

Return of Organization Exempt From Income Tax

2016

Open to Public Inspection

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.

A For the 2016 calendar year, or tax year beginning Oct 01, 2016, and ending Sep 30, 2017

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization TOLEDO SEAGATE FOODBANK INC
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
526 NORTH HIGH STREET
 City or town State ZIP code
TOLEDO OH 43609-
 Foreign country name Foreign province/state/county Foreign postal code

D Employer identification number 51-0252948

E Telephone number 419-244-6996

G Gross receipts \$ 6272886.

F Name and address of principal officer: DEBORAH VAS
526 HIGH ST TOLEDO OH 43609-

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: www.seagatefoodbank.org

K Form of organization: Corporation Trust Association Other

L Year of formation: 1980 **M** State of legal domicile: OH

H(c) Group exemption number ▶

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>THE ORGANIZATION ASPIRES AND COMMITS OUR ENERGIES TO ELIMINATING HUNGER. WE SERVE A REGIONAL CAPACITY TO IDENTIFY AND DIRECT OUR RESOURCES TO THOSE IN NEED</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	11
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	<u>6885627.</u>	<u>6249087.</u>
	9 Program service revenue (Part VIII, line 2g)	<u>204816.</u>	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>18771.</u>	<u>23799.</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>7109214.</u>	<u>6272886.</u>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>686997.</u>	<u>632143.</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>82244.</u>		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>6504390.</u>	<u>5849513.</u>	
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>7191387.</u>	<u>6481656.</u>	
19 Revenue less expenses. Subtract line 18 from line 12	<u>-82173.</u>	<u>-208770.</u>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year <u>3893379.</u>	End of Year <u>3633787.</u>
	21 Total liabilities (Part X, line 26)	<u>443503.</u>	<u>406545.</u>
	22 Net assets or fund balances. Subtract line 21 from line 20	<u>3449876.</u>	<u>3227242.</u>

Part II Signature Block

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

Sign Here ▶ Signature of officer: DEBRA VAS Date: 02/15/2018
 EXECUTIVE DIRECTOR

Paid Preparer Use Only

Print/Type preparer's name: RONALD W COON SR MPPA Preparer's signature: _____ Date: 02/15/2018 PTIN: P00850776
 Check if self-employed

Firm's name ▶ RONALD W COON SR CPA Firm's EIN ▶ 34-1535170
 Firm's address ▶ 1812 BROADWAY SUITE TOLEDO OH 43609 Phone no. 419-241-8240

Part III Statement of Program Service Accomplishments

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

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

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

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

4a (Code:) (Expenses \$ 1828368. including grants of \$ 1869133.) (Revenue \$ 1869133.) TFAP - FOOD ASSISTANCE TO THOSE IN NEED WITHIN NORTHWEST OHIO GEOGRAPHICAL AREA

4b (Code:) (Expenses \$ 1472250. including grants of \$ 1409240.) (Revenue \$ 1409240.) 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.)

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

4e Total program service expenses ▶ 6371560.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

		Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
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 entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, unrelated business income, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), (29) organizations.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (Voting members), 1b (Independent members), 2 (Family/Business relationships), 3 (Management delegation), 4 (Governing documents), 5 (Asset diversion), 6 (Members/stockholders), 7a (Power to elect/appoint), 7b (Governance decisions), 8 (Meeting documentation), 8a (Governing body), 8b (Committees), 9 (Unreachable officers).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (Local chapters), 10b (Policies/procedures), 11a (Form 990 distribution), 11b (Review process), 12a (Conflict of interest policy), 12b (Disclosure requirements), 12c (Monitoring compliance), 13 (Whistleblower policy), 14 (Document retention), 15 (Compensation review), 15a (CEO review), 15b (Other officers), 16a (Joint ventures), 16b (Joint venture policy).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed OH
18 Section 6104 requires an organization to make its Forms 1023 (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.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: DEBRA VAS 419-244-6996 526 HIGH ST TOLEDO OH 43609-

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 any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) K KIESSLING PRESIDENT	4	X	X				0	0	0	
(2) R NEWBOLD V PRESIDENT	3	X	X				0	0	0	
(3) J MCCARTHY SECRETARY	3	X	X				0	0	0	
(4) N SHAHEEN TREASURER	4	X	X				0	0	0	
(5) H BREWS MEMBER	2	X					0	0	0	
(6) V MOLNAR MEMBER	2	X					0	0	0	
(7) J MCDAY MEMBER	2	X					0	0	0	
(8) D VAS EXEC DIRECTOR	45			X			43593.0	0	0	
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total							43593			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							43593			

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c 25423.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 3308286.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 2915378.				
	g Noncash contributions included in lines 1a-1f: \$ 2469424.					
	h Total. Add lines 1a-1f ▶		6249087.			
	Program Service Revenue	Business Code				
2a						
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f ▶						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		23799.	23799.		
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
	6a Gross rents	(i) Real				
		(ii) Personal				
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) ▶					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss) ▶					
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a					
	b Less: direct expenses b					
	c Net income or (loss) from fundraising events ▶					
9a Gross income from gaming activities. See Part IV, line 19. a						
	b Less: direct expenses b					
c Net income or (loss) from gaming activities ▶						
10a Gross sales of inventory, less returns and allowances a						
	b Less: cost of goods sold b					
c Net income or (loss) from sales of inventory ▶						
Miscellaneous Revenue		Business Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d ▶						
12 Total revenue. See instructions. ▶		6272886.	23799.			

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations 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):				
a	Management	48567.	46576.	1044.	947.
b	Legal				
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.)				
12	Advertising and promotion	113632.	48691.	2443.	62498.
13	Office expenses	16277.	15610.	350.	317.
14	Information technology				
15	Royalties				
16	Occupancy	4234.	4060.	91.	83.
17	Travel	24236.	23242.	521.	473.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	3644.		3644.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	74999.	74999.		
23	Insurance	52574.	50419.	1130.	1025.
24	Other expenses. Itemize expenses not covered 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.)				
a	SEE STMT	5276902.			
b	-----	12875.			
c	-----	58698.			
d	-----	17875.			
e	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	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 organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	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	10a 1687260.		
	b Less: accumulated depreciation	10b 641920.	1107031.	10c 1045340.
	11 Investments—publicly traded securities	773814.	11	759930.
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	422596.	15	389159.
16 Total assets. Add lines 1 through 15 (must equal line 34)	3893379.	16	3633787.	
Liabilities	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	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	443503.	26	406545.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3051587.	27	2834360.
	28 Temporarily restricted net assets	395578.	28	390171.
	29 Permanently restricted net assets	2711.	29	2711.
	Organizations that do not follow SFAS 117 (ASC958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	3449876.	33	3227242.	
34 Total liabilities and net assets/fund balances	3893379.	34	3633787.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6272886.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6481656.
3	Revenue less expenses. Subtract line 2 from line 1	3	-208770.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3449876.
5	Net unrealized gains (losses) on investments	5	-13884.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	20.
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, column (B))	10	3227242.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
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	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2016

Open to Public Inspection

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 www.irs.gov/form990.

Name of the organization TOLEDO SEAGATE FOODBANK INC	Employer identification number 51-0252948
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 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						
4 Total. Add lines 1 through 3	7006928.	6396369.	5626046.	7090443.	6272886.	32392672.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						32392672.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 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. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	99.64%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	99.67%
16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2016

▶ 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.

Name of the organization TOLEDO SEAGATE FOODBANK INC	Employer identification number 51-0252948
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Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (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

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 during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization TOLEDO SEAGATE FOODBANK INC	Employer identification number 51-0252948
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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	<div style="background-color:black; width:100%; height:1em; margin-bottom: 2px;"></div> <div style="background-color:black; width:100%; height:1em; margin-bottom: 2px;"></div> <div style="background-color:black; width:100%; height:1em; margin-bottom: 2px;"></div> <div style="background-color:black; width:100%; height:1em;"></div> Foreign State or Province: _____ Foreign Country: _____	\$ 697,886.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<div style="background-color:black; width:100%; height:1em; margin-bottom: 2px;"></div> <div style="background-color:black; width:100%; height:1em; margin-bottom: 2px;"></div> <div style="background-color:black; width:100%; height:1em; margin-bottom: 2px;"></div> <div style="background-color:black; width:100%; height:1em;"></div> Foreign State or Province: _____ Foreign Country: _____	\$ 542,010.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<div style="background-color:black; width:100%; height:1em; margin-bottom: 2px;"></div> <div style="background-color:black; width:100%; height:1em; margin-bottom: 2px;"></div> <div style="background-color:black; width:100%; height:1em; margin-bottom: 2px;"></div> <div style="background-color:black; width:100%; height:1em;"></div> Foreign State or Province: _____ Foreign Country: _____	\$ 191,689.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<div style="background-color:black; width:100%; height:1em; margin-bottom: 2px;"></div> <div style="background-color:black; width:100%; height:1em; margin-bottom: 2px;"></div> <div style="background-color:black; width:100%; height:1em; margin-bottom: 2px;"></div> <div style="background-color:black; width:100%; height:1em;"></div> Foreign State or Province: _____ Foreign Country: _____	\$ 153,287.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	<div style="background-color:black; width:100%; height:1em; margin-bottom: 2px;"></div> <div style="background-color:black; width:100%; height:1em; margin-bottom: 2px;"></div> <div style="background-color:black; width:100%; height:1em; margin-bottom: 2px;"></div> <div style="background-color:black; width:100%; height:1em;"></div> Foreign State or Province: _____ Foreign Country: _____	\$ 89,107.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	<div style="background-color:black; width:100%; height:1em; margin-bottom: 2px;"></div> <div style="background-color:black; width:100%; height:1em; margin-bottom: 2px;"></div> <div style="background-color:black; width:100%; height:1em; margin-bottom: 2px;"></div> <div style="background-color:black; width:100%; height:1em;"></div> Foreign State or Province: _____ Foreign Country: _____	\$ 78,108.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization TOLEDO SEAGATE FOODBANK INC	Employer identification number 51-0252948
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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	<div style="background-color:black; width:100%; height:1em; margin-bottom: 2px;"></div> <div style="background-color:black; width:100%; height:1em; margin-bottom: 2px;"></div> <div style="display: flex; justify-content: space-between;"> <div style="background-color:black; width:15%; height:1em;"></div> <div style="background-color:black; width:20%; height:1em;"></div> </div> Foreign State or Province: _____ Foreign Country: _____	\$ 25,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<div style="background-color:black; width:100%; height:1em; margin-bottom: 2px;"></div> <div style="background-color:black; width:100%; height:1em; margin-bottom: 2px;"></div> <div style="display: flex; justify-content: space-between;"> <div style="background-color:black; width:15%; height:1em;"></div> <div style="background-color:black; width:20%; height:1em;"></div> </div> Foreign State or Province: _____ Foreign Country: _____	\$ 22,314.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
15	<div style="background-color:black; width:100%; height:1em; margin-bottom: 2px;"></div> <div style="background-color:black; width:100%; height:1em; margin-bottom: 2px;"></div> <div style="display: flex; justify-content: space-between;"> <div style="background-color:black; width:15%; height:1em;"></div> <div style="background-color:black; width:20%; height:1em;"></div> </div> Foreign State or Province: _____ Foreign Country: _____	\$ 19,365.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
16	<div style="background-color:black; width:100%; height:1em; margin-bottom: 2px;"></div> <div style="background-color:black; width:100%; height:1em; margin-bottom: 2px;"></div> <div style="display: flex; justify-content: space-between;"> <div style="background-color:black; width:15%; height:1em;"></div> <div style="background-color:black; width:20%; height:1em;"></div> </div> Foreign State or Province: _____ Foreign Country: _____	\$ 18,185.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
17	<div style="background-color:black; width:100%; height:1em; margin-bottom: 2px;"></div> <div style="background-color:black; width:100%; height:1em; margin-bottom: 2px;"></div> <div style="display: flex; justify-content: space-between;"> <div style="background-color:black; width:15%; height:1em;"></div> <div style="background-color:black; width:20%; height:1em;"></div> </div> Foreign State or Province: _____ Foreign Country: _____	\$ 17,332.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
18	<div style="background-color:black; width:100%; height:1em; margin-bottom: 2px;"></div> <div style="background-color:black; width:100%; height:1em; margin-bottom: 2px;"></div> <div style="display: flex; justify-content: space-between;"> <div style="background-color:black; width:15%; height:1em;"></div> <div style="background-color:black; width:20%; height:1em;"></div> </div> Foreign State or Province: _____ Foreign Country: _____	\$ 14,607.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization TOLEDO SEAGATE FOODBANK INC	Employer identification number 51-0252948
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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	<div style="background-color:black; height:15px; width:100%; margin-bottom: 2px;"></div> <div style="background-color:black; height:15px; width:100%; margin-bottom: 2px;"></div> <div style="display: flex; justify-content: space-between;"> <div style="background-color:black; height:15px; width:15%;"></div> <div style="background-color:black; height:15px; width:15%;"></div> </div> Foreign State or Province: _____ Foreign Country: _____	\$ 14,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	<div style="background-color:black; height:15px; width:100%; margin-bottom: 2px;"></div> <div style="background-color:black; height:15px; width:100%; margin-bottom: 2px;"></div> <div style="display: flex; justify-content: space-between;"> <div style="background-color:black; height:15px; width:15%;"></div> <div style="background-color:black; height:15px; width:15%;"></div> </div> Foreign State or Province: _____ Foreign Country: _____	\$ 13,933.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
21	<div style="background-color:black; height:15px; width:100%; margin-bottom: 2px;"></div> <div style="background-color:black; height:15px; width:100%; margin-bottom: 2px;"></div> <div style="display: flex; justify-content: space-between;"> <div style="background-color:black; height:15px; width:15%;"></div> <div style="background-color:black; height:15px; width:15%;"></div> </div> Foreign State or Province: _____ Foreign Country: _____	\$ 11,585.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
22	<div style="background-color:black; height:15px; width:100%; margin-bottom: 2px;"></div> <div style="background-color:black; height:15px; width:100%; margin-bottom: 2px;"></div> <div style="display: flex; justify-content: space-between;"> <div style="background-color:black; height:15px; width:15%;"></div> <div style="background-color:black; height:15px; width:15%;"></div> </div> Foreign State or Province: _____ Foreign Country: _____	\$ 10,367.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	<div style="background-color:black; height:15px; width:100%; margin-bottom: 2px;"></div> <div style="background-color:black; height:15px; width:100%; margin-bottom: 2px;"></div> <div style="display: flex; justify-content: space-between;"> <div style="background-color:black; height:15px; width:15%;"></div> <div style="background-color:black; height:15px; width:15%;"></div> </div> Foreign State or Province: _____ Foreign Country: _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	<div style="background-color:black; height:15px; width:100%; margin-bottom: 2px;"></div> <div style="background-color:black; height:15px; width:100%; margin-bottom: 2px;"></div> <div style="display: flex; justify-content: space-between;"> <div style="background-color:black; height:15px; width:15%;"></div> <div style="background-color:black; height:15px; width:15%;"></div> </div> Foreign State or Province: _____ Foreign Country: _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization TOLEDO SEAGATE FOODBANK INC	Employer identification number 51-0252948
--	---

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 <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
26	_____ _____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 7,182.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
27	_____ _____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 6,317.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
28	_____ _____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	_____ _____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 5,569.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
30	_____ _____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 5,521.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization TOLEDO SEAGATE FOODBANK INC	Employer identification number 51-0252948
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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	<div style="background-color:black; width:100px; height:15px; margin-bottom:5px;"></div> <div style="background-color:black; width:100px; height:15px; margin-bottom:5px;"></div> <div style="background-color:black; width:100px; height:15px; margin-bottom:5px;"></div> <div style="background-color:black; width:100px; height:15px; margin-bottom:5px;"></div> Foreign State or Province: _____ Foreign Country: _____	\$ 5,311.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
32	<div style="background-color:black; width:100px; height:15px; margin-bottom:5px;"></div> <div style="background-color:black; width:100px; height:15px; margin-bottom:5px;"></div> <div style="background-color:black; width:100px; height:15px; margin-bottom:5px;"></div> <div style="background-color:black; width:100px; height:15px; margin-bottom:5px;"></div> Foreign State or Province: _____ Foreign Country: _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	<div style="background-color:black; width:100px; height:15px; margin-bottom:5px;"></div> <div style="background-color:black; width:100px; height:15px; margin-bottom:5px;"></div> <div style="background-color:black; width:100px; height:15px; margin-bottom:5px;"></div> <div style="background-color:black; width:100px; height:15px; margin-bottom:5px;"></div> Foreign State or Province: _____ Foreign Country: _____	\$ 29,912.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	<div style="background-color:black; width:100px; height:15px; margin-bottom:5px;"></div> <div style="background-color:black; width:100px; height:15px; margin-bottom:5px;"></div> <div style="background-color:black; width:100px; height:15px; margin-bottom:5px;"></div> <div style="background-color:black; width:100px; height:15px; margin-bottom:5px;"></div> Foreign State or Province: _____ Foreign Country: _____	\$ 3,278,373.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
-----	_____ _____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	_____ _____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization TOLEDO SEAGATE FOODBANK INC	Employer identification number 51-0252948
---	--

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization TOLEDO SEAGATE FOODBANK INC	Employer identification number 51-0252948
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Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization TOLEDO SEAGATE FOODBANK INC	Employer identification number 51-0252948
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Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization TOLEDO SEAGATE FOODBANK INC	Employer identification number 51-0252948
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Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization TOLEDO SEAGATE FOODBANK INC	Employer identification number 51-0252948
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Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2016

Open to Public Inspection

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.

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

TOLEDO SEAGATE FOODBANK INC

51-0252948

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and questions about donor advisement.

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include purpose of easements, total number of easements, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include questions about reporting works of art and historical treasures.

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment 0.00%
- b** Permanent endowment 0.00%
- c** Temporarily restricted endowment 0.00%

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		25,960.		25,960.
b Buildings		390,000.	87,100.	302,900.
c Leasehold improvements		493,397.	177,711.	315,686.
d Equipment		272,278.	124,022.	148,256.
e Other		505,625.	253,087.	252,538.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,045,340.

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (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 15.

(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.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

		(a) Event #1 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))	
Revenue	1	Gross receipts	24,444.	25,180.	24,872.	74,496.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	24,444.	25,180.	24,872.	74,496.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				
11	Net income summary. Subtract line 10 from line 3, column (d) ▶					74,496.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes 0.0% <input type="checkbox"/> No	<input type="checkbox"/> Yes 0.0% <input type="checkbox"/> No	<input type="checkbox"/> Yes 0.0% <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

- 9 Enter the state(s) in which the organization conducts gaming activities: _____
- a Is the organization licensed to conduct gaming activities in each of these states? Yes No
- b If "No," explain: _____

- 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
- b If "Yes," explain: _____

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

TOLEDO SEAGATE FOODBANK INC

51-0252948

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	100000	2,265,250.	PRICE PER LB
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (LABOR)	X	10144	204,174.	STATE RATE
26 Other ▶ (.)				
27 Other ▶ (.)				
28 Other ▶ (.)				

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

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

Part II **Supplemental Information.** 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 UTILIZING THE RETAIL COST METHOD

LINE 25

THE LABOR RATES COME FROM THE FEDERAL VOLUNTEER TABLES FOR
THE STATE 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.

▶ 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**

Department of the Treasury
Internal Revenue Service

Name of the organization

TOLEDO SEAGATE FOODBANK INC

Employer identification number

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

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

(Rev. January 2017)

Department of the Treasury
Internal Revenue Service

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 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 print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. TOLEDO SEAGATE FOODBANK INC	Employer identification number (EIN) or 51-0252948
	Number, street, and room or suite no. If a P.O. box, see instructions. 526 NORTH HIGH STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. TOLEDO OH 43609-	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ► DEBRA VAS

Telephone No. ► 419-244-6996 Fax No. ► _____

• If the organization does not have an office or place of business in the United States, check this box ►

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box ► . If it is for part of the group, check this box. ► and attach a list with the names and EINs of all members the extension is for.

1 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 ____ or
- tax year beginning _____, 20 _____, and ending _____, 20 _____.

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

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

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.

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

US 990**Other Functional Expenses: Page 10, Line 24****2016**

Description of the Asset	Total	Program Services	Management and General	Fundraising
COST OF GOODS	5,276,902.	5,276,902.		
SUPPLIES	12,875.	12,347.	277.	251.
UTILITIES	58,698.	56,291.	1,262.	1,145.
TELEPHONE	17,875.	17,142.	384.	349.
ALARM SERVICES	1,484.	1,423.	32.	29.
PRINTING	50.	48.	1.	1.
DUES & SUBSCRIPTIONS	3,122.	2,994.	67.	61.
BANK FEES	1,651.	1,584.	35.	32.
REFUSE DISPOSAL	6,549.	6,280.	141.	128.
MAINTENANCE	49,876.	47,831.	1,072.	973.
PROGRAM RELATED EXPEN	47,231.	45,295.	1,015.	921.
POSTAGE	788.	756.	17.	15.
EQUIPMENT RENTAL	10,461.	10,032.	225.	204.
	5,487,562.	5,478,925.	4,528.	4,109.