

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0687

For calendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30, 2019

2018

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.

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

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

Form sections A through G: Name of organization (GREATER CHICAGO FOOD DEPOSITORY), Address (4100 W. ANN LURIE PLACE, CHICAGO, IL 60632), Employer ID number (36-2971864), and Group exemption number.

Section H: Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trade or business here.

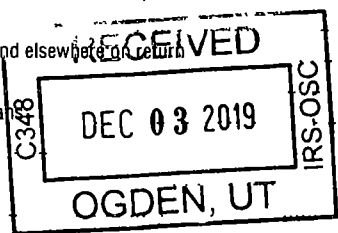
Section I: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes/No.

Section J: The books are in care of DENNIS JAMES, CFO. Telephone number 773-843-5427.

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows 1a-13 for Unrelated Trade or Business Income.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions)

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows 14-32 for Deductions Not Taken Elsewhere.



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<b>Part III Total Unrelated Business Taxable Income</b>			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	-7,361.
34	Amounts paid for disallowed fringes	34	39,728.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) <b>STMT 4</b>	35	773.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	31,594.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	<b>Unrelated business taxable income.</b> Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	30,594.

<b>Part IV Tax Computation</b>			
39	<b>Organizations Taxable as Corporations.</b> Multiply line 38 by 21% (0.21)	39	6,425.
40	<b>Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40	
41	<b>Proxy tax.</b> See instructions	41	
42	<b>Alternative minimum tax (trusts only)</b>	42	
43	<b>Tax on Noncompliant Facility Income.</b> See instructions	43	
44	<b>Total.</b> Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	6,425.

<b>Part V Tax and Payments</b>			
45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	
b	Other credits (see instructions)	45b	
c	General business credit. Attach Form 3800	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
e	<b>Total credits.</b> Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	6,425.
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	47	
48	<b>Total tax.</b> Add lines 46 and 47 (see instructions)	48	6,425.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50a	Payments A 2017 overpayment credited to 2018	50a	
b	2018 estimated tax payments	50b	
c	Tax deposited with Form 8868	50c	12,500.
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	50g	
51	<b>Total payments.</b> Add lines 50a through 50g	51	12,500.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	52	269.
53	<b>Tax due.</b> If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	<b>Overpayment.</b> If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	5,806.
55	Enter the amount of line 54 you want: <b>Credited to 2019 estimated tax</b> 5,806.   <b>Refunded</b>	55	0.

<b>Part VI Statements Regarding Certain Activities and Other Information</b> (see instructions)		Yes	No
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? 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 \$		

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 taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here**  
 Signature of officer: *LU ANN TRAPP* Date: 11/26/2019 Title: EXECUTIVE DIRECTOR & CEO  
 May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer Use Only**  
 Print/Type preparer's name: LU ANN TRAPP Preparer's signature: LU ANN TRAPP Date: 11/22/19 Check  if self-employed PTIN: P01506476  
 Firm's name: PLANTE & MORAN, PLLC Firm's EIN: 38-1357951  
 Firm's address: 10 S. RIVERSIDE PLAZA, 9TH FLOOR CHICAGO, IL 60606 Phone no.: (312) 207-1040

FORM 990-T	CONTRIBUTIONS	STATEMENT 1
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
ST. FLORIAN FOOD PANTRY	N/A	69,048.
JESUS CHRIST FOOD PANTRY	N/A	183,001.
TOTAL TO FORM 990-T, PAGE 1, LINE 20		252,049.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
TAX PREPARATION FEES		750.
TOTAL TO FORM 990-T, PAGE 1, LINE 28		750.

FORM 990-T	CONTRIBUTIONS SUMMARY	STATEMENT 3
QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT		
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS		
TOTAL CARRYOVER		
TOTAL CURRENT YEAR 10% CONTRIBUTIONS	252,049	
TOTAL CONTRIBUTIONS AVAILABLE	252,049	
TAXABLE INCOME LIMITATION AS ADJUSTED	3,399	
EXCESS 10% CONTRIBUTIONS	248,650	
EXCESS 100% CONTRIBUTIONS	0	
TOTAL EXCESS CONTRIBUTIONS	248,650	
ALLOWABLE CONTRIBUTIONS DEDUCTION		3,399
TOTAL CONTRIBUTION DEDUCTION		3,399

FORM 990-T	NET OPERATING LOSS DEDUCTION			STATEMENT 4
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/17	773.	0.	773.	773.
NOL CARRYOVER AVAILABLE THIS YEAR			773.	773.