30/2017
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
6	PRODUCE	\$ 78,108.	09/30/2017
			/Farm 000, 000 F7, ar 000 BF) (2016)

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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
7	FOOD	\$ 49,461.	09/30/2017
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
8	FOOD	\$ 47,437.	09/30/2017
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
9	FOOD	\$ 48,293.	09/30/2017
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
10	BREAD STUFFS	\$ 44,085.	09/30/2017
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	CANNED GOODS	\$ 37,633.	09/30/2017
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
12	FRUITS AND VEGITABLES	\$ 31,114.	09/30/2017

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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
14	FOOD	\$ 22,314.	09/30/2017
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
.15	FOOD	\$ 19,365.	09/30/2017
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
16	PRODUCE	\$ 18,185.	09/30/2017
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
17	TOMATO PRODUCTS	\$ 17,332.	09/30/2017
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_18	PET FOOD STUFFS	\$ 14,607.	09/30/2017
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_20	FOOD	\$ 13,933.	09/30/2017
			l .

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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
21	FOOD	\$ 11,585.	09/30/2017
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
25	FOOD	\$3,673.	09/30/2017
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
26	FOOD	\$ 7,182.	09/30/2017
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
27	FOOD	\$ 6,069.	09/30/2017
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
29	FOOD	\$ 5,569.	09/30/2017
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
30	FOOD	\$ 5,521.	09/30/2017

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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
31	PET FOOD	\$ 5,311.	09/30/2017
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
34	FOOD PRODUCT	\$ 2,747,751.	09/30/2017
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$ <u>.</u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$ <sub></sub>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$ <u>.</u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$ <sub></sub>	

### **SCHEDULE D** (Form 990)

# 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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name	of the organization		Employer identification number
ГОL	EDO SEAGATE FOODBANK INC		51-0252948
Part		or Advised Funds or Other Similar	
	Complete if the organization ans	wered "Yes" on Form 990, Part IV, lin	e 6.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and		
_	funds are the organization's property, subjective		
6	Did the organization inform all grantees, do		
	used only for charitable purposes and not f purpose conferring impermissible private b		
Don		enent:	
Part		world "Voo" on Form 000 Port IV lin	o 7
1		wered "Yes" on Form 990, Part IV, lin	
•	Purpose(s) of conservation easements held Preservation of land for public use (e.g., red		ion of a historically important land area
	Protection of natural habitat	Preservat	ion of a certified historic structure
•	Preservation of open space		bution in the form of a commention
2	Complete lines 2a through 2d if the organize easement on the last day of the tax year.	ration neid a qualified conservation contri	Held at the End of the Tax Year
а	Total number of conservation easements .		_
b	Total acreage restricted by conservation ea		<del> </del>
C	Number of conservation easements on a conservation of conservation easements on a conservation easement of the conservation easements on a conservation easement of the conservation easement		
d	Number of conservation easements include		
	historic structure listed in the National Regi		
3	Number of conservation easements modifie	ed, transferred, released, extinguished, or	r terminated by the organization during
	the tax year ▶		
4	Number of states where property subject to		; <u>-</u>
5	Does the organization have a written policy		
6	violations, and enforcement of the conservant Staff and volunteer hours devoted to monitoring,		
6	Stair and volunteer nours devoted to monitoring,	inspecting, nandling of violations, and emorcing	ng conservation easements during the year
7	Amount of expenses incurred in monitoring, insp	ecting, handling of violations, and enforcing co	onservation easements during the year
-	► \$	oomig, namamig or molatione, and omersing of	moor ranen cacomente caming and year
8	Does each conservation easement reporte	d on line 2(d) above satisfy the requireme	ents of section 170(h)(4)( <u>B)(i</u> )
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization	reports conservation easements in its rev	enue and expense statement, and
	balance sheet, and include, if applicable, the	<u> </u>	s financial statements that describes
Dow	the organization's accounting for conservat		a an Oth an Olimitan Assata
Part		lections of Art, Historical Treasures	
		wered "Yes" on Form 990, Part IV, lin	
та	If the organization elected, as permitted un		
	works of art, historical treasures, or other s		
h	of public service, provide, in Part XIII, the to		
b	If the organization elected, as permitted un works of art, historical treasures, or other s		
	of public service, provide the following amo		acation, or research in future affice
	(i) Revenue included on Form 990, Part VI		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of		assets for financial gain, provide the
	following amounts required to be reported		- · · · · · · · · · · · · · · · · · · ·
а	Revenue included on Form 990, Part VIII, I		
h	Assets included in Form 000 Part Y		▶ ¢

Part	t III Organizations Maintaining Co	ollections of A	rt, Histor	ical Tre	asures, or O	ther S	Similar Assets	(contin	ued)	
3	Using the organization's acquisition, acc	ession, and othe	er records,	check ar	ny of the follow	ving tha	at are a significa	nt use o	f its	
	collection items (check all that apply):									
а	Public exhibition		d	Loan	or exchange p	rogran	ns			
b	Scholarly research		е	Other						
С	Preservation for future generations	S								
4	Provide a description of the organization XIII.	's collections an	ıd explain l	now they	further the org	ganizat	ion's exempt pur	pose in	Part	
5	During the year, did the organization soli	icit or receive do	nations of	art histo	rical treasures	e or of	har similar			
•	assets to be sold to raise funds rather th							Ye	s	No
Part			<u> </u>							
· ar	Complete if the organization ar		on Form	990. Pa	rt IV. line 9. o	or rep	orted an amour	nt on F	orm	
	990, Part X, line 21.			,	, ,					
1a	Is the organization an agent, trustee, cus	stodian or other	intermedia	ry for cor	ntributions or c	other a	ssets not			
	included on Form 990, Part X?							Ye	es	No
b	If "Yes," explain the arrangement in Part	XIII and comple	ete the follo	wing tab	le:					
						_		mount		
C	Beginning balance					1c				
d	Additions during the year					1d 1e				
e f	Distributions during the year Ending balance					1f				
2a	Did the organization include an amount of						•	V	s X	No
b	If "Yes," explain the arrangement in Part						-		,s <u>  21  </u>	NO
Part		Alli. Check her	e ii tile exp	nariation	nas been prov	nueu u	iii ait Aiii	• •		
ган	Complete if the organization ar	nswered "Ves"	on Form	000 Pa	rt IV line 10					
	Complete if the organization at	(a) Current year	(b) Pric		(c) Two years b		(d) Three years back	<b>(e)</b> Fo	ur years	back
1a	Beginning of year balance	(-,	(,	. ,	(0)		(-,	(-)	<u> ,</u>	
b	Contributions									
С	Net investment earnings, gains,									
	and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
T ~	Administrative expenses									
g	End of year balance Provide the estimated percentage of the	current year en	d halance	(line 1a i	column (a)) he	ald ac.				
a	Board designated or quasi-endowment			(iiiie ig, t		iu as.				
b		0.00%								
С	Temporarily restricted endowment	0.00%	!							
	The percentages on lines 2a, 2b, and 2c	should equal 10	00%.							
3a	Are there endowment funds not in the po	ossession of the	organizati	on that a	re held and ad	dminist	ered for the	Г		
	organization by:							0.0	Yes	No
	<ul><li>(i) unrelated organizations</li><li>(ii) related organizations</li></ul>							3a(i) 3a(ii)	$\longrightarrow$	
b	(ii) related organizations							3b		
4	Describe in Part XIII the intended uses of		•					0.0		
Part										
	Complete if the organization ar		on Form	990, Pa	rt IV, line 11a	a. See	Form 990, Pa	rt X, lin	e 10.	
	Description of property	(a) Cost or o	ther basis	<b>(b)</b> Co	st or other	(c) /	Accumulated	( <b>d)</b> Bo	ook value	e
		(investr	nent)		s (other)	de	epreciation			
1a	Land	<b>+</b>			5,960.		07.100		5,96	
b	Buildings				0,000.		87,100.		2,90	
C C	Leasehold improvements	-			3,397. 2,278.		77,711. 24,022.		5,68 3,25	
d e	Equipment				5,625.		53,087.		2,53	
	al. Add lines 1a through 1e. (Column (d) m		990, Part 2					1,04		

(a) Description of selecting content of security) (b) Book value (cont or end-of-year market value) (d) Other (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	Part VII	Investments—Other Securities Complete if the organization ar		990 Part IV line 11b See For	rm 990 Part X line 12
(2) Closely-held equity interests	(a)	Description of security or category		(c) Method of v	aluation:
(g) Cher	(1) Financial	derivatives			
(A)   (P)	(2) Closely-he	eld equity interests			
(5)	(3) Other				
(C)   (E)   (F)					
(E)   (F)	<u>(B)</u>				
(5)   (10)   (	(C)				
Fig.	( <u>D</u> )				
(1) (1) (1) (2) (2) (2) (3) (4) (3) (3) (4) (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	( <u>E)</u>				
Text    Column (b) must equal Form 990, Part X, col. (8) line 12.)   Part XIII   Investments—Program Related.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 1: (a) Description of Investment   (b) Book value   Cost or end-of-year market value					
Teast, (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part VIII Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 1:  (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)  Part IX  Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 1:  (a) Description (b) must equal Form 990, Part X, col. (B) line 15.)  (b) Book value (c) Description (b) must equal Form 990, Part X, col. (B) line 15.)  (6)  (7)  (7)  (8)  (9)  (9)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  (9)  Total. (a) Description of liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 1:  (a) Description of liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2)  (3)  (4)  (4)  (5)  (6)  (7)  (8)  (9)  (9)  (9)  (9)  (9)  (9)  (9					
Part VIII   Investments—Program Related.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 1:  (a) Description of investment		must equal Form 900 Part Y col (R) line 12 )			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 1:  (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) (9)  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 1: (a) Description (b) Book value (1) GRANTS AWARDED (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (4) (1) (4) (5) (6) (7) (7) (8) (9) (1) (1) (4) (1) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9			od		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)  (a) Description (b) Book value (1) GRANTS AWARDED (a) Description (b) Book value (c) Grant X (	rait viii			990, Part IV, line 11c. See For	rm 990, Part X, line 13
(2) (3) (4) (5) (6) (7) (8) (9) Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 12 (a) Description (b) Book value (1) GRANTS AWARDED (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).   Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).   Nother Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) Federal income taxes (2) (1) Federal income taxes (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) Federal income taxes (2) (9) (1) Federal income taxes (2) (1) Federal income taxes (2) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (1) Federal income taxes (2) (9) (1) Federal income taxes (2) (1) Federal income taxes (2) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (1) Federal income taxes (2) (1) Federal income taxes (2) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (1) Federal income taxes (2) (1) Federal income taxes (2) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9		(a) Description of investment	(b) Book value	* *	
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)  (a) Description (b) Book value (c) Description (c) Description (d) Description (e) Description (f) GRANTS AWARDED (g) Description (h) Book value (g) Description of liability (g) Description	(1)				
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part X Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 1: (a) Description (b) Book value (1) GRANTS AWARDED (a) Description (b) Book value (1) GRANTS AWARDED (a) Description (b) Book value (1) GRANTS AWARDED (b) Book value (1) GRANTS AWARDED (c) Total (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ 389,159.  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	(2)				
(5) (6) (7) (8) (9)  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 1:  (a) Description (b) Book value (b) Book value (c)	(3)				
(6) (7) (8) (9) Total. (Column (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 11 (b) Book value (1) GRANTS AWARDED (a) Description (b) Book value (1) GRANTS AWARDED (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) . ▶ 389 , 159 .  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (7) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	(4)				
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, cot. (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 1:  (a) Description (b) Book value (1) GRANTS AWARDED (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ 389 ,159 .  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (1) Federal income taxes	(5)				
(8) (9)  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 1:  (a) Description (b) Book value (1) GRANTS AWARDED (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ 389 , 159 .  Total. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) Federal income taxes	(6)				
(9)  Total. (Column (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, col. (B) line 15.)					
Total. (Column (b) must equal Form 990, Pert 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 11 (b) Book value  (1) GRANTS AWARDED  (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶ 389 , 159 .  Total See Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) Federal income taxes (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) Federal income taxes (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) Federal income taxes (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) Federal income taxes (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) Federal income taxes (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) Federal income taxes (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (1) Federal income taxes (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (6) (7) (8) (9) (9) (1) Federal income taxes (1) Federal income taxes (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (1) Federal income taxes (1) Federal income taxes (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (1) Federal income taxes (1) Federal income taxes (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (8) (9) (9) (1) Federal income taxes (2) (3) (4) (4) (5) (5) (6) (6) (7) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 11th (a) Description (b) Book value (1) GRANTS AWARDED (389, 159.  (2) (3) (4) (5) (6) (7) (8) (9)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) Foliability (b) Book value (1) Form 990, Part X, col. (B) line 25.					
(a) Description (b) Book value  (1) GRANTS AWARDED 389 , 159 .  (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) . ▶ 389 , 159 .  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25. ▶	Part IX			000 Part IV/ Frag 44-1 Can Fac	000 Dant V II 40
(1) GRANTS AWARDED (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)				990, Part IV, line 11d. See Fol	
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	(A) CP A NT	<u>`</u>	a) Description		
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		5 AWAICDED			307,137.
(4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶ 389 , 159 .  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶					
(5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)					
(6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)					
(7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)					
(8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶ 389,159.  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).   Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)   ▼  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)   ▼  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)   ▼  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)   ▼  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)   ▼  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)   ▼  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)   ▼  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)					
Part X  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	-				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	Total. (Colum	nn (b) must equal Form 990, Part X, o	col. (B) line 15.)		389,159.
Line 25.	Part X	Other Liabilities.			
1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		Complete if the organization ar	nswered "Yes" on Form	990, Part IV, line 11e or 11f. S	See Form 990, Part X,
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  ▶		line 25.			
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1.	(a) Description of liability	(b) Book value		
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	(1) Federal	income taxes			
(4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  ▶	(2)				
(5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	•				
(6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	•				
(7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  ▶	•				
(8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  ▶					
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)					
		000 D 1V 1/D " 05			
			 	the experientiants for a sixt state of the	to the street was a substitute of

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	Reconciliation of Revenue per Audited Financial Stateme			-		
	Complete if the organization answered "Yes" on Form 990, Pa					
1	Total revenue, gains, and other support per audited financial statements				<b>1</b> 6	,272,886.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1	ı			
а	Net unrealized gains (losses) on investments	2a			_	
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d				2e	
3	Subtract line <b>2e</b> from line <b>1</b>	,			<b>3</b> 6	,272,886.
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				
_C	Add lines <b>4a</b> and <b>4b</b>				4c	070 006
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.					,272,886.
Par	Reconciliation of Expenses per Audited Financial Statem				er Re	turn.
	Complete if the organization answered "Yes" on Form 990, Pa	art IV,	line 12a	a	1	401 656
1	Total expenses and losses per audited financial statements				1 6	,481,656.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 -	ı			
a	Donated services and use of facilities	2a			_	
b	Prior year adjustments	2b			_	
C	Other losses	2c			_	
d	Other (Describe in Part XIII.)	2d				
e	Add lines 2a through 2d				2e	,481,656.
3	Subtract line <b>2e</b> from line <b>1</b>	i · ·			3 0	,401,000.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	40				
a	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a 4b			-	
b	Other (Describe in Part Alli.)	40				
	Add lines 4a and 4b				40	
C 5	Add lines 4a and 4b				4c	481 656
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1					,481,656.
5 Pari	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.	8.)			<b>5</b> 6	
<b>5</b> <b>Pari</b> Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	8.) Part IV	 /, lines 1	 b and 2b;	<b>5</b> 6	line 4; Part X, line
<b>5</b> <b>Pari</b> Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.	8.) Part IV	 /, lines 1	 b and 2b;	<b>5</b> 6	line 4; Part X, line
<b>5</b> <b>Pari</b> Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV	, lines 1 any add	b and 2b; litional info	<b>5</b> 6 Part V, ormation	line 4; Part X, line
<b>5</b> <b>Pari</b> Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to part XII, lines 2d and 4b.	Part IV	, lines 1 any add	b and 2b; litional info	<b>5</b> 6 Part V, ormation	line 4; Part X, line
<b>5</b> <b>Pari</b> Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to part XII, lines 2d and 4b.	Part IV	, lines 1 any add	b and 2b; litional info	<b>5</b> 6 Part V, ormation	line 4; Part X, line
<b>5</b> <b>Pari</b> Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to part XII, lines 2d and 4b.	Part IV	, lines 1 any add	b and 2b; litional info	<b>5</b> 6 Part V, ormation	line 4; Part X, line
Part Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to part XII, lines 2d and 4b.	Part IV	/, lines 1 any add	b and 2b; itional info	<b>5</b> 6 Part V, prmation	line 4; Part X, line
Part Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to part XII, lines 2d and 4b.	Part IV	/, lines 1 any add	b and 2b; itional info	<b>5</b> 6 Part V, prmation	line 4; Part X, line n.
Pari Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to part XII, lines 2d and 4b.	Part IV	/, lines 1 any add	b and 2b; itional info	5 6 Part V, prmation	line 4; Part X, line
Pari Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to part to part XII, lines 2d and 4b.	Part IV	/, lines 1 any add	b and 2b; itional info	5 6 Part V, prmation	line 4; Part X, line
Pari Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to part to part XII, lines 2d and 4b.	Part IV	/, lines 1 any ado	b and 2b; itional info	<b>5</b> 6 Part V, ormation	line 4; Part X, line
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Pari Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to part to part XII, lines 2d and 4b.	Part IV	/, lines 1	b and 2b; itional info	5 6	line 4; Part X, line
Pari Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to part XII, lines 2d and 4b.	Part IV	/, lines 1	b and 2b; itional info	5 6	line 4; Part X, line
Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to part XII, lines 2d and 4b.	Part IV	/, lines 1	b and 2b; itional info	5 6	line 4; Part X, line
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Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to part to part XII, lines 2d and 4b.	Part IV	/, lines 1	b and 2b; itional info	5 6	line 4; Part X, line
Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to part XII, lines 2d and 4b. Also complete this part to part XII, lines 2d and 4b.	Part IV	/, lines 1	b and 2b; itional info	5 6	line 4; Part X, line
Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to part to part III, lines 2d and 4b; and Part XII, lines 2d and 4b.	Part IV	/, lines 1	b and 2b; itional info	5 6	line 4; Part X, line
Provi Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to part to part III, lines 2d and 4b. Also complete this part to part III and III are the supplemental Information.	Part IV	/, lines 1	b and 2b; itional info	5 6	line 4; Part X, line
Provi Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to part XII, lines 2d and 4b. Also complete this part to part XII, lines 2d and 4b.	Part IV	/, lines 1	b and 2b; itional info	5 6	line 4; Part X, line
Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to part 1st 1st 2st 2st 2st 2st 2st 2st 2st 2st 2st 2	Part IV provide	/, lines 1	b and 2b; itional info	5 6 Part V, ormation	line 4; Part X, line
Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to part to part III, lines 2d and 4b. Also complete this part to part III and III are the supplemental Information.	Part IV provide	/, lines 1	b and 2b; itional info	5 6 Part V, ormation	line 4; Part X, line
Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to part 1st 1st 2st 2st 2st 2st 2st 2st 2st 2st 2st 2	Part IV	/, lines 1	b and 2b; itional info	5 6	line 4; Part X, line

#### **SCHEDULE G** (Form 990 or 990-EZ)

### **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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection Employer identification number

COLI	EDO SEAGATE FOODBANK	INC				51-0252948	
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.							
	Form 990-EZ filers are not						
1	Indicate whether the organization ra	aised funds thro	ugh <u>an</u> y o	f the follow	ing activities. Chec	k all that apply.	
а	Mail solicitations		e So	olicitation o	of non-government	grants	
b	Internet and email solicitations		f S	olicitation o	of government gran	ts	
С	Phone solicitations		=		Iraising events		
_			<b>g</b> S <sub>l</sub>	Jeciai iulio	iraising events		
d	In-person solicitations						
2a	Did the organization have a written	or oral agreeme	ent with an	ıy individua	al (including officers	s, directors, trustee	
	key employees listed in Form 990, I	Part VII) or entit	ty in conne	ction with	professional fundra	ising services?	Yes X No
b	If "Yes," list the 10 highest paid indi	viduals or entition	es (fundra	isers) purs	uant to agreements	s under which the f	undraiser is
	to be compensated at least \$5,000		•	, .	Ü		
	, ,	, ,					
						(v) Amount paid to	
	(i) Name and address of individual	400 A 21 11		draiser have	(iv) Gross receipts	(or retained by)	(vi) Amount paid to
	or entity (fundraiser)	(ii) Activity		r control of outions?	from activity	fundraiser listed in	(or retained by)
			COTILID	ulions?		col. (i)	organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total				▶			
3	List all states in which the organizat			ed to solici	t contributions or h	as been notified it i	s exempt from
	registration or licensing.	J					·

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.

		events with gross rece	eipts greater than \$5,00	JU.				
			(a) Event #1 STUFF THE TR (event type)	(b) Event #2 PACK TH PU (event type)	(c) Other events 7 (total number)	(d) Total events (add col. (a) through col. (c))		
enne		Orașa respirate	, , ,		,	74,496.		
Revenue	1	Gross receipts	24,444.	25,180.	24,872.	/4,490.		
	2 3	Less: Contributions Gross income (line 1	24 444	2F 100	24 072	74 406		
		minus line 2)	24,444.	25,180.	24,872.	74,496.		
	4	Cash prizes						
9	5	Noncash prizes						
Direct Expenses	6	Rent/facility costs						
ot Exp	7	Food and beverages						
Dire	8	Entertainment						
	9	Other direct expenses						
	10 11	Direct expense summary. Ad Net income summary. Subtra				74,496.		
Pa	rt III	Gaming. Complete if the						
		than \$15,000 on Form	_		, ,			
ne		. ,	(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
Revenue				Zingo/progressive zinge		oon (a) anoagn oon (o))		
<u> </u>	1	Gross revenue						
ses	2	Cash prizes						
Direct Expenses	3	Noncash prizes						
)irect	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	Yes0.% No	Yes 0.% No	Yes 0.06 No			
	7	Direct expense summary. Ad	d lines 2 through 5 in col	umn (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶							
9	F	inter the state(s) in which the or	rganization conducts gan	ning activities:				
	a Is the organization licensed to conduct gaming activities in each of these states? Yes No  b If "No," explain:							
10		Vere any of the organization's g	aming licenses revoked,	suspended, or terminate	ed during the tax year? .	. Yes No		

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

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

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.

TOLEDO SEAGATE FOODBANK INC

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) od of dete contribution		
1	Art—Works of art			, , ,				
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded							
10	Securities—Closely held stock							
11	Securities—Partnership, LLC,							
	or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation							
	contribution—Historic							
	structures							
14	Qualified conservation							
	contribution—Other							
15	Real estate—Residential							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles	Х	100000	2,265,250.	PRICE	חשם		
19	Food inventory	Λ	100000	2,203,230.	PRICE	PER .	пр_	
20	Drugs and medical supplies Taxidermy							
21 22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (LABOR )	Х	10144	204,174.	STATE	RATE		
26	Other • (Interest of the Control of	21	10111	201/1/1:	DITTIE	101111		
27	Other ► ()							
28	Other ► (							
29	Number of Forms 8283 received by	ov the orga	nization during the tax year	for contributions for				
	which the organization completed				29			
	·						Yes	No
30a	During the year, did the organizat	ion receive	by contribution any propert	y reported in Part I, lines 1	through			
	28, that it must hold for at least th	ree years fi	rom the date of the initial co	ntribution, and which isn't r	equired			
	to be used for exempt purposes for	or the entire	holding period?			30a		Χ
b	If "Yes," describe the arrangement	t in Part II.						
31	Does the organization have a gift	acceptance	e policy that requires the rev	view of any nonstandard				
	contributions?					31	Χ	
32a	Does the organization hire or use	•	•					
	noncash contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in	column (c) for a type of pro	perty for which column (a)	is			
	checked, describe in Part II.							

Part II	<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
LINE 19	)
IT WAS	MORE COST EFFECTIVE TO CREATE AN AVERAGE PRICE PER
POUND U	JTILIZING THE RETAIL COST METHOD
LINE 25	5
THE LAP	BOR RATES COME FROM THE FEDERAL VOLUNTEER TABLES FOR
THE STA	ATE OF OHIO

#### SCHEDULE O (Form 990 or 990-EZ)

#### 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 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

**Employer identification number** TOLEDO SEAGATE FOODBANK INC 51-0252948 PART VI SECTION B LINE 11B A COPY OF THE 990 IS PRESENTED TO THE BOARD PRIOR TO FILING. SUBSEQUENT TO FILING A COPY IS MAINTAINED FOR INSPECTION BY THE MEMBERS AS WELL AS THE PUBLIC PART VI SECTION B LINE 12C THE BOARD REQUIRES THE MEMBERS TO SIGN AND FILE A DISCLOSURE FORM AT ITS ANNUAL MEETING PART VI SECTION C LINE 19 THE ORGANIZATION HAS A SEPARATE PLACE FOR THE ANNUAL FILINGS OF THE FORMS 990 AS WELL AS THE RELATED 1023 AND ALL ATTACH-MENTS. THESE ARE MADE AVAILABLE BY APPOINTMENT DURING CONTD NORMAL BUSINESS HOURS. COPY FEES ARE CHARGED THE MAXIMUM ALLOWED BY STATUTE. FORM 990-B COLUMN D CONTRIBUTIONS ARE MADE THOUGHOUT THE YEAR. THE ORGANIZATION USES A 09/30/2017 YEAR END DATE TO RECOGNIZE THESE DONATIONS

## Form **8868**

(Rev. January 2017)
Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-1709

▶ File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

**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 <a href="https://www.irs.gov/efile">www.irs.gov/efile</a>, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits*.

#### electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on 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. Enter filer's identifying number, see instructions Type or Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or TOLEDO SEAGATE FOODBANK INC 51-0252948 print Social security number (SSN) Number, street, and room or suite no. If a P.O. box, see instructions. File by the due date for 526 NORTH HIGH STREET filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return. See TOLEDO OH 43609instructions Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . . . . . 01 **Application** Return Application Return Is For Code Is For Code Form 990-T (corporation) Form 990 or Form 990-EZ 01 07 Form 990-BL 02 Form 1041-A 80 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) Form 8870 The books are in the care of ► DEBRA VAS Telephone No. ▶ 419-244-6996 Fax No. ▶ If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) list with the names and EINs of all members the extension is for. I request an automatic 6-month extension of time until 08/15 , 20 18 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year 20 ▶ X tax year beginning , 20 , and ending , 20 . If the tax year entered in line 1 is for less than 12 months, check reason: Initial return | Final return Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less За any nonrefundable credits. See instructions. 3a | \$ If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and b estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b | \$ c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

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

using EFTPS (Electronic Federal Tax Payment System). See instructions.

Name: TOLEDO SEAGATE FOODBANK INC

ID: 51-0252948

Description: DEPRECLATION	
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Туре	Amount
VEHICLES	31,646.
FURNITURE & FIXTURES	180.
EQUIPMENT	8,908.
BUILDINGS	7,800.
BUILDING IMPROVEMENTS	20,765.
SOFTWARE	20,705.
MODULARS	5,700.
MODULARS	5,700.
•	
	<u> </u>
Total	74,999.

US 990 Oth		Expenses: Page	Management	2016
Description of the Asset	Total	Services	and General	Fundraising
OST OF GOODS	5,276,902.	5,276,902.		
UPPLIES	12,875.	12,347.	277.	251
FILITIES	58,698.	56,291.	1,262.	1,145
ELEPHONE	17,875.	17,142.	384.	349
			32.	
ARM SERVICES	1,484.	1,423.		29
INTING	50.	48.	1.	1
ES & SUBSCRIPTIONS	3,122.	2,994.	67.	61
NK FEES	1,651.	1,584.	35.	32
FUSE DISPOSAL	6,549.	6,280.	141.	128
INTENANCE	49,876.	47,831.	1,072.	97:
OGRAM RELATED EXPEN	47,231.	45,295.	1,015.	923
STAGE	788.	756.	17.	1!
UIPMENT RENTAL	10,461.	10,032.	225.	204
OTPWENT KENTAL	5,487,562			
	5,48/,502	5,478,925	4,528	4,10