2020
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CANNED

	 Forni≱	990-T	E	Exempt Orga	TENDED TO MAINING TO M	ine	ss Income T	ax Retu	ırn	<u> </u>	OMB No 1545-0687
				•	nd proxy tax und			1906			2040
			Forca		ar beginning JUL 1,				01	9	2018
		ment of the Treasury			v.irs.gov/Form990T for in				\/ 3 \	O ₁	pen to Public Inspection for
	internal	Charle have if		► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Name of organization (Check box if name changed and see instructions.) Demployer identification number (Employee's fluid, see							
	A L_	Check box if address changed		Name of organization (Cneck box ii name c	nangeu	and see instructions.)			(Employ	yees' trust, see
	R Ev	empt under section	Print	FREESTORE F	OODBANK, INC	.				l	-7122205
		501(c) 03)	or		n or suite no. If a P.O. box		estructions.			E Unrelate	ed business activity code
		408(e) 220(e)	Туре	1141 CENTRA		ν, σσσ	ion donorio.			(See ins	tructions)
	一	408A 530(a)			ovince, country, and ZIP or	r fareia	n postal code			1	
		529(a)		CINCINNATI,		J				7223	20
	C Book	k value of all assets		F Group exemption num	ber (See instructions.)						
		<u>""9,896,8</u>	<u> 18.</u>	G Check organization type	pe ► X 501(c) corp		501(c) trust	4()1(a)	trust	Other trust
			-	tion's unrelated trades or	· · · · · · · · · · · · · · · · · · ·	<u>2</u>	Describe	the only (or firs	t) un	related	
				OKS CATERING				complete Parts			
	desc	cribe the first in the b	lank spa	ce at the end of the previo	us sentence, complete Pa	rts I an	d II, complete a Schedule	M for each add	ition	al trade o	r
		iness, then complete					***				
				-	affiliated group or a parer	ıt-subsi	diary controlled group?	J	▶ L	Yes	X No
				tifying number of the pare			Talanh			12 4	82-7530
	Par	books are in care of		de or Business Inc			(A) Income	(B) Expe			(C) Net
	— —			184,956.		<u> </u>	(A) illicoille	(D) Lype	11363	<u>'</u>	(0) NET
		Gross receipts or sale Less returns and allov		104,930.	c Balance	1.	184,956.				1
		Cost of goods sold (S		A line 7\	c balance	1c 2	241,612.				i
		Gross profit. Subtract		• •		3	-56,656.			$\overline{}$	-56,656.
		Capital gain net incon				48				$\overline{}$	3070301
				art II, line 17) (attach Fori	n 4797)	4b					
		Capital loss deduction	-		, .,	4c					
		•		ship or an S corporation (a	ittach statement)	5					
		Rent income (Schedu		, , ,	,	6					
		Unrelated debt-financ	•	ne (Schedule E)		7_					
	8 I	Interest, annuities, roy	yaltıes, a	nd rents from a controlled	organization (Schedule F)	8					
	9 1	Investment income of	f a sectio	on 501(c)(7), (9), or (17) o	organization (Schedule G)	9					
	10 (Exploited exempt acti	vity inco	me (Schedule I)		10					
	11 /	Advertising income (S	Schedule	; J)		11					
		Other income (See in:		•		12					
)		Total. Combine lines				13	-56,656.				<u>-56,656.</u>
	Par				re (See instructions for t be directly connected			ıncomos)	_	•	
				-		- WILLI	RECE		+	Г., Т	
•	14	•	ncers, a	rectors, and trustees (Sch	edule K)		11202		اد	14	
	15 16	Salaries and wages Repairs and mainten	ance				<u> - </u>	2020	#S-050	15	
	17	Bad debts	ialics				MAY 2 0	1 2020	ارد	17	
	18	Interest (attach sche	edule) (s	ee instructions)					뜨	18	
۲	19	Taxes and licenses	,,,,,,				OGDE	N, UT	- 1	19	
•	20		ons (Se	e instructions for limitatio	n rules)					20	
	21	Depreciation (attach			,		21				<u> </u>
	22	Less depreciation cla	aimed o	n Schedule A and elsewhe	re on return		22a			22b	
	23	Depletion								23	
3	24	Contributions to defe	erred co	mpensation plans						24	
j	25	Employee benefit pro	ograms							25	
>	26	Excess exempt expe		•						26	
B	27	Excess readership co	-							27	
	28	Other deductions (at		•					_ሳ ዑ	28	
)	29	Total deductions. A		-	. g a.a		0 (l 40	,	28		56 656
	30			•	g loss deduction. Subtrac				y _o	30	-56,656.
	31	-	-	•	eginning on or after Janua	ry 1, 20	10 (See Instructions)		" ふ	32	-56,656.
	32			ncome. Subtract line 31 fr					1	1.32	Form 990-T (2018)
	823701	1 U1-U9-19 LMA F	ui rapei	work Reduction Act Notic	e, see msuucuons.						101111 300-1 (2010)

Form 990-1	(2018) FREESTORE FOODBANK, INC.	23-71	22205	Page 2
Part I	II Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instruction	ons)	33	633.
34	Amounts paid for disallowed fringes		34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	STMT 1	35	633.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
	lines 33 and 34	ant)	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	39	0 37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		111	_
r=	enter the smaller of zero or line 36		38	0.
Part I			\-	
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	•	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38	from:	-	
	Tax rate schedule or Schedule D (Form 1041)	.	40	
41	Proxy tax. See instructions	•	41	
42	Alternative minimum tax (trusts only)		42	
43	Tax on Noncompliant Facility Income. See instructions		43	0.
Part \	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies / Tax and Payments		1 44 1	
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a			
45a b	Other credits (see instructions) 45b		-1	
	General business credit. Attach Form 3800		7	
ď	Credit for prior year minimum tax (attach Form 8801 or 8827)		7 1	
	Total credits. Add lines 45a through 45d	•	45e	
46	Subtract line 45e from line 44		46	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866	Other (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)		48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	0.
50 a	Payments: A 2017 overpayment credited to 2018 50a 50a			
b			 	
c	Tax deposited with Form 8868	4,000	<u>-</u>	
d	Foreign organizations: Tax paid or withheld at source (see instructions)			
	Backup withholding (see instructions)		4	
			-	
g	Other credits, adjustments, and payments: Form 2439			
	Form 4136 Other Total 50g		 	4,000.
51	Total payments. Add lines 50a through 50g	M	51	4,000.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	უ <u>′</u>	52 2 53	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	7	54 54	4,000.
je 54 55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	Refunded Z		4,000.
Part V		instructions)	7 1 00 1	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other a	uthority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign co	untry		
	here			<u>X</u>
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to	o, a foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.			
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$			
0:	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, an correct, and complete_Declaration of preputer (other than taxpayer) is based on all information of which preparer has any kn	d to the best of my know owledge	ledge and belief, it	is true,
Sign	CHIEF FINANC	CIÁL [May the IRS discu	ss this return with
Here	3-8-2020 OFFICER	<u>.</u>	the preparer show	
	Signature of officer Date Title		instructions)?	Yes No
	Print/Type preparer's name Preparer's signature Date	Check	ıf PTIN	
Paid		self- employe		114040
Prepa	arer JANE E. PFEIFER JANE E. PFEIFER 05/01/			14949
Use (Only Firm's name ► CLARK, SCHAEFER, HACKETT & CO.	Firm's EIN	31-0	800053
	1 EAST 4TH STREET	Dhore se	513-241	_3111
	Firm's address ► CINCINNATI, OH 45202	I Prione no.		m 990-T (2018)
823711 0	בו בטי		ror	555 • (2018)

Schedule A - Cost of Goods	Sold. Enter	method of invento	ory valu	ation N/	A				
1 Inventory at beginning of year	1	0.		ventory at end of ye	ear	·	6		0.
2 Purchases	2		7 C	ost of goods sold.	Subtract I	ine 6			
3 Cost of labor	3		fr	om line 5. Enter her	e and in F	Part I,			
4a Additional section 263A costs				ne 2		•	7	241,61	12.
(attach schedule)	4a		8 D	o the rules of section	n 263A (v	with respect to		Yes	No
b Other costs (attach schedule)		241,612.			•	for resale) apply to			
5 Total. Add lines 1 through 4b	5	241,612.		e organization?	•	,			
Schedule C - Rent Income ((see instructions)	From Real	Property and	Perso	nal Property	Lease	d With Real Prop	erty)		
1. Description of property									
(1)	•				-				
(2)		·····				t			
(3)									
(4)									
(4)	2. Rent receiv	ed or accrued					_		
" rent for personal property is more than of rent for				I property (if the percen iperty exceeds 50% or it on profit or income)	tage f	3(a) Deductions directly columns 2(a) a	y connected nd 2(b) (atta	with the income in ch schedule)	
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns there and on page 1, Part I, line 6, column		nter -			0.	(b) Total deductions. Enter here and on page 1, Part 1, line 6, column (B)	>		0.
Schedule E - Unrelated Deb	t-Financed	Income (see ii	nstructi	ons)					
· · · · · · · · · · · · · · · · · · ·			2.	Gross income from		3. Deductions directly cor to debt-finan-			
1. Description of debt-fin	anced property		or allocable to debt- financed property		(a)	Straight line depreciation (attach schedule)	(t	(b) Other deductions (attach schedule)	
(1)	***				1				
(2)						·	T		
(3)				· · · ·			1		
(4)									
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or debt-fine	e adjusted basis allocable to inced property ih schedule)	6.	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8 (col	Allocable deduction of the state of the stat	ons umns
				%					
(1)					$\overline{}$	***			
(1)			l	%	1				
(2)				%					
(2)				%			-		
(2)					E	Enter here and on page 1, Part I, line 7, column (A).		er here and on page rt I, line 7, column (I	
(2) (3) (4)			-	%	E		Pa		
(2)	ncluded in colum	n 8		%	E	Part I, line 7, column (A).	Pa		B)

** SEE STATEMENT 2

,	ule F - Interest,	Ī	·		Controlled O			```	see instructi		
1. :	Name of controlled organization		2. Emplo identificat number	on (loss) (se	orelated income se instructions)	4, Tota payn	al of specified nents made	5. Part of column 4 that is included in the controlling organization's gross incom		ng connected with income	
(1)											
(2)										<u></u>	
(3)				L							
(4)											
Nonexen	pt Controlled Organ	izations									
7.	Taxable Income		related income (e instructions)	loss) 9 . Tota	al of specified pays made	nents	10. Part of colui in the controlli gross	πn 9 that is in ng organizatio income	on's 11.	Deductions directly conne with income in column 10	₃cted
(1)											
(2)											
(3)											
(4)											
							Enter here and	on page 1, Poolumn (A).		Add columns 6 and 11 er here and on page 1, Par line 8, column (B)	
Totals						▶			0.	<u></u>	0.
Schedi	ule G - Investme		e of a Se	ction 501(c)(7), (9), or (17) Org	anization				
	· · · · · · · · · · · · · · · · · · ·	cription of incom	ne		2. Amount of	ıncome	3. Deductio	cted	4. Set-asides	5. Total deduct and set-asid	es
(1)							(attach sched	lule)	(4.1.2.1.2.1.2.1.2.1.2.1.2.1.2.1.2.1.2.1.	(col 3 plus co	[4)
(2)				4,4	+						
(3)					1	1				-	
(4)					+			<u> </u>			
Totals			****	_	Enter here and Part I, line 9, co	0 .				Enter here and on p Part I, line 9, colum	
Sched	ule I - Exploited (see instr	-	Activity Ir	ncome, Othe	r Than Ad	vertisin	g Income				
	Description of exploited activity	2. Grunrelated l income trade or b	ousiness from	3. Expenses directly connected with production of unrelated business income	4. Net incor from unrelate business (cominus colum gain, comput through	trade or olumn 2 in 3) If a e cols 5	5. Gross inco from activity is not unrelate business inco	that ted	6. Expenses attributable to column 5	7: Excess exer expenses (colur 6 minus column but not more th column 4)	mn n 5,
(1)											
(2)	, ,	1			1			1			
(3)					1		****				
(4)				•	†	1	*****		<u> </u>		
Totals		Enter here page 1, line 10, c	Part I,	Enter here and on page 1, Part I, line 10, col (B).						Enter here an on page 1, Part II, line 26	
	ule J - Advertisi	ing Incon		tructions)	- Katalahamandan ana	204000000 J) \	. F. J. Daniel Carrier	NE COMMUNICATION OF THE PERSON	721 VS4 - C 21 C 47 - F .	ENT-Y ON	
	Income From				solidated	Basis					
	1. Name of periodical		2. Gross advertising income	3. Direct advertising cost	or (loss) (o s col 3) If a g	tising gain of 2 minus jain, comput brough 7	5. Circula		6. Readership costs	7. Excess readers costs (column 6 mi column 5, but not n than column 4)	nus nore
(1)	•			1	Maria 2	34.					2,7
(2)		<u> </u>									, , ,
							-,	<u> </u>			
(3)											
(3)											
(4)	urry to Part II, line (5))		0		0.						0.

Form 990-T (2018) FREESTORE FOODBANK, INC. Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						_	
(2)	ĺ						
(3)							
(4)							
Totals from Part I	▶	0.	0.				0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		_ %	
Total. Enter here and on page 1, Part II, line 14		>	0.

Form 990-T (2018)

SÇHEDÜLE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

ENTITY 1 OMB No 1545-0687

2018

Department of the Treasury Internal Revenue Service (99) Name of the organization For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019 ► Go to www.irs.gov/Form990T for instructions and the latest information.

FREESTORE FOODBANK, INC.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

, 501(c)(3) Organizations Only

Employer identification number 23-7122205

L	Inrelated business activity code (see instructions) 61143				
	escribe the unrelated trade or business FEEDING W	ORK	S/COOKS CUCI	NA .	
Pai	t'[[*]] Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales 2,445.		·····	// 3 6)// 3 5(4)	美国
b	Less returns and allowances c Balance	1c	2,445.		
2	Cost of goods sold (Schedule A, line 7)	2	1,812.		THE PROPERTY
3	Gross profit Subtract line 2 from line 1c	3	633.		633.
4 a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		建产业等	
С	Capital loss deduction for trusts	4c_			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5		14 . a 46. a 46. a	
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)	8	·		
9	Investment income of a section 501(c)(7), (9), or (17)		·		
	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10	<u>.</u>		
11	Advertising income (Schedule J)	11			ļ
12	Other income (See instructions, attach schedule)	12		特(為)學文集(` <u> </u>
13	Total. Combine lines 3 through 12	13	633.		633.
	deductions must be directly connected with the u	ırıreıa	ted business incom	·	·
14	Compensation of officers, directors, and trustees (Schedule K)			14	
15	Salaries and wages	٠			
16	Repairs and maintenance		· ·	. <u>16</u>	
17	Bad debts		•		
18	Interest (attach schedule) (see instructions)			18	
19	Taxes and licenses			20	<u>.</u> .
20	Charitable contributions (See instructions for limitation rules)		ا مو ا	<u>20</u>	
21 22	Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return		21 22a	22b	
	•		[228]	23	-
23 24	Depletion Contributions to deferred compensation plans			24	
25	Employee benefit programs			25	
26	Excess exempt expenses (Schedule I)		-	26	
27	Excess readership costs (Schedule J)			27	
28	Other deductions (attach schedule)			28	
29	Total deductions. Add lines 14 through 28			29	0.
30	Unrelated business taxable income before net operating loss dedu	ction	Subtract line 29 from line		633.
31	Deduction for net operating loss arising in tax years beginning on o				
٠.	instructions)			31	
32	Unrelated business taxable income Subtract line 31 from line 30			32	633.
LHA				Sched	ule M (Form 990-T) 2018

1	т	I	т	

FOLT 990-T (2018) FREESTORE	EUUDBAK	DZ TNC				23-7122	205	i	Page 3
Schedule A - Cost of Goods	S Sold. Enter	method of invent	tory va	aluation N/A		23-1122	4205	_	
 Inventory at beginning of year Purchases Cost of labor Additional section 263A costs (attach schedule) 	1 2 3 4a 4b 5	1,812. 1,812.	6 7 8	Inventory at end of year Cost of goods sold. Sulfrom line 5. Enter here a line 2 Do the rules of section 2 property produced or ac the organization?	btract I and in F 263A (v	Part I, with respect to	7	1,8 Yes	12. No
Schedule C - Rent Income (ease	d With Real Prope	erty)		<u> </u>
(see instructions)		<u> </u>							
1. Description of property									
(1)		<u>.</u>							
(2)	.,,	-							
(3)									
(4)									
		ed or accrued				3(a) Deductions directly	connected with th	ne income in	
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)						columns 2(a) and	d 2(b) (attach sch	edule)	,
(1)				-					
(2)									
(3)									
(4)									
Total	0.	Total			0.	4.5.			
(c) Total income. Add totals of columns		ter			^	(b) Total deductions. Enter here and on page 1,	_		^
here and on page 1, Part I, line 6, column Schedule E - Unrelated Deb		Incomo (-41	0.	Part I, line 6, column (B)	<u> </u>		0.
Schedule E - Unrelated Det	ot-rinanced	income (see	Instru	ctions)		3. Deductions directly conn	acted with or all	cable	
			2	. Gross income from		to debt-finance			
Description of debt-fit	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		er deduction h schedule)	
(1)		· · ·							
(2)									
(3)									
(4)			<u> </u>						
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or debt-fins	a adjusted basis allocable to inced property h schedule)	6	. Column 4 divided by column 5			(calumn 6	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)				%					
(2)			 	%	<u></u>			_,	
(3)			↓	%			<u> </u>	_	
(4)	1		<u> </u>	%					
						Enter here and on page 1, Part I, line 7, column (A)		and on pag 7, column	-
Totals				▶		0.	•		0.
Total dividends-received deductions	ncluded in colum	n 8					-		0.

SEE STATEMENT 3

Form **990-T** (2018)

FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/12	21,864.	0.	21,864.	21,864.
06/30/13	28,999.	0.	28,999.	28,999.
06/30/14	56,377.	0.	56,377.	56,377.
06/30/15	59,347.	0.	59,347.	59,347.
06/30/16	80,017.	0.	80,017.	80,017.
06/30/17	114,441.	0.	114,441.	114,441.
06/30/18	23,130.	0.	23,130.	23,130.
NOL CARRYO	VER AVAILABLE THIS	YEAR	384,175.	384,175.

FORM 990-T	COST OF GOODS SOLD - OTHER COSTS	STATEMENT 2
DESCRIPTION		TUNOMA
PERSONNEL FACILITIES VEHICLES DATA & COMMUNICATION OPERATING PRODUCT DEPRECIATION	N EQUIPMENT	123,566. 33,938. 6,568. 2,771. 19,648. 52,337. 2,784.
TOTAL TO FORM 990-T	, SCHEDULE A, LINE 4B	241,612.

FORM 990-T (M)	COST OF GOODS SOLD - OTHER COSTS	STATEMENT 3
DESCRIPTION		AMOUNT
PERSONNEL OPERATING		1,386. 426.
TOTAL TO FORM 990-	T, SCHEDULE A, LINE 4B	1,812.