

# Amended Return - Section 512 (a)(7) repeal

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

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

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990T](http://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).

<b>A</b> Check box if address changed	Name of organization ( Check box if name changed and see instructions.)	<b>D</b> Employer identification number (Employees' trust, see instructions)
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) (1) 408(e) 220(e) 408A 530(a) 529(a)	<b>HARVESTERS - THE COMMUNITY FOOD NETWORK</b> Number, street, and room or suite no. If a P.O. box, see instructions. <b>3801 TOPPING AVE.</b> City or town, state or province, country, and ZIP or foreign postal code <b>KANSAS CITY, MO 64129</b>	<b>43-1208665</b> <b>E</b> Unrelated business activity code (See instructions)

<b>C</b> Book value of all assets at end of year <b>30,454,365.</b>	<b>F</b> Group exemption number (See instructions.)	<b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation    501(c) trust    401(a) trust    Other trust
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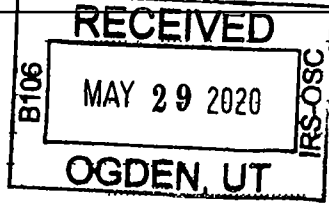
**H** Enter the number of the organization's unrelated trades or businesses. **1** Describe the only (or first) unrelated trade or business here **DISALLOWED FRINGE BENEFITS**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group? Yes  No  If "Yes," enter the name and identifying number of the parent corporation.

**J** The books are in care of **ROBIN POTTS** Telephone number **816-929-3000**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
	<b>c Balance</b>	<b>1c</b>		
2	Cost of goods sold (Schedule A, line 7)	<b>2</b>		
3	Gross profit. Subtract line 2 from line 1c	<b>3</b>		
4a	Capital gain net income (attach Schedule D)	<b>4a</b>		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
c	Capital loss deduction for trusts	<b>4c</b>		
5	Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b>		
6	Rent income (Schedule C)	<b>6</b>		
7	Unrelated debt-financed income (Schedule E)	<b>7</b>		
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	<b>8</b>		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
10	Exploited exempt activity income (Schedule I)	<b>10</b>		
11	Advertising income (Schedule J)	<b>11</b>		
12	Other income (See instructions; attach schedule)	<b>12</b>		
13	<b>Total.</b> Combine lines 3 through 12	<b>13</b>	<b>0.</b>	

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)			
14	Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	
15	Salaries and wages	<b>15</b>	
16	Repairs and maintenance	<b>16</b>	
17	Bad debts	<b>17</b>	
18	Interest (attach schedule) (see instructions)	<b>18</b>	
19	Taxes and licenses	<b>19</b>	
20	Charitable contributions (See instructions for limitation rules)	<b>20</b>	
21	Depreciation (attach Form 4562)	<b>21</b>	
22	Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	<b>22b</b>
23	Depletion	<b>23</b>	
24	Contributions to deferred compensation plans	<b>24</b>	
25	Employee benefit programs	<b>25</b>	
26	Excess exempt expenses (Schedule I)	<b>26</b>	
27	Excess readership costs (Schedule J)	<b>27</b>	
28	Other deductions (attach schedule)	<b>28</b>	
29	<b>Total deductions.</b> Add lines 14 through 28	<b>29</b>	<b>0.</b>
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>	<b>0.</b>
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	<b>31</b>	<b>1</b>
32	Unrelated business taxable income. Subtract line 31 from line 30	<b>32</b>	<b>0.</b>



55 Received in Batching Ogden AUG 28 2020

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823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

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**Part III Total Unrelated Business Taxable Income**

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		0.
34	Amounts paid for disallowed fringes		
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34		
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	38	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		0.

**Part IV Tax Computation**

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		0.
40	Trusts Taxable at Trust Rates. 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)		
41	Proxy tax. See instructions		
42	Alternative minimum tax (trusts only)		
43	Tax on Noncompliant Facility Income. See instructions		
44	<b>Total.</b> Add lines 41, 42, and 43 to line 39 or 40, whichever applies		0.

**Part V Tax and Payments**

45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)			
45b	Other credits (see instructions)			
45c	General business credit. Attach Form 3800			
45d	Credit for prior year minimum tax (attach Form 8801 or 8827)			
45e	<b>Total credits.</b> Add lines 45a through 45d			
46	Subtract line 45e from line 44			0.
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)			
48	<b>Total tax.</b> Add lines 46 and 47 (see instructions)			0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			0.
50a	Payments: A 2017 overpayment credited to 2018			
50b	2018 estimated tax payments			
50c	Tax deposited with Form 8868			
50d	Foreign organizations: Tax paid or withheld at source (see instructions)			
50e	Backup withholding (see instructions)			
50f	Credit for small employer health insurance premiums (attach Form 8941)			
50g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input checked="" type="checkbox"/> Form 4136 <input checked="" type="checkbox"/> Other <u>606.</u> Total <u>606.</u>			
51	<b>Total payments.</b> Add lines 50a through 50g			606.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>			
53	<b>Tax due.</b> If line 51 is less than the total of lines 48, 49, and 52, enter amount owed			
54	<b>Overpayment.</b> If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid			606.
55	Enter the amount of line 54 you want: <b>Credited to 2019 estimated tax</b> <input checked="" type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>			606.

**Part VI Statements Regarding Certain Activities and Other Information** (see instructions)

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 ▶			Yes	No
				X
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.				X
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**  Valerie McMillan-Slat 5/14/20 **CEO & PRESIDENT**  
Signature of officer Date Title

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

Print/Type preparer's name <b>LISA BURKE</b>	Preparer's signature <u>Lisa Burke</u>	Date <u>5/10/20</u>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00220718</b>
Firm's name ▶ <b>CBIZ MHM, LLC</b>			Firm's EIN ▶ <b>34-1874260</b>	
Firm's address ▶ <b>700 WEST 47TH STREET, SUITE 1100 KANSAS CITY, MO 64112</b>			Phone no. <b>816-945-5500</b>	

FORM 990-T	OTHER CREDITS AND PAYMENTS	STATEMENT 1
DESCRIPTION		AMOUNT
OTHER CREDITS, ADJUSTMENTS AND PAYMENTS		606.
TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART V, LINE 50G		606.