<u> </u>	AU ₀ 1	
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orm 990-T -	E	Exempt Orga		sines	s Incom	e T	ax Returr	ı	OMB N	o 1545-0687
* **	For cal	endar year 2018 or other tax ye		018	, and ending	JUN	-	904	2	018
epartment of the Treasury tern ∰Revenue Service	•	→ Go to www Do not enter SSN numbe	.irs.gov/Form990T for i rs on this form as it ma					0	pen to Pu	iblic Inspection f
Check box if address changed		Name of organization (Check box if name				<u></u>	D Employer identification number (Employees' trust, see instructions)		
Exempt upder section	Print	SECOND HARVEST O	SILICON VALLEY					1	4-261	4101
X 501(c()3)	Of	Number, street, and room			tructions			E Unrelat	ed busine	ess activity code
408(e) 220(e)	Type	750 CURTNER AVEN		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				(See ins	structions	J
408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code SAN JOSE, CA 95125-2118								
529(a) Book value of all assets		F Group exemption num		_						
at end of year		G Check organization typ		poration	501(c) 1	trust	401(a) trust		Other trust
Enter the number of the	organiza	tion's unrelated trades or I		poration			the only (or first) u			
trade or business here	-						complete Parts I-V.		han one) ,
describe the first in the b	ank spa	ce at the end of the previo	us sentence, complete P	arts I and	II, complete a Scl	nedule	M for each addition	al trade o	r	
business, then complete	Parts III	·V								
		oration a subsidiary in an		nt-subsid	ary controlled gro	oup?	▶	Yes] No
		ifying number of the parer	t corporation.					4001 -	CC = =	
The books are in care of Part I Unrelated		орніа juarez le or Business Inc	ome			elepho I	one number (
		le of business inc	Onie -	1 	(A) Income	\dashv	(B) Expense	s		(C) Net
1 a Gross receipts or sale			• Polono	,		1				41
 b Less returns and allow Cost of goods sold (S 		A line 7)	c Balance	1c 2		\rightarrow	·			<u> </u>
Gross profit. Subtract		•		3		\neg				
4a Capital gain net incom				4a				 		 ,
	•	art II, line 17) (attach Forn	1 4797)	4b						
c Capital loss deduction			,	4c	 -					
•		hip or an S corporation (a	ttach statement)	5						
Rent income (Schedu	•	, , ,	•	6		П	DECE	VE 1		7
7 Unrelated debt-financ	ed incon	ne (Schedule E)		7			NEGE	VEU		
Interest, annuities, roy	alties, ai	nd rents from a controlled	organization (Schedule F)	8		ᅵᅌ			၂ပ္ဟ	
Investment income of	a sectio	n 501(c)(7), (9), or (17) o	rganızatıon (Schedule G)	9		17	AP7 29	202d	Ļŏ	
Exploited exempt activ	-			10		44			RS.	
1 Advertising income (S		•		11			OC DEN			
2 Other income (See ins		•		12		<u> </u>	0000	, 0		
3 Total. Combine lines Part II Deductio	3 throu	_{gh 12} t Taken Elsewher	0. (0	13		0.				
(Except for d	ontribu	tions, deductions must	be directly connected	or ilmitat d with th	ons on deducti e unrelated bus	ons) iness i	income)			
		ectors, and trustees (Sche			*			14		
Salaries and wages		(,					15		
Repairs and mainten	ance							16		
7 Bad debts								17		
Interest (attach sche	dule) (se	e instructions)						18		
Taxes and licenses								19		
Charitable contribution	ons (See	instructions for limitation	rules)					20		
Depreciation (attach		•			21					
· ·	imed on	Schedule A and elsewher	e on return		22a	L		22b		
3 Depletion								23		
Contributions to defe		npensation plans						24		
5 Employee benefit pro	-	hadula I\						25		
Excess exempt exper	•	•						26		
Excess readership coOther deductions (at								28		
Total deductions (at		•						29		0
		come before net operating	loss deduction. Subtrac	t line 29 f	rom line 13			30		0
		oss arising in tax years be				s)		31	-	
Deduction for net op										

•	₩.		
Form 990-	T (2018) SECOND HARVEST OF SILICON VALLEY 94-2614	101	Page 2
Part			
33	Tetal of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	0.
34	Amounts paid for disallowed fringes	34	
3₹	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of	1 33	
30	lines 33 and 34	26	
27	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	36	1,000.
37 38		1 1 -	
36	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	0.
Part		1 38 1	
		89	0.
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	1 1	
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:		
4.4	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	
Part	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies V Tax and Payments	44	0.
		т	
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a	∤	
b		1 1	
C		4	
	Credit for prior year minimum tax (attach Form 8801 or 8827)	 	
e	•	45e	
46	Subtract line 45e from line 44	46	
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.
	Payments: A 2017 overpayment credited to 2018	4 1	
	2018 estimated tax payments Sto 500 760.	4	
	Tax deposited with Form 8868	1 1	
	Foreign organizations: Tax paid or withheld at source (see instructions)	4 1	
	Backup withholding (see instructions)	1 1	
f	Credit for small employer health insurance premiums (attach Form 8941)	4	
9			
	Form 4136 Other Total ▶ 50g	 	
51	Total payments. Add lines 50a through 50g	\$1	760.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	

55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	Refunded 6	55		760.	
Part	VI Statements Regarding Certain Activities and Other Information (see in	structions)				
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?					
58	If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year \$\infty\$\$					

54 Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid

Firm's address > SAN RAMON, CA 94583-4600

	If "Yes	s," see instructions for other forms the org	ganization may have to file.						1
58	Enter	the amount of tax-exempt interest receive	d or accrued during the tax year 🕨 💲						{
Sign			ined this return, including accompanying schedules than taxpayer) is based on all information of which			vledge	and belief, it is true,		
Here		4/17/2020 CFO					May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No		
		Print/Type preparer's name	Preparer's signature	Date	Check	ıf	PTIN		_
Paid					self- employe	ed			
Prepa Use O	rer	MATTHEW PETROSKI	MATTHEW PETROSKI	04/16/20			P00853132		
	nlv	Firm's name ARMANINO LLP			Firm's EIN	<u> </u>	94-621484	1	
	,	12657 ALCOST	A BLVD, STE. 500						

823711 01-09-19

Phone no. 925-790-2600

FOOTNOTES

STATEMENT 1

THE RETURN IS NO LONGER REQUIRED TO BE FILED FOR THIS ENTITY SINCE IRC SECTION 512 (A)(7) WAS REPEALED AS PART OF "THE FURTHER CONSOLIDATED APPROPRIATIONS ACT 2020, H.R. 1865."

FORM 990-T IS FILED FOR FYE 6/30/19 TO REQUEST A REFUND OF TAX PAYMENTS FOR TRANSPORTATION FRINGE BENEFITS.