# Form **990**

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

\_\_\_\_

2020

OMB No. 1545-0047

Open to Public

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

- Do not enter social security numbers on this form as it may be made public.
  - ► Go to www.irs.gov/Form990 for instructions and the latest information.

Α	For the	e 2020 cale		01, 2020	, and e	nding SEP 3	0, 2023	L
В	Check if a	applicable:	C Name of organization TOLEDO SEAGA	TE FOODBANK	INC	D Emp	oyer identi	fication number
	Address	change	Doing business as					
$\neg$	Nama ah		Number and street (or P.O. box if mail is not delive	ered to street address)	Room/suite			
_	Name ch	larige	526 NORTH HIGH STREET			E Telep	hone numb	er
	Initial retu	urn	City or town	State	ZIP code	410 2	44-6996	-
$\neg$	Einal ratura	n/terminated	TOLEDO OH 43609			419-2	44-6996	<u> </u>
_	i iiiai i etuiri	//terminateu	Foreign country name Foreign province	ce/state/county	Foreign postal	l code		
	Amended	d return				<b>G</b> Gross	s receipts \$	11025425.
	Application	on pending	F Name and address of principal officer: MINDY	RAPP		H(a) Is this a group re	turn for subordi	inates? Yes X No
			526 HIGH ST TOLEDO	ОН 43609		H(b) Are all subore		
		· ·				If "No," attac		<del></del>
		mpt status:	X 501(c)(3) 501(c) ( ) ◀ (insert	t no.) 4947(a)(1)	or 527	ii ivo, allaci	i a iist. See	IIISUUCIOIIS
J	Website	e: ► WWW	.SEAGATEFOODBANK.ORG			H(c) Group exemp	tion number	r <b>&gt;</b>
K	Form of	organization	X Corporation Trust Association	Other ▶	L Yea	ar of formation: 19	980 <b>M</b> 9	State of legal domicile: OH
	Part I	Sur	mmary	<u> </u>				·
•	1		escribe the organization's mission or most	significant activitie	es. THE	ORGANIZAT	TON ASI	OTRES AND
ė		-	'S OUR ENERGIES TO ELIMINATIN	-				TRED AND
ä								
Activities & Governance			TY TO IDENTIFY AND DIRECT OF					
š	2		nis box 🕨 🔛 if the organization discontin	•	•		25% of its	s net assets.
Ğ	3		of voting members of the governing body				3	9
∞ ග	4	Number	of independent voting members of the government	verning body (Part	t VI, line 1b)		4	
Ę	5	Total nu	mber of individuals employed in calendar	year 2020 (Part V,	line 2a) .		5	17
≅	6		mber of volunteers (estimate if necessary)	•			6	
Ą	7a		related business revenue from Part VIII, co				7a	
•	b		elated business taxable income from Form	, ,			7b	
	- 5	NGL UITE	lated business taxable income nom i om	330-1, 1 art 1, iii le	11	Prior Ye		Current Year
	8	Contribu	tions and grants (Part VIII, line 1h)			1110110	и.	10907147.
ine	0		- · · · · · · · · · · · · · · · · · · ·					
Revenue	9		service revenue (Part VIII, line 2g)			100805.		
è	10		ent income (Part VIII, column (A), lines 3,					17473.
_	11		venue (Part VIII, column (A), lines 5, 6d, 8					
	12		enue—add lines 8 through 11 (must equal Par					11025425.
	13		and similar amounts paid (Part IX, column	• • •				
	14		paid to or for members (Part IX, column (A					
S	15	Salaries,	other compensation, employee benefits (Part	IX, column (A), lines	s 5–10) .			943508.
Expenses	16a	Professi	onal fundraising fees (Part IX, column (A),	line 11e)				
be	b	Total fur	ndraising expenses (Part IX, column (D), li	ne 25) ▶ 8	1748.			
ŵ	17	Other ex	penses (Part IX, column (A), lines 11a-11	Id, 11f-24e)				9404954.
	18		penses. Add lines 13–17 (must equal Part	•				10348462.
	19		e less expenses. Subtract line 18 from line		•			676963.
Net Assets or	S.		•			Beginning of Cu	rrent Year	End of Year
ets	20	Total as	sets (Part X, line 16)			59	60547.	6901343.
Ass	21		pilities (Part X, line 26)				90073.	958105.
Ret	22		ets or fund balances. Subtract line 21 from				70474.	5943238.
P	art II		nature Block					
			y, I declare that I have examined this return, including	accompanying schedul	les and stateme	ents, and to the bes	t of my knov	vledge
and	belief, it i	is true, corre	ect, and complete. Declaration of preparer (other than	officer) is based on all i	information of v	vhich preparer has a	any knowled	ge.
e:	~ ~					02	2/01/20	022
-	gn		Signature of officer			Da	ate	
не	ere		MINDY RAPP		EXE	CUTIVE DIR	ECTOR	
			Type or print name and title		1,2211			
			7	rer's signature		Date		PTIN
P۶	id		71 11000			_ 2.0	Check	
		, RON	ALD W COON SR CPA			02/01/2022	self-emp	ployed P00850776
	eparer		's name ► RONALD W COON SR MPPA	A CPA		Firm's EII		
US	e Only	y		TOLEDO	OH 4	13609 Phone no		-241-8240
	:-						, 117	
vla	iv the IF	≺S discus	s this return with the preparer shown above	ve? See instruction	าร			. Yes X No

including grants of \$

10224760.

) (Revenue \$

(Expenses \$

4e

Total program service expenses

Part	IV Checklist of Required Schedules			
	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete <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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			21
4		4		Х
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Λ
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	l _		
	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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10	or in 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,	10		21
11				
	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	l		
	Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Parts XI and XII	12a		х
h	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If</i> "Yes,"	124		
b	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
12		13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? 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			
	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
202	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		22
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21		04		37
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Par	t IV Checklist of Required Schedules (continued)		1	
		<b>-</b>	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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	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		
	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		37
	If"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	00-		37
00	If"Yes," complete Schedule L, Part IV	28c	37	X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			37
0.4	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	22		3.7
22	If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		3.7
24	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		v
35~	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	ววส		X
D	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	330		
50	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	30		21
J,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	31		21
38	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38		Х
Dai	t V Statements Regarding Other IRS Filings and Tax Compliance	30		Λ
ral	Check if Schedule O contains a response or note to any line in this Part V		]	
	Check in Concount C Contains a response of flote to any line in this rait v	• •	Vac	No
1-	Enter the number reported in Pox 2 of Form 1006. Enter 0, if not emplicable		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	10		v
	gaming (gambling) winnings to prize winners?	1c		X

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		Yes	No
Za	Statements, filed for the calendar year ending with or within the year covered by this return.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ua		21
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	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		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
Ū	sponsoring organizations maintaining donor advised funds. Bid a donor advised fund maintained by the	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
12a	against amounts due or received from them.)	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

6

orm 990 (2020)	TOLEDO SEAGATE FOODBANK INC		Page 6
Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7	b below, and for a "No"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes of	n Schedule O. See instru	uctions.
	Check if Schedule O contains a response or note to any line in this Part VI		. X
Section A. (	Governing Body and Management		

OCCI	ion A. Governing Body and management		V	NI-							
4-	Enter the number of cutton manch and of the navers in high at the and of the towns.		Yes	No							
та	Enter the number of voting members of the governing body at the end of the tax year <u>1a</u>	<u>'-</u>									
	If there are material differences in voting rights among members of the governing body, or										
	if the governing body delegated broad authority to an executive committee or similar										
	committee, explain on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with										
	any other officer, director, trustee, or key employee?	2		X							
3	Did the organization delegate control over management duties customarily performed by or under the direct										
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X							
6	Did the organization become aware during the year of a significant diversion of the organization's assets:	6		X							
-	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	0		Λ_							
7a	one or more members of the governing body?										
D	<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members,										
_	stockholders, or persons other than the governing body?	7b		X							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during										
	the year by the following:										
а	The governing body?	8a	X								
b	Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached										
	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X							
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code.		<del></del>							
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		X							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,										
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	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	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?.	12b									
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"										
	describe in Schedule O how this was done	12c									
13	Did the organization have a written whistleblower policy?	13	Х								
14	Did the organization have a written document retention and destruction policy?	14	Х								
15	Did the process for determining compensation of the following persons include a review and approval by										
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official.	15a		Х							
b	Other officers or key employees of the organization	15b		X							
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
16a											
	with a taxable entity during the year?	16a		Х							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its										
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard										
	the organization's exempt status with respect to such arrangements?	16b									
Sect	ion C. Disclosure	•	•								
17	List the states with which a copy of this Form 990 is required to be filed ▶ OH										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Sec	tion 50	1(c)								
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.										
	X Own website Another's website Upon request Other (explain on Schedule	O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of intere	,	/,								
	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 record	s <b>&gt;</b>									
	MINDY RAPP 419-244-6	996									
	526 HIGH ST TOLEDO OH 43609										

Form 990 (2020	) TOLEDO	SEAGATE	FOODBANK	INC	Pa	age 7

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

#### 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. See instructions for the order in which to list the persons above.

	Check this box is	£ .a a :4 a a u 4 a a a u a	:		::		att:	-1:	
	LINDOK THIS HAY I	t neither the ord	anization not an	v reiaten n	manization i	compensated an	/ CHICANT OTHCAL	CHECTOL	OF THISTAN
	OHOUR HIIS BOX I	1 110111101 1110 019		y i ciatoa o	i gai iizatioi i	componidated an	, carrerr criticin,	un colon,	, or tradice

<u>—</u>							٠.			
(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	e than or is both or/truste	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) JO ANN MATNEY	3									
PRESIDENT		Х		Х				0	0	0
(2) CHERYL SMITH	3									
V PRESIDENT		Х		Х				0	0	0
(3) D ZYWOCKI	4									
TREASURER		Х		Х				0	0	0
(4) JULIE SPEARS	4									
SECRETARY		Х		Χ				0	0	0
(5) H BREWIS	2									
MEMBER		Х						0	0	0
(6) K HAMMUDA	2									
MEMBER		Х						0	0	0
(7) J MCDAY	2									
MEMBER		Х						0	0	0
(8) j parker	2									
MEMBER		Х						0	0	0
(9) M PREPHAN	2							_		
MEMBER		Х						0	0	0
(10) M RAPP	45									
EXECUTIVE DIRE					Х			65000.	0	0
(11)										
(12)										
(13)										
(14)										

P	Section A. Officers, Directors, T	rustees, Key Eı	nplo	yee	s, a	nd	High	est	Compensated	Employees (co	ntinued)
					-	C)					
	(A)	(B)	(do r	not ch		ition more	e than	one	(D)	(E)	(F)
	Name and title	Average hours					is bot or/trus		Reportable compensation	Reportable compensation	Estimated amount of other
		per week							from the	from related	compensation
		(list any hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest co employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and
		related organizations	ual t	iona		nplo	t cor	,			related organizations
		below	ruste	trus		/ee	nper				
		dotted line)	ď	tee			Highest compensated employee				
							ä				
(15)											
(16)											
(17)											
(10)											
(10)											
(19)											
(20)											
(21)											
7=-7											
(22)											
(0.0)											
(23)		<u> </u>									
(24)											
(25)											
1b	Subtotal							<b>•</b>	65000.		
C	Total from continuation sheets to Part VII,							•	03000.		
d	Total (add lines 1b and 1c)							<b>•</b>	65000.		
2	Total number of individuals (including but not		listed	abo	ove)	) wh	o rec	eiv	ed more than \$1	00,000 of	
	reportable compensation from the organizatio	<u>n</u> ▶									Vac Na
3	Did the organization list any <b>former</b> officer, di	ractor trustae k	'Δ\' ΔI	mnl	<b>Δ</b> νΔ.	۵ ۸	r hiah	naet	compensated		Yes No
3	employee on line 1a? If "Yes," complete Sche		-		•		_		•		3 X
4	For any individual listed on line 1a, is the sum	of reportable co	mpe	nsa	tion	and	d othe	er c	ompensation fro	m	
	the organization and related organizations gre	eater than \$150,	000?	If "	Yes	s," c	omple	ete	Schedule J for s		
	individual										4 X
5	Did any person listed on line 1a receive or acc	•			•				•		_
Sec	for services rendered to the organization? If " tion B. Independent Contractors	res," complete	Scne	auie	Jī	or s	ucn p	ers	son		5 X
1	Complete this table for your five highest comp	ensated indepe	nden	t co	ntra	ctor	rs tha	t re	ceived more tha	ın \$100.000 of	
	compensation from the organization. Report of										n's tax year.
	(A)	4							(B)		(C)
	Name and business add	aress							Description of ser	vices	Compensation
	Total complement:	and and a second					4- 1 '	<u> </u>			
2	Total number of independent contractors (incl more than \$100,000 of compensation from the	-		to th	1056	e lis	ted a	VOO	e) wno received		

Part VIII Statement of Revenue

		Check if Schedule O co	ntains a respo	nse o	r note to any line	in this Part VIII.			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
							Tariotion revenue	business revenue	sections 512–514
ts s	1a	Federated campaigns		1a					
Contributions, Giffs, Grants and Other Similar Amounts	b	Membership dues		1b					
, G	С	Fundraising events		1c	53494.				
Gifts, ilar An	d	Related organizations		1d					
, G	е	Government grants (contril	outions)	1e	8031624.				
ons Sin	f	All other contributions, gifts							
utic		similar amounts not include	ed above	1f	2822029.				
trib Ot	g	Noncash contributions incl	uded in						
Contributions, and Other Sim		lines 1a-1f			\$ 2292107.				
	h	Total. Add lines 1a-1f .	<u>.</u>			10907147.			
4)					Business Code				
Program Service Revenue		BASKET SALES			923130	100805.	100805.		
erv ue	b								
ร r en	С								
ran ?ev	d								
og F	е								
Pr	f	All other program service r				10000			
	g	Total. Add lines 2a–2f				100805.			
	3	Investment income (includi	-			17472	1 7 4 7 2		
		other similar amounts)				17473.	17473.		
	4	Income from investment of			oceeds				
	5	Royalties	(i) R		(ii) Personal				
	60	Gross rents	6a		(ii) i diddiai				
	6a b	Less: rental expenses .	6b						
	C	Rental income or (loss)	6c						
	d	Net rental income or (loss)	-						
	7a				(ii) Other				
					. ,				
		other than inventory	7a						
<u>re</u>	b	Less: cost or other basis							
Revenue		and sales expenses	7b						
ev	С	Gain or (loss)	7c						
	d	Net gain or (loss)							
Other	8a	Gross income from fundrai	sing						
0		events (not including \$							
		of contributions reported or							
		See Part IV, line 18		8a					
		Less: direct expenses		8b					
		Net income or (loss) from f	•	ents .	<u> ▶</u>				
	9a	Gross income from gaming							
	_	See Part IV, line 19		<u>9a</u>					
		Less: direct expenses		9b					
		Net income or (loss) from (		es	<u> •</u>				
	10a	Gross sales of inventory, le		40-					
	<b>L</b>	returns and allowances .		10a					
		Less: cost of goods sold .  Net income or (loss) from s		10b					
· · ·	U	THE HICOIDE OF (1099) HOTH S	saics of illyelli	огу.	Business Code				
Miscellaneous Revenue	11a				245,11000 0000				
ne	b								
scellaneo Revenue	C								
SCE	d	All other revenue							
Ξ	е	Total. Add lines 11a-11d.							
	12	Total revenue. See instruc				11025425.	118278.		

#### Form 990 (2020) Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) orga	anizations must complete all columns.	. All other organizations must complet	te column (A).
--------------------------------------	---------------------------------------	--	----------------

	Check if Schedule O contains a response or note to any line in this Part IX					
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses	
1	Grants and other assistance to domestic organizations					
	domestic governments. See Part IV, line 21					
2	Grants and other assistance to domestic					
	individuals. See Part IV, line 22					
3	Grants and other assistance to foreign					
	organizations, foreign governments, and foreign					
	individuals. See Part IV, lines 15 and 16					
4	Benefits paid to or for members					
5	Compensation of current officers, directors,					
	trustees, and key employees	65000.	62335.	1398.	1267.	
6	Compensation not included above to disqualified					
	persons (as defined under section 4958(f)(1)) and					
	persons described in section 4958(c)(3)(B)					
7	Other salaries and wages	771536.	739903.	16588.	15045.	
8	Pension plan accruals and contributions (include					
_	section 401(k) and 403(b) employer contributions)					
9	Other employee benefits	64183.	61551.	1380.	1252.	
10	Payroll taxes	42789.	41035.	920.	834.	
11	Fees for services (nonemployees):					
а	Management					
b	Legal					
C	Accounting	28681.	27505.	617.	559.	
d	Lobbying					
e	Professional fundraising services. See Part IV, line 17					
f	Investment management fees					
g	Other. (If line 11g amount exceeds 10% of line 25, column					
40	(A) amount, list line 11g expenses on Schedule O.)	50025	05011	1065	20250	
12	Advertising and promotion	58835.	25211.	1265.	32359.	
13	Office expenses	2961.	2839.	64.	58.	
14	Information technology	17198.	10319.	6879.		
15	Royalties	4502	4.40.4	0.0	0.0	
16	Occupancy	4593. 45300.	4404.	99. 974.	90.	
17 18	Travel	45300.	43443.	9/4.	883.	
10	for any federal, state, or local public officials					
19	Conferences, conventions, and meetings	3900.	3740.	84.	76.	
20	Interest	817.	817.	04.	70.	
21	Payments to affiliates	01/.	01/.			
22	Depreciation, depletion, and amortization	109451.	109451.			
23	Insurance	37464.	35928.	805.	731.	
24	Other expenses. Itemize expenses not covered	37101.	33720.	003.	,31.	
	above (List miscellaneous expenses on line 24e. If					
	line 24e amount exceeds 10% of line 25, column					
	(A) amount, list line 24e expenses on Schedule O.)					
а	(**) a 2.10 0 2.11 0 2.11					
b	FUND RAISING	22501.			22501.	
С	FOOD DISTRIBUTIONS	8567142.	8567142.			
d	SUPPLIES	11541.	11068.	248.	225.	
е	All other expenses	494570.	478069.	10633.	5868.	
25	Total functional expenses. Add lines 1 through 24e.	10348462.	10224760.	41954.	81748.	
26	Joint costs. Complete this line only if the					
	organization reported in column (B) joint costs					
	from a combined educational campaign and					
	fundraising solicitation. Check here  if					
	following SOP 98-2 (ASC 958-720)					

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	617366.	1	901699.
	2	Savings and temporary cash investments	724629.	2	884455.
	3	Pledges and grants receivable, net	414524.	3	474988.
	4	Accounts receivable, net	22140.	4	21450.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%	,		
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ets	7	Notes and loans receivable, net	1509.	7	1518.
Assets	8	Inventories for sale or use	1406329.	8	1469346.
⋖	9	Prepaid expenses and deferred charges	17154.	9	14991.
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 2327903.			
	b	Less: accumulated depreciation 10b 958659 .	1286063.	10c	1369244.
	11	Investments—publicly traded securities	806163.	11	832125.
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	664670.	15	931527.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	5960547.	16	6901343.
	17	Accounts payable and accrued expenses	19147.	17	24273.
	18	Grants payable		18	
	19	Deferred revenue	664670.	19	931527.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ap		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	2305.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24). Complete			
		Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	690073.	26	958105.
es		Organizations that follow FASB ASC 958, check her▶ X			
S E		and complete lines 27, 28, 32, and 33.			
ä	27	Net assets without donor restrictions	4008810.	27	4652913.
D E	28	Net assets with donor restrictions	1241664.	28	1290325.
٦		Organizations that do not follow FASB ASC 958, check here▶			
Ē		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
let	32	Total net assets or fund balances		32	5943238.
_	33	Total liabilities and net assets/fund balances	5940547.	33	6901343.

Page 1	2
--------	---

Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	11	0254	125.
2	Total expenses (must equal Part IX, column (A), line 25)	10	3484	162.
3	Revenue less expenses. Subtract line 2 from line 1		6769	963.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	5	2504	174.
5	Net unrealized gains (losses) on investments		158	301.
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))	5	9432	238.
Part	XIII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		. [	
			Yes	No
1	Accounting method used to prepare the Form 990: 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			
C	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on	20		
	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 on Schedule O and describe any steps taken to undergo such audits	3b	Х	

Form **990** (2020)

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

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

OMB No. 1545-0047

**Open to Public** 

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or Form 990-EZ.

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

Name of the organization TOLEDO SEAGATE FOODBANK INC

	rt I							
	org	anization is not a private founda	•			•	,	
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in <b>section</b>		•		-		
3		A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii)</b> .						
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the						
		hospital's name, city, and state	): 					
5		An organization operated for the section 170(b)(1)(A)(iv). (Con		ge or university owner	d or opera	ated by a	governmental unit d	escribed in
6		A federal, state, or local gover	nment or governme	ental unit described in	section '	170(b)(1)(	A)(v).	
7	Χ	An organization that normally redescribed in <b>section 170(b)(1</b> )			rom a gov	/ernmenta	al unit or from the ge	eneral public
8		A community trust described in	section 170(b)(1)	)(A)(vi). (Complete Pa	rt II.)			
9		An agricultural research organ				ted in cor	niunction with a land	l-grant college
		or university or a non-land-grauniversity:	nt college of agricu	Iture (see instructions)	. Enter th	e name, o	city, and state of the	college or
10		An organization that normally receipts from activities related support from gross investment acquired by the organization a	to its exempt functi income and unrela	ions—subject to certain ated business taxable i	n exception	ons, and ( ess sectio	2) no more than 33 n 511 tax) from bus	1/3% of its
11		An organization organized and	operated exclusive	ely to test for public sa	fety. See	section	509(a)(4).	
12		An organization organized and of one or more publicly suppor Check the box in lines 12a thro	ted organizations d	lescribed in section 5	09(a)(1)	or <b>sectior</b>	1 <b>509(a)(2).</b> See <b>se</b>	ction 509(a)(3).
а		Type I. A supporting organithe supported organization(organization. You must co	zation operated, su s) the power to reg mplete Part IV, Se	pervised, or controlled ularly appoint or elect ctions A and B.	d by its su a majority	pported o	rganization(s), typic rectors or trustees o	ally by giving of the supporting
b		Type II. A supporting organ control or management of the organization(s). You must	ne supporting orgar	nization vested in the s				
С		Type III functionally integrits supported organization(s	rated. A supporting	organization operated				tegrated with,
d		Type III non-functionally inthat is not functionally integree requirement (see instruction	ntegrated. A support of the support of the support of the organization of the support of the sup	orting organization operation generally must sa	erated in o	connection stribution	n with its supported requirement and an	
е		Check this box if the organize						Type III
		functionally integrated, or T					31 / 31 /	
f		Enter the number of supported						
g	/:\	Provide the following information					(c) Amount of monotonic	(vi) Amount of
	(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in yo	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No	•	
Α)						- 110		
В)								
(C)								
(D)								
Έ)								
Ta+-								
Γota	u							1

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

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

Sec	ction A. Public Support			, 1	•	,	
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	(f) Total
2	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6272886.	6314813.	8206943.	12897056.	11025425.	44717123.
	to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 5</b>	Total. Add lines 1 through 3	6272886.	6314813.	8206943.	12897056.	11025425.	44717123.
6	Public support. Subtract line 5 from line 4						44717123.
	ction B. Total Support	( ) 2242	# \ 004 <b>=</b>	( ) 0040	( D 0040	( ) 0000	(O. T. ).
_	endar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	<b>(e)</b> 2020	(f) Total
7	Amounts from line 4	6272886.	6314813.	8206943.	12897056.	11025425.	44717123.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	23799.	21806.	23443.	21425.	17473.	107946.
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						44825069.
12 13	Gross receipts from related activities, etc. (se First 5 years. If the Form 990 is for the org organization, check this box and stop here.	anization's first, se	econd, third, fourth	n, or fifth tax year a	as a section 501(c		<b>&gt;</b>
Sec	ction C. Computation of Public Sup	port Percenta	age				
14	Public support percentage for 2020 (line 6, c	olumn (f), divided b	by line 11, column	(f))		14	99.76%
15	Public support percentage from 2019 Schedu	ule A, Part II, line 1	4			15	99.73%
	33 1/3% support test—2020. If the organization qualifies as	a publicly support	ed organization.				<b>&gt;</b> X
b	33 1/3% support test—2019. If the organization and stop here. The organization qualifies						_
17a	10%-facts-and-circumstances test—2020. 10% or more, and if the organization meets Part VI how the organization meets the facts organization	If the organization the facts-and-circumstance	did not check a be cumstances test, c s test. The organiz	ox on line 13, 16a, heck this box and ation qualifies as a	or 16b, and line 14 <b>stop here</b> . Explai a publicly supporte	I n in d	
b	10%-facts-and-circumstances test—2019. 15 is 10% or more, and if the organization r in Part VI how the organization meets the facorganization	meets the facts-an cts-and-circumstan	d-circumstances t ces test. The orga	est, check this booming and the contraction qualifies a	x and <b>stop here</b> . E s a publicly suppor	Explain ted	
18	<b>Private foundation.</b> If the organization did n instructions						

#### Schedule B (Form 990, 990-EZ,

or 990-PF)

Department of the Treasury Internal Revenue Service **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

2020

Employer identification number

Name of the organization
TOLEDO SEAGATE FOODBANK INC

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 cov	vered by the General Rule or a Special Rule.				
<b>Note:</b> Only a section 501(c)(7), instructions.	(8), or (10) organization can check boxes for both the General Rule and a Special Rule. See				
General Rule					
	g Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 operty) from any one contributor. Complete Parts I and II. See instructions for determining a putions.				
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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990					

**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).

TOLEDO SEAGATE FOODBANK INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1_	Foreign State or Province: Foreign Country:	\$343,076.	Person Payroll Noncash X (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2_	Foreign State or Province: Foreign Country:	\$ 322,563.	Person Payroll Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3	Foreign State or Province: Foreign Country:	\$ 293,693.	Person Payroll Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4	Foreign State or Province: Foreign Country:	\$ 118,910.	Person Payroll Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5_	Foreign State or Province: Foreign Country:	\$81,294.	Person Payroll Noncash X (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
66	Foreign State or Province: Foreign Country:	\$ 78,368.	Person Payroll Noncash  (Complete Part II for noncash contributions.)			

TOLEDO SEAGATE FOODBANK INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
7	Foreign State or Province: Foreign Country:	\$70,075.	Person Payroll Noncash X (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
8	Foreign State or Province: Foreign Country:	\$ 67,339.	Person Payroll Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
9	Foreign State or Province: Foreign Country:	\$ 51,586.	Person Payroll Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
10	Foreign State or Province: Foreign Country:	\$ 49,288.	Person Payroll Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_11_	Foreign State or Province: Foreign Country:	\$48,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
12	Foreign State or Province: Foreign Country:	\$42,710.	Person Payroll Noncash  (Complete Part II for noncash contributions.)			

TOLEDO SEAGATE FOODBANK INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_13_	Foreign State or Province: Foreign Country:	\$42,378.	Person Payroll Noncash X (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
14	Foreign State or Province: Foreign Country:	\$ 40,850.	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	Foreign State or Province: Foreign Country:	\$35,273.	Person Payroll Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
16	Foreign State or Province: Foreign Country:	\$ 34,926.	Person Payroll Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_17_	Foreign State or Province: Foreign Country:	\$33,000.	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			
18	Foreign State or Province: Foreign Country:	\$30,000.	Person X Payroll			

TOLEDO SEAGATE FOODBANK INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
19	Foreign State or Province: Foreign Country:	\$14,292.	Person Payroll Noncash  (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
20	Foreign State or Province: Foreign Country:	\$13,562.	Person Payroll Noncash  (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
_21_	Foreign State or Province: Foreign Country:	\$ 12,186.	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		
_22	Foreign State or Province: Foreign Country:	\$11,999.	Person Payroll Noncash  (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
_23	Foreign State or Province: Foreign Country:	\$11,962.	Person Payroll Noncash X (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
24	Foreign State or Province: Foreign Country:	\$11,784.	Person Payroll Noncash X (Complete Part II for noncash contributions.)		

TOLEDO SEAGATE FOODBANK INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
25	Foreign State or Province: Foreign Country:	\$10,445.	Person Payroll Noncash  (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
26	Foreign State or Province: Foreign Country:	\$10,176.	Person Payroll Noncash  (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
27	Foreign State or Province: Foreign Country:	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
_28_	Foreign State or Province: Foreign Country:	\$ 8,706.	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		
29	Foreign State or Province: Foreign Country:	\$8,482.	Person Payroll Noncash X (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
30	1 Foreign State or Province: Foreign Country:	\$8,136.	Person Payroll Noncash  (Complete Part II for noncash contributions.)		

TOLEDO SEAGATE FOODBANK INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
31	Foreign State or Province: Foreign Country:	\$7,000.	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				
32	Foreign State or Province: Foreign Country:	\$6,400.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
33	Foreign State or Province: Foreign Country:	\$6,137.	Person Payroll Noncash  (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
34	Foreign State or Province: Foreign Country:	\$6,046.	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				
35	Foreign State or Province: Foreign Country:	\$5,925.	Person Payroll Noncash X (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
36	Foreign State or Province: Foreign Country:	\$5,148.	Person Payroll Noncash X (Complete Part II for noncash contributions.)				

TOLEDO SEAGATE FOODBANK INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
37	Foreign State or Province: Foreign Country:	\$5,000.	Person X Payroll  Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
38	Foreign State or Province: Foreign Country:	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
39	Foreign State or Province: Foreign Country:	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
40	Foreign State or Province: Foreign Country:	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				

Employer identification number

FOOD_PRODUCT	(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
from Part I Description of noncash property given (See instructions.)    FOOD PRODUCT   See instructions.)   Date received	1	FOOD PRODUCT	\$ 342,062.	09/30/2021
(a) No. from Part I  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date received  (a) No. from Part I  (a) No. from Part I  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date received  (e) FMV (or estimate) (See instructions.)  (a) No. from Description of noncash property given  (a) No. from Part I  (a) No. from Description of noncash property given  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date received  (a) No. from Description of noncash property given  (a) No. from Description of noncash property given  (b) FMV (or estimate) (See instructions.)  (a) No. from Description of noncash property given  (c) FMV (or estimate) (See instructions.)  (d) Date received  (a) No. from Description of noncash property given  (c) FMV (or estimate) (See instructions.)	from		FMV (or estimate)	
from Part I Description of noncash property given (See instructions.)  FOOD PRODUCT  (a) No. from Part I FOOD PRODUCT  (b) Description of noncash property given (C) FMV (or estimate) (See instructions.)  FOOD PRODUCT  (a) No. from Part I FOOD PRODUCT  (b) Description of noncash property given (C) FMV (or estimate) (See instructions.)  (a) No. from Part I Description of noncash property given (See instructions.)  FOOD PRODUCT  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date received  (a) No. from Part I Description of noncash property given (See instructions.)  (a) No. from Part I Description of noncash property given (See instructions.)  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)	2	FOOD PRODUCT	\$ 322,563.	09/30/2021
(a) No. from Part I  (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  (a) No. from Part I  (b) Description of noncash property given  (c) FMV (or estimate) (See instructions.)  (d) Date received  (d) Date received  (d) Date received  (d) Date received  (a) No. from Part I  (a) No. from Part I  (a) No. from Description of noncash property given  (b) Description of noncash property given  (c) FMV (or estimate) (See instructions.)  (d) Date received  (d) Date received  (e) FMV (or estimate) (See instructions.)	from	Description of noncash property given	FMV (or estimate)	
from Part I  Description of noncash property given  FMV (or estimate) (See instructions.)  A FOOD PRODUCT  (a) No. from Part I  FOOD PRODUCT  (b) Description of noncash property given  FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date received  FOOD PRODUCT  (a) No. from Part I  (b) Description of noncash property given  FOOD PRODUCT  (a) No. from Part I  FOOD PRODUCT  (b) Description of noncash property given  FMV (or estimate) (See instructions.)  (d) Date received  FMV (or estimate) (See instructions.)	3	FOOD PRODUCT	\$ 293,693.	09/30/2021
(a) No. from Part I  (a) No. from Part I  (b) Description of noncash property given  (c) FMV (or estimate) (See instructions.)  (d) Date received  \$ 81,294. 09/30/2021  (a) No. from Part I  (b) Description of noncash property given  (c) FMV (or estimate) (See instructions.)  (d) Date received  FMV (or estimate) (See instructions.)	from		FMV (or estimate)	
from Part I  Description of noncash property given  FMV (or estimate) (See instructions.)  FOOD PRODUCT  (a) No. from Part I  Description of noncash property given  (b) FMV (or estimate) (C) FMV (or estimate) (See instructions.)  (d) Date received  FOOD PRODUCT  6	4	FOOD PRODUCT	\$ 118,910.	09/30/2021
\$ 81,294. 09/30/2021  (a) No. from Part I	from		FMV (or estimate)	
from Part I Description of noncash property given FMV (or estimate) (See instructions.) Date received  FOOD PRODUCT	5	FOOD PRODUCT	\$ 81,294.	09/30/2021
6	from	Description of noncash property given	FMV (or estimate)	
	6	FOOD PRODUCT	\$ 76,729.	09/30/2021

Employer identification number

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
77	FOOD PRODUCT	\$ 70,075.	09/30/2021		
(a) No. from Part I	(b) Description of noncash property given				
8	FOOD PRODUCT	\$ 67,339.	09/30/2021		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
9	FOOD PRODUCT	\$ 51,586.	09/30/2021		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
10	FOOD PRODUCT	\$ 49,288.	09/30/2021		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
11	PET FOOD PRODUCT	\$ 48,000.	09/30/2021		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
.12	FOOD PRODUCT	\$ 42,710.	09/30/2021		
		I .	<u> </u>		

Employer identification number

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
13	FOOD PRODUCT	\$ 42,378.	09/30/2021		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
15	FOOD PRODUCT	\$ 35,273.	09/30/2021		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
16	FOOD PRODUCT	\$ 34,714.	09/30/2021		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
20	FOOD PRODUCT	\$ 13,561.	09/30/2021		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
21	FOOD PRODUCT	\$ 12,186.	09/30/2021		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
22	FOOD PRODUCT	\$ 11,999.	09/30/2021		

Employer identification number

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
23	FOOD PRODUCT	\$ 11,962.	09/30/2021		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
24	FOOD PRODUCT	\$ 11,784.	09/30/2021		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
25	FOOD PRODUCT	\$ 10,445.	09/30/2021		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
26	FOOD PRODUCT	\$ 10,176.	09/30/2021		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
28	FOOD PRODUCT	\$ 8,706.	09/30/2021		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
29	FOOD PRODUCT	\$ 756.	09/30/2021		

Employer identification number

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
33	FOOD PRODUCT	\$ 6,137.	09/30/2021
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
34	FOOD PRODUCT	\$ 6,046.	09/30/2021
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
35	FOOD PRODUCT	\$ 5,925.	09/30/2021
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
36	FOOD PRODUCT	\$ 5,148.	09/30/2021
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ <u>.</u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ <sub></sub>	

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

**Supplemental Financial Statements** 

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

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service

Name	of the organization		Employer identification number
TOI	EDO SEAGATE FOODBANK INC		
Par	Organizations Maintaining Donor		
	Complete if the organization answere	ed "Yes" on Form 990, Part IV, line 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4 5	Aggregate value at end of year	nor advisors in writing that the assets hal	L d in denot advised
3	funds are the organization's property, subject	· ·	
6	Did the organization inform all grantees, dono		
	only for charitable purposes and not for the be		
	conferring impermissible private benefit?		
Par	Conservation Easements.		<del>_</del>
	Complete if the organization answere	ed "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held b		
	Preservation of land for public use (for examp	le, recreation or education) Preservation	on of a historically important land area
	Protection of natural habitat	Preservation	on of a certified historic structure
	Preservation of open space	<u>—</u>	
2	Complete lines 2a through 2d if the organizat	ion held a qualified conservation contribu	tion in the form of a conservation
	easement on the last day of the tax year.	•	Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation ease		
С	Number of conservation easements on a cert		
d	Number of conservation easements included		
3	historic structure listed in the National Registe Number of conservation easements modified		
3	the tax year	, transferred, released, extinguished, or te	eminated by the organization during
4	Number of states where property subject to c	onservation easement is located	
5	Does the organization have a written policy re		on, handling of
	violations, and enforcement of the conservation		
6	Staff and volunteer hours devoted to monitoring, in		
	<b>•</b>		
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violations, and enforcing cons	servation easements during the year
_	<b>\$</b>		
8	Does each conservation easement reported of		
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization rep		•
	balance sheet, and include, if applicable, the organization's accounting for conservation ea		mandai statements that describes the
Par	III Organizations Maintaining Collect		r Other Similar Assets
		ed "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted unde		
	works of art, historical treasures, or other sim	ilar assets held for public exhibition, educ	cation, or research in furtherance of
	public service, provide in Part XIII the text of		
b	If the organization elected, as permitted under	·	
	works of art, historical treasures, or other sim		cation, or research in furtherance of
	public service, provide the following amounts		
	(i) Revenue included on Form 990, Part VIII,		
2	(ii) Assets included in Form 990, Part X		• \$
2	If the organization received or held works of a		
9	following amounts required to be reported un- Revenue included on Form 990, Part VIII, line		
	Assets included in Form 990, Part X		

Part	III Organizations Maintaining C	ollections	of Art, F	listo	ical Tre	asures, or	Other	Similar Asset	s (contir	nued)	
3	Using the organization's acquisition, a	ccession, a	nd other re	cords	, check ar	ny of the follo	wing th	nat make signific	ant use o	of its	
	collection items (check all that apply):				İ						
а	Public exhibition		d		Loan or	exchange pr	ogram				
b	Scholarly research		е		Other						
С											
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Part	ESCROW and Custodial Arran										
	Complete if the organization a 990, Part X, line 21.	nswered "`	Yes" on F	orm 9	90, Part	IV, line 9, o	r repo	orted an amoun	t on For	m	
1a	Is the organization an agent, trustee, or included on Form 990, Part X?								Ye	es 🗌	No
b	If "Yes," explain the arrangement in Pa	art XIII and	complete th	ne foll	owing tab	le:					
									Amount		
C	Beginning balance						10				
d	Additions during the year						10				
e f	Distributions during the year Ending balance						1				
	•							•		s X	N.
2a	Did the organization include an amour							· ·		S A	No
b	If "Yes," explain the arrangement in Pa	art XIII. Che	ck nere if t	ne ex	olanation	nas been pro	ovided	on Part XIII			<u> </u>
Part		ال معربيميا ال	Vaall an E	C	000 Dow	11/ 1:00 40					
	Complete if the organization a	(a) Current		orm S ( <b>b)</b> Pri		(c) Two years	haak	(d) Three years back	(a) Fo	ur years	- hook
1a	Beginning of year balance	(a) Current	year	(b) PII	or year	(C) Two years	Dack	(u) Tillee years back	(e) F0	ur years	Dack
b	Contributions										
C	Net investment earnings, gains,										
	and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the	-		lance	(line 1g,	column (a)) h	eld as	:			
а	Board designated or quasi-endowmen		0.00%								
b	Permanent endowment	0.00%	2.								
С	Term endowment ▶ 0.00		aual 1000/								
3a	The percentages on lines 2a, 2b, and Are there endowment funds not in the		•		ion that a	re held and a	dminis	etered for the			
Ja	organization by:	possession	or the orga	arnzat	ion that a	re riela aria a	idi i ii ii i	stered for the	ſ	Yes	No
	(i) Unrelated organizations								3a(i)		-110
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related of								3b		
4	Describe in Part XIII the intended uses	s of the orga	anization's	endov	vment fun	ds.			'		
Part	VI Land, Buildings, and Equipr	nent.									
	Complete if the organization a	nswered "	Yes" on F	orm 9	90, Part	IV, line 11a	ı. See	Form 990, Par	t X, line	10.	
	Description of property	(a)	Cost or other b	asis		or other basis	٠,	Accumulated	<b>(d)</b> Bo	ook valu	е
			(investment)		-	other)	(	depreciation		- 06	
1a	Land	1				5,960.	1	10 200		5,96	
b	Buildings	<del></del>				9,250. 3,973.		18,300. 271,777.		),95	
G C	Leasehold improvements	1				2,033.		60,661.		2,19 1,37	
d e	Equipment					6,687.		100,001.		3,76	
	I. Add lines 1a through 1e. (Column (d)		Form 990.	Part		-			1,369		

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line  (a) Description of security or category (including name of security)  (b) Book value  (c) Method of valuation: Cost or end-of-year market value  (1) Financial derivatives	12.
(including name of security)  (1) Financial derivatives	
(2) Closely held equity interests	
(3) Other  (A) (B) (C) (D) (E) (F) (G) (H)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	
(A) (B) (C) (D) (E) (F) (G) (H)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	
(A) (B) (C) (D) (E) (F) (G) (H)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	
(C) (D) (E) (F) (G) (H)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	
(D) (E) (F) (G) (H)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	
(E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	
(F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	
(G) (H)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	
(H)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	
investments i regiani itelatea.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line	3
	<u>J.</u>
(a) Description of investment (b) Book value (c) Method of valuation:  Cost or end-of-year market value	
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	
Part IX Other Assets.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line  (a) Description (b) Book value	
(a) Description (b) Book value (1) GRANTS AWARDED 931,52	
(2)	•
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	7.
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X	ί,
line 25.	
1. (a) Description of liability (b) Book value	
(1) Federal income taxes	
<u>(4)</u>	
(5) (c)	
(6)	
(7) (8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	-
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	

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

Pa	<b>Fundraising Events.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List							
		events with gross recei			ome on Form 990-EZ,	lines 1 and 60. List		
			(a) Event #1 VARIOUS	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through		
Ф			(event type)	(event type)	(total number)	col. <b>(c)</b> )		
Revenue	1	Gross receipts	53,494.			53,494.		
ч	2							
	3	Gross income (line 1 minus line 2)	53,494.			53,494.		
	4	Cash prizes						
	5	Noncash prizes						
ense	6	Rent/facility costs						
Direct Expenses	7	Food and beverages						
Dire	8		00.701			00.701		
	9	Other direct expenses	22,501.			22,501.		
	10 11	Direct expense summary. Ad Net income summary. Subtra				22,501. 30,993.		
Pa	art III	Gaming. Complete if the	e organization answer	ed "Yes" on Form 990,	Part IV, line 19, or rep	orted more than		
Revenue		than \$15,000 on Form	(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
Reve	1	Gross revenue						
ses	2	Cash prizes						
Expenses	3	Noncash prizes						
Direct F	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	Yes 0.0% No	Yes 0.0% No	Yes 0.0% No			
	7	Direct expense summary. Ad	d lines 2 through 5 in co	lumn (d)				
	8	Net gaming income summary	v. Subtract line 7 from lin	e 1, column (d)				
	<b>a</b> Is	Enter the state(s) in which the organization conducts gaming activities:  Is the organization licensed to conduct gaming activities in each of these states?						
		Vere any of the organization's g "Yes," explain:	aming licenses revoked		ed during the tax year? .	. Yes No		

#### SCHEDULE M (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

TOLEDO SEAGATE FOODBANK INC

Par	Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		/lethod o ash cont			
1	Art—Works of art								
2	Art—Historical treasures								
3	Art—Fractional interests								
4	Books and publications								
5	Clothing and household								
	goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities—Publicly traded								
10	Securities—Closely held stock								
11	Securities—Partnership, LLC,								
	or trust interests								
12	Securities—Miscellaneous								
13	Qualified conservation								
	contribution—Historic								
	structures								
14	Qualified conservation								
	contribution—Other								
15	Real estate—Residential								
16	Real estate—Commercial								
17	Real estate—Other								
18	Collectibles								
19	Food inventory	Х	10000	1,637,567.	FMV	TIME	S	75%	
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ► (NON-FOOD )	Х	500	276,054.	FMV				
26	Other ► (LABOR )	Х	1076		STD	HOUF	RLY	RA	ΓE
27	Other ► (STEADY RESOLV		12863			HOUF			
28	Other ► (								
	Number of Forms 8283 received	by the orga	nization during the tax vear	for contributions for					
	which the organization completed				29				
	· ·							Yes	No
30a	During the year, did the organizat	ion receive	by contribution any propert	v reported in Part I. lines 1	throug	h			
	28, that it must hold for at least th								
	to be used for exempt purposes for	-			-		30a		Χ
b	If "Yes," describe the arrangemen		311						
31	Does the organization have a gift		e policy that requires the rev	view of any nonstandard					
٠.	contributions?						31		Χ
32a	Does the organization hire or use					<b> </b>			
J_U	noncash contributions?					-	32a		Χ
h	If "Yes," describe in Part II.						u		
33	If the organization didn't report ar	amount in	column (c) for a type of pro	nerty for which column (a)	is				
	checked, describe in Part II.	. amount in		porty for willout column (a)					

	ige <b>2</b>
<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received or a combination of both. Also complete this part for any additional information.	,k
PART I LINE 25	
VALUE IS COMPUTED ON THE FMV OF THE ITEMS RECEIVED COMPUTED	
GROSS PROFIT METHOD ON 75% COST	
PART I LINE 26	
COMPUTED ON THE STANDARD HOURLY RATE THAT IS PUBLISHED ON	
THE INTERNET	
DADE T LINE 07	
PART I LINE 27	
OPERATION STEAY RESOLVE IS A TASK FORCE IMPLEMETED BY THE	
FEDERAL GOVERNMENT TO ASSIST WITH VIABLE NON PROFITS THAT DO	
AN INGRAL PART TO RELIEVE THE ISSUES OF COVID-19. THERE IS A	
10% PREMIUM ADDED TO THE LINE 26 RATE DUE TO ADVANCED SKILLS	

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

Department of the Treasury

Internal Revenue Service

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public

Inspection

Name of the organization

TOLEDO SEAGATE FOODBANK INC

SCHED B PART II COLUMN D
THE USE OF 09/30/2021 IN THE DATE RECEIVED COLUMN MEANS THAT
THE HAVE RECEIVED NUMBEROUS DONATIONS THROUGHOUT THE YEAR
990 PART VI LINE 11
A COPY OF THE 990 IS PRESENTED TO THE BOARD PRIOR TO FILING
FOR REVIEW. ONCE FILED, A COPY IS MAINTAINED FOR INSPECTION
BY THE MEMBER AS WELL AS THE PUBLIC. PUBLIC COPY IS REDACTED
990 PART VI LINE 12C
THE BOARD REQUIRES THE MEMBER TO SIGN AND FILE A
DISCLOSURE FORM AT ITS ANNUAL BOARD MEETING
990 PART VI LINE 19
THE ORGANIZATION HAS A SEPARATE PLACE FOR THE ANNUAL FILINGS
OF THE FORMS 990 AS WELL AS THE RELATED 1023 AND ALL ATTACH-
MENT. THESE ARE MADE AVAILABLE BY APPT DURING NORMAL BUS HRS

## Form **8879-EO**

Department of the Treasury

Internal Revenue Service

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

For calendar year 2020, or fiscal year beginning OCT  $\,\,01\,$  , 2020, and ending SEP  $\,\,30\,$  , 2021

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

► Go to www.irs.gov/Form8879EO for the latest information.

OMB No. 1545-0047

2020

Name of exempt organization or person subject to tax	Taxpayer identification number			
TOLEDO SEAGATE FOODBANK INC				
Name and title of officer or person subject to tax				
MINDY RAPP  EXECUTIVE:	DIRECTOR			
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 a If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, be -0- on the return, then enter -0- on the applicable line below. Do not complete more that	line for the return being filed with this plank (do not enter -0-). But, if you entered			
1a Form 990 check here       ► X       b Total revenue, if any (Form 990, Part VIII, column 2a Form 990-EZ check here       ► b 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 99 5a Form 8868 check here       ► b Balance due (Form 8868, line 3c).         6a Form 990-T check here       ► b Total tax (Form 990-T, Part III, line 4).         7a Form 4720 check here       ► b Total tax (Form 4720, Part III, line 1).         Part II Declaration and Signature Authorization of Officer or Person S	2b			
Under penalties of perjury, I declare that \( \text{X} \) I am an officer of the above organization or \( \text{IN} \) true, correct, and complete. I further declare that the amount in Part I above is the amount shown of consent to allow my intermediate service provider, transmitter, or electronic return originator (ERC to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmiss processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution accouns oftware for payment of the federal taxes owed on this return, and the financial institution to debit the a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 but (settlement) date. I also authorize the financial institutions involved in the processing of the electronic confidential information necessary to answer inquiries and resolve issues related to the payment. I identification number (PIN) as my signature for the electronic return and, if applicable, the consent	and that I have examined a copy on the copy of the electronic return.  b) to send the return to the IRS and sion, (b) the reason for any delay in Treasury and its designated Financial at indicated in the tax preparation he entry to this account. To revoke siness days prior to the payment hic payment of taxes to receive have selected a personal			
PIN: check one box only				
X I authorize BROADWAY TAX INC to enter	r my PIN 51025 as my signature Enter five numbers, but do not enter all zeros			
on the tax year 2020 electronically filed return. If I have indicated within this re a state agency(ies) regulating charities as part of the IRS Fed/State program, enter my PIN on the return's disclosure consent screen.				
As an officer or person subject to tax with respect to the organization, I will ent electronically filed return. If I have indicated within this return that a copy of the regulating charities as part of the IRS Fed/State program, I will enter my PIN or	e return is being filed with a state agency(ies)			
Signature of officer or person subject to tax ▶	Date ► 02/01/2022			
Part III Certification and Authentication				
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	24602105170			
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 2020 elect that I am submitting this return in accordance with the requirements of <b>Pub. 4163</b> , Modern IRS <i>e-file</i> Providers for Business Returns.	tronically filed return indicated above. I confirm			
ERO's signature	Date ► 04/25/2022			
EDO Must Datain This Farms One Instructions				
ERO Must Retain This Form—See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So				

Name TOLEDO SEAGATE FOODBANK INC	Name: TOLEDO	SEAGATE FOODBANK	INC	ID:
----------------------------------	--------------	------------------	-----	-----

Description: DEPRECTATION		

Туре	Amount
BUILDINGS	Amount 7,800.
BUILDING IMPROVEMENTS	31,175.
MODULARS	5,700.
VEHICLES	45,783.
FURNITURE & FIXTURES	780.
WAREHOUSE EQUIPMENT	6,590.
EQUIPMENT	5,635.
INFORMATION TECHNOLOGIES	5,988.
	109,451.