	_	4)	_	EX.	TENDED TO M	AY 1	7, 2021						
. 3	Form	990-T	E	Exempt Orgai	nization Bus	sine	ss Income	e Tax	հRetur	า	OMB No 1545-00-	47	
	•	_			nd proxy tax und				1,004		2040	•	
			For cal	lendar year 2019 or other tax yea	ar beginning $\overline{\text{JUL}}$ 1,	20	19 , and ending	<u>JUN</u>	<u>30, 202</u>	<u> 20</u>	2019	•	
		Iment of the Treasury		► Go to www Do not enter SSN numbe	irs.gov/Form990T for in					, F	Open to Public Inspection	tion for	
	A T	Check box If		Name of organization (113 4 00 1(0)(0)	D Emplo	oyer identification num		
	^ _	address changed		Marile of organization (Ondok box ii namo c	mungou	and doc mod doco	,			oyees' trust, see ctions)		
	B Ex	rempt under section	Print	FREESTORE FO	OODBANK, IN	c.					3-712220		
	X] 501(CV(B)	or Type	Number, street, and room		x, see II	structions.				ated business activity nstructions)	code	
	<u></u>	408(e) 220(e)	.,,,,	1141 CENTRA						-			
	누]·408A530(a)]·529(a)		1 '	or town, state or province, country, and ZIP or foreign postal code NCINNATI, OH 45202 72								
	C Box	ok value of all assets and of year		F Group exemption numb		>							
		37,972,5		G Check organization typ						a) trust	Other 1	rust C	
			_	ition's unrelated trades or b		2			only (or first) u		Albana and		
				OKS CATERING					nplete Parts I-V				
J		scribe the first in the b siness, then complete		ace at the end of the previou	us sentence, complete Pa	aris i an	d II, complete a Sch	edule IVI I	ui eacii auuilio	iiai iiaue	OI .		
V				ooration a subsidiary in an a	affiliated group or a pare	nt-subs	idiary controlled gro	up?	•	Ye	s X No		
, 1				tifying number of the paren			_						
V		e books are in care of	▶ .	TIMOTHY WEID	NER		T	elephone	number 🕨 :	513-	482-7530		
	` Pa	rtil Unrelated	d Trac	de or Business Inc		_	(A) Income		(B) Expense	S CONTRACTOR	(C) Net	2. 52 A	
		Gross receipts or sale		112,734.	1		110 70						
	-	Less returns and allow		A 1 7)	c Balance	1c 2	112,73 209,14			20 42 20 PM			
	2	Cost of goods sold (S		•				-96,4					
	ა 4a	•		e (attach Schedule D) 1797, Part II, line 17) (attach Form 4797) for trusts 4a 4b									
			•										
	C	Capital loss deduction											
	5	Income (loss) from a	partners	rtnership or an S corporation (attach statement) 5									
	6	Rent income (Schedu				6	/				-		
	7	Unrelated debt-financ		•		7	/						
	8			and rents from a controlled on 501(c)(7), (9), or (17) o		8/9							
		Exploited exempt acti			rgariization (Schedule d)	10							
N		Advertising income (S				11							
2022	12	Other income (See in:	struction	ns; attach schedule)		12				BOOK OF			
9		Total. Combine lines	3 throu	gh 12		13	-96,40				-96,4	<u>07.</u>	
· (Рa			ot Taken Elsewher be directly connected wi				ons)					
≽	14	<u>`</u>		rectors, and trustees (Sehe		1000				14			
MAY	14 15	Salaries and wages	iceis, ui	rectors, and trustees (Sene	REC	EIV	ΞD			15			
SCANNED	16	Repairs and mainter	nance							16			
븿	17	Bad debts			MAY 1	4 21	121 050-5			17			
Ź,	18	Interest (attach sche	dule) (s	ee instructions)	-		RS			18			
3	19	Taxes and licenses	_		OGDE	- K1				19			
S	20	Depreciation (attach				-14,		-		21b			
	21	Depletion	aimed o	Schedule A and elsewher	e on return		21a			22			
	22 23	Contributions to def	erred co	mpensation plans						23			
	24	Employee benefit pr	,		•					24			
	25	Excess exempt expe								25			
	26	Excess readership c	osts (Sc	:hedule J)						26	···		
	27	Other deductions (at								27			
	28	Total deductions. A			a lana daduskini (O. C.)	.a. I : ^	O from the 40			28	-96,4	0.	
	29			ncome before net operating loss arising in tax years be						29	-30,4	5 / •	
	30	(see instructions)	oci aung	ioss ansing in lax years be	grammy on or after Jaffills	ary I,∠∖	SEE S'	TATEM	ENT 1	30	,	0.	
	31	•	taxable ı	ncome. Subtract line 30 fro	om line 29					31	-96,4	<u>07.</u> 3	
/	92370			rwork Reduction Act Notice							Form 990-T	(2019)	

^	0-T (2019	<u></u>			23-	7122205 Page 2
Pân	7	total Unrelated Business Taxable Income				
32	∕ Total o	f unrelated business taxable income computed from all unrelated trades or businesses (see instruc	ctions)		32	0.
33	Amour	its paid for disallowed fringes			33	
34	Charita	ble contributions (see instructions for limitation rules)		34	0.	
35	Total u	nrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from	n the sum of line	s 32 and 33	35	
36	Deduct	ion for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	SI	MT 2	36	0.
37	Total o	f unrelated business taxable income before specific deduction. Subtract line 36 from line 35		c2	37	
38	Specifi	c deduction (Generally \$1,000, but see line 38 instructions for exceptions)		Y)	38	1,000.
39	Unrela	ted business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,		U		
	enter ti	ne smaller of zero or line 37			39	0.
Part	t:IV:	Tax Computation				
40		zations Taxable as Corporations. Multiply line 39 by 21% (0.21)			40	0.
41	-	Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 3	d trom.		×	<u></u>
7.		ax rate schedule or Schedule D (Form 1041)	.o o	_	41	
42		ax. See instructions			42	"
	-	tive minimum tax (trusts only)				
43		`			43	
44		Noncompliant Facility Income. See instructions			44	0.
45 Part		Add lines 42, 43, and 44 to line 40 or 41, whichever applies Tax and Payments			45	
					1.259	
	_	n tax credit (corporations attach Form 1118; trusts attach Form 1116)			1. 3	
b		redits (see instructions)				
c		business credit. Attach Form 3800				
đ	Credit	for prior year minimum tax (attach Form 8801 or 8827)				
е	Total c	redits. Add lines 46a through 46d			46e	
47	Subtra	ct line 46e from line 45			47	0.
48	Other t	axes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866	Other (att	sch schedule)	48	
49	Total to	ax. Add lines 47 and 48 (see instructions)			49	0.
50	2019 n	et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3			50	0.
51 a	Payme	nts: A 2018 overpayment credited to 2019 51a	<u> </u>			
b	2019 e	stimated tax payments 51b	L			
c	Tax de	posited with Form 8868 51c]`~`#¥`	
d	Foreign	organizations: Tax paid or withheld at source (see instructions) 51d			المراجع والم	
е	Backup	withholding (see instructions) 51e				
f	Credit 1	for small employer health insurance premiums (attach Form 8941) 51f				
g	Other o	redits, adjustments, and payments: Form 2439				
	F	orm 4136 Other Total ▶ 51g			~	
52	Total p	ayments. Add lines 51a through 51g			52	
53	Estima	led tax penalty (see instructions). Check if Form 2220 is attached			53	
54		e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed		•	54	
55		yment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid		•	55	
56		ne amount of line 55 you want: Credited to 2020 estimated tax	Refun	ded	56	-
Part		Statements Regarding Certain Activities and Other Information (s				
57	At any	time during the 2019 calendar year, did the organization have an interest in or a signature or other	authority	<u> </u>		Yes No
	-	financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have				73.8
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign of				
	here	Tom 111, hoport or rorgin bank and this notice recognition in 100, until the name of the foreign of	Journal y			X
58		the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor	to a foreign	trust2		$-\frac{1}{x}$
30		see instructions for other forms the organization may have to file.	to, a loreign	0 031,		338 5-34
50	•	· · · · · · · · · · · · · · · · · · ·				
59			s, and to the bea	st of my knowle	edge and bel	ief, it is true.
Sign	Ġ.	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements prect, and complete. Declaration of prepare (other than taxpayer) is based on all information of which preparer has an CHIBF FINAL	y knowledge			
Here	.	L W/L. CFD 5/4/202 NOFFICER	MCIVI	1 "	nay ule ins c	iliscuss (ilis return with
		Signature of officer Date Title			ne preparer s nstructions)?	shown below (see
						V Les No
		Print/Type preparer's name Preparer's signature Date			if PTIN	
Paid	1	NAMOGUA DILLEN	L	lf- employed		1005077
	oarer	NATOSHA DILLEY 04/26				1225377
Use	Only	Firm's name ► CLARK, SCHAEFER, HACKETT & CO.	<u>F</u>	rm's EIN 🕨	31	-0800053
	-	1 EAST 4TH STREET			-4	41 2444
		Firm's address ► CINCINNATI, OH 45202	P	none no.		41-3111
923711	01-27-20					Form 990-T (2019)

Schedule A - Cost of Goods	Sold. Enter method of	inventory valuation	► N/A					
1 Inventory at beginning of year	1	•	at end of year	r		6		0.
2 Purchases	2		oods sold. Su		ine 6			
3 Cost of labor	3	from line	5. Enter here	and in F	Part I,			
4a Additional section 263A costs		fine 2				7	209,	141.
(attach schedule)	4a	8 Do the ru	les of section	263A (\	with respect to		Yes	No
b Other costs (attach schedule) *	* 4b 209,1	41. property	produced or a	cquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5 209,1							
Schedule C - Rent Income ((see instructions)	From Real Property	and Personal P	roperty L	ease	d With Real Prop	erty)		
Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent received or accrued							
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	m real and personal property ent for personal property exc the rent is based on profit o	eeds 50% or it	ge	3(a) Deductions directly columns 2(a) an	d 2(b) (at	tach schedule)	in	
(1)								
(2)								
(3)								
(4)								
Total	O. Total			0.				
(c) Total income. Add totals of columns there and on page 1, Part I, line 6, column	(A) >			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	_		0.
Schedule E - Unrelated Deb	t-Financed Income	(see instructions)						
		2. Gross inco			3. Deductions directly cont to debt-finance			
1. Description of debt-fin	anced property		or allocable to debt- financed property		Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)								
(2)					<u></u>			
(3)								
(4)								
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	 Average adjusted basis of or allocable to debt-financed property (attach schedule) 	6. Column 4 by colum			7. Gross income reportable (column 2 x column 6)		8. Allocable deduction 6 x total of 6 3(a) and 3(b)	columns
(1)			%				· · ·	
(2)			%					
(3)			%					
(4)			%					
					nter here and on page 1, Part I, line 7, column (A)		nter here and on pa art I, line 7, columi	
Totals			•		0.	.		0.
Total dividends-received deductions in	cluded in column 8		- 1					0.
	1						Form 990-	T (2019)

** SEE STATEMENT 3

Schedule F - Interest, A	nnuities	s, Royaltie	es, and	Rents	From Co	ntrolle	d Organiza	itions	(see ins	tructions	s)
					Controlled O						
Name of controlled organizati	on	2. Emplo identificat number	ion		elated income instructions)		4. Total of specified payments made		5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5
								<u> </u>			
(2)					·		· · · · · · · · · · · · · · · · · · ·	<u> </u>			 -
(3)	-			•		<u> </u>		T^-			
(4)								 			
Nonexempt Controlled Organiz	ations										
7. Taxable Income	8. Net un	related income (l ee instructions)	loss)	9. Total o	of specified payr made	nents	10. Part of column in the controllingross	mn 9 that ing organ s income	is included ization's		ductions directly connected income in column 10
(4)											
<u>(1)</u> (2)							<u> </u>				
(3)											
(4)			<u> </u>								
			•	_	-		Add colur Enter here and line 8, c		1, Part I,	Enter he	d columns 6 and 11 are and on page 1, Part I, line 8, column (B)
Totals					•	▶	<u> </u>		0.		0.
Schedule G - Investmen		ne of a Se	ction 50	01(c)(7)), (9), or (⁻	17) Org	ganization				
(see instr	iption of incon	me	-		2. Amount of	ıncome	3. Deduction directly connected (attach scheduler)	cted	4. Set-a		5. Total deductions and set-asides
(1)				-			(attach sched	1010)		_	(col 3 plus col 4)
(2)											
(3)											
(4)											
Totals					Enter here and o Part I, line 9, co	0 •					Enter here and on page 1, Part I, line 9, column (B)
Schedule I - Exploited I	-	Activity In	icome,	Other '	Than Adv	ertisir	ng Income				
Description of exploited activity	2. Gunrelated l income trade or b	business from	3. Expendirectly conrewith production of unvelational business in	nected ction ted	4. Net incom from unrelated business (co minus columi gain, compute through	I trade or lumn 2 n 3), If a a cols 5	5. Gross inco from activity t is not unrelat business inco	that ed	6. Exp attributa colun	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)											
(2)											
(3)											1
(4)	•			1							
Totals •	Enter here page 1, line 10, c	Part I,	Enter here a page 1, Pa line 10, col	art I,					4.		Enter here and on page 1, Part II, line 25
Schedule J - Advertisin	g Incom		tructions)		men societaris et l'ele	- " XXXXXXX".	· constitution (No Post	£ 3%52	<u> 936</u>	· · · · · · · · · · · · · · · · · · ·
Rartil Income From F				Cons	olidated	Basis					· —
Name of periodical		2. Gross advertising income		Direct sing costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, compul			6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) (2) (3) (4)				-						400 70 70 70 70 70 70 70 70 70 70 70 70 7	
						<u>- 79 X8488 (</u>					AND THE PROPERTY OF THE PROPER
Totals (carry to Part II, line (5))		0.	·I	0	• [0. Form 990-T (2019)

Form 990-T (2019) FREESTORE FOODBANK, INC.

23-71222

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)

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (toss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)		-					
(4)							
Totals from Part I	▶	0.	0.	2765-121-121-121-121-121-121-121-121-121-12	N. Talling and the		Ô.
		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 26
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 ettributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2019)

FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT 1	
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR 56,656.	
06/30/19	56,656.	0.	56,656.		
NOL CARRYO	OVER AVAILABLE THIS	YEAR	56,656.	56,656.	

FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/12	21,864.	633.	21,231.	21,231.
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	383,542.	383,542.

FORM 990-T	COST OF GOODS SOLD - OTHER COSTS	STATEMENT 3
DESCRIPTION		AMOUNT
PERSONNEL FACILITIES VEHICLES DATA & COMMUNICATION OPERATING PRODUCT DEPRECIATION	N EQUIPMENT	116,086. 33,362. 7,059. 3,294. 12,266. 34,290. 2,784.
TOTAL TO FORM 990-T	, SCHEDULE A, LINE 4B	209,141.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

ENTITY 1 OMB No 1545-0047

Department of the Treasury

For calendar year 2019 or other tax year beginning JUL 1, 2019 and ending JUN 30, 2020 ► Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection for 501(c)(3) Organizations Only

Internal Revenue Service Name of the organization ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Employer identification number 23-7122205

	FREESTORE FOODBANK, INC.	•		23-71222	05
ī	Inrelated Business Activity Code (see instructions) 61143				
	Describe the unrelated trade or business FEEDING W	ORK	S/COOKS CUCI	NA	····
Pa	प्राहे Unrelated Trade or Business Income	(A) Income		(B) Expenses	(C) Net
1 a	Gross receipts or sales 1,015.				
b	Less returns and allowances c Balance ▶	1c	1,015.		
2	Cost of goods sold (Schedule A, line 7)	2	3,735.	4.5公 夏 德森等于193	
3	Gross profit Subtract line 2 from line 1c	3	-2,720.		-2,720.
4 a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
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			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12		公公园的	
<u>13</u>	Total. Combine lines 3 through 12	13	-2,720.		-2,720.
Pai	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business income.)			ductions.) (Deduction	ons must be

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salanes and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562)		•
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule)	27	
28	Total deductions. Add lines 14 through 27	28	0.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	-2,720.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	30	0.
<u>31</u>	Unrelated business taxable income Subtract line 30 from line 29	31	-2,720.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

Form 990-T (2019)

Form 990-T (2019)						Page 3		
FREESTORE FOO					23-7122	2205		
Schedule A - Cost of Goods Sold	• Enter	method of invent	ory valuation N/A	<u> </u>				
1 Inventory at beginning of year	1		6 Inventory at end of year	ar	Ļ	6		
2 Purchases	2		7 Cost of goods sold. S	ubtract I	ine 6			
3 Cost of labor	3		from line 5. Enter here	and in F	Part I,			
4a Additional section 263A costs			line 2		L	7 3,735.		
(attach schedule)	a		8 Do the rules of section	1 263A (v	vith respect to	Yes No		
b Other costs (attach schedule) ** 4	b	3,735.	property produced or a	acquired	for resale) apply to			
	5	3,735.	the organization?		<u></u>	X		
Schedule C - Rent Income (From	Real I	Property and	Personal Property L	_ease	d With Real Prope	erty)		
(see instructions)								
1. Description of property								
(1)								
(2)						-		
(3)								
(4)								
		ed or accrued			O/o) Doductions describe			
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	nd personal property (if the percenta ersonal property exceeds 50% or if t is based on profit or income)	ige	columns 2(a) and	connected with the income in d 2(b) (attach schedule)				
(1)								
(2)								
(3)								
(4)								
Total	0.	Total		0.				
(c) Total income. Add totals of columns 2(a) and	d 2(b). En	ter		_	(b) Total deductions. Enter here and on page 1,	•		
here and on page 1, Part I, line 6, column (A)		<u>. </u>		0.	Part I, line 6, column (8)	<u> </u>		
Schedule E - Unrelated Debt-Fin	anced	Income (see	instructions)	т —	.			
			2. Gross income from		3. Deductions directly conn- to debt-finance			
Description of debt-financed pr	operty		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
					(attach schoolin)	(arabor sorroddio)		
(1)								
(1)				1				
(2)				1				
(4)						1		
	Average	adjusted basis	6. Column 4 divided		7. Gross income	8 Allocable deductions		
debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	allocable to nced property n schedule)	by column 5	reportable (column 2 x column 6)		(column 6 x total of columns 3(a) and 3(b))		
(1)			%					
(2)			%					
(3)			%					
(4)			%	<u> </u>				
					nter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B)		
Totals			•		0.	0.		
Total dividends-received deductions included	ın columr	18				0.		

SEE STATEMENT 4

FORM 990-T (M)	COST OF GOODS SOLD - OTHER COSTS	STATEMENT 4
DESCRIPTION		AMOUNT
PERSONNEL OPERATING		2,816. 919.
TOTAL TO FORM 990-T,	SCHEDULE A, LINE 4B	3,735.