

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No. 1545-0047

2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning , and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p style="text-align: center;">Toledo Northwestern Ohio Food Bank</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p style="text-align: center;">24 E Woodruff Ave.</p> City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center;">Toledo OH 43604</p>	D Employer identification number <p style="text-align: center;">34-1441016</p> E Telephone number <p style="text-align: center;">419-242-5000</p> G Gross receipts \$ 14,828,602
F Name and address of principal officer: <p style="text-align: center;">James M Caldwell 24 E Woodruff Ave. Toledo OH 43604</p>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () <input type="checkbox"/> t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number u
J Website: u www.toledofoodbank.org		L Year of formation: 1984 M State of legal domicile: OH
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <p style="text-align: center;">To enable other community organizations to end hunger. We strive to maximize community resources by effectively obtaining and distributing food through a food collection and distribution system.</p>																									
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																									
	3 Number of voting members of the governing body (Part VI, line 1a)	18																								
	4 Number of independent voting members of the governing body (Part VI, line 1b)	17																								
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	43																								
	6 Total number of volunteers (estimate if necessary)	13953																								
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0																								
	7b Net unrelated business taxable income from Form 990-T, line 34	0																								
Revenue		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">19,334,973</td> <td style="text-align: right;">13,439,685</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">299,507</td> <td style="text-align: right;">264,114</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">27,909</td> <td style="text-align: right;">106,500</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">104,831</td> <td style="text-align: right;">73,896</td> </tr> <tr> <td>12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">19,767,220</td> <td style="text-align: right;">13,884,195</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	19,334,973	13,439,685	9 Program service revenue (Part VIII, line 2g)	299,507	264,114	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	27,909	106,500	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	104,831	73,896	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,767,220	13,884,195						
	Prior Year	Current Year																								
8 Contributions and grants (Part VIII, line 1h)	19,334,973	13,439,685																								
9 Program service revenue (Part VIII, line 2g)	299,507	264,114																								
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	27,909	106,500																								
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	104,831	73,896																								
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,767,220	13,884,195																								
Expenses		<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td>13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)</td> <td style="text-align: right;">14,735</td> <td style="text-align: right;">23,012</td> </tr> <tr> <td>14 Benefits paid to or for members (Part IX, column (A), line 4)</td> <td style="text-align: right;">0</td> <td style="text-align: right;">0</td> </tr> <tr> <td>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</td> <td style="text-align: right;">413,209</td> <td style="text-align: right;">484,363</td> </tr> <tr> <td>16a Professional fundraising fees (Part IX, column (A), line 11e)</td> <td style="text-align: right;">135,100</td> <td style="text-align: right;">130,402</td> </tr> <tr> <td>b Total fundraising expenses (Part IX, column (D), line 25) u 256,435</td> <td></td> <td></td> </tr> <tr> <td>17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</td> <td style="text-align: right;">19,114,236</td> <td style="text-align: right;">13,603,231</td> </tr> <tr> <td>18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)</td> <td style="text-align: right;">19,677,280</td> <td style="text-align: right;">14,241,008</td> </tr> <tr> <td>19 Revenue less expenses. Subtract line 18 from line 12</td> <td style="text-align: right;">89,940</td> <td style="text-align: right;">-356,813</td> </tr> </tbody> </table>	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	14,735	23,012	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	413,209	484,363	16a Professional fundraising fees (Part IX, column (A), line 11e)	135,100	130,402	b Total fundraising expenses (Part IX, column (D), line 25) u 256,435			17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	19,114,236	13,603,231	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	19,677,280	14,241,008	19 Revenue less expenses. Subtract line 18 from line 12	89,940	-356,813
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	14,735	23,012																								
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0																								
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	413,209	484,363																								
16a Professional fundraising fees (Part IX, column (A), line 11e)	135,100	130,402																								
b Total fundraising expenses (Part IX, column (D), line 25) u 256,435																										
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	19,114,236	13,603,231																								
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	19,677,280	14,241,008																								
19 Revenue less expenses. Subtract line 18 from line 12	89,940	-356,813																								
Net Assets or Fund Balances		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Beginning of Current Year</th> <th style="text-align: center;">End of Year</th> </tr> </thead> <tbody> <tr> <td>20 Total assets (Part X, line 16)</td> <td style="text-align: right;">6,492,899</td> <td style="text-align: right;">6,240,358</td> </tr> <tr> <td>21 Total liabilities (Part X, line 26)</td> <td style="text-align: right;">111,039</td> <td style="text-align: right;">123,351</td> </tr> <tr> <td>22 Net assets or fund balances. Subtract line 21 from line 20</td> <td style="text-align: right;">6,381,860</td> <td style="text-align: right;">6,117,007</td> </tr> </tbody> </table>		Beginning of Current Year	End of Year	20 Total assets (Part X, line 16)	6,492,899	6,240,358	21 Total liabilities (Part X, line 26)	111,039	123,351	22 Net assets or fund balances. Subtract line 21 from line 20	6,381,860	6,117,007												
	Beginning of Current Year	End of Year																								
20 Total assets (Part X, line 16)	6,492,899	6,240,358																								
21 Total liabilities (Part X, line 26)	111,039	123,351																								
22 Net assets or fund balances. Subtract line 21 from line 20	6,381,860	6,117,007																								

Part II Signature Block

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

Sign Here	Signature of officer <p style="text-align: center;">James M Caldwell</p> Type or print name and title	Date <p style="text-align: center;">President & CEO</p>
Paid Preparer Use Only	Print/Type preparer's name <p>Leslie A. DeMarco, CPA, CFE</p> Preparer's signature <p>Leslie A. DeMarco, CPA, CFE</p> Date <p>03/26/19</p> Check <input type="checkbox"/> if self-employed PTIN <p>P00046767</p>	Firm's name } DeMarco & Associates CPAs, LLC Firm's address } 845 Commerce Dr Perrysburg, OH 43551 Firm's EIN } 46-3287546 Phone no. } 419-931-0250

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
To enable other community organizations to end hunger. We strive to maximize community resources by effectively obtaining and distributing food through a food collection and distribution system.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No
If "Yes," describe these new services on Schedule O.

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

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

4a (Code:) (Expenses \$ 13,689,098 including grants of \$ 23,012) (Revenue \$ 264,114)
Distribute food to various agencies, group homes, and organizations providing meals or food baskets to the needy.

COPY

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

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses u 13,689,098

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
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)?		X
4b	If "Yes," enter the name of the foreign country: u 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?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in 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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
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 in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	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	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		X
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u OH**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **u**

TNWOFB **24 E Woodruff Ave.** **OH 43604** **419-242-5000**
Toledo

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Norman Bell	1.00									
Chairman	1.00	X		X			0	0	0	
(2) Hal Munger	1.00									
Vice Chairman	0.00	X		X			0	0	0	
(3) Brad Toft	1.00									
Secretary	0.00	X		X			0	0	0	
(4) Timothy Schmidt	1.00									
Treasurer	1.00	X		X			0	0	0	
(5) Debbie Deiger	1.00									
Director	0.00	X					0	0	0	
(6) Maggie Kaser	1.00									
Director	0.00	X					0	0	0	
(7) Mark H Rose	1.00									
Director	0.00	X					0	0	0	
(8) Paul Toth	1.00									
Director	0.00	X					0	0	0	
(9) Theo Washington	1.00									
Director	0.00	X					0	0	0	
(10) Jeffrey Carevic	1.00									
Director	0.00	X					0	0	0	
(11) Aimee Chafins	1.00									
Director	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Carrie Franzen Director	1.00 0.00	X						0	0	0
(13) John S. Szuch Director	1.00 0.00	X						0	0	0
(14) Meg Adams Director	1.00 0.00	X						0	0	0
(15) James M Caldwell President & CEO	39.00 16.00					X		172,999	0	28,436
1b Sub-total							u	172,999		28,436
c Total from continuation sheets to Part VII, Section A							u			
d Total (add lines 1b and 1c)							u	172,999		28,436

COPY

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u 1**

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u 0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	13,439,685			
	g Noncash contributions included in lines 1a-1f: \$		11,862,968			
	h Total. Add lines 1a-1f	u	13,439,685			
Program Service Revenue	2a Shared Maintenance Fees	Busn. Code	264,114	264,114		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	u	264,114			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	58,459			58,459
	4 Income from investment of tax-exempt bond proceeds	u				
	5 Royalties	u				
	6a Gross rents	(i) Real (ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)	u				
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	900,282			
	b Less: cost or other basis & sales exps.		852,241			
	c Gain or (loss)		48,041			
	d Net gain or (loss)	u	48,041			48,041
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a	166,062			
	b Less: direct expenses	b	92,166			
	c Net income or (loss) from fundraising events	u	73,896			
	9a Gross income from gaming activities. See Part IV, line 19	a				
b Less: direct expenses	b					
c Net income or (loss) from gaming activities	u					
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory	u					
Miscellaneous Revenue	11a	Busn. Code				
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	u				
12 Total revenue. See instructions.	u	13,884,195	264,114	0	106,500	

COPY

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	23,012	23,012		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	460,668	436,340		24,328
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	10,818	10,452		366
10 Payroll taxes	12,877	12,442		435
11 Fees for services (non-employees):				
a Management	372,618	259,204	95,870	17,544
b Legal				
c Accounting	7,950		7,950	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	130,402			130,402
f Investment management fees	16,523		16,523	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	9,636		9,636	
12 Advertising and promotion	88,965		5,605	83,360
13 Office expenses	57,439		57,439	
14 Information technology				
15 Royalties				
16 Occupancy	147,368	134,670	12,698	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	638	638		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	142,784	142,784		
23 Insurance	28,631	25,836	2,795	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Food Expense	12,570,256	12,570,256		
b Fuel	40,316	40,316		
c Retirement	28,629		28,629	
d Freight	21,980	21,980		
e All other expenses	69,498	11,168	58,330	
25 Total functional expenses. Add lines 1 through 24e	14,241,008	13,689,098	295,475	256,435
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	1,530,388	1	1,635,951
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	213,372	4	247,151
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	2,124,826	8	1,536,145
	9	Prepaid expenses and deferred charges	137,497	9	123,091
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,913,533		
	b	Less: accumulated depreciation	10b 1,141,424	10c 781,653	772,109
	11	Investments—publicly traded securities	1,702,225	11	1,922,803
	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	2,938	15	3,108
16	Total assets. Add lines 1 through 15 (must equal line 34)	6,492,899	16	6,240,358	
Liabilities	17	Accounts payable and accrued expenses	109,428	17	121,756
	18	Grants payable	1,611	18	1,595
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	111,039	26	123,351
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	6,280,517	27	6,081,081
	28	Temporarily restricted net assets	101,343	28	35,926
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	6,381,860	33	6,117,007	
34	Total liabilities and net assets/fund balances	6,492,899	34	6,240,358	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,884,195
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,241,008
3	Revenue less expenses. Subtract line 2 from line 1	3	-356,813
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,381,860
5	Net unrealized gains (losses) on investments	5	83,198
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	8,762
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,117,007

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2017

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

Toledo Northwestern Ohio Food Bank

Employer identification number

34-1441016

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
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						

- 12** Gross receipts from related activities, etc. (see instructions) 12
- 13** **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

- 14** Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 %
- 15** Public support percentage from 2016 Schedule A, Part II, line 14 15 %
- 16a** **33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b** **33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a** **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b** **10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18** **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15,481,470	15,515,442	18,118,196	19,334,973	13,439,685	81,889,766
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	419,251	291,304	342,865	299,507	264,114	1,617,041
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	15,900,721	15,806,746	18,461,061	19,634,480	13,703,799	83,506,807
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	260,004	128,708	184,611	102,883		676,206
c Add lines 7a and 7b	260,004	128,708	184,611	102,883		676,206
8 Public support. (Subtract line 7c from line 6.)						82,830,601

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	15,900,721	15,806,746	18,461,061	19,634,480	13,703,799	83,506,807
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	23,955	47,416	54,290	27,909	106,500	260,070
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	23,955	47,416	54,290	27,909	106,500	260,070
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	15,924,676	15,854,162	18,515,351	19,662,389	13,810,299	83,766,877
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	98.88 %
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	98.72 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c	<input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2	Activities Test. <i>Answer (a) and (b) below.</i>		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017:			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

COPY

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

Toledo Northwestern Ohio Food Bank

Employer identification number

34-1441016

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, and questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, total number of easements, and questions about monitoring and reporting.

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting works of art and historical treasures.

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **u**
 - b** Permanent endowment **u**
 - c** Temporarily restricted endowment **u**
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		643,303	295,994	347,309
c Leasehold improvements				
d Equipment		423,928	344,436	79,492
e Other		846,302	500,994	345,308
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			u	772,109

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) u		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) u	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	14,059,559
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	83,198	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	92,166	
e	Add lines 2a through 2d		2e	175,364
3	Subtract line 2e from line 1		3	13,884,195
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	13,884,195

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	14,333,174
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	92,166	
e	Add lines 2a through 2d		2e	92,166
3	Subtract line 2e from line 1		3	14,241,008
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	14,241,008

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part X - FIN 48 Footnote

FASB ASC #740, Income Taxes, requires entities to disclose in their financial statements the nature of any uncertainties in their tax position. Tax years including the year ended December 31, 2013 and later are subject to examination by tax authorities. Areas that IRS and state authorities consider when examining tax returns of a charity include, but may not be limited to, tax-exempt status and the existence and amount of unrelated business income. The Food Bank does not believe that it has any uncertain tax positions with respect to these or other matters, and has not recorded any unrecognized tax benefits or liability for penalties and interest.

The Food Bank is not aware of any circumstances or events that make it

Part XIII Supplemental Information *(continued)*

reasonably possible that tax benefits may increase or decrease within 12 months of the date of these financial statements.

Part XI, Line 2d - Revenue Amounts Included in Financials - Other

Fundraising Expenses \$ **92,166**

Part XII, Line 2d - Expense Amounts Included in Financials - Other

Fundraising Expenses \$ **92,166**

COPY

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2017

Department of the Treasury
Internal Revenue Service

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

⚡ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization

Toledo Northwestern Ohio Food Bank

Employer identification number

34-1441016

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Haines & Company, Inc. 1 PO Box 8227 Canton OH 44711-9111	DirectMail		X	365,249	130,402	234,847
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				365,249	130,402	234,847

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Ohio

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>Harvest of Than</u> (event type)	<u>Music Festival</u> (event type)	<u>1</u> (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	65,101	59,224	41,737	166,062
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	65,101	59,224	41,737	166,062
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	16,044	48,744	27,378	92,166
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					73,896

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

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

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

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

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name **u**

Address **u**

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization **u** \$ and the amount of gaming revenue retained by the third party **u** \$
- c If "Yes," enter name and address of the third party:

Name **u**

Address **u**

16 Gaming manager information:

Name **u**

Gaming manager compensation **u** \$

Description of services provided **u**

- Director/officer
- Employee
- Independent contractor

COPY

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year **u** \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Sch G, Part I, Line 2b, Col (v) - Fundraising vs. Reimbursement Explanation
Haines & Company, Inc.
241445

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

Toledo Northwestern Ohio Food Bank

Employer identification number

34-1441016

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	James C Caldwell Community Center 3201 Stickney Ave. Toledo OH 43608	34-4316930	501c3	23,012				Back pack program
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

COPY

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

The Food Bank paid grant funds of \$23,012 to a related organization - The James C Caldwell Community Center (34-4316930). The grants are used for the Center's Back-Pack Program. Monitoring is done through a collaborative effort between all organizations involved.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
u Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Toledo Northwestern Ohio Food Bank

Employer identification number
34-1441016

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a** Yes No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** Yes No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** Yes No

If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a** Yes No
- b** Any related organization? **5b** Yes No

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a** Yes No
- b** Any related organization? **6b** Yes No

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 James M Caldwell President & CEO	(i)	172,999	0	0	28,436	0	201,435	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

COPY

Part III Supplemental Information

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

Part I, Line 1a - Fringe or Expense Explanation

The President and CEO's salary is paid by related non-profit organization called Second Harvest Community Services of NW Ohio (SHCS) (57-1211683). Second Harvest Community Services of NW Ohio is fully reimbursed by two non-profit entities it manages through management fees recieved. These entities do not pay anything to the President and CEO. These two entities are the James C Caldwell Community Center (34-4316930) which paid approximately 9% of the total management fees (not including 401(k) plan contributions) and the Toledo Northwestern Ohio Food Bank (34-1441016) which paid approximately 91% (100% of the 401(k) plan contributions and 401(k) plan admin fees).

Part III - Other Additional Information

The compensation of \$172,999 paid to the President and CEO is billed to the following organizations through management fees paid by each organization. Toledo NW Ohio Food Bank paid \$157,429 (91%), James C Caldwell Community Center paid \$15,570 (9%), total \$172,999. James M Caldwell, President and CEO works an average of 55 hours per week. These hours are allocated as

Part III Supplemental Information

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

follows: Toledo NW Ohio Food Bank 39 hours (75%), James C Caldwell

Community Center 16 hours (25%), total 55 hours per week.

COPY

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

u Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer identification number

Toledo Northwestern Ohio Food Bank

34-1441016

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory	X	2	11,862,968	Feeding America, Inc.
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other u ()				
26 Other u ()				
27 Other u ()				
28 Other u ()				

COPY

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

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

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

COPY

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.

u Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

Toledo Northwestern Ohio Food Bank

Employer identification number

34-1441016

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

Review is conducted by the President and CEO and the Board Treasurer. The 990 is available to other board members prior to filing it through an email sent to all of them requesting that if they would like to review the 990, they are to respond affirmatively and one would be forwarded to them. After all are done with their review, and all open items have been discussed and cleared, the return is filed with the IRS.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The Board of Directors has a compensation committee who reviews the compensation package of the President and CEO of the Organization. They use statistics such as compensation paid to other Food Bank President and CEOs, as well as comparable compensation packages paid to other Executive Directors of other non-profit organizations.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

These documents are available upon request. Those interested can call to request them, or send an email request via the Food Bank's website.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Prior period adjustment \$ 8,762

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

u Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

u Attach to Form 990.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Toledo Northwestern Ohio Food Bank

Employer identification number

34-1441016

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					

COPY

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) James C Caldwell Community Center 3201 Stickney Ave Toledo OH 43608 34-4316930	Kids Cafe	OH	501c3	7	N/A		X
(2) Second Harvest Community Services 24 E Woodruff Ave Toledo OH 43604 57-1211683	Management	OH	501c3	11	N/A		X
(3)							
(4)							
(5)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												

COPY

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									

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

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

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

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

COPY

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	James C Caldwell Community Center	b	23,012	Actual Cash Grant Paid
(2)	James C Caldwell Community Center	d	45,000	Actual Cash Loan Made
(3)	Second Harvest Community Services	p	360,090	Actual Agency Fee Paid
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

COPY

Part VII

Supplemental Information.

Provide additional information for responses to questions on Schedule R. See Instructions.

COPY

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

u Attach to your tax return.
u Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2017

Attachment Sequence No. **179**

Name(s) shown on return

Toledo Northwestern Ohio Food Bank

Identifying number

34-1441016

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	510,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,030,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	201,337

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2017	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/>		

Section B—Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	201,337
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2017)

34-1441016

Federal Asset Report

FYE: 12/31/2017

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
1	Building Costs	3/01/02	457,467			457,467	39 MO S/L	173,994	11,730
2	Building Costs	9/30/02	4,537			4,537	39 MO S/L	1,657	117
3	Overhead Door-Salvage Room	10/05/05	2,163			2,163	39 MO S/L	624	55
4	Overhead door - Salvage Room	6/16/06	1,950			1,950	39 MO S/L	525	50
5	Re-Install Dock Leveler	7/21/06	3,375			3,375	39 MO S/L	901	87
6	New Induced Draft Unit for Furnace	3/08/07	600			600	15 MO S/L	393	40
7	2 Overhead Doors	5/20/07	2,870			2,870	39 MO S/L	705	74
8	Backflow Preventer/Water Meter	5/24/07	3,842			3,842	39 MO S/L	944	99
9	New Door - Side Building	8/13/07	595			595	39 MO S/L	144	15
10	2 Unit Heaters	1/26/08	6,435			6,435	7 MO S/L	6,435	0
11	Exterior Concrete	8/10/08	5,640			5,640	15 MO S/L	3,165	376
12	Paving Work	8/13/08	3,685			3,685	15 MO S/L	2,068	245
13	Carpet - Hall area	8/22/08	3,685			3,685	7 MO S/L	3,685	0
14	Re-roof	8/25/08	50,868			50,868	15 MO S/L	28,260	3,391
15	Ramp for walk-in freezer	8/31/08	695			695	7 MO S/L	695	0
16	8 1/2 Ton Rooftop Air Conditioner	2/03/09	7,200			7,200	7 MO S/L	7,200	0
17	Drinking Fountain - Warehouse	7/26/09	735			735	7 MO S/L	735	0
18	2 Unit Heaters	8/16/09	7,795			7,795	7 MO S/L	7,795	0
19	Freezer Ramp	8/18/09	1,800			1,800	7 MO S/L	1,800	0
20	Window Guards -office	11/10/09	5,006			5,006	7 MO S/L	5,006	0
21	Resurface and Pave Parking Lot	5/05/10	11,640			11,640	15 MO S/L	5,173	776
22	Carpet	8/21/10	2,373			2,373	7 MO S/L	2,147	226
23	12'X 10' Overhead door	11/21/10	2,177			2,177	15 MO S/L	883	145
24	Steel Door - Rear of Building	5/27/11	1,404			1,404	39 MO S/L	201	36
25	Clear Light Guards - Warehouse	10/17/13	1,783			1,783	7 MO S/L	807	254
26	Furniture	12/31/85	2,200			2,200	7 MO S/L	2,200	0
27	Desk	12/31/85	200			200	7 MO S/L	200	0
28	Sink	12/31/85	100			100	7 MO S/L	100	0
29	Chair -Jims office (moved to Barbara H. off	7/01/95	500			500	7 MO S/L	500	0
30	Office Furn-Dana	7/01/95	8,000			8,000	7 MO S/L	8,000	0
31	Fireproof File Cabinet	10/15/96	1,500			1,500	7 MO S/L	1,500	0
32	F&F Franklin Office	10/15/96	700			700	7 MO S/L	700	0
34	Fireproof File Cab 4 Drawer	1/22/98	1,079			1,079	7 MO S/L	1,079	0
35	Fireking File Cab 4 Drawer	1/28/99	1,077			1,077	7 MO S/L	1,077	0
36	Boardroom Furniture	2/28/02	3,400			3,400	7 MO S/L	3,400	0
37	Office Furniture	2/28/02	2,400			2,400	7 MO S/L	2,400	0
38	Office Furniture -Dana	2/28/02	5,575			5,575	7 MO S/L	5,575	0
39	Office Furniture	3/13/02	5,894			5,894	7 MO S/L	5,894	0
40	Jims Office Furniture	4/30/02	3,051			3,051	7 MO S/L	3,051	0
41	12 Sled Base Stack Chairs	8/07/07	1,500			1,500	7 MO S/L	1,500	0
42	Office Guest Chairs	3/18/09	593			593	7 MO S/L	593	0
43	4-Drawer Fire-Proof File Cabinet	1/29/10	952			952	7 MO S/L	941	11
44	Desk and Hutch	1/24/11	405			405	7 MO S/L	342	58
45	Color TV-sears	7/01/95	300			300	5 MO S/L	300	0
46	Tape Drive and Backup	2/18/98	700			700	5 MO S/L	700	0
47	Laser Printer, HP	6/22/98	489			489	5 MO S/L	489	0
48	Apple G4 466 W/15 Flat Monitor	8/16/01	2,755			2,755	5 MO S/L	2,755	0
49	Apple IBOOK G3/500	11/01/01	1,474			1,474	5 MO S/L	1,474	0
50	DonorQuest Fundraising Software	11/01/01	2,695			2,695	5 MO S/L	2,695	0
51	Computer Upgrades	3/01/02	908			908	5 MO S/L	908	0
52	Dishwasher	3/08/02	330			330	5 MO S/L	330	0
53	Fax Machine	3/09/02	300			300	5 MO S/L	300	0
54	Security System	3/22/02	11,705			11,705	5 MO S/L	11,705	0
55	Microwave	3/29/02	182			182	5 MO S/L	182	0
56	Computer Upgrade	7/17/02	1,651			1,651	5 MO S/L	1,651	0
57	Computer Upgrade	9/04/02	4,583			4,583	5 MO S/L	4,583	0
58	Computer Upgrade	9/04/02	5,016			5,016	5 MO S/L	5,016	0
59	Computer Upgrade	10/17/02	120			120	5 MO S/L	120	0
60	Printer	11/01/02	800			800	5 MO S/L	800	0
61	Computer Upgrade	12/18/02	223			223	5 MO S/L	223	0
62	Computer Upgrade	12/24/02	7,681			7,681	5 MO S/L	7,681	0
63	TV/VCR Jims Office	12/30/02	247			247	5 MO S/L	247	0
64	Accounting Dept PC	2/06/03	807			807	5 MO S/L	807	0
65	Customer Service PC	9/28/03	883			883	5 MO S/L	883	0
66	Tertronix 780 Printer	2/29/04	1,100			1,100	5 MO S/L	1,100	0
67	Tertronix 780 Printer	2/29/04	1,100			1,100	5 MO S/L	1,100	0
68	Compucase LX 6812 pc	3/03/04	870			870	5 MO S/L	870	0
69	Compucase LX 6812 PC	10/05/04	1,461			1,461	5 MO S/L	1,461	0

34-1441016

Federal Asset Report

FYE: 12/31/2017

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
70	Copier Canon Image Class 760-Front	4/18/05	599				599	5 MO S/L	599	0
71	Grantwriter PC - HomeNet	7/28/05	1,300				1,300	5 MO S/L	1,300	0
72	AMD PC Computer	1/01/06	994				994	5 MO S/L	994	0
73	16 Camera Digital Recorder	3/17/06	1,200				1,200	5 MO S/L	1,200	0
74	Compaq Computer	10/18/06	530				530	5 MO S/L	530	0
75	HP Laserjet Printer	12/07/06	620				620	5 MO S/L	620	0
76	HP Computer Dev Office	3/05/07	775				775	5 MO S/L	775	0
77	HP Computer Warehouse Office	3/05/07	775				775	5 MO S/L	775	0
78	HP Computer / Tape back up	8/01/07	1,632				1,632	5 MO S/L	1,632	0
79	Color Monitor - Security System	9/26/08	795				795	7 MO S/L	795	0
80	HP dc5800 Computer - Development	10/02/08	1,499				1,499	5 MO S/L	1,499	0
81	HP dc5800 Computer - Development	10/02/08	1,499				1,499	5 MO S/L	1,499	0
82	HP dc5800 Computer - Development	10/02/08	1,499				1,499	5 MO S/L	1,499	0
83	HP Laser Jet Printer	3/05/09	648				648	5 MO S/L	648	0
84	Computer Marketing	3/31/09	1,621				1,621	5 MO S/L	1,621	0
85	Computer	8/31/09	1,136				1,136	5 MO S/L	1,136	0
86	Phone - Conference Room	12/10/09	600				600	7 MO S/L	600	0
87	Phone system	3/22/10	3,524				3,524	7 MO S/L	3,398	126
88	HP LaserJet Printer	3/22/10	450				450	5 MO S/L	450	0
89	Laser jet printer	8/12/10	800				800	5 MO S/L	800	0
90	H.P. Computer Pro 3000	8/29/10	898				898	5 MO S/L	898	0
91	H.P. Computer Smart Buy	9/30/10	879				879	5 MO S/L	879	0
92	Dell Desktop Computer	2/03/11	500				500	5 MO S/L	500	0
93	Dell Desktop Computer - Jim	12/22/11	790				790	5 MO S/L	790	0
94	Computer Server/Install	7/23/12	11,304				11,304	5 MO S/L	9,985	1,319
95	Apple note book	5/14/12	1,537				1,537	5 MO S/L	1,435	102
96	H/P Printer	6/01/12	700				700	5 MO S/L	642	58
97	Jims Lap top Computer	12/15/12	1,120				1,120	3 MO S/L	1,120	0
98	Dell Optiplex Desktop Computer	1/03/13	1,000				1,000	5 MO S/L	800	200
99	Sharp MX-2610N Copier	3/04/13	9,000				9,000	5 MO S/L	6,900	1,800
100	Server Microsoft SOL 2012	3/28/13	6,498				6,498	5 MO S/L	4,874	1,299
101	Tablet - Dell Latitude 10	5/30/13	1,339				1,339	3 MO S/L	1,339	0
102	Dell Optiplex Desktop Computer	9/13/13	800				800	5 MO S/L	533	160
103	Salvage Table	7/01/95	1,000				1,000	7 MO S/L	1,000	0
104	Shelving, Racking-Kroger	3/15/98	7,000				7,000	7 MO S/L	7,000	0
105	Walk-In Cooler-Kroger	6/17/98	15,760				15,760	7 MO S/L	15,760	0
106	Walmart Conveyors	2/29/00	9,000				9,000	7 MO S/L	9,000	0
107	Refrig/Cooler Renov-Arco	1/09/01	4,234				4,234	7 MO S/L	4,234	0
109	Racking -Dana	2/28/02	30,000				30,000	7 MO S/L	30,000	0
110	Scales	3/09/02	2,881				2,881	7 MO S/L	2,881	0
111	Bailer	4/30/02	7,575				7,575	7 MO S/L	7,575	0
112	Freezer	4/30/02	6,900				6,900	7 MO S/L	6,900	0
113	Walkie Reach Stacker	8/12/02	19,609				19,609	7 MO S/L	19,609	0
114	Pallet Jack "T"	9/03/02	349				349	7 MO S/L	349	0
115	Shopping Carts	9/30/02	2,583				2,583	7 MO S/L	2,583	0
116	Compressor A/C Unit - Arco	7/31/04	3,880				3,880	7 MO S/L	3,880	0
117	23 pallette Rack Rails	11/20/06	1,545				1,545	7 MO S/L	1,545	0
118	Steel Guard Rail - Cooler	5/24/06	645				645	7 MO S/L	645	0
119	Replace Door on Cooler	6/27/06	2,989				2,989	7 MO S/L	2,989	0
120	Compressor Rebuild	11/29/06	1,627				1,627	7 MO S/L	1,627	0
121	30 Pallette Rail Shelves	4/04/07	3,413				3,413	7 MO S/L	3,413	0
122	Master Built Freezer	9/16/09	6,757				6,757	7 MO S/L	6,757	0
124	2 KWIK-WEIGH Pallet Jacks	2/24/10	2,798				2,798	7 MO S/L	2,732	66
126	Stock Cart	5/14/10	336				336	7 MO S/L	320	16
127	Floor Scale	5/14/10	2,067				2,067	7 MO S/L	1,968	99
128	Stock Cart	5/14/10	336				336	7 MO S/L	320	16
129	2 Fans	8/06/10	614				614	7 MO S/L	563	51
130	Hyster Lift	11/11/11	2,800				2,800	7 MO S/L	2,067	400
131	2012 Hyster Walkie Lift	4/24/12	1,400				1,400	7 MO S/L	933	200
132	Diamond Plate Floor - Free	12/31/12	8,495				8,495	7 MO S/L	4,854	1,214
133	97 Ford Tractor 6676	9/30/01	35,000				35,000	7 MO S/L	35,000	0
135	05 Utility Semi-Trailer 4402	4/15/04	27,813				27,813	7 MO S/L	27,813	0
138	09 Hino Truck - Donated	3/01/09	88,811				88,811	7 MO S/L	88,811	0
139	09 Ford E-350 P/U Truck	6/29/09	25,758				25,758	7 MO S/L	25,758	0
140	Interior Upgrades E350 Truck	7/24/09	1,900				1,900	7 MO S/L	1,900	0
141	2009 New Hino Refer Van	3/01/10	88,108				88,108	7 MO S/L	86,010	2,098
142	2012 Hino 22' Refer Truck	9/19/12	72,046				72,046	7 MO S/L	48,888	10,292
144	2013 Hino 22' Refrig Truck 2785	8/31/13	106,498				106,498	7 MO S/L	50,713	15,214
149	Haines Direct Acquisition #1	10/31/13	25,970				25,970	3 MO S/L	25,970	0
150	Haines Direct-Acquisition #2	10/31/13	23,416				23,416	3 MO S/L	23,416	0
151	Haines Direct- Acquisition #1 & #2	10/31/13	22,000				22,000	3 MO S/L	22,000	0

34-1441016

Federal Asset Report

FYE: 12/31/2017

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
152	Hart and Assoc Media Video	7/01/11	22,500			22,500	5 MO S/L	22,500	0
153	Exterior Painting - 21 E Woodruff	7/06/14	7,875			7,875	7 MO S/L	2,813	1,125
154	Exterior Painting, Carpentry and Lights	10/24/14	11,271			11,271	7 MO S/L	3,489	1,610
155	Dell Optiplex Computer 3.3GHz Mini-Towr	1/01/14	800			800	5 MO S/L	480	160
156	Dell Latitude E6530 15.6" LED Notebook	1/16/14	1,946			1,946	5 MO S/L	1,135	389
157	5 Tablet Computers - OBB Grant	3/31/14	580			580	5 MO S/L	319	116
158	Dell Latitude E5540 15.6" LED Notebook	6/09/14	1,000			1,000	5 MO S/L	517	200
159	ECCA Primarius Software	6/23/14	35,450			35,450	5 MO S/L	17,725	7,090
160	Dell Optiplex Computer 7010 Mini-Tower	7/31/14	1,820			1,820	5 MO S/L	880	364
161	Recreate website-toledofoodbank.org	10/10/14	3,000			3,000	3 MO S/L	2,250	750
162	Dell Optiplex Computer 7010 Mini-Tower	10/20/14	2,138			2,138	5 MO S/L	926	428
163	Web Development-Online Store/Silent Auct	12/31/14	3,000			3,000	3 MO S/L	2,000	1,000
164	HysterFortis Model S50ft Fork-lift - USED	7/16/14	9,000			9,000	7 MO S/L	3,107	1,286
165	2015 HINO Truck with Refrig Unit	6/27/14	91,156			91,156	7 MO S/L	32,556	13,022
166	Acquisition #1 & #2 Response/Demographic	10/01/14	68,412			68,412	3 MO S/L	51,309	17,103
167	2 Fairfield Chairs (Jim's Office)	9/04/15	939			939	7 MO S/L	179	134
168	Fairfield Chair (Jim's Office)	10/13/15	497			497	7 MO S/L	89	71
169	HP Laser Jet Printer (Jim's Office)	4/11/15	550			550	5 MO S/L	193	110
170	Dell Opt. 7020 Computer	6/20/15	1,220			1,220	5 MO S/L	366	244
171	Haines Acquisition #1 & #2	10/31/15	66,797			66,797	3 MO S/L	25,977	22,265
172	Energy Efficient Lights - Warehouse	6/25/15	9,916			9,916	3 MO S/L	4,958	3,305
173	Used Hyster ForkLift	5/07/15	7,500			7,500	7 MO S/L	1,786	1,071
174	2015 Hyster W452HD Pallet Truck	6/11/15	1,895			1,895	7 MO S/L	429	270
175	7 Nesting Platform Carts	9/11/15	3,543			3,543	7 MO S/L	675	506
176	2009 Hino - New Transmission Rebuild	4/29/15	4,443			4,443	5 MO S/L	1,481	889
178	2015 Hyster W45ZHD Pallet Truck	12/04/15	1,895			1,895	7 MO S/L	293	271
180	P.Avery-Guard rail to prot. main water ent.	6/02/16	2,450			2,450	10 MO S/L	143	245
181	P.Avery-Misc. Bldg Improvements	8/28/16	16,236			16,236	5 MO S/L	1,082	3,248
182	Santan Castagna Exec. Chair (Jim's Office)	12/08/16	769			769	7 MO S/L	9	110
183	Acadia Mesh Chair	10/15/16	99			99	7 MO S/L	4	14
184	Acadia Mesh Chair	10/15/16	99			99	7 MO S/L	4	14
185	Curved Espresso Desk	10/22/16	214			214	7 MO S/L	5	31
186	Curved Espresso Desk	10/22/16	214			214	7 MO S/L	5	31
187	Optiplex Computer 7020 Mini-Tower	1/29/16	1,030			1,030	5 MO S/L	189	206
188	Optiplex Computer 7020 Mini-Tower	1/29/16	1,030			1,030	5 MO S/L	189	206
189	Optiplex Computer 7020 Mini-Tower	1/29/16	1,030			1,030	5 MO S/L	189	206
190	Optiplex Computer 7020 Mini-Tower	1/29/16	1,030			1,030	5 MO S/L	189	206
191	Dell Latitude 3570 Laptop Computer - Harv	8/31/16	1,078			1,078	5 MO S/L	72	215
192	Dell Latitude E6540 Laptop Computer - Jir	9/14/16	1,529			1,529	5 MO S/L	102	306
193	ABC Warehouse-55" Smart TV for Board R	11/17/16	698			698	5 MO S/L	12	139
194	Hyster SYHPT-2010 Pallet Truck with Scal	3/23/16	1,540			1,540	7 MO S/L	165	220
195	Hyster SYHPT-2010 Pallet Truck with Scal	3/23/16	1,540			1,540	7 MO S/L	165	220
196	Hyster (4101371) Weigh Scale 27x48	8/22/16	1,570			1,570	7 MO S/L	75	224
197	Replace monitor, DVR, & 3 Cameras	10/31/16	3,965			3,965	7 MO S/L	94	567
198	2016 Harvest Market Truck	8/26/16	145,284			145,284	7 MO S/L	6,918	20,755
199	Rebuild Refer on Semi-Trailer	4/28/16	1,677			1,677	3 MO S/L	373	558
200	Decal for Harvest Market Truck	6/17/16	3,856			3,856	3 MO S/L	643	1,285
202	Bottom Sec. of Doors 09,12,13 Hino's	6/09/16	2,796			2,796	3 MO S/L	544	932
203	Acquisition #1 & #2 Response/Demographic	10/31/16	57,575			57,575	3 MO S/L	3,199	19,191
204	Received in trade for asset # 145	7/05/16	59,942			59,942	5 MO S/L	5,994	11,989
205	Batteries	3/03/17	868			868	7 MO S/L	0	103
206	Walkie Pallet Truck	3/30/17	3,700			3,700	7 MO S/L	0	396
207	Walkie Pallet Truck	3/30/17	3,700			3,700	7 MO S/L	0	396
208	Merchandiser Freezer	3/30/17	1,739			1,739	7 MO S/L	0	186
209	Mercahdiser Freezer	3/30/17	2,437			2,437	7 MO S/L	0	261
210	3400HD Baler	10/31/17	12,366			12,366	7 MO S/L	0	294
211	Power Edge T430 Server	5/02/17	6,674			6,674	5 MO S/L	0	890
212	Dell Computer	11/01/17	1,784			1,784	5 MO S/L	0	59
213	SonicWall TZ300	4/19/17	2,295			2,295	5 MO S/L	0	306
214	Kidron Generation 2 Emperor Trailer	3/15/17	86,919			86,919	7 MO S/L	0	10,348
215	97 Ford Aero (Brown)	4/18/17	1,912			1,912	7 MO S/L	0	182
216	Liftgate Cylinders	11/22/17	2,385			2,385	7 MO S/L	0	28
217	Aluminum Floor in Freezer	2/15/17	5,235			5,235	15 MO S/L	0	320
218	Executive Desk Chair	1/31/17	1,193			1,193	7 MO S/L	0	156
219	Acquisition #1& #2 - Response/Demographi	12/28/17	52,127			52,127	3 MO S/L	0	0
Total Other Depreciation			<u>2,252,328</u>			<u>2,252,328</u>		<u>1,173,018</u>	<u>201,337</u>
Total ACRS and Other Depreciation			<u>2,252,328</u>			<u>2,252,328</u>		<u>1,173,018</u>	<u>201,337</u>

Federal Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
	Grand Totals		2,252,328			2,252,328		1,173,018	201,337
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>2,252,328</u>			<u>2,252,328</u>		<u>1,173,018</u>	<u>201,337</u>

COPY

**SCHEDULE G
(Form 990 or
990-EZ)****Fundraising Other Events****2017**

For calendar year 2017, or tax year beginning , and ending

Name

Employer Identification Number

Toledo Northwestern Ohio Food Bank**34-1441016**

		(a) Other event	(b) Other event	(c) Other event	(d) Total other events (add col. (a) through col. (c))
		<u>Hearts of Fire</u> (event type)	_____	_____	
Revenue	1 Gross receipts	41,737			41,737
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	41,737			41,737
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses	27,378			27,378

COPY

Form 990	Two Year Comparison Report	2016 & 2017
For calendar year 2017, or tax year beginning _____, ending _____		

Name

Taxpayer Identification Number

Toledo Northwestern Ohio Food Bank**34-1441016**

		2016	2017	Differences
R e v e n u e	1. Contributions, gifts, grants	19,334,973	13,439,685	-5,895,288
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue	299,507	264,114	-35,393
	5. Investment income	55,436	58,459	3,023
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	-27,527	48,041	75,568
	8. Net income or (loss) from fundraising events	104,831	73,896	-30,935
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue			
	12. Total revenue. Add lines 1 through 11	19,767,220	13,884,195	-5,883,025
E x p e n s e s	13. Grants and similar amounts paid	14,735	23,012	8,277
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.			
	16. Salaries, other compensation, and employee benefits	413,209	484,363	71,154
	17. Professional fundraising fees	135,100	130,402	-4,698
	18. Other professional fees	421,981	406,727	-15,254
	19. Occupancy, rent, utilities, and maintenance	154,112	147,368	-6,744
	20. Depreciation and Depletion	129,333	142,784	13,451
	21. Other expenses	18,408,810	12,906,352	-5,502,458
	22. Total expenses. Add lines 13 through 21	19,677,280	14,241,008	-5,436,272
	23. Excess or (Deficit). Subtract line 22 from line 12	89,940	-356,813	-446,753
O t h e r I n f o r m a t i o n	24. Total exempt revenue	19,767,220	13,884,195	-5,883,025
	25. Total unrelated revenue			
	26. Total excludable revenue	327,416	370,614	43,198
	27. Total assets	6,492,899	6,240,358	-252,541
	28. Total liabilities	111,039	123,351	12,312
	29. Retained earnings	6,381,860	6,117,007	-264,853
	30. Number of voting members of governing body	18	18	
	31. Number of independent voting members of governing body	17	17	
	32. Number of employees	27	43	
33. Number of volunteers	13953	13953		

34-1441016

Federal Statements

FYE: 12/31/2017

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
Interest Income	\$ 2,898		14			
Total	\$ 2,898					

Taxable Dividends from Securities

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
Dividend Income	\$ 55,561		14			
Total	\$ 55,561					

COPY

34-1441016

Federal Statements

FYE: 12/31/2017

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
Other Fees	\$ 9,636	\$	\$ 9,636	\$
Total	\$ 9,636	\$ 0	\$ 9,636	\$ 0

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
Dues	\$ 21,610	\$	\$ 21,610	\$
Training and education	13,206		13,206	
Miscellaneous	7,763		7,763	
Waste collection	7,030		7,030	
Board volunteer expense	4,535		4,535	
Bank fees	4,186		4,186	
Mileage	4,133	4,133		
Credit card fees	3,551	3,551		
Licenses and taxes	3,484	3,484		
Total	\$ 69,498	\$ 11,168	\$ 58,330	\$ 0

Federal Statements**Schedule A, Part III, Line 1(e)**DescriptionAmount

Donated Food Inventory	\$ 11,796,345
Purchased Food Inventory	66,623
Contributions	1,575,979
Misc.	738
Total	<u>\$ 13,439,685</u>

COPY

Federal Statements**Schedule A, Part III, Line 7b - Excess Gross Receipts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
	\$	\$
2016	299,507	102,883
2015	369,765	184,611
2014	287,250	128,708
2013	419,251	260,004
Total	\$ <u>1,375,773</u>	\$ <u>676,206</u>

COPY