# **Main Information Sheet**

For calendar year 2017 or tax year beginning  $\underline{OCT \ 01}, \ 2018$  and ending  $\underline{SEP \ 30}, \ 2019$ 

Name: Name line 2:								
City, State, and Zip Code:	TOLEDO OH 43609	relephone No.	<u>+1) 2+1 0))0</u>					
Web site address Fiduciary name, if applicab Name of officer signing ret Title of officer/trustee/fiduc Group exemption number Check if exemption applica Accounting method	WWW.SEAGATEFOODBA         Ie         urn         mindy rapp         ary signing return         EXECUTIVE DIRECTO         tion is pending         Cash:         Accrual:         X	RSpecify:						
(Form 990) Organization exempt u	tion: nder section 501(c), 527 or 4947(a)(1) of the Internal Revenue Code (exc nder section 501(c), 527 or 4947(a)(1) of the Internal Revenue Code (exc s than \$200,000 and total assets less than \$500,000 at the end of the yea	cept black lung benef						

Private foundation or section 4947(a)(1) nonexempt charitable trust treated as a private foundation (Form 990-PF)

Exempt organization with unrelated business income (Form 990-T)

Preparer ID: 4	Time in this return: _235_ minutes
Preparer name: RONALD W COON SR	Date: 02/04/2020
	PTIN: P00850776
Firm's name: <u>RONALD W COON SR MPPA CPA</u>	Self-employed:
Address: 1812 BROADWAY	Firm's EIN: 34-1535170
City, State, ZIP Code: TOLEDO OH 43609	Phone: 419-241-8240

	00	20	Return of Organization Exempt From	Inco	me Tax		OMB No. 1545-0047
For	m 93	90					2018
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (ex			)	
Dep	artment of t	he Treasury	Do not enter social security numbers on this form as it may				Open to Public
Inter	nal Revenu		► Go to www.irs.gov/Form990 for instructions and the late				Inspection
A		1		ending	SEP 30, 2 D Employer i	2019	action number
1		applicable:	C Name of organization TOLEDO SEAGATE FOODBANK INC Doing business as		D Employer	aentin	cation number
	Address of	change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		51-025294	10	
	Name cha	ange	526 NORTH HIGH STREET		E Telephone		·
	Initial retu	urn	City or town State ZIP code				
			TOLEDO OH 43609		419-244-6	5996	
	Final return/	/terminated	Foreign country name Foreign province/state/county Foreign pos	tal code			
	Amended	return			G Gross recei	pts \$	8206943.
	Applicatio	on pending	F Name and address of principal officer: DEBORAH VAS	H(a) Is t	his a group return for	subordi	inates? Yes X No
			526 HIGH ST TOLEDO OH 43609	H(b) Ar	re all subordinates	includ	
	Tax-exem	nt status:	X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527	· · ·	"No," attach a list		
			I. SEAGATEFOODBANK. ORG				,
					roup exemption nu		
		rganization:	X       Corporation       Trust       Association       Other ►       L Y	ear of form	nation: 1980	M St	ate of legal domicile: OH
	Part I		nmary				
•	1		· · · · · · · · · · · · · · · · · · ·		NIZATION	ASP	IRES AND
ő			IS OUR ENERGIES TO ELIMINATING HUNGER. WE SERVE				
rna		CAPACI	TY TO IDENTIFY AND DIRECT OUR RESOURCES TO THO	SE IN	NEED		
ove	2	Check th	nis box If the organization discontinued its operations or disposed in the organization discontinued its operations or disposed in the operation of the oper	ed of m	ore than 25%	of its	net assets.
Activities & Governance	3		of voting members of the governing body (Part VI, line 1a)			3	б
8 8	4		of independent voting members of the governing body (Part VI, line 1	,		4	б
itie	5		mber of individuals employed in calendar year 2018 (Part V, line 2a) .			5	13
ctiv	6		mber of volunteers (estimate if necessary)			6	
Ř			related business revenue from Part VIII, column (C), line 12			7a	
	b	Net unre	elated business taxable income from Form 990-T, line 38	<u></u>		7b	
		Contribu	itiana and granta (Dart )/III line (1h)		Prior Year	0.7	Current Year
ne	8		tions and grants (Part VIII, line 1h)		62930	07.	8049573.
Revenue	9 10		n service revenue (Part VIII, line 2g)		21.0	26	133927.
Re	11		evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		218	06.	23443.
	12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12).		63148	13	8206943.
	13		and similar amounts paid (Part IX, column (A), lines 1–3).		05140.	1.5.	0200943.
	14		paid to or for members (Part IX, column (A), line 4)				
s			other compensation, employee benefits (Part IX, column (A), lines 5–10).		5312	73.	584715.
JSe	16a		onal fundraising fees (Part IX, column (A), line 11e)				
Expenses	b		ndraising expenses (Part IX, column (D), line 25) ► 40475.				
ш	17		(penses (Part IX, column (A), lines 11a–11d, 11f–24e)		57181	97.	6835767.
	18	Total ex	penses. Add lines 13–17 (must equal Part IX, column (A), line 25).		62494	70.	7420482.
	19	Revenue	e less expenses. Subtract line 18 from line 12		653	43.	786461.
Net Assets or	201			Begin	ning of Current	/ear	End of Year
sset	20		sets (Part X, line 16)		37580		4685812.
et As	21		bilities (Part X, line 26)		5921		652991.
			ets or fund balances. Subtract line 21 from line 20		316593	39.	4032821.
	art II		nature Block		danaha basa d	. 1	
			y, I declare that I have examined this return, including accompanying schedules and state act, and complete. Declaration of preparer (other than officer) is based on all information o				-
					02/04	Ū	
	gn		Signature of officer		Date	, _ 0 2	-
He	ere			ECUTT	/E DIRECTO	R	
			Type or print name and title				
			/Type preparer's signature	Da			PTIN
Pa	id					eck	
Pr	eparer	RON	IALD W COON SR	02/	01/2020	f-emplo	
	e Only	/ Firm	's name ►RONALD W COON SR MPPA CPA		Firm's EIN ► 3		
	,	Firm	's address ► 1812 BROADWAY TOLEDO OH	43609	Phone no. 4	19-2	241-8240

May the IRS discuss this return with the preparer shown above? (see instructions)	•
For Paperwork Reduction Act Notice, see the separate instructions.	
BCA	

No

X Yes

OMB No. 1545-0047

Form §	90 (2018)	TOLEDO SEAGATE FOODBANK INC	51-0252948 P	age <b>2</b>
Pa	rt III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		
1	THE OF	escribe the organization's mission: RGANIZATION ASPIRES AND COMMITS THEIR ENERGIES TO ELIMINATING R. WE SERVE IN A REGIONAL CAPACITY THROUGH PARTNERSHIPS WITH TO IDENTIFY AND DIRECT AVAILABLE RESOURCES TO THOSE IN NEED.		
2	the prior	organization undertake any significant program services during the year which were not listed on Form 990 or 990-EZ?	. Yes X	No
3	services	organization cease conducting, or make significant changes in how it conducts, any program         ?	. Yes X	No
4	Describe expense	e the organization's program service accomplishments for each of its three largest program service s. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and a expenses, and revenue, if any, for each program service reported.		
4a	DEPART FOOD I	) (Expenses \$ 5634552. including grants of \$ 6028067.) (Revenue TMENT OF AGRICULTURE-DISTRIBUTE FOOD TO THE NEEDY TO PROVIDE SOME PRODUCT AT NO COST FOR THE RECIPIENTS. THEY ALSO SERVICE THE LY WITHIN THIS PROGRAM AS WELL		)
			<b>•</b> • • • • • • • • • • • • • • • • • •	·····
4b	TO PRO	) (Expenses \$ 1715165. including grants of \$ 132875.) (Revenue DVIDE MEALS AND FOOD PRODUCT TO THOSE THAT AE IN NEED TO AVOID HUNGRY	e \$2155433.	.)  
				· · · · · · · · · · · · · · · · · · ·
4c	(Code:	) (Expenses \$ including grants of \$ ) (Revenue	φ φ	_) 
				· · · · · · · · · · · · · · ·
4d	Other pr (Expens	ogram services. (Describe in Schedule O.)         es \$       including grants of \$         ) (Revenue \$	)	
4e	Total pro	bgram service expenses  > 7349717.		

Form 990 (2018) TOLEDO SEAGATE FOODBANK INC

Par	IV Checklist of Required Schedules			<u> </u>
		-	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
•	complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			37
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		
~	assessments, or 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		v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		X
7	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,"	1		
0	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	0		- 21
5	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt	1		
	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	Ť		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	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		
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Х	<u> </u>
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	404		v
12	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X X
13	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,	140		- 21
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	1		_
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
20	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
o		23		Λ
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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? If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	250		21
20				
	current or former officers, directors, trustees, key employees, highest compensated employees, or			37
~7	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
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? If "Yes," complete Schedule L, Part III	27		Х
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
с	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? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
•••	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	01		
52	If "Yes," complete Schedule N, Part II	22		v
22		32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		v
~ 4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			Х
	VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			х
	19? Note. All Form 990 filers are required to complete Schedule O.	38		
Par	t 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.		. [	
			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			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
С	gaming (gambling) winnings to prize winners?	1c	Х	
		IC		

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . 2a 13 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . 2b Х Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file*. (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 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over. 4a a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a Х If "Yes," enter the name of the foreign country: b See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . . Х 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . Х b 5b С 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? . . . . . . . . . 6a Х If "Yes," did the organization include with every solicitation an express statement that such contributions or b 6b Organizations that may receive deductible contributions under section 170(c). 7 а Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . . . . . . . . 7b b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was С 7c If "Yes," indicate the number of Forms 8282 filed during the year . . . . . . . . . . . . . . . . . . 7d d 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? . . . . 7f If the organization received a contribution of gualified intellectual property, did the organization file Form 8899 as required? . 7g g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? . . . . . . . . . . . . . . . 8 Х 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? . . . . . . . . а 9a Х Х Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . . 9b b 10 Section 501(c)(7) organizations. Enter: а 10a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . 11 Section 501(c)(12) organizations. Enter: 11a а Gross income from other sources (Do not net amounts due or paid to other sources b against amounts due or received from them.)....... 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . . h 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. Is the organization licensed to issue qualified health plans in more than one state? . . . . . . . . 13a а Note. 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 b 13b 13c С Did the organization receive any payments for indoor tanning services during the tax year? . . . . . . . . . . . 14a 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 15 Х If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?... Х 16 16 If "Yes," complete Form 4720, Schedule O.

TOLEDO SEAGATE FOODBANK INC

Form 990 (2018) TOLEDO SEAGATE FOODBANK INC 51-0252948 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No 6 **1a** Enter the number of voting members of the governing body at the end of the tax year . . . 1a 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. Enter the number of voting members included in line 1a, above, who are independent . . . б 1b b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 2 Х 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . 3 Х 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . Х 4 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . 5 5 Χ 6 6 Х Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a 7a Х Are any governance decisions of the organization reserved to (or subject to approval by) members. b 7b Х Did the organization contemporaneously document the meetings held or written actions undertaken during 8 the year by the following: 8a Х 8b Х b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached 9 at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No Yes 10a Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . 10b **11a** Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?. 11a Х **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Х **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Х С Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c Х 13 Х 13 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official. а 15a Х 15b Х If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a Х h If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► OH 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Upon request X Own website Another's website Other (explain in Schedule O) 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: MINDY RAPP 419-244-6996 526 HIGH ST TOLEDO OH 43609

Form 990 (2018)	TOLEDO SEAGATE FOODBANK INC	51-0252948	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp	ensated	
	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)	box,	unles er an	Pos neck ss pe	erson direct	e is or/trust en is or/trust employee	n 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) JO AN MATENEY	3							0	0	0
PRESIDENT (2) JULIE SPEARS	3	Х		Х				0	0	0
V PRESIDENT		х		х				0	0	0
(3) JAMES MCDAY MEMBER	3	x						0	0	0
(4) K HAMMUDA MEMBER	3	x						0	0	0
(5) H BREWIS MEMBER	3	x						0	0	0
(6) JON PARKER MEMBER	3	x						0	0	0
		_								
(8) M RAPP EXEC DIRECTOR	50	_			x			43593.	0	0
(9)		_								
(10)										
(11)										
(12)										
(13)										
(14)										
	!									

Form §	90 (2018) TOLEDO SEAGATE FOODB.	ANK INC								51-	-025294	8	Page <b>8</b>
Pa	rt VII Section A. Officers, Directors, Tr	ustees, Key E	mplo	yee	s, a	nd	High	est	Compensated	Employee	s (continu	ıed)	
	(A) Name and title	<b>(B)</b> Average hours per	box,	unles	Pos neck ss pe	erson lirect	e than is botl or/trus	h an tee)	compensation	(E) Reportab compensat	ion a	<b>(F)</b> Estimat	of
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from relat organizatio (W-2/1099-N	ons co IISC) oi a	other mpensa from th ganiza nd rela ganizat	ation ne tion ted
(15)			-										
(16)			-										
(17)			-										
(18)			-										
(19)			-										
(20)			-										
(21)			-										
(22)			-										
(23)			-										
(24)			-										
(25)			-										
С	Sub-total	Section A							43593.				
<u>d</u> 2	Total (add lines 1b and 1c)	imited to those						► eiv		00,000 of	1		
												Yes	No
3	Did the organization list any former officer, dir	rector, or trustee	e, key	/ em	plo	yee	, or h	igh	est compensate	d			
	employee on line 1a? If "Yes," complete Sche	dule J for such	indivi	dua	Ι.		•				3		Х
4	For any individual listed on line 1a, is the sum the organization and related organizations gre												
_	individual			-		•	• •	•			4		Х
5	Did any person listed on line 1a receive or acc for services rendered to the organization? If "				-				•		5		X
Sect	ion B. Independent Contractors										<b>i</b>		•
1	Complete this table for your five highest comp compensation from the organization. Report c year.											x	
	(A) Name and business add	Iress							(B) Description of ser	rvices	() Compe	<b>C)</b> ensatior	n

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 ►

	990 (20	,	ODBANK INC				51-02	52948 Page <b>9</b>
Par	t VIII			noto to onvillant				
		Check if Schedule O contain	s a response or	note to any line	(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	b c d f g	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribution All other contributions, gifts, gra similar amounts not included ab Noncash contributions included in I <b>Total.</b> Add lines 1a–1f	1b           .         .	1883405. 1726311.	8049573.			
anı				Business Code				
Program Service Revenue	2a b c d e f	BASKET SALES		923130	133927.	133927.		
Proç	a	Total. Add lines 2a–2f			133927.			
	3	Investment income (including di other similar amounts)	vidends, interest	t, and	23443.	23443.		
	4 5	Income from investment of tax-e Royalties						
	b c	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss) Gross amount from sales of assets other than inventory . Less: cost or other basis and sales expenses Gain or (loss)	(i) Securities	(ii) Other				
Other Revenue	b c 9a	Gross income from fundraising events (not including \$ of contributions reported on line See Part IV, line 18 Less: direct expenses Net income or (loss) from fundra Gross income from gaming active See Part IV, line 19	1c) a b b a a	· · · · · •				
	с 10а	Less: direct expenses Net income or (loss) from gamin Gross sales of inventory, less returns and allowances	g activities <b>a</b>	· · · · · •				
		Less: cost of goods sold Net income or (loss) from sales Miscellaneous Revenue						
	11a b							
	c d e	All other revenue						
	е 12	Total revenue. See instructions		-	8206943.	157370.		
	. 4				5200713.			Form <b>990</b> (201)

**Statement of Functional Expenses** 

from a combined educational campaign and fundraising solicitation. Check here

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

#### 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 . (C) (D) (A) (B) Do not include amounts reported on lines 6b, 7b, Management and Fundraising Total expenses Program service 8b. 9b. and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 1 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 . . . . . Benefits paid to or for members . . . . . . . . . 4 5 Compensation of current officers, directors, trustees, and key employees . . . . . . . . . . . . 48422. 1086. 50493. 985. Compensation not included above, to disgualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . . 7 Other salaries and wages . . . . . . . . . . . . . 440407 422350 9469 8588. Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) . . 9 52354 50207. 1126. 1021. 10 41461 39761. 892. 808. 11 Fees for services (non-employees): 11156 10698 240 218 5700 5700. b 24408 23174. 647 587. С Professional fundraising services. See Part IV, line 17. е f Investment management fees . . . . . . . . . . . Other. (If line 11g amount exceeds 10% of line 25, column g (A) amount, list line 11g expenses on Schedule O.) Advertising and promotion . . . . . . . . . . . . 12 41413 17745. 891 22777. Office expenses . . . . . . . . . . . . . . . . . 3793 3637. 13 82. 74. 18707 14 11224. 7483. 15 16 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . 19 Conferences, conventions, and meetings . . . . 20 1410 1410 21 22 Depreciation, depletion, and amortization . . . . 76074 76074. 23 37896 36342. 815 739. 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.) 6263616. a see stmt b 16794 \_\_\_\_\_ 132 С d 70140. e All other expenses 264528 255860 5687 2981 -----Total functional expenses. Add lines 1 through 24e . 7420482 7349717. 30290 40475. 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs

Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing	536246.	1	600100.
	2	Savings and temporary cash investments	191133.	2	194816.
	3	Pledges and grants receivable, net	156043.	3	497583.
	4	Accounts receivable, net	13919.	4	13379.
	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			
ts		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	1502.
As	8	Inventories for sale or use	543016.	8	961060.
	9	Prepaid expenses and deferred charges	24729.	9	21312.
	10a	Land, buildings, and equipment: cost or			
	Iu	other basis. Complete Part VI of Schedule D <b>10a</b> 1781461.			
	b	Less: accumulated depreciation <b>10b</b> 786956.	1009391.	10c	994505.
	11	Investments—publicly traded securities	722809.	11	775454.
	12	Investments—other securities. See Part IV, line 11	722009.	12	775151.
	13	Investments—program-related. See Part IV, line 11		13	
	14			14	
	15	Other assets. See Part IV, line 11	560799.	15	626101.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3758085.	16	4685812.
	17	Accounts payable and accrued expenses	16859.	17	16683.
	18	Grants payable	10059.	18	10003.
		Deferred revenue         .          .         .	F 6 0 7 0 0		626101.
	19 20	F	560799.	19 20	020101.
	20	Tax-exempt bond liabilities			
6	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities	22	Loans and other payables to current and former officers, directors,			
ilit		trustees, key employees, highest compensated employees, and			
.iat	~~	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	14400		10005
	~~		14488.	25	10207.
	26	Total liabilities. Add lines 17 through 25.	592146.	26	652991.
ces		Organizations that follow SFAS 117 (ASC 958), check here▶ X and complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets	2628378.	27	3227788.
Bal	28	Temporarily restricted net assets	537561.	28	805033.
lbu	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC958), check here and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	3165939.	33	4032821.
-	34	Total liabilities and net assets/fund balances	3758085.	34	4685812.
	* 7		2.30003.	<b>U</b> -T	Eorm <b>990</b> (2018)

Form 990 (2018) TOLEDO SEAGATE FOODBANK INC

Par	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	8	2069	943.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7	4204	482.
3	Revenue less expenses. Subtract line 2 from line 1	3		7864	461.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3	1659	<del>)</del> 39.
5	Net unrealized gains (losses) on investments	5		789	970.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		14	451.
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	4	0328	321.
Part				1	<u> </u>
	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: Cash X Accrual 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?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	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? .		2c		Х
	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?		3a	Х	
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		3b	Х	ł

SCHEDULE A (Form 990 or 990-EZ)

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

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

Department of the Treas			to Form 990 or Form 9				Open to Public
Internal Revenue Service For to Name of the organization		o www.irs.gov/Form	1990 for instructions a	nd the late	est inform	Employer identification	Inspection
TOLEDO SEAG		IK TNC				51-0252948	Indinger
			ganizations must cor	mplete th			
			For lines 1 through 12				
1 A church,	convention of churc	hes, or association	of churches described	l in <b>secti</b> e	on 170(b)	(1)(A)(i).	
2 A school of	lescribed in <b>sectio</b> r	n <b>170(b)(1)(A)(ii)</b> . (A	Attach Schedule E (Fo	rm 990 or	990-EZ).)	)	
3 A hospital	or a cooperative ho	spital service organ	ization described in s	ection 17	′0(b)(1)(A	)(iii).	
	research organizati name, city, and stat		unction with a hospital			ion 170(b)(1)(A)(iii)	. Enter the
	ation operated for t 70(b)(1)(A)(iv). (Co	he benefit of a colle	ge or university owned			governmental unit d	escribed in
6 A federal,	state, or local gove	rnment or governme	ental unit described in	section 1	170(b)(1)(	A)(v).	
		receives a substant I)(A)(vi). (Complete	ial part of its support f Part II.)	rom a gov	/ernmenta	I unit or from the ge	eneral public
8 A commu	nity trust described i	n section 170(b)(1)	)(A)(vi). (Complete Pa	art II.)			
	ty or a non-land-gra		n section <b>170(b)(1)(A)</b> Iture (see instructions)				
10 An organiz receipts fr support fro	ation that normally om activities related om gross investmen	I to its exempt functi t income and unrela	han 33 1/3% of its sup ions—subject to certai ated business taxable See <b>section 509(a)(</b> 2	n exceptio	ons, and ( ess sectio	2) no more than 33 n 511 tax) from bus	1/3% of its
11 🗌 An organiz	ation organized an	d operated exclusive	ely to test for public sa	afety. See	section	509(a)(4).	
of one or r	nore publicly suppo	rted organizations d	ely for the benefit of, to lescribed in <b>section 5</b> ribes the type of suppo	6 <mark>09(a)(1)</mark> (	or section	1 509(a)(2). See sec	ction 509(a)(3).
the sup organiz	ported organization ation. You must co	(s) the power to reg omplete Part IV, Se	pervised, or controlled ularly appoint or elect ctions A and B. or controlled in connect	a majority	of the dir	rectors or trustees o	f the supporting
organiz	ation(s). You must	complete Part IV,		·		· ·	
			organization operated				tegrated with,
d Type II	I non-functionally	integrated. A suppo	orting organization operation generally must satisfy the second sec	erated in c	connectior	with its supported	
			plete Part IV, Sectio				allonavonooo
			ritten determination fr			a Type I, Type II, T	ype III
			ally integrated suppor		nization.		
	• •	•	rted organization(s).				•••
	orted 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)							
Total							

OMB No. 1545-0047

2018

#### Schedule A (Form 990 or 990-EZ) 2018 TOLEDO SEAGATE FOODBANK INC Part II Support Schedule for Organizations Described in Sections

51-0252948 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.)

	tion A. Public Support					[	
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5626046.	7090443.	6272886.	6314813.	8206943.	33511131.
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	5626046.	7090443.	6272886.	6314813.	8206943.	33511131.
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						33511131.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	<b>(f)</b> Total
7	Amounts from line 4	5626046.	7090443.	6272886.	6314813.	8206943.	33511131.
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	25898.	18771.	23799.	21806.	23443.	113717.
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.						33624848.
	Gross receipts from related activities, etc. (see					12	
	First five years. If the Form 990 is for the organization, check this box and stop here			•		()()	
	tion C. Computation of Public Su					1	
14	Public support percentage for 2018 (line 6, c	.,				14	99.66%
15	Public support percentage from 2017 Sched					15	99.61%
16a	33 1/3% support test-2018. If the organization						
	and stop here. The organization qualifies as	s a publicly support	ed organization .				· · · · · ► X
b	<b>33 1/3% support test—2017.</b> If the organization qualified box and <b>stop here.</b> The organization qualified						· · · · <b>•</b>
17a	<b>10%-facts-and-circumstances test—2018.</b> 10% or more, and if the organization meets Part VI how the organization meets the "fact organization	the "facts-and-cires-and-cires-and-circumstance	cumstances" test, es" test. The organ	check this box an ization qualifies as	d <b>stop here.</b> Expla a publicly support	ain in ed	· · · · <b>&gt;</b>
b	<b>10%-facts-and-circumstances test—2017.</b> 15 is 10% or more, and if the organization in Explain in Part VI how the organization meet supported organization	meets the "facts-ar	nd-circumstances" cumstances" test.	test, check this be The organization of	ox and <b>stop here.</b> Jualifies as a public	cly	· · · · Þ
18	Private foundation. If the organization did r	not check a box on	line 13, 16a, 16b, <sup>-</sup>	17a, or 17b, check	this box and see		<u> </u>
	instructions						

Schedule A (Form 990 or 990-EZ) 2018

Sch	edu	le B

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

Department of the Treasury

Internal Revenue Service

#### Name of the environmentio

## Schedule of Contributors

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

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

OMB No. 1545-0047

Employer identification number

51-0252948

Name of the organization
TOLEDO SEAGATE FOODBANK IN

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 

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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. BCA

Employer identification number

TOLEDO SEAGATE FOODBANK INC

51-0252948

Part I	Contributors (see instructions). Use duplicate copie	·	leeueu.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	COSTCO         3405 W CENTRAL         TOLEDO       OH 43606 -         Foreign State or Province:         Foreign Country:	\$620,113.	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	KROGER       COMPANY         JACKMAN       RD         TOLEDO       OH       43613 –         Foreign State or Province:       Foreign Country:	\$254,342	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	GARDEN HARVEST MARKET DELI 8060 AIRPORT HWY HOLLAND OH 43528- Foreign State or Province: Foreign Country:	\$72,734.	PersonXPayrollXNoncashX(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	FOODTOWN 2725 W CENTRAL TOLEDO OH 43608- Foreign State or Province: Foreign Country:	\$69,363.	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions	Type of contribution
5	Name, address, and ZIP + 4         HONEY BAKED HAM         5212 MONROE ST         TOLEDO       OH 43623 –         Foreign State or Province:         Foreign Country:	Total contributions           \$         69,097.	Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash contributions.)
5 (a) No.	HONEY BAKED HAM 5212 MONROE ST TOLEDO OH 43623- Foreign State or Province:		Person X Payroll Noncash X (Complete Part II for

Employer identification number

TOLEDO SEAGATE FOODBANK INC

Employer laonanoadon hain
51-0252948

Part I	Contributors (see instructions). Use duplicate copie		1
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	SOCIETY OF ST. ANDREWS 7840 DITCH RD INDIANAPOLIS IN 46260- Foreign State or Province: Foreign Country:	\$51,609.	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	KNIGHTS OF COLUMBUS         4256 SECOR RD         TOLEDO       OH 43623 –         Foreign State or Province:         Foreign Country:	\$44,815.	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
9	HOLLYWOOD CASINO 777 HOLLYWOOD TOLEDO OH 43605- Foreign State or Province: Foreign Country:	\$35,610.	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
10	RYAN FARMS         3996 WECERLY         MONCLOVA       OH 43542-         Foreign State or Province:         Foreign Country:	\$33,601.	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
	MIDPORT ELECTROICS 3101 W SYLVANIA TOLEDO OH 43613– Foreign State or Province: Foreign Country:	\$33,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	DDM TRANSPORT 5859 MEADOWCREST DR SALT LAKE CIT UT 84107– Foreign State or Province: Foreign Country:	\$26,399.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 51-0252948

Name of ore TOLEDO	SEAGATE FOODBANK INC		Employer identification number
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	TOLEDO ANIMAL SHELTER         640 WYMAN         TOLEDO       OH 43609-         Foreign State or Province:         Foreign Country:	\$25,833.	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	LAUX FARMS 3001 CHRISSEY RD HOLLAND OH 43528- Foreign State or Province: Foreign Country:	\$22,420	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
15	WHOLE FOODS         3420 SECOR         TOLEDO       OH 43606-         Foreign State or Province:         Foreign Country:	\$19,582	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	BARRY BAGELS 300 N SUMMIT ST TOLEDO OH 43604– Foreign State or Province: Foreign Country:	\$19,173	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
7	JOHNSON FRUIT FARM 2790 AIRPORT HWY SWANTON OH 43558– Foreign State or Province: Foreign Country:	\$ <u>18,362.</u>	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	ANTHONY WAYNE HONOR SOCIETY 5967 FINZEL WHITEHOUSE OH 43571– Foreign State or Province: Foreign Country:	\$15,867	Person X Payroll Noncash X (Complete Part II for noncash contributions.)

Employer identification number 51-0252948

TOLEDO SEAGATE FOODBANK INC

Part I	<b>Contributors</b> (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	PILOT FLYING J 26415 WARNS RD PERRYSBURG OH 43551- Foreign State or Province: Foreign Country:	\$14,171.	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	K-9 CARE C/O TOLEDO HUMANE SOCIETY TOLEDO OH 43604- Foreign State or Province: Foreign Country:	\$12,660.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	SAVAGE FOUNDATION 4427 TALMADGE RD TOLEDO OH 43623- Foreign State or Province: Foreign Country:	\$12,500.	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	PS FOOD MART 203 W MAIN ST		Person X Payroll
	HOMER MI 49245– Foreign State or Province: Foreign Country:	\$12,000.	Noncash (Complete Part II for noncash contributions.)
(a) No.	HOMER MI 49245- Foreign State or Province:	\$12,000. (c) Total contributions	Noncash (Complete Part II for
	HOMER MI 49245- Foreign State or Province: Foreign Country: (b)	(c)	Noncash (Complete Part II for noncash contributions.)
No.	HOMER MI 49245- Foreign State or Province: Foreign Country: (b) Name, address, and ZIP + 4 GIRL SCOUTS OF WESTERN OHIO 28325 W OH 281 DEFIANCE OH 43512- Foreign State or Province:	(c) Total contributions	Noncash

Employer identification number

TOLEDO SEAGATE FOODBANK INC

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
25	OWENS ILLINOIS ONE MICHAEL OWENS WAY PERRYSBURG OH 43551- Foreign State or Province: Foreign Country:	\$10,000.	PersonXPayrollINoncashI(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
26	TOLEDO       COMMUNITY       FOUNDATION         300       MADISON         TOLEDO       OH       43604 –         Foreign State or Province:       Foreign Country:	\$10,000.	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
27	DAVE SMITH APPLIANCE 4505 MONROE ST TOLEDO OH 43623- Foreign State or Province: Foreign Country:	\$9,852.	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
28	180TH FIGHTER WING2550 EBER RDSWANTONOH 43558 -Foreign State or Province: Foreign Country:	\$8,822.	PersonXPayrollXNoncashX(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
29	CHRIST THE KING CHURCH 4100 HARVEST LANE TOLEDO OH 43623- Foreign State or Province: Foreign Country:	\$8,672.	PersonXPayrollXNoncashX(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
30	TKBW FOUNDATION 7550 CODOR RD MAUMEE OH 43537- Foreign State or Province: Foreign Country:	\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 51-0252948

TOLEDO SEAGATE FOODBANK INC

Part I	Contributors (see instructio	ons). 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	TOLEDO ANIMAL SHELTER         640 WYMAN         TOLEDO       OH 43604 –         Foreign State or Province:         Foreign Country:	\$7,750.	PersonXPayrollXNoncashX(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32	TOLEDO       COMMUNITY       FOUNDATION         SENECA       FUND         TOLEDO       OH       43604 –         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
33	JAD PRODUCE 1615 S FEDERAL HWY BOCA RATON FL 33431– Foreign State or Province: Foreign Country:	\$6,010.	Person       X         Payroll       Image: 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
			Person Payroll
	Foreign State or Province: Foreign Country:	\$	Noncash (Complete Part II for noncash contributions.)
(a) No.	Foreign State or Province:	\$(c) Total contributions	(Complete Part II for

Page 3

Employer identification number 51-0252948

TOLEDO SEAGATE FOODBANK INC

	oncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.							
Part II	Noncash Property (see instructions). Use duplicate co	ples of Part II if additional spa						
(a) No. from Part I 1 	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
	CANNED GOODS, FOOD AND DELI ITEMS	\$ <u>620,113.</u>	09/30/2019					
from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
2	CANNED GOODS, FOOD AND DELI ITEMS	\$ <u>254,070.</u>	09/30/2019					
from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
3	DELI AND FOOD ITEMS							
		\$ 72,734.	09/30/2019					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
4	FOOD AND CANNED GOODS	\$ <u>69,383</u> .	09/30/2019					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
	HAM AND OTHER VARIOUS PORK PRODUC	TS						
5		\$ <u>69,097.</u>	09/30/2019					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
6	FOOD AND CANNED GOODS							
6		\$ 54,557.	09/30/2019					

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Employer identification number 51-0252948

TOLEDO SEAGATE FOODBANK INC

(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
FOOD, CANNED GOODS AND SUPPLIES				
	\$ <u>51,609</u> .	09/30/2001		
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
FOOD, CANNED GOODS AND SUPPLIES				
	\$44,815.	09/30/2019		
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
FOOD, CANNED GOODS AND SUPPLIES				
	\$35,610.	09/30/2019		
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
PRODUCE				
	\$33,601.	09/30/2019		
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
FOOD, CANNED GOODS AND SUPPLIES				
	\$26,399.	09/30/2019		
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
ANIMAL FOOD AND SUPPLIES				
	\$25,833.	09/30/2019		
	Schedule B	 (Form 990, 990-EZ, or 990-PF) (20		
	(b) Description of noncash property given FOOD , CANNED GOODS AND SUPPLIES (b) Description of noncash property given FOOD , CANNED GOODS AND SUPPLIES (b) Description of noncash property given FOOD , CANNED GOODS AND SUPPLIES (b) Description of noncash property given PRODUCE (b) Description of noncash property given FOOD , CANNED GOODS AND SUPPLIES (b) Description of noncash property given FOOD , CANNED GOODS AND SUPPLIES (b) Description of noncash property given FOOD , CANNED GOODS AND SUPPLIES (b) Description of noncash property given (b) Description of noncash property given (c) (c)	Log     FMV (or estimate) (See instructions.)       FOOD, CANNED GOODS AND SUPPLIES.     \$		

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization TOLEDO SEAGATE FOODBANK INC 51-0252948

Part II	Noncash Property (see instructions). Use duplicate co	pies of Part II if additional spa	ice is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
1 /	FOOD AND PRODUCE				
14		\$ <u>22,420.</u>	09/30/2019		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
15	FOOD AND CANNED FOODS				
		\$ 19,582.	09/30/2019		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
16	BAGELS AND HEALTH FOODS				
		\$19,173.	09/30/2019		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
17	FRUITS AND PRODUCE				
		\$18,362.	09/30/2019		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
18	FOOD, SUPPLIES AND CANNED GOODS				
		\$15,867.	09/30/2019		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
19	FOOD, CANNED GOODS AND SUPPLIES				
		\$ 14,171.	09/30/2019		

Employer identification number

Name of organization
TOLEDO SEAGATE FOODBANK INC

Part II	Noncash Property (see instructions). Use duplicate co	pies of Part II if additional spa	ce is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
20	PET FOOD AND SUPPLIES				
20		\$ <u>12,660.</u>	09/30/2019		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
23	COOKIES, FOODS AND SNACKS				
		\$ 10,159.	09/30/2019		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
27	CANNED FOODS, SUPPLIES AND APPLIANCES				
		\$9,852.	09/30/2019		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
28	FOOD AND SUPPLIES				
		\$2,173.	09/30/2019		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
29	FOOD, CANNED GOODS AND SUPPLIES				
		\$8,672.	09/30/2019		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
31	PET FOOD AND SUPPLIES				
		\$ <u>7,750.</u>	09/30/2019		

Employer identification number 51-0252948

Name of organizationEmployTOLEDO SEAGATE FOODBANK INC51-02

Part II	Noncash Property (see instructions). Use duplicate co	pies of Part II if additional spa	ce is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
33	PRODUCE AND SUPPLIES	\$6,010.	09/30/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Employer identification number 51-0252948

	CHEDULE D Supplemental Financial Statements					OMB No. 1545-(	0047		
(FOI)	n 990)	Complete in the second seco	f the organization answered "Ye	es" on Form 9	90,			201	8
_		Part IV, line 6,		8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.					blic
	ment of the Treasury I Revenue Service	► Go to www.irs.go	► Attach to Form 990. (Form990 for instructions and the latest information.					Open to Pub Inspection	one
	of the organization						fication n		
TOL		TE FOODBANK INC			51-02				
Part			Advised Funds or Other		nds or	Acco	unts.		
	Complete	if the organization answer	ed "Yes" on Form 990, Par			(h) []	undo ond o	ther execute	
1	Total number at	end of year	(a) Donor advised func	15		(D) FI	unds and d	other accounts	
2		contributions to (during year)							
3		grants from (during year)							
4	Aggregate value	e at end of year							
5	-		onor advisors in writing that the						1
•			t to the organization's exclusiv	-				Yes	No
6			ors, and donor advisors in wri benefit of the donor or donor a						
								Yes	No
Part		tion Easements.				• •	• •		
i ai c			ed "Yes" on Form 990, Par	rt IV. line 7.					
1		<u> </u>	by the organization (check all						
	Preservatio	n of land for public use (e.g.,	recreation or education)	Preservatio	n of a hi	storica	ally impo	ortant land area	а
	Protection of	of natural habitat		Preservatio	n of a ce	ertified	l historic	structure	
	Preservatio	n of open space	<u> </u>						
2			tion held a qualified conservat	tion contribut	ion in th	e form	of a co	nservation	
		e last day of the tax year.						the End of the Tax	x Year
а					-	2a			
b			ements			2b			
C			tified historic structure include			2c			
d			I in (c) acquired after 7/25/06,			2d			
3			d, transferred, released, exting			-	ne organ	ization during	
-	the tax year		, , , <b>.</b>	,			<b>J</b>	5	
4			conservation easement is loca						
5	•		egarding the periodic monitor	•		•			1
-			ion easements it holds?					Yes	No
6	Staff and voluntee	er hours devoted to monitoring, ir	nspecting, handling of violations, a	and enforcing o	conserva	tion ea	sements	during the year	
7	Amount of expens	es incurred in monitoring inspe	cting, handling of violations, and e	onforcing cons	anyation		onte durin	a the year	
1	► \$					aseme		g the year	
8		servation easement reported	on line 2(d) above satisfy the	requirements	s of sect	ion 17	0(h)(4)(l	3)(i)	
								Yes	No
9		0	ports conservation easements			•			
			text of the footnote to the org	anization's fi	nancial	statem	ents that	at describes the	Э
Dow		ccounting for conservation e			011-0-	0:		- 1-	
Part			tions of Art, Historical Tre ed "Yes" on Form 990, Par		Other	Simi	lar Ass	ets.	
1a			er SFAS 116 (ASC 958), not to		revenu	e state	ement ar	nd balance she	et
	•	· •	nilar assets held for public exh						
			of the footnote to its financial s						
b	-	-	er SFAS 116 (ASC 958), to re	-					
			nilar assets held for public exh	ibition, educa	ation, or	resea	rch in fu	rtherance of	
		provide the following amounts					•		
			, line 1				► \$ ► ¢		
2			art, historical treasures, or oth					provide the	
2	-		nder SFAS 116 (ASC 958) rela			manc	iai yairi,		
а			e1				▶ \$		
							▶ \$		
For D	anorwork Poducti	on Act Notice see the Instruct	tions for Form 990				Set	edule D (Form 99	0) 2018

BCA

Sched	Ile D (Form 990) 2018 TOLEDO SEAGAT	E FOODBAN	JK IN	C			51	-0252	2948	Page <b>2</b>
Part	III Organizations Maintaining Colle	ctions of Art	, Histo	rical Trea	asures, or (	Other	Similar Asset	s (contir	nued)	
3	Using the organization's acquisition, acces	sion, and other	records	, check ar	ny of the follo	wing th	at are a signific	ant use o	f its	
	collection items (check all that apply):			_						
а	Public exhibition		d	Loan or	exchange pr	ograms	5			
b	Scholarly research		е	Other						
С	Preservation for future generations									
4	Provide a description of the organization's XIII.	collections and	explain	how they	further the or	rganizat	tion's exempt p	urpose in	Part	
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?									
Part	V Escrow and Custodial Arrangen Complete if the organization answ 990, Part X, line 21.		Form §	990, Part	IV, line 9, o	or repo	rted an amour	nt on For	m	
1a	Is the organization an agent, trustee, custo	dian or other in	itermedi	ary for cor	ntributions or	other a	ssets not			
b	included on Form 990, Part X?							Ye	es	No
N N				lowing tab	10.			Amount		
с	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on	Form 990. Par	t X. line	21. for eso	crow or custo	dial ac	count liability?	Υe	es X	No
b	If "Yes," explain the arrangement in Part X						-			_
Part				P						
ιαιι	Complete if the organization answ	ered "Ves" on	Form	000 Part	IV line 10					
	· · · · · · · · · · · · · · · · · · ·	a) Current year		ior year	(c) Two years	back	(d) Three years bac	k (e) Fo	our years	back
1a	Beginning of year balance	y canoni y cai	(2)	ior your	(0) 110 youro	Duon	(4) 11100 years bad		ai youro	baon
b	Contributions									
c	Net investment earnings, gains,									
•	and losses									
d	Grants or scholarships									
e	Other expenditures for facilities									
-	and programs									
f	Administrative expenses									
a	End of year balance									
2	Provide the estimated percentage of the cu	urrent year end	balance	e (line 1g. d	column (a)) h	eld as:				
а	Board designated or quasi-endowment	-		τ Ο,						
b		.00%								
с	Temporarily restricted endowment	0.00%								
	The percentages on lines 2a, 2b, and 2c sl	hould equal 100	)%.							
3a	Are there endowment funds not in the post	session of the c	organizat	tion that a	re held and a	dminist	ered 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 organ	izations listed a	as requir	ed on Sch	edule R?			3b		
4	Describe in Part XIII the intended uses of t	he organization	's endov	wment fun	ds.					
Part										
	Complete if the organization answ									
	Description of property	(a) Cost or othe (investme			or other basis other)	• • •	Accumulated epreciation	<b>(d)</b> Bo	ook valu	е
1a	Land	, · · ·			5,960.			2.5	5,96	50.
b	Buildings				9,250.	1	02,700.		5,55	
c	Leasehold improvements				3,397.		19,243.		4,15	
d	Equipment				9,225.		37,816.		1,40	
e	Other				3,629.		27,197.		5,43	
Tota	. Add lines 1a through 1e. (Column (d) mus	st equal Form 9	90, Part						1,50	

#### 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 (c) Method of valuation: (b) Book value (including name of security) Cost or end-of-year market value (1) Financial derivatives . . . . . . . . . . . . (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. (c) Method of valuation: (a) Description of investment (b) Book value Cost or end-of-year market value 775,454. (1) BONDS END OF YEAR MARKET (2) (3) (4) (5) (6) (7) (8) (9) 775,454 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. (b) Book value (a) Description (1) GRANTS AWARDED 626,101. (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). 626,101. ► 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) DEFERRED REVENUE	626,101.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)►	626,101.

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

Sched	ule D (Form 990) 2018 TOLEDO SEAGATE FOODBANK INC	51-0252948 <sub>Page</sub> 4
	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements	18,206,943.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	
С	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
е	Add lines <b>2a</b> through <b>2d</b> .	2e
3	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b> 8,206,943.
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.)	
С	Add lines <b>4a</b> and <b>4b</b>	4c
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i> )	<b>5</b> 8,206,943.
Par	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	17,420,482.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities	
b	Prior year adjustments	
С	Other losses	
d	Other (Describe in Part XIII.)	
е		2e
3	Subtract line 2e from line 1	<b>3</b> 7,420,482.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
С	Add lines <b>4a</b> and <b>4b</b>	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	57,420,482.
Part	t XIII Supplemental Information.	
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; I	Part V, line 4; Part X, line
2; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional info	rmation.

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

# **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

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

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

20 8 **Open to Public** Inspection

#### TOLEDO SEAGATE FOODBANK INC Part I Types of Property

Employer identification number 51-0252948

		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash co			
1	Art—Works of art			,,,,,,, _				
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
Ū	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded							
10	Securities—Closely held stock							
11	Securities—Partnership, LLC,							
	or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation							
	contribution—Historic							
	structures							
14	Qualified conservation							
	contribution—Other							
15	Real estate—Residential							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory	Х	1000	1,611,045.	PRICE F	ER :	LB	
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (LABOR )	Х	4996	115,266.	OHIO FM	IVR.	ATE	
26	Other ► ()							
27	Other ► ()							
28	Other ► ( )							
29	Number of Forms 8283 received b							
	which the organization completed	Form 8283	3, Part IV, Donee Acknowle	dgement	29			
							Yes	No
30a	5, 7, 5							
	28, that it must hold for at least th							
	to be used for exempt purposes for		e holding period?			30a		Х
	If "Yes," describe the arrangemen							
31	Does the organization have a gift							
	contributions?					31		Х
32a	Does the organization hire or use	•		· · ·				
	noncash contributions?					32a		Х
	If "Yes," describe in Part II.							
33	If the organization didn't report an checked, describe in Part II.	amount in	column (c) for a type of pro	perty for which column (a)	is			

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

Schedule M (Form 990) 2018 TOLEDO SEAGATE FOODBANK INC	51-0252948 <sub>Page</sub> <b>2</b>
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 321 the organization is reporting in Part I, column (b), the number of contributions, the r or a combination of both. Also complete this part for any additional information.	b, and 33, and whether
PART I LINE 19	
THIS IS COMPUTED BY PRICE PER POUND BY CATEGORY	
PART I LINE 25	
LABOR IS COMPUTED BY NATRIONAL TABLES FOR OHIO AAT THE RAT	'E
OF 24.24 PER HOUR AND 11.88 PER YOUTH TIME	

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific question Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.	ns on	OMB No. 1545-0047
Name of the organization TOLEDO SEAGA	TE FOODBANK INC	Employer identified $51 - 025294$	
990 PART VI	LINE 11B		
ACOPY OF THE	990 IS PRESENTED TO THE BOARD PRIOR TO F	TILING	
SUBSEQUENT T	O FILING A COPY IS MAINTAINED FOR INSPECT	ION BY	
THE MEMBERS	AS WELL AS THE PUBLIC. PUBLIC COPY IS REL	ACTED	
OF PROPRIETA	RY INFORMATION.		
990 PART VI	LINE 12C		
THE BOARD RE	QUIRES THE MEMBERS TO SIGN AND FILE A DIS	CLOSURE	
FORM AT ITS	ANNUAL MEETING.		
990 PART VI	LINE 19		
THE ORGANIZA	ITON 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 APPT DURING NORM E	BUS HRS.	
FORM 990-B C	OLUMN B		
CONTRIBUTION	S ARE MADE THROUGHOUT THE YEAR. THE ORGAN	IIZATION	
USES A 9/30/	19 YEAR END DATE TO RECOGNIZE THESE DONAT	TIONS	

Form 8879-EO

Department of the Treasury Internal Revenue Service

Name and title of officer

# IRS *e-file* Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning $ m OCT$ $$ 0 $1$ , 2018, and ending $ m SEP$ $$ 3 $ m 0$ , 20 $ m 19$	
Do not send to the IRS. Keep for your records.	
Go to www.irs.gov/Form8879EO for the latest information.	

2018

Name of exempt organization	
-----------------------------	--

TOLEDO SEAGATE FOODBANK INC

Employer identification number

51-0252948	
------------	--

MINDY RAPP EXECUTIVE DIRECTOR
Part I Type of Return and Return Information (Whole Dollars Only)
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line <b>1a</b> , <b>2a</b> , <b>3a</b> , <b>4a</b> , or <b>5a</b> , below, and the amount on that line for the return being filed with this form was blank, then leave line <b>1b</b> , <b>2b</b> , <b>3b</b> , <b>4b</b> , or <b>5b</b> , whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. <b>Do not</b> complete more than one line in Part I.
<b>1a</b> Form 990 check here ► 🗴 <b>b Total revenue,</b> if any (Form 990, Part VIII, column (A), line 12) <b>1b</b> 8, 206, 943
2a Form 990-EZ check here  Total revenue, if any (Form 990-EZ, line 9)
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)
4a Form 990-PF check here ▶ b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b
5a       Form 8868 check here ►       b       Balance Due (Form 8868, line 3c)
Part II Declaration and Signature Authorization of Officer
organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS ( <b>a</b> ) an acknowledgement of receipt or reason for rejection of the transmission, ( <b>b</b> ) the reason for any delay in processing the return or refund, and ( <b>c</b> ) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.
Officer's PIN: check one box only
X       I authorize       BROADWAY       TAX       SERVICE       to enter my PIN       51025       as my signature         ERO firm name         Enter five numbers, but do not enter all zeros
on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.
Officer's signature         Date         02/04/2020
Part III Certification and Authentication
ERO's EFIN/PIN. Enter your six-digit electronic filing identification         number (EFIN) followed by your five-digit self-selected PIN.         34602105170
do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of <b>Pub. 4163</b> , Modernized e-File (MeF) Information for Authorized IRS <i>e-file</i> Providers for Business Returns.
ERO's signature         Date         04/21/2020
ERO Must Retain This Form—See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form. BCA

### Name: TOLEDO SEAGATE FOODBANK INC

ID: 51-0252948

Description: DEPRECIATION

Description: DEPRECIATION	
Туре	Amount
ZEHICLES	24,917
URNITURE & FIXTURES	180
QUIPMENT	11,223
UILDINGS	7,800
UILDING IMPROVEMENTS	20,766
NEODNATION TECHNOLOGIES	20,766
NFORMATION TECHNOLOGIES	5,488
IODULARS	5,700
Total	
<b>Total</b> 2018 Universal Tax Systems, Inc. and/or its affiliates and licensors. All rights reserved.	

### Name: TOLEDO SEAGATE FOODBANK INC

**ID:** 51-0252948

Description: OTHER

Туре	Amount
MODULARS	115.786.
FURNITURE & FIXTURES	15,146. 52,507. 390,190.
SOFTWARE	52,507.
VEHICLES	390,190.
	· · ·
	573,629.
© 2018 Universal Tax Systems, Inc. and/or its affiliates and licensors. All rights reserved.	USWDET\$1
ש בטרט טווויזיטוסמו דמא טאסוכוווס, וווט. מוועוטו ווס מוווומוכס מוע ווטכווסטוס. אוו וועווס וכסצו עצע.	030000101

## Name: TOLEDO SEAGATE FOODBANK INC

ID: 51-0252948

Description: ACC DEPRECIATION

Туре	Amount 42,475. 13,520. 10,091. 261,111.
MODULARS	42,475.
FURNITURE & FIXTURES	13,520.
SOFTWARE	10,091.
VEHICLES	261,111.
Total	
Total	

US 990 Other Functional Expenses: Page 10, Line 24 2018				
		Program	Management	
Description of the Asset	Total	Services	and General	Fundraising
COST OF FOOD DISTRIBU	6,263,616.	6,263,616.		
SUPPLIES	16,794.	16,106.	361.	327.
OTHER RENTAL	132.	127.	3.	2.
UTILITIES	70,140.	67,264.	1,508.	1,368.
TELEPHON	21,897.	20,999.	471.	427.
ALARM SERVICES	2,139.	2,051.	46.	42.
REAL ESTATE TAXES	4,298.	4,122.	92.	84.
PRINTING	3,789.	3,634.	81.	74.
DUES & PUBLICATIONS	1,665.	1,597.	36.	32.
LICENSES	377.	362.	8.	7.
BANK CHARGES	1,537.	1,474.	33.	30.
LAUNDRY & UNIFORMS	3,724.	3,571.	80.	73.
REFUSE DISPOSAL	7,975.	7,648.	171.	156.
MAINTENANCE	25,391.		546.	495.
		24,350. 109,256.		495.
PROGRAM RELATED EXPEN	111,657.		2,401.	1 - 2
POSTAGE	7,864.	7,542.	169.	153.
EQUIPMENT RENTAL	16,261.	15,594.	350.	317.
AUTO & TRUCK EXPENSES	55,954.	53,660.	1,203.	1,091.
	6,615,210.	6,602,973.	7,559.	4,678.