

SANTA CLARITA VALLEY FOOD PANTRY 2018 Exempt Org. Income Tax Returns

Prepared by:
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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information. For the 2018 calendar year, or tax year beginning , 2018, and ending D Employer identification number Check if applicable: 95-4014804 SANTA CLARITA VALLEY FOOD PANTRY Address change E Telephone number 24133 RAILROAD AVE Name change NEWHALL, CA 91321-2918 661-255-9078 Initial return Final return/terminated 1,998,105. G Gross receipts \$ Amended return H(a) Is this a group return for subordinates? Yes F Name and address of principal officer: Application pending H(b) Are all subordinates included?

If "Nc." attach a list. (see instructions) No Yes SAME AS C ABOVE 527 4947(a)(1) or) (insert no.) 501(c) (Tax-exempt status: X 501(c)(3) H(c) Group exemption number WWW.SCVFOODPANTRY.ORG Website: ► M State of legal domicile: CA L Year of formation: 1985 Other > X Corporation Trust K Form of organization: Summary Part I Briefly describe the organization's mission or most significant activities: TO ALLEVIATE HUNGER THROUGHOUT THE SANTA CLARITA VALLEY. WE ACCOMPLISH THIS WITH A DYNAMIC GROUP OF VOLUNTEERS WHO SOURCE DONATIONS, PACKAGE NUTRITIOUS FOOD TO STRETCH A FAMILY'S FOOD SUPPLY AND DISTRIBUTE THAT FOOD TO QUALIFYING RESIDENTS IN THE SANTA CLARITA VALLEY. Activities & Governance Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)..... 5 Number of independent voting members of the governing body (Part VI, line 1b)..... Total number of individuals employed in calendar year 2018 (Part V, line 2a)..... 5 Total number of volunteers (estimate if necessary). 90 0. 7a Total unrelated business revenue from Part VIII, column (C), line 12...... 0. **b** Net unrelated business taxable income from Form 990-T, line 38 **Current Year** Prior Year 1,997,532. 1,644,955. Contributions and grants (Part VIII, line 1h). Program service revenue (Part VIII, line 2g). Revenue 573. Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 6.758 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)...... 1,998,105. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 1,651,713 1,590,132. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 1,439,992 Benefits paid to or for members (Part IX, column (A), line 4)..... 94,150. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 84,435 16a Professional fundraising fees (Part IX, column (A), line 11e)..... b Total fundraising expenses (Part IX, column (D), line 25) ▶ 253,891. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 298,765 1,823,192 1,938,173. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)..... 59,932. Revenue less expenses. Subtract line 18 from line 12. -171.479**Beginning of Current Year End of Year** 1,264,769. 1.324,141. Total assets (Part X, line 16)..... 20 0. 560. Total liabilities (Part X, line 26).... 21 1,324,141. Net assets or fund balances. Subtract line 21 from line 20..... 1,264,209. Signature Block 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 officer) is based on all information of which preparer has any knowledge.

May the IRS discuss this return with the preparer shown above? (see instructions)..... BAA For Paperwork Reduction Act Notice, see the separate instructions.

Preparer's signature

► KEITH BENSON & ASSOCIATES

VALENCIA, CA 91355

28338 CONSTELLATION RD STE

KEITH BENSON,

Signature of officer

Print/Type preparer's name

Firm's name

Firm's address

MICHAEL MOORE

Type or print name and title

KEITH BENSON, CPA

Sign

Here

Paid

Preparer

Use Only

TEEA0101L 08/20/18

Date

7-15-19

Date

TREASURER

Check

self-employed

Phone no.

Form 990 (2018)

No

PTIN

661-775-9534

Firm's EIN ► 46-2028972

P00688244

Yes

95-4014804

Page 2

Checklist of Required Schedules Part IV No Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х 1 X 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?..... 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I..... X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II..... X 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III 5 Х Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Χ 6 Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II.......... 7 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' Х 8 complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV. Х 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V..... X 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI..... X 11 a **b** Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII. Χ 11 b c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII. X 11 c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX..... X 11 d X e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. 11 e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X... X 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete X 12a Schedule D, Parts XI and XII..... b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional....... 12b Х Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E..... 13 Х 14a Did the organization maintain an office, employees, or agents outside of the United States?..... 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV. Х 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV..... 15 X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV..... X 16 Х 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, X 18 lines 1c and 8a? If 'Yes,' complete Schedule G, Part II..... Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' X 19 complete Schedule G, Part III..... X 20a 20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H..... **b** If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?..... 20b Х 21

Page 4 95-4014804 Form 990 (2018) SANTA CLARITA VALLEY FOOD PANTRY Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III. Х 22 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Χ 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a..... X **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds?.... d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?.... 24d 25 a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit Х transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I..... 25a **b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If* 'Yes,' complete X 25b Schedule L, Part I..... Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III. Х 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV..... X 28a **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Х 28b Schedule L, Part IV.... c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV..... Х 28c Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M..... X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X 30 contributions? If 'Yes,' complete Schedule M.... X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I...... 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete X 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I..... X 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, Х and Part V, line 1. 34 X b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2..... 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2..... Х 36 37 38

	organization? If 'Yes,' complete Schedule R, Part V, line 2		-		
Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI					
;	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Х		
at	t V Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response or note to any line in this Part V.	· · · · · · · · · · · · · · · · · · ·	V	اللا	
_			Yes	No	
ŀ	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable				
(c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X 990 ((2019	
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Form 990 (2018) SANTA CLARITA VALLEY FOOD PANTRY

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

arτ	Statements Regarding Other IKS Fillings and Tax Compilation (Commission)	1,,	\neg	11.
		Y	es	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	1		
- 4	ments, filed for the calendar year ending with or within the year covered by this return 2a 8	2 b	Х	mount
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20	101	100
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3 a	28	X
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 b		
b	If 'Yes,' has it filed a Form 990-1 for this year? If No to line 50, provide an explanation in school of the authority over a			
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		X
b	If 'Yes,' enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	1501	22	3.50
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
5 a	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
D	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
b	If IVee I did the exceptization include with every solicitation an express statement that such contributions or gifts were	6 b		
	not tax deductible /	HARVE I	20	(N-7/2)
	Organizations that may receive deductible contributions under section 170(c).	(Feel)		115
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		X
h	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
Ü	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7.		Х
	Form 8282?	7 c	0030	
c	Ilf 'Yes,' indicate the number of Forms 8282 filed during the year	7 e	SINAN	X
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 f	-	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			700
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring		100	37
Ī	organization have excess business holdings at any time during the year?	8	251111	X
9	Sponsoring organizations maintaining donor advised funds.	HOW	TORK	10000
	Did the spansoring organization make any taxable distributions under section 4966?	9 a	_	-
ı	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b	David	a displayed
10	Section 501(c)(7) organizations. Enter:	4000	Seat 1	18.00
i	a Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			PICS
11	Section 501(c)(12) organizations. Enter:			
i	Gross income from members of shareholders			6
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	V-556	8.9	I I CHES
12	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a	70.10	
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	NAME OF	
	a Is the organization licensed to issue qualified health plans in more than one state?	134	i i i i e i	
	Note. See the instructions for additional information the organization must report on Schedule O.			
	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	c Enter the amount of reserves on hand	14a	-	Х
14	a Did the organization receive any payments for indoor tanning services during the tax year	14b		
	bit 'Yes,' has it filed a Form 720 to report these payments: If two, provide all explanation in Schools Street			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		X
	If 'Yes,' see instructions and file Form 4720, Schedule N.	3	183	
1/	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
18	If 'Yes,' complete Form 4720, Schedule O.	NAME OF THE OWNER,	00	0 (0010
BA	TECANOSI 10/21/19	Forr	n 99 0	0 (2018

95-4014804 Form 990 (2018) SANTA CLARITA VALLEY FOOD PANTRY Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 5 5 **b** Enter the number of voting members included in line 1a, above, who are independent.....

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee?.... Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?..... Х 3 Did the organization make any significant changes to its governing documents Х 4 since the prior Form 990 was filed?..... X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 X Did the organization have members or stockholders?.... 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Х 7 a members of the governing body?.... b Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7 b stockholders, or persons other than the governing body?..... Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х 8 a a The governing body?..... X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 X organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code Yes No 10 a Х 10 a Did the organization have local chapters, branches, or affiliates?..... b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?.... 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... 11 a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O X 12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13..... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Х 12b to conflicts?..... X 12 c 13 Did the organization have a written whistleblower policy?.... 13 Х 14 X 14 Did the organization have a written document retention and destruction policy?..... 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official. . SEE. SCHEDULE . 0 15 a X 15b **b** Other officers or key employees of the organization..... If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year?... b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?.... 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Other (explain in Schedule O) X Another's website X Upon request Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to SEE SCHEDULE O the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

NEWHALL CA 91321 661-255-9078 EXECUTIVE DIRECTOR 24133 RAILROAD AVE Form 990 (2018) TEEA0106L 12/31/18 BAA

SANTA CLARITA VALLEY FOOD PANTRY Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII.

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any relate				(C)						
(A) Name and Title	(B) Average hours	ı	dire	(do no box, an o ector/	ot che unles fficer truste		- 1	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) PHIL HOWARD	11			1						^
DIRECTOR	0	X						0.	0.	0
(2) PAT THAYER	44								_	2
DIRECTOR	0	X						0.	0.	0
(3) PATRICK MULLEN	1_1_							_		0
DIRECTOR	0	X						0.	0.	0
(4) DAVID WILLIAMS, JAN-APR 2018	40_									3 640
EXECUTIVE DIR.	0	_	_	X				16,665.	0.	1,640
(5) MICHAEL MOORE	15_									0
TREASURER	0		L	X		<u> </u>		0.	0.	0
(6) SUSAN CAPUTO	40							22 500		4 000
EXECUTIVE DIR.	0	_	_	X				28,500.	0.	4,998
(7) JASON SCHAFF	1							_		_
PRESIDENT	0	_	_	X	_		_	0.	0.	0
(8)		1								
(9)										
(10)										
(11)										
(12)										
(13)										
(14)					T					

Par	t VII Section A. Officers, Directors, Tru	stees, l	Key	Em	plo	oye	es,	anc	Highest Com	pensated Emp	oyees (contin	ued)
	330000	(B)			((2)						
	(A) Name and title	Average hours per	DOX.	unle	ess pe	erson	than is both or/trus	1 an	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of oth	
		100 Date 20 Barr	or o	Inst	Officer	<u>\$</u>	em H	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization	
		for related	Individual trustee or director	nstitutional trustee	icer	Key employee	nest o	mer			and related organizations	
		organiza - tions below	or trus	म् ।		loyee	ompe					
		dotted line)	tee	ustee			Highest comperisated employee					
(15)			-									
(16)												
(17)												
(18)												
(19)											 	
(20)	.=											
(21)			31									
(22)												
(23)												
(24)												
(25)		ļ	-									
1	Sub-total			22201	12//01/2			•	45,165.			638
	Total from continuation sheets to Part VII, Sect	ion A						-	45,165.			0 638
	Total (add lines 1b and 1c) Total number of individuals (including but not limite	d to those	listed	ab	ove)	who	rece	eive	d more than \$100,0			000
	from the organization 0				,				· · · · · · · · · · · · · · · · · · ·			1
											Yes	No
3	Did the organization list any former officer, dire on line 1a? If 'Yes,' complete Schedule J for su	ctor, or tr	ustee lual	e, ke	еу е	mpl	oyee	, or	highest compens	ated employee	3	Х
4	For any individual listed on line 1s, is the sum of	of reports	hle c	omr	ens	atio	n an	d ot	her compensation	n from		AST III
•	the organization and related organizations great such individual	ter than ኔ	150.1	JUU	C IT	res	CO	mpi	ele Schedule 3 10	1	4	>
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If 'Ye											X
Se	tion R. Independent Contractors											
1	Complete this table for your five highest compecompensation from the organization. Report compe	nsated in ensation fo	depe r the	nde cale	nt c inda	ontr r yea	actor ar en	s tr ding	with or within the	organization's tax ye	ar.	
	(A) Name and business ad								- I	3) of services	(C) Compensati	on
												_
								_				
_			_				_					
-												
2	Total number of independent contractors (including		mited	to t	hose	e list	ed at	oove	e) who received mo	re than		
	\$100,000 of compensation from the organization	n > 0			101 0	0.000	10	_			Form 990	(20:

Part	VIII Statement of Revenue Check if Schedule O contains a response or note to any	uling in this Part VI	——————————————————————————————————————		П
	Check it Schedule O contains a response of fibre to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b Membership dues	1,997,532.			
Program Service Revenue	Business Code 2 a b c d e f All other program service revenue g Total. Add lines 2a-2f.				
<u>a</u>	3 Investment income (including dividends, interest and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal	573.	573.		
	6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other				
	assets other than inventory b Less: cost or other basis and sales expenses				
Other Revenue	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18				
J	9a Gross income from gaming activities. See Part IV, line 19				
	10 a Gross sales of inventory, less returns and allowances	-			
	e Total. Add lines Tra-Tru				
	12 Total revenue See instructions	1 998 105	573.	0	. 0

Part	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must co	mplete column (A).	
06011	Check if Schedule O contains a re	esponse or note to any	line in this Part IX		L 4 (4 (4 (4 (4 (4 (4 (4 (4 (4
Do n 6b, 7	ot include amounts reported on lines b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
-	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	1,590,132.	1,590,132.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	51,803.	12,951.	38,852.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				0
		0.	0.	0.	0.
7	Other salaries and wages	33,969.	24,383.	9,586.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
	Other employee benefits	8,378.	3,777.	4,601.	
	Payroll taxes	0,370.	3,111.	1/0021	
	Management				
	b Legal				
	: Accounting	8,100.		8,100.	
	Lobbying	100			
e	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
_	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)	2,644. 785.	1,190.	1,454. 785.	
13	Office expenses				
14	Information technology				
15	Royalties			076	
16	Occupancy	40,648.	40,372.	276.	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19		55.	55.		
20					
21	Payments to affiliates	16 726	16,559.	167.	
22	Depreciation, depletion, and amortization	16,726. 16,432.	11,644.		
23 24	Insurance. Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	10,432.	11,011.		
	a FOOD SPOILAGE	128,472.	128,472		
	b FUNDRAISING EVENT EXPENSES	13,335.			13,335
	c SUPPLIES	7,289.	4,332	2,957.	
	d AUTO EXPENSES	7,021.	7,021	2 702	
	e All other expenses.	12,384.	8,682		13,335
_25	Total functional expenses. Add lines 1 through 24e	1,938,173.	1,849,570	15,208.	13,333
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720).				
-	30F 30-2 (A30 300-720)	TEE A01101 (00/03/18	 	Form 990 (2018)

Par	tΧ	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing	1,003.	1	6,111.
	2	Savings and temporary cash investments	266,736.	2	254,821.
		Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
g	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	102,525.	8	121,116.
As	9	Prepaid expenses and deferred charges.	6,657.	9	4,332.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
- 1	b	Less: accumulated depreciation	887,848.	10 c	937,761.
	11	Investments — publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11.		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets, Add lines 1 through 15 (must equal line 34).	1,264,769.	16	1,324,141.
_	17	Accounts payable and accrued expenses	560.	17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D	-	21	HELIOTE POLICE LA TRA
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Ë	00	Secured mortgages and notes payable to unrelated third parties		23	
	23	Unsecured notes and loans payable to unrelated third parties	R	24	
	24	Other liabilities (including federal income tax, payables to related third parties,			
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	
	26	Total liabilities. Add lines 17 through 25.		26	0.
		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
ĕ	27	Unrestricted net assets	1,264,209.	27	1,324,141.
<u>a</u>	28	Temporarily restricted net assets		28	
Ä	29	Permanently restricted net assets		29	
Net Assets or Fund Balances	-5	Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.		10000	
5	30	Capital stock or trust principal, or current funds		30	
ets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
155	32	Retained earnings, endowment, accumulated income, or other funds.		32	
et.	33	Total net assets or fund balances	1,264,209		1,324,141
ž	34	and the second s		. 34	1,324,141
BA		TEEA0111L 08/03/18			Form 990 (2018

_	1990 (2018) SANTA CLARITA VALLEY FOOD PANTRI							
Par	t XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI	1	1 00	0 1	<u>. </u>			
1	Total revenue (must equal Part VIII, column (A), line 12).		1,99					
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,93					
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>32.</u>			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4	1,26	4,2	09.			
5	Net unrealized gains (losses) on investments.	5			70			
6	Donated services and use of facilities.	6						
7	Investment expenses	7		_				
8	Prior period adjustments	8	_	-				
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	10	1,32	24 - 1	Δ1			
	column (B))	10	1,5		11.			
Pa	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII.			120 64	No			
			CHEST	Yes	NO			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			MIL	7			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain							
	in Schedule ()		2000	X				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?	4 4 6 6 6 6 6 6 6	2 a	Λ	The same			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review	ed on a			NET I			
	separate basis, consolidated basis, or both:		60.81	W-SIG	10000			
	X Separate basis Consolidated basis Both consolidated and separate basis		2 b		x			
	b Were the organization's financial statements audited by an independent accountant?		20	0.000	ects/			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separ	ate	4.58		18/2			
	basis, consolidated basis, or both: Separate basis		1830					
			N. S.	THE PERSON NAMED IN				
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?) 	2 c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain			95.75	0.00			
	CA CARACINA (A)							
3	2 - As a result of a foderal award was the organization required to undergo an audit or audits as set forth in the Single							
Ū	Audit Act and OMB Circular A-133?	,	3 a		X			
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required au	JIII.	3 b					
	or audits, explain why in Schedule O and describe any steps taken to undergo such addits.				(2018)			
BA	TEEA0112L 08/03/18		1 0/11	, ,,,,,	(2010)			

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

lame o	of the organization Employer identification number									
	רם.	CLARITA VALLEY FOOL	PANTRY				95-4014804			
Part	135	Reason for Public Char	ity Status (All ord	ganizations must co	mplete	e this p	oart.) See instructi	ons.		
The o	rga	nization is not a private founda	ition because it is: (F-	or lines 1 through 12, c	heck onl	y one b	ox.)			
1	Ň	A church, convention of churches	s, or association of chu	arches described in sectio	on 170(b)	(1)(A)(i).				
2	H	A school described in section 17	'0(b)(1)(A)(ii). (Attach S	chedule E (Form 990 or 9	990-EZ).)	ı				
3	Н	A hospital or a cooperative ho	spital service organiz	ation described in sect	ion 170(b)(1)(A)((iii).			
4	П	A medical research organization	on operated in conjur	nction with a hospital de	escribed	in secti	on 170(b)(1)(A)(iii). Er	nter the hospital's		
	_	name, city, and state:								
5		An organization operated for t section 170(b)(1)(A)(iv). (Con	the benefit of a colleg	ge or university owned o				scribed in		
6		A federal, state, or local gove	rnment or governmer	ntal unit described in se	ction 17	'0(b)(1)(/	A)(v).			
7	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)								
8		A community trust described i	in section 170(b)(1)(A	(Complete Part II	.)					
9		An agricultural research organiz or university or a non-land-grani	ation described in sect t college of agriculture	ion 170(b)(1)(A)(ix) opera (see instructions). Enter	ted in co the name	njunctior e, city, ar	n with a land-grant colle- nd state of the college o	ge r		
	-	university:								
10		An organization that normally re from activities related to its e- investment income and unrela- June 30, 1975. See section 5	xempt functions—sub ated business taxable .09(a)(2). (Complete F	income (less section 5 Part III.)	511 tax)	from bu	sinesses acquired by t	ross receipts is support from gross he organization after		
11		An organization organized an	d operated exclusive	y to test for public safe	ty. See	section	509(a)(4).	Trillation - Zachier had a procedure agencies		
12	Ī	An organization organized an or more publicly supported or	d operated exclusive	ly for the benefit of, to d in section 509(a)(1) o	perform r section and com	the fund 1 509(a)(ctions of, or to carry ou (2). See section 509(a) es 12e. 12f, and 12g.			
а		Type I. A supporting organization organization(s) the power to recomplete Part IV. Sections A	on operated, supervised gularly appoint or elect and B.	d, or controlled by its sup a majority of the director	ported or s or trust	ees of th	ne supporting organization	on. You must		
b		Type II. A supporting organiz management of the supporting must complete Part IV, Secti	ation supervised or co	ontrolled in connection the same persons that co	with its ontrol or i	supporte manage	ed organization(s), by the supported organizat	having control or ion(s). You		
c		Type III functionally integrated.	A supporting organizat	piete Part IV, Sections	a, D, and	-				
C		Type III non-functionally integr functionally integrated. The o instructions). You must comp	10 (N 4) (NA)	 (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d		with its or	upported organization(s) and an attentiveness) that is not requirement (see		
e	-	Check this box if the organization	ation received a writte	en determination from f	he IRS I	hat it is	a Type I, Type II, Typ	e ili iunctionally		
f	Ε	nter the number of supported of	organizations							
ç	P			d organization(s).						
	(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) I: organizat in your g docum	overning	support (see instructions)	support (see instructions)		
					Yes	No				
_										
(A)										
(B)										
(C)										
(0)										
(D)	0)									
624160										
(E)			DOMESTIC STREET, STREE		Present.	THE PERSON				
Tak	. 1					783				

Schedule A (Form 990 or 990 EZ) 2018 SANTA CLARITA VALLEY FOOD PANTRY 95-4014804

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Pa

art II	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(IV) and 170(b)	χινηςΑη(νι)
	Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to quality under Part II	II. If the
	organization fails to qualify under the tests listed below, please complete Part III.)	

Secti	ection A. Public Support										
Calen	dar year (or fiscal year ning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total				
1 (Sifts, grants, contributions, and nembership fees received. (Do not nclude any 'unusual grants.')	1,832,794.	1,660,168.	1,578,904.	1,644,955.	1,997,533.	8,714,354.				
(Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.				
	The value of services or facilities furnished by a governmental unit to the organization without charge					500	0.				
5	Total. Add lines 1 through 3 The portion of total	1,832,794.	1,660,168.	1,578,904.	1,644,955.	1,997,533.	8,714,354.				
	contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.				
	Public support. Subtract line 5 from line 4						8,714,354.				
Sect	ion B. Total Support										
Caler begir	ndar year (or fiscal year nning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total				
7	Amounts from line 4	1,832,794.	1,660,168.	1,578,904.	1,644,955.	1,997,533.	8,714,354.				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,894.	2,961.	2,748.	1,400.	573.	10,576.				
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.				
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.				
	Total support. Add lines 7 through 10					T 10	8,724,930.				
12	Gross receipts from related act						0.				
13	First five years. If the Form 990 i organization, check this box ar	s for the organizationd stop here.	on's first, second, t	hird, fourth, or fifth	tax year as a sect	ion 501(c)(3)	· · · · · · · · · · · · · · · · · · ·				
Sec	tion C. Computation of P	ublic Support	Percentage			144	00.00%				
14	Public support percentage for 3	2018 (line 6, colur	nn (f) divided by l	line 11, column (f))	14	99.88 %				
15	Public support percentage from	n 2017 Schedule A	A, Part II, line 14.	***********		120/					
	33-1/3% support test—2018. If and stop here. The organization	n quannes as a p	ublicly supported	organization.							
	33-1/3% support test—2017. If and stop here. The organization	on qualifies as a p	ublicly supported	organization	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	10%-facts-and-circumstances or more, and if the organizatio the organization meets the 'fac	cts-and-circumstar	nces' test. The or	ganization qualifie	es as a publicly su	upported organizat	tion				
	o 10%-facts-and-circumstances or more, and if the organizatio organization meets the 'facts-a	n meets the lacts	test. The organi	ization qualifies a	s a publicly suppo	orted organization	51 - \$5500 - \$5000600.				
18	Private foundation. If the orga	nization did not c	heck a box on line	e 13, 16a, 16b, 17	ra, or 17b, check	this box and see i	990 or 990-EZ) 2018				
_						ichequie A (FORM)	330 UI 330"E4] 40 IC				

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	tails to qualify drider the tes						
	on A. Public Support		41.0015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	r year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include	(a) 2014	(b) 2015	(C) 2010	(d) 2017	(6) 2010	() (0.00)
2	any 'unusual grants.')						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						V
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support			_	1 4 15 0017	(e) 2018	(f) Total
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2016	(i) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
-	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					F016-	1
14	First five years. If the Form 990 organization, check this box an	is for the organi d stop here	zation's first, sec	ond, third, fourth	, or fifth tax year a	as a section 501(c)(3)
Sec	tion C. Computation of Pu	iblic Support	Percentage				1 0
15	Public support percentage for 2	2018 (line 8, colur	mn (f), divided by	line 13, column	(f))		-
16	200.000.000	2017 Schedule	A, Part III, line 15				%
Sec	ction D. Computation of In	vestment Inco	ome Percenta	ge			
-		for 2018 (line 10	c, column (f), div	ided by line 13, c	olumn (f))	17 amiliare de la companya de la co	
17 18	Laura dan and Impanto porcontogo	from 2017 Scher	dule A. Part III. lir	ne 17	* * * * * * * * * * * * * * * * * * * *	IC	
18		(the execution	did not chack th	e hov on line 14.	and line 15 is mo	re than 33-1/3%,	and line 17
	b 33-1/3% support tests-2017.	f the organization	n did not check a	box on line 14 or The organization	gualifies as a pub	licly supported or	ganization
20	Private foundation. If the organ	nization did not o	heck a box on lin	e 14, 19a, or 19b), check this box a	illu see ilistraction	
20	Frivate louituation. If the organ	meason ald not o	TEA040	31 06/07/18		Schedule A (Forn	1 990 or 990-EZ) 2018

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All	Supporting	Organizations

ect	ion A. All Supporting Organizations			
		No. of Concession, Name of Street, or other Designation, Name of Stree	Yes	No
	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a	West H	ALCO DE
	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.	3с		III DAVI
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a	Print.	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
Ł	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		R III PS
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.	6		
	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8	1 1000	
	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI .	9a		
	b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes</i> ,' <i>provide detail in Part VI</i> .	98		900
	c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.	90		
10	a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer 10b below.	10a		
	à contra de la contra del la contra del la contra del la contra de la contra del la contra de la contra de la contra del		100	

10b

		A (FOIII 990 OF 990-EZ) 2010 SANTA CHIRCHT VIII DELL 1 005 1111111	014804	I	Page :
Pai	rt IV	Supporting Organizations (continued)		Yes	No
		the organization accepted a gift or contribution from any of the following persons?	15.63	res	140
11	Has	erson who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the	683	Mind	
•	gove	erning body of a supported organization?	11a	_	-
		amily member of a person described in (a) above?	11b	-	+-
	c A 35	5% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		_
Sec	ction	B. Type I Supporting Organizations		T.,	1
1	Part	the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in tVI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities or organization had more than one supported organization, describe how the powers to appoint and/or remove organizations or trustees were allocated among the supported organizations and what conditions or restrictions, if any	G. Company	Yes	No
2	Did that	olied to such powers during the tax year. the organization operate for the benefit of any supported organization other than the supported organization of toperated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing supported organization(s) that operated, supervised, or controlled the	(s)		
<u></u>		n C. Type II Supporting Organizations			
se	cuon	1 G. Type II Supporting Organizations		Yes	s No
1	- 1 -	re a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees each of the organization's supported organization(s)? <i>If 'No,' describe in Part VI how control or management o</i> porting organization was vested in the same persons that controlled or managed the supported organization	of the (s).		
Se		n D. All Type III Supporting Organizations			
<u> </u>	CHOIL	1 DITAIL TYPE III CARPES IN STORES		Yes	s No
1	orga	If the organization provide to each of its supported organizations, by the last day of the fifth month of the panization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the ganization's governing documents in effect on the date of notification, to the extent not previously provided?	ax 1		
2	org: the	ere any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported ganization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how a corganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	void all t in t	reason of the relationship described in (2), did the organization's supported organizations have a significant ice in the organization's investment policies and in directing the use of the organization's income or assets at times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations plathis regard.	ayed 3		
Se	ction	n E. Type III Functionally Integrated Supporting Organizations			
1	Che	neck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruc The organization satisfied the Activities Test. <i>Complete line 2 below.</i>	tions).		
	ь	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
	c [The organization supported a governmental entity. Describe in Part VI how you supported a government en	tity (see instru	uction	15).
:	2 Act	ctivities Test. <i>Answer (a) and (b) below.</i>		Ye	s N
	sup org res	d substantially all of the organization's activities during the tax year directly further the exempt purposes of the apported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported ganizations and explain how these activities directly furthered their exempt purposes, how the organization is sponsive to those supported organizations, and how the organization determined that these activities constitutes that the securities is activities.	vas	а	
	the <i>the</i>	id the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reason are organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	of s for 2	b	
	3 Pa	arent of Supported Organizations. Answer (a) and (b) below.	48	3	100
	- Die	id the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees ach of the supported organizations? <i>Provide details in Part VI.</i>	s of	la	

3b

Part 1	Check here if the organization satisfied the Integral Part Test as a qualifying trusinstructions. All other Type III non-functionally integrated supporting organization			Part VI). See through E.
Secti	on A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8	Delication between the	
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		1
7	Check here if the current year is the organization's first as a non-functionally in (see instructions).	tegrated		rganization Form 990 or 990-EZ)
BAA			Schedule A (r urm 330 or 330-E.Z.

Parl	V Type III Non-Functionally Integrated 509(a)(3) Sur	oporting Organiza	tions (continued)	O
Sect	ion D – Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purp	ooses		
	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity		5,	
3	Administrative expenses paid to accomplish exempt purposes of sup	oported organizations		
	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization in Part VI). See instructions.	n is responsive (provide	details	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			4115
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
	Distributable amount for 2018 from Section C, line 6			IN SUBJECT OF STREET
	Underdistributions, if any, for years prior to 2018 (reasonable cause required – explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			TOP HE THRONE TO SE
ŀ	From 2014	noist hars strain the		
	From 2015	ERCHART TO A TEST OF		
- (From 2016			
- (From 2017			
	f Total of lines 3a through e			
	g Applied to underdistributions of prior years			A CONTRACTOR OF THE PARTY OF TH
	h Applied to 2018 distributable amount			CARLO MARKET CONTRACTOR
	i Carryover from 2013 not applied (see instructions)			
	j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7:			
	a Applied to underdistributions of prior years			
	b Applied to 2018 distributable amount			EVENTORIS DUANT
	c Remainder. Subtract lines 4a and 4b from 4.	Total Control of the Control	and the same of th	
	Remaining underdistributions for years prior to 2018, if any, Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
- 6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
_	Breakdown of line 7:			
	a Excess from 2014			
-	b Excess from 2015		in havistisking his	
-	c Excess from 2016			
	d Excess from 2017			
_				

BAA

e Excess from 2018.....

95-4014804 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

SANTA CLARITA VALLEY FOOD PANTRY Drganization type (check one): Filers of: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treate 527 political organization Form 990-PF Double of the organization is covered by the General Rule or a Special Rule.	95-4014804 ed as a private foundation
Filers of: Form 990 or 990-EZ Section: 4947(a)(1) nonexempt charitable trust not treate 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule.	ed as a private foundation
Filers of: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treate 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule .	ed as a private foundation
Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treate 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule .	ed as a private foundation
4947(a)(1) nonexempt charitable trust not treated 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule .	ed as a private foundation
Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule .	
Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule .	
4947(a)(1) nonexempt charitable trust treated at 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule .	
4947(a)(1) nonexempt charitable trust treated at 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule .	
501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule .	s a private foundation
Check if your organization is covered by the General Rule or a Special Rule .	·
Note: Only a partial E01(a)(7) (8) or (10) organization can check hoxes for both the General Rule	and a Special Rule. See instructions:
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule	
General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributing a contribution of the property of the proper	ions totaling \$5,000 or more (in money or
For an organization filing Form 990, 990-EZ, or 990-FF that received, during the year, contributed property) from any one contributor. Complete Parts I and II. See instructions for determining a	contributor's total contributions.
F	
Special Rules	
X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3 under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, received from any one contributor, during the year, total contributions of the greater of (1) \$5,00 Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.	3% support test of the regulations
under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II,	00; or (2) 2% of the amount on (i)
Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.	
	eceived from any one contributor,
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that reduring the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientification or for the prevention of cruelty to children or animals. Complete Parts I (entering 'N/2)	entific, literary, or educational
purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering National Contributor name and address), II, and III.	A In column (b) instead of the
	and from any and contributor
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that reduring the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions exclusively for religious, that were received during the vertex received during t	entributions totaled more than
41 000 If IL:- Law is shooked optor boro the total contributions that were received during the	real for all exclusively religious,
I diete at mission Don't complete any of the parts liniess the Lagreral Rule abblica to the	IIS OF GRANDER HOLD DOCKAGOO
it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during	g the year
I D. L. and L. Ha. Canadal Dulan dagony f	ile Schedule B (Form 990, 990-F7, or
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't figure 1990-PF), but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of the special Rules and the stilling requirements of Schedule B. (Form 990, 990-F	11C GUIRGURE (1 OTTH 220, 220 E-1 OT _
Part I, line 2, to certify that it doesn't meet the filling requirements of Schedalo 2 v sim 339, 339	its Form 990-EZ or on its Form 990-PF,
BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Sch	its Form 990-EZ or on its Form 990-PF, EZ, or 990-PF). edule B (Form 990, 990-EZ, or 990-PF) (201

Name of organization

SANTA CLARITA VALLEY FOOD PANTRY

Employer identification number

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Part I	Contributors (see instructions). Use duplicate copies of Part 111 additional sp		
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WHOLE FOODS MARKET		Person Payroll
	24130 VALENCIA BLVD	\$182,500.	Noncash X
	SANTA CLARITA, CA 91355		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ALBERTSON'S		Person Payroll
	27631 W BOUQUET CANYON RD	\$191,532.	Noncash X
	SANTA CLARITA, CA 91350		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	TRADER JOE'S		Person Payroll
	26517 BOUQUET CYN RD	\$105,678.	Noncash X
	SANTA CLARITA, CA 91350		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total	(d) Type of contribution
		contributions	
	VONS	contributions	Person
4	VONS	\$ 62,455.	Payroll
		-	Payroll
	VONS 24160 LYONS AVE NEWHALL, CA 91321 (b)	-	Payroll Noncash X (Complete Part II for
4 (a) Number	VONS 24160 LYONS AVE NEWHALL, CA 91321 (b)	\$62,455. - (c)	Payroll Noncash X (Complete Part II for noncash contributions.) (d) Type of contribution Person
4	VONS 24160 LYONS AVE NEWHALL, CA 91321 Name, address, and ZIP + 4	\$62,455. - (c)	Payroll Noncash X (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll
4 (a) Number	VONS 24160 LYONS AVE NEWHALL, CA 91321 Name, address, and ZIP + 4 SPROUTS MARKET	\$ 62,455. (c) Total contributions	Payroll Noncash X (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll
4 (a) Number	VONS 24160 LYONS AVE NEWHALL, CA 91321 Name, address, and ZIP + 4 SPROUTS MARKET 24285 MAGIC MOUNTAIN PKWY VALENCIA, CA 91355	\$ 62,455. (c) Total contributions	Payroll Noncash X (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash X (Complete Part II for
(a) Number 5	VONS 24160 LYONS AVE NEWHALL, CA 91321 Name, address, and ZIP + 4 SPROUTS MARKET 24285 MAGIC MOUNTAIN PKWY VALENCIA, CA 91355	\$62,455. (c) Total contributions \$\$ 58,160.	Payroll Noncash X (Complete Part II for noncash contributions.) Type of contribution Person Payroll Noncash X (Complete Part II for noncash contributions.) (d) Type of contributions.
4 Number	VONS 24160 LYONS AVE NEWHALL, CA 91321 Name, address, and ZIP + 4 SPROUTS MARKET 24285 MAGIC MOUNTAIN PKWY VALENCIA, CA 91355 Name, address, and ZIP + 4	\$62,455. (c) Total contributions \$\$ 58,160.	Payroll Noncash X (Complete Part II for noncash contributions.) Type of contribution Person Payroll Noncash X (Complete Part II for noncash contributions.) Type of contribution Person Payroll Payroll Payroll
(a) Number 5	VONS 24160 LYONS AVE NEWHALL, CA 91321 Name, address, and ZIP + 4 SPROUTS MARKET 24285 MAGIC MOUNTAIN PKWY VALENCIA, CA 91355 Name, address, and ZIP + 4 TARGET	\$62,455. (c) Total contributions \$58,160. (c) Total contributions \$98,695.	Payroll Noncash X (Complete Part II for noncash contributions.) Type of contribution Person Payroll Noncash X (Complete Part II for noncash contributions.) Type of contribution Person Payroll Payroll Payroll

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2	Page	_

Calcadula	ь	/Carm	000	990 E7	or 990-PF)	(2018)
Schedule	В	(Form	990,	990-EZ,	01 990-66)	(2010)

Employer identification number

Italiic of org	ameanon			
SANTA	CLARITA	VALLEY	FOOD	PANTRY

95-4014804

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	TARGET 24425 MAGIC MOUNTAIN PKWY VALENCIA, CA 91355	\$ <u>107,955.</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	SAM'S CLUB 26468 CARL BOYER DR SANTA CLARITA, CA 91350	\$118,424.	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	COSTCO 18649 VIA PRINCESSA SANTA CLARITA, CA 91387	\$61,530.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10_	VONS - BOUQUET 26518 BOUQUET CYN RD SAUGUS, CA 91350	\$44,930.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) Numbe	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_	ALBERTSON'S COPPER HILL 23850 W COPPERHILL RD VALENCIA, CA 91354	- \$100,280 -	Person Payroll Concash X (Complete Part II for noncash contributions.)
(a) Numbe	r Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	TEF A07021 09/20/18	\$ Schoolule P (Form)	Person Payroll Oncash (Complete Part II for noncash contributions.)

Employer identification number

SANTA CLARITA VALLEY FOOD PANTRY

95-4014804

a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	IN-KIND FOOD DONATIONS		
		\$ 182,500.	VARIOUS
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	IN-KIND FOOD DONATIONS		WAR TOUG
		\$191,532.	VARIOUS_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	IN-KIND FOOD DONATIONS		
3		\$ <u>105,678.</u>	VARIOUS
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date receive
	IN-KIND FOOD DONATIONS		
4		\$62 <u>,455</u> .	VARIOUS
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date receive
	IN-KIND FOOD DONATIONS		
5		- \$58,160.	VARIOUS
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date receive
	IN-KIND FOOD DONATIONS		
6		\$98,695.	

Employer identification number

SANTA CLARITA VALLEY FOOD PANTRY

95-4014804

a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	IN-KIND FOOD DONATIONS	-	
		\$ <u>107,955.</u>	VARIOUS_
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	IN-KIND FOOD DONATIONS	- - - \$ 118,424.	VARIOUS
(a) No. from Part I			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	IN-KIND FOOD DONATIONS	\$ 107,955. \$ 107,955. FMV (or estimate) (See instructions.) \$ 118,424. FMV (or estimate) (See instructions.) \$ 61,530. FMV (or estimate) (See instructions.) \$ 44,930. FMV (or estimate) (See instructions.)	
9		4	
		\$61,530.	VARIOUS
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date receive
	IN-KIND FOOD DONATIONS	-	
10			
		\$ 44,930.	VARIOUS
from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date receive
(a) No. from Part I 10 (a) No. from Part I 11 10 (a) No. from Part I	IN-KIND FOOD DONATIONS		
11			
		\$100,280.	VARIOUS
from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date receive
		- s	

Employer identification number 95-4014804

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of org					
SANTA	CLARITA	VALLEY	FOOD	PANTRY	

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc.,

Use duplicate copies of Part III if additional space is needed. (d) Description of how gift is held (c) Use of gift (b) Purpose of gift (a) No. from Part I N/A (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (d) Description of how gift is held (c) Use of gift (b) Purpose of gift (a) No. from Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (d)
Description of how gift is held (c) Use of gift (b) Purpose of gift (a) No. from Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (d) Description of how gift is held (c) Use of gift (b) Purpose of gift (a) No. from Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes' on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	SANTA CLARITA VALLEY FOOD PANTRY	95-4014804
Part	Organizations Maintaining Donor Advised Funds or Other Similar Fun	nds or Accounts.
rarı	Complete if the organization answered 'Yes' on Form 990, Part IV, line	0,
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
	Aggregate value of contributions to (during year)	
	Aggregate value of grants from (during year)	
	Aggregate value at end of year	
_	Did the organization inform all donors and donor advisors in writing that the assets held in do are the organization's property, subject to the organization's exclusive legal control?	onor advised funds
	are the organization's property, subject to the organization of writing that grant fund	ds can be used only
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant function charitable purposes and not for the benefit of the donor or donor advisor, or for any other impermissible private benefit?	purpose conferring Yes No
Part	Conservation Easements.	. 7
-	Complete if the organization answered 'Yes' on Form 990, Part IV, line	5 / ₁₂
1	Purpose(s) of conservation easements held by the organization (check all that apply).	of a historically important land area
	Preservation of faile for public and (e.g.) restrained in	of a certified historic structure
	Protection of flatural flatitude	of a certified filstoric structure
	Preservation of open space	m of a conservation easement on the
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the for last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2 b
t	Total acreage restricted by conservation easements	
C	: Number of conservation easements on a certified historic structure included in (a)	. 20
C	Number of conservation easements included in (c) acquired after 7/25/06, and not on a histostructure listed in the National Register.	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by tax year	the organization during the
4	Number of states where property subject to conservation easement is located ▶	Total Library
5	Does the organization have a written policy regarding the periodic monitoring, inspection, have	andling of violations,
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing c	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conse	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of s and section 170(h)(4)(B)(ii)?	ection 170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and experinclude, if applicable, the text of the footnote to the organization's financial statements that	ense statement, and balance sheet, and describes the organization's accounting for
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, of Complete if the organization answered 'Yes' on Form 990, Part IV, lin	or Other Similar Assets. e 8.
	a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revart, historical treasures, or other similar assets held for public exhibition, education, or research in Part XIII, the text of the footnote to its financial statements that describes these items.	renue statement and balance sheet works of furtherance of public service, provide,
	b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue historical treasures, or other similar assets held for public exhibition, education, or research in furtiful treasures, relating to these items:	
	Boycopus included on Form 990 Part VIII line 1	2.150.0153.0153.00.00.00.00.00.00.00.00.00.00.00.00.00
	Appets included in Form 990 Part X	Y 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	If the organization received or held works of art, historical treasures, or other similar assets for financials required to be reported under SFAS 116 (ASC 958) relating to these items:	ancial gain, provide the following
	- Devenue included on Form 990 Part VIII line 1	
	b Assets included in Form 990, Part X	C. L. Jule D. (Farry 990) 2019

Part III Organizations Maintainir						шпие	(a)
3 Using the organization's acquisition, ac	cession, and other	records, check any	of the following that are	a significant use of its co	llection		
items (check all that apply):		d 🖂 Loan or	exchange programs				
a Public exhibition		e Other	exchange programe				
b Scholarly research	nc	e Other					
c Preservation for future generation		d avalain have those f	urthor the organization's e	evernt nurnose in			
4 Provide a description of the organization Part XIII.							
5 During the year, did the organization to be sold to raise funds rather than	solicit or receive to be maintained	e donations of art, d as part of the org	historical treasures, or panization's collection?	other similar assets	Yes	Dort	No
Part IV Escrow and Custodial A	rrangements. ount on Form	Complete if the 990, Part X, li	e organization ansv ne 21.	wered Yes on For	m 990,	Fail	IV,
1 a Is the organization an agent, trustee				assets not included _			
on Form 990. Part X?					Yes	L	No
b If 'Yes,' explain the arrangement in	Part XIII and cor	nplete the following	g table:				
					Amount		
c Beginning balance				1 c			
d Additions during the year		****	* * * * * * * * * * * * * * * * * * * *	. 1 d			
e Distributions during the year				1 e			
f Ending halance			* * * * * * * * * * * * * * * * * * * *	. 1t	14		111-
2a Did the organization include an amo	ount on Form 990	, Part X, line 21, f	or escrow or custodial a	ccount liability?	Yes	_	No
b If 'Yes,' explain the arrangement in	Part XIII. Check	here if the explana	ation has been provided	on Part XIII	1.1.1.1.1.1		
						_	
Part V Endowment Funds. Con	nplete if the o	rganization ans	swered 'Yes' on For	m 990, Part IV, In	e 10.	Vini	- Lank
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) F0	ur years	Dack
1 a Beginning of year balance							
b Contributions						_	
c Net investment earnings, gains,							
d Grants or scholarships							
e Other expenditures for facilities							
and programs							
f Administrative expenses							
g End of year balance					_	_	
2 Provide the estimated percentage of	of the current yea	r end balance (line	e 1g, column (a)) held a	IS:			
a Board designated or quasi-endowmen		~~~~°					
b Permanent endowment ▶	%						
c Temporarily restricted endowment	•	[%]					
The percentages on lines 2a, 2b, and	2c should equal 1	00%.					
3 a Are there endowment funds not in the	possession of the	organization that a	re held and administered	for the	Γ	Yes	No
organization by:					3a(i)		
(i) unrelated organizations					3a(ii)		
(ii) related organizations					3b		-
b If 'Yes' on line 3a(ii), are the relate	d organizations	isted as required of	on Schedule R?		30		
4 Describe in Part XIII the intended u		ization's endowme	ent funds.		_	_	
Part VI Land, Buildings, and Ed	quipment.		000 D 1 N/ E	11 - Caa Farm 00	n Bar	+ V 1i	ina 10
Complete if the organization	ation answere	ed 'Yes' on Forr	n 990, Part IV, line	Tra. See Form 95	o, Fai	. , 11	
Description of property	(a) C	ost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) E	Book v	
1 a Land			832,570.				,570
b Buildings			42,577.	24,799.			,778
c Leasehold improvements.			47,062.	31,304.			,758
d Equipment			133,393.	76,771.			,622
e Other			64,346.	49,313.			,033
Total. Add lines 1a through 1e. (Column	(d) must equal I	orm 990, Part X.					,761
BAA	under total			Sched	lule D (F	orm 99	0) 2018

BAA

Part VII	Investments — Other Securities.	ad 'Vas' on Form 990	N/A), Part IV, line 11b. See Form 990, Part X, line 12.
(a) Dono	cription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
	cial derivatives	(2)	
	y-held equity interests	.a/	
(3) Other	,		
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
$\frac{(G)}{(H)}$ $ -$			
(1)		* **	
Total (Colu	mn (b) must equal Form 990, Part X, column (B) line 12.)	•	
Part VIII			N/A 2. Bart IV, line 11c, See Form 990, Part X, line 13.
	- Complete if the organization answe	(b) Book value	D, Part IV, line 11c. See Form 990, Part X, line 13. (c) Method of valuation: Cost or end-of-year market value
PAGE CAN	(a) Description of investment	(b) Book value	(c) inclined of variations
(1)			
(2)			
(3)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)	15 000 Dat V column (D) line 12.)	N	The state of the s
Part IX	umn (b) must equal Form 990, Part X, column (B) line 13.). Other Assets.		A
I dit ix	Complete if the organization answer	ered 'Yes' on Form 99 Description	O, Part IV, line 11d. See Form 990, Part X, line 15
- (1)	(a	Description	
(1)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
(10)		45.1	>
	Column (b) must equal Form 990, Part X, colu	mn (B) line 15.)	e e annule de la colonia de la
Part X	Other Liabilities. Complete if the organization answered 'Yes'	on Form 990. Part IV, line	11e or 11f. See Form 990, Part X, line 25.
	(a) Description of liability	(b) Book valu	e name a superior de la companya de
(1) Fee	deral income taxes		
(2)	deral income taxes		
(2)	deral income taxes		
(2) (3) (4)	deral income taxes		
(2) (3) (4) (5)	deral income taxes		
(2) (3) (4)	deral income taxes		
(2) (3) (4) (5) (6) (7) (8)	deral income taxes		
(2) (3) (4) (5) (6) (7) (8) (9)	deral income taxes		
(2) (3) (4) (5) (6) (7) (8) (9) (10)	deral income taxes		
(2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	Torse 200 Part Y column (R) line 25		financial statements that reports the organization's liability for uncertain

BAA

Schedule D (Form 990) 2018 SANTA CLARITA VALLEY FOOD PANTRY	93-4014004 1 490
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements.	3K999 1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	(X)
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d.	2 e
3 Subtract line 2e from line 1	GGG 3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	10.70
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	33E 19
c Add lines 4a and 4b	4c
E. Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	per Return. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
Total expenses and losses per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities	
b Prior year adjustments	88.50
c Other losses	
d Other (Describe in Part XIII.)	1668
e Add lines 2a through 2d	2 e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b.	
h Other (Describe in Part XIII.)	Marie Sale
- Add times 4e and 4b	4c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5
Part XIII Supplemental Information.	

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D (Form 990) 2018

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information

Open to Public Inspection 2018

OMB No. 1545-0047

Schedule I (Form 990) (2018) (h) Purpose of grant or assistance 2 Employer identification number X Yes Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on 95-4014804 Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (g) Description of noncash assistance SEE PART IV (f) Method of valuation (book, FMV, appraisal, other) Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant (c) IRC section (if applicable) Enter total number of other organizations listed in the line 1 table. SANTA CLARITA VALLEY FOOD PANTRY Part I | General Information on Grants and Assistance (P) EIN 1 (a) Name and address of organization or government Department of the Treasury Internal Revenue Service Name of the organization 8 8 3 9 9 **E** ල Ø

TEEA3901L 07/13/18

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SANTA CLARITA VALLEY FOOD PANTRY Schedule I (Form 990) (2018)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

can be auplicated in additional space is necessary	Jace 13 Heeded.		X(1) 21-1-1-25 (2) - 1-2(1)	(a del) en motamo monamento acompanio e o	(A Description of popularly assistance
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(I) Description of notices assistance
DISTRIBUTION OF FOOD TO	3,000		FAIR N 1,590,132. VALUE	FAIR MARKET VALUE	FOOD AND HYGIENE ITEMS
מייים ביות זוחט					
-					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

THE ORGANIZATION'S EXECUTIVE DIRECTOR AND TREASURER CONTINUOUSLY REVIEW EXPENSES PAID

RECORDS ARE FROM GRANT FUNDS TO ENSURE EXPENSES SUPPORT THE PURPOSE OF THE GRANT. KEPT TO SUBSTANTIATE EXPENSES AND REPORTS ARE SUBMITTED TO GRANTOR IN COMPLIANCE WITH

GRANT CONDITIONS.

Schedule I (Form 990) (2018)

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

2018

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

SANTA CLARITA VALLEY FOOD PANTRY

Employer identification number

95-4014804

Par	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Metho noncash o	(d) d of de contribu	terminir ition am	ng Iounts
1	Art – Works of art							
2	Art — Historical treasures							
3	Art — Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities — Publicly traded							
10	Securities – Closely held stock.							
11	Securities - Partnership, LLC, or trust interests							
12	Securities – Miscellaneous							
	Qualified conservation contribution —							
13	Historic structures							
14	Qualified conservation contribution — Other							
15	Real estate – Residential							
16	Real estate – Commercial							
17	Real estate — Other							
18	Collectibles							
19	Food inventory		2,352	1,645,710.	DONOR	FMV		
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other► (HYGIENE ITEMS)		170	70,360				
26	Other COMM'L FRIDGE	0		1 4,044	DONOR	FMV		
27	Other ()							
28								
	Number of Forms 9283 received by the organization	during the tax	vear for contributions f	for which the				
29	organization completed Form 8283, Part IV, Don	ee Acknowle	dgement		29			
							Yes	No
	a During the year, did the organization receive by cont	ribution any r	property reported in Part	I. lines 1 through 28, tha	it			
30	it would hald for at loast three years from the dat	e at the initia	al contribution, and wi	lich ish thequired to be	uscu	13.90	3450	
	for exempt purposes for the entire holding period	d?	, , , , , , , , , , , , , , , , , , , ,			30 a	-	X
	h If 'Yes.' describe the arrangement in Part II.					142,98		Treffes
31	Does the organization have a gift acceptance po	licy that requ	uires the review of any	nonstandard contributi	ons?.	31		X

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

b If 'Yes,' describe in Part II.

describe in Part II.

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell

noncash contributions?....

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) 2018

32 a

Х

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 2018

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

SANTA CLARITA VALLEY FOOD PANTRY

95-4014804

Employer identification number

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

TO ALLEVIATE HUNGER THROUGHOUT THE SANTA CLARITA VALLEY. WE ACCOMPLISH THIS WITH A DYNAMIC GROUP OF VOLUNTEERS WHO SOURCE DONATIONS, PACKAGE NUTRITIOUS FOOD TO STRETCH A FAMILY'S FOOD SUPPLY AND DISTRIBUTE THAT FOOD TO QUALIFYING RESIDENTS IN THE SANTA CLARITA VALLEY.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

EXECUTIVE DIRECTOR AND TREASURER REVIEW FORM 990, COMPARES ENTRIES TO QUICKBOOKS AND FINANCIAL STATEMENTS.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS THE ORGANIZATION REVIEWS THE CONFLICT OF INTEREST POLICY WITH THE BOARD AND EMPLOYEES ON AN ANNUAL BASIS.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT ON AN ANNUAL BASIS THE EXECUTIVE BOARD REVIEWS EMPLOYEE COMPENSATION AND IT IS SUBJECT TO BOARD APPROVAL.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

FORM IRS 990 IS AVAILABLE ON FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST. WWW.GUIDESTAR.ORG (DATABASE OF NONPROFIT ORGANIZATIONS), AS WELL AS UPON REQUEST.

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2018

Attachment Sequence No. 179

Department of the Treasury Internal Revenue Service Name(s) shown on return

Identifying number 95-4014804

	TA CLARITA VALLEY is or activity to which this form relates		1			130	
	M 990/990-PF						
Parl	I Flection To Expe	nse Certain P	roperty Under Sec complete Part V before	tion 179 you complete Pa	art I.		
1	Maximum amount (see instr	uctions)	, , , , , , , , , , , , , , , , , , , ,	80			
2	Total cost of section 179 pro	perty placed in s	service (see instructions	i)		2	
3	Threshold cost of section 17	9 property before	e reduction in limitation	(see instructions	s)	3	
4	Reduction in limitation, Sub	tract line 3 from I	ine 2. If zero or less, er	nter -0		4	
5	Dollar limitation for tax year	. Subtract line 4	from line 1. If zero or le	ss, enter -0 If r	married filing	_	
	separately, see instructions			(b) Cost (business	una anha	c) Elected cost	
6	(a) D	escription of property		(b) Cost (business	use only)) Liected cost	
	Listed property, Enter the a	mount from line	09		7		
7 8	Total elected cost of section	179 property. A	dd amounts in column (c), lines 6 and 7	14 4 4 5 4 4 4 4 4 4 4 4 4	8	
9	Tentative deduction. Enter t	he smaller of line	e 5 or line 8			9	
10	Carryover of disallowed ded	luction from line	13 of your 2017 Form 4	562		10	
11	Pusiness income limitation	Enter the smalle	r of business income (r	not less than zero	o) or line 5. Se	e instrs	
12	Section 179 expense deduc	tion. Add lines 9	and 10, but don't enter	more than line I	17 1 1 1 2 2 2 2 2 2 2 2 2	12	Control of the Sale of
13	Carryover of disallowed ded	luction to 2019. A	add lines 9 and 10, less	line 12	15		M. SWI III. DO MAD IN THE
_	Don't use Part II or Part III	below for listed p	property, instead, use P	art v.	mentrule lists du	senante Coo inc	tructions)
Par			ce and Other Depre				tructions.
	Special depreciation allowa tax year. See instructions					**************************************	
15	Property subject to section	168(f)(1) election	L				16,726.
	Other depreciation (including	ng ACRS)				10	10, 120.
Par	t III MACRS Depreci	iation (Don't inc	lude listed property. Se				
			Section			17	
17	MACRS deductions for asse					13.107.03.177	
18	If you are electing to group ar asset accounts, check here	43244444444444			************	►	
			in Service During 2018			(f)	(g) Depreciation
	(a) Classification of property	(b) Month and year placed in service	(C) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	Method	deduction
19 a	3-year property						
t	5-year property						
	7-year property						
	10-year property						
6	15-year property				-		
	20-year property			25	-	S/L	
_	25-year property			25 yrs	MM	S/L	
	n Residential rental			27.5 yrs	MM	S/L	
	property			27.5 yrs	MM	S/L	
i	Nonresidential real			39 yrs	MM	S/L	
	property	Assets Disease !:	 n Service During 2018	Tay Year Using t			stem
-		ASSETS Placed II	Service During 2016	lax real using t	The Attention of	S/L	
	Class life			12 yrs		S/L	
	b 12-year	A STATE OF THE PARTY OF THE PAR		30 yrs	MM	S/L	
	c 30-year			40 yrs	MM	S/L	
	d 40-year	the state of the s		10 110	K.46.4	- 6/20	
-	rt IV Summary (See ins				AASOO ASSUMAA OO OO OA AA U SAS	21	
21 22	Listed property. Enter amo Total. Add amounts from line 12, the appropriate lines of your retur	lines 14 through 17 I	ines 19 and 20 in column (a).	and line 21. Enter he	ere and on	22	16,726.
23	For assets shown above at the portion of the basis att	nd placed in serv	ice during the current y	ear, enter	23		

12/31/18	20.	18 FE	:DER/	\L B	00K	DEP	2018 FEDERAL BOOK DEPRECIATION SCHEDULE	TION	SCHE	DULE				PAGE 1	E 7
			SA	NTA (LARIT	A VALL	SANTA CLARITA VALLEY FOOD PANTRY	D PANTI						95-4014804	1804
NO. DESCRIPTION	DATE D ACQUIRED S	DATE SOLD.	COST/ BASIS	BUS.	CUR 179 BONUS.	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE RATE	CURRENT JE DEPR.	لاي
FORM 990/990-PF															
AUTO / TRANSPORT EQUIPMENT															
11 2002 FORD VAN	12/01/06		13,080							13,080	13,080				0
13 2009 TRUCK	3/11/09		39,762							39,762	39,762				0 0 0
22 2015 FORD TRANSIT VAN	11/14/15		24,666							24,666	10,688	1/S	ט יי		6.284
29 2017 FORD TRANSIT VAN	6/07/18	*	53,862	1.						700,60		7/6			35
TOTAL AUTO / TRANSPORT EQUIP			131,370		0	0		0 0	0	131,370	63,530			_	11,217
BUILDINGS															
2 BUILDING	12/24/02		42,578							42,578	23,250	S/L	L 27.5		1,548
		Ţ	42,578	£/	0	0		0 0	0	42,578	23,250				1,548
FURNITURE AND FIXTURES															
A NONDITIONED	10/08/04		7.874							7,874	956'9	S/L	L 15		525
	5/01/05		9,750							9,750	9,750	S/L HY	۲ 10		0
	9/01/05		11,368							11,368	11,368	S/L	_		0
	10/01/05		1,891							1,891	1,796	S/L			0
	10/01/06		6,376							6,376	6,376		_		0
	4/01/07		1,459	_						1,459	1,459				0 (
14 SHELVING UNITS	5/04/09		4,189	_						4,189	4,189				o 0
15 SHELVING	10/05/09		2,235							2,235	2,235				> 6
16 SHELVING	8/12/10		722	٥.						722					0 0
17 SHELVING	9/08/10		1,444	-						1,444					0 6
19 FREEZER	10/01/13		2,854	-						2,854	1,211	1 S/L	01 1		C87

12/31/18	2	018 F	2018 FEDERAL BOOK DEPRECIATION SCHEDULE	BO	OK DE	PREC!/	TION	SCH	DULE				PAGE 2
ge.			SAN	TA CLA	RITA VA	SANTA CLARITA VALLEY FOOD PANTRY	D PANT	RY					95-4014804
NOITHIRDS	DATE	DATE SOLD	COST/ BUS. BASIS PCT.	CUR IS. 179 IT. BONIIS.	SPECIAL DEPR. IS ALLOW	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDIICT	DEPR. BASIS	PRIOR DEPR	METHOD JIFE RATE	E_RATE	CURRENT DEPR.
	11 /00 /15		1						2,442	177	S/L	15	163
	01 /77 /11		2 442						2,442	149	. 7/S	15	163
25 STURAGE SHED	2/107/1/8		5,745						5,255			15	146
2/ EVAPURATOR COULER 28 REACH IN REFRIGERATOR	7/01/18		4,044			15		į	4,044		S/L	10	202
TOTAL FURNITURE AND FIXTURE		**	64,345		0	0	0	0 0	64,345	47,832			1,484
IMPROVEMENTS													
4 ROOF REPLACEMENT	10/06/04		18,500						18,500	16,337	S/L	15	1,233
	8/01/05		20,940						20,940	10,505		24.8	846
9 IMPROVEMENT	11/01/05		4,142						4,142	2,056	2	24.5	169
26 ASPHALT, PARKING LOT	4/30/18		3,480						3,480		S/L	15	155
TOTAL IMPROVEMENTS			47,062		0	0	0	0 0	47,062	28,898			2,403
LAND													
1 LAND	12/24/02		115,120						115,120				0
24 LAND NEWHALL PINE	5/23/17		717,450		ĺ				717,450			66	0
TOTAL LAND			832,570		0	0	0	0 0	832,570	0			0
MACHINERY AND EQUIPMENT													
18 DESKTOP COMPUTER	7/25/11		1,327						1,327	1,327	1/8	2	0
	6/12/13		272						272	248		2	24
21 COMPUTER EQUIPMENT	7/31/13		425						425	375	SVL	S	20
TOTAL MACHINERY AND EQUIPME	ш		2,024		0	0	0	0	2,024	1,950			74
					Ш								

FORM

2018 California Exempt Organization
Annual Information Return

199

Calendar Year	2018 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy)	10-1	· ifornia corporation nur	nher
Corporation/Organ		65,50		iiboi
SANTA CI	ARITA VALLEY FOOD PANTRY	FER	291811 N	
Additional informa	tion. See instructions.		5-4014804	
Street address (s	nite or room)	PM	B no.	
	TIROAD AVE	-		
City	State CA		code 1321-2918	
NEWHALL	Foreign province/state/county		eign postal code	-
Foreign country n				
A First Deturn	Yes X No J If exempt under R&TC Section 23701d, has the			
	Yes X No organization engaged in political activities? Seturn. See instructions.		Yes	X No
	4947(a)(1) trust			
D Final Inform	+347(d)(1) (last	22701.0	2 Vos	X No
	olved I Surrendered (Withdrawn) Werged/Rediganized If you contact the gross receipts from			110
	mm/dd/vvvv) • nonmember sources	\$_		
E Check acco			******	
1 [] Ca	sh 2 X Accrual 3 Other Irn filed? 1 • 990T 2 • 990-PF 3 • Sch H (990) R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required.	8	• X	_
4 Other	in the distribution of the state of the stat			X No
G Is this a gr	pup filing? See instructions	to repo	rt	X No
H Is this orga	nization in a group exemption Yes X No O Is the organization under audit by the IRS or ha	as the IF	RS _	X No
If 'Yes,' wh	at is the parent's name? audited in a prior year? P Is federal Form 1023/1024 pending?			N₀
X 				
l Did the org	anization have any changes to its guidelines d to the FTB? See instructions			
Part I	Complete Part I unless not required to file this form. See General Information B and C.			
- urc	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1		573.
	2 Gross dues and assessments from members and affiliates	2		
Receipts	3 Gross contributions, gifts, grants, and similar amounts received	3	1,997	,532.
and Revenues	4. Total gross receipts for filing requirement test. Add line 1 through line 3.	4	1 000	105
- 1	This line must be completed. If the result is less than \$50,000, see General Information B	4	1,990	,105.
	5 Cost of goods sold			
	6 Cost or other basis, and sales expenses of assets sold. 6	7		
	7 Total costs. Add line 5 and line 6	8	1,998	,105.
	8 Total gross income. Subtract line 7 from line 4.9 Total expenses and disbursements. From Side 2, Part II, line 18.	9		,173.
Expenses	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10		,932.
	11 Total payments	11		
	12 Use tay See General Information K.	12		
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11, 3223 • •	13		
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12.	14		
Filing Fee	15 Filing fee \$10 or \$25. See General Information F	15		
	16 Penalties and Interest. See General Information J	16		
	- I The subtract line 11 from the coult	17		0.
-	17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. 17 Title Date	t of my	knowledge and belief	, it is true,
Sign Here				
*****	Signature of officer TREASURER		661-255-90 PTIN	78
/	Preparer's Date Check if self- employed employed		P00688244	
Paid	signature KEITH BENSON, CPA		Firm's FEIN	
Preparer's Use Only	Firm's name (or yours, if 28338 CONSTELLATION RD STE 980		46-2028972	
•	28338 CONSTELLATION RD SIE 980 VALENCIA, CA 91355		 Telephone 	
			661-775-95	-35
	May the FTB discuss this return with the preparer shown above? See instructions.	TOTAL STREET	X Yes	No

CACA1112L 12/13/18

SANTA Part II	0	CARITA VALLEY FOOD PANT Organizations with gross receipts of egardless of amount of gross receipts –	more than \$50.000 and pr	ivate foundations		95-4	014804
	1		husiness activities. See in	structions	•	1	
						2	573.
						3	
Receipt	s	- 0				4	
from						5	
Other Sources		5 Gross royalties	ft- (Coo Instructio			6	
•••••		6 Gross amount received from sal				7	
		7 Other income. Attach schedule.		Cido 1 Dort	L line 1	8	573.
		8 Total gross sales or receipts from other	sources. Add line I through line /	LINTER NERE AND ON SIDE 1, PAIL	MENT 1	9	1,590,132.
		9 Contributions, gifts, grants, and similar a	mounts paid. Attach schedule	₁₁		10	1,390,132.
		10 Disbursements to or for member	(\$	SEE.	STMT 2	11	51,803.
	- 1	11 Compensation of officers, direct	ors, and trustees. Attach s	scnedule,		12	
F		12 Other salaries and wages					33,969.
Expens and	es	13 Interest				13	
Disburs	se-	14 Taxes				14	8,378.
ments		15 Rents				15	40,648.
		16 Depreciation and depletion (See	e instructions)			16	16,726.
		17 Other Expenses and Disbursem	ents. Attach schedule	SEE STATE	EWENT 3	17	196,517.
		18 Total expenses and disbursements. Add	line 9 through line 17. Enter here	and on Side 1, Part I, line 9		18	1,938,173.
Sched	lule	L Balance Sheet	Beginning of to	axable year		of taxab	
Assets			(a)	(b)	(c)		(d)
1 Ca	ısh		PARTY OF THE PARTY	267,739.		•	260,932.
		unts receivable	PARTY NAME OF STREET	1020			
		s receivable		100 707		EUDS O	121,116.
		ies	AVIEW NEW YORK	102,525.			121,110.
5 Fe	deral a	and state government obligations,		504			
		ents in other bonds		0.0			
7 In	vestme	ents in stock				2000 ·	
8 M	ortgag	e loans				MURE TO SERVICE TO SER	
9 0t	ther in	vestments. Attach schedule				3924	ARTHUR PASSING
10 a De	eprecia	able assets		15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	287,3		
b Le	ess acc	cumulated depreciation	165,460.	55,278.	182,18		105,191
		(R)(R)(F)(F)(F)(F)(F)(F)(F)(F)(F)(F)(F)(F)(F)		832,570.			832,570
12 0	ther as	ssets. Attach schedule	4	6,657.	S1000 -550	0	4,332
		ssets		1,264,769.			1,324,141
		nd net worth			chill college	NAME OF TAXABLE PARTY.	
14 A	ccount	s payable		560.	a var i mie	•	
15 0	ontribu	utions, gifts, or grants payable		1970	A STORY OF THE PARTY.	•	
		and notes payable	OH DESIGNATION OF THE PARTY OF		RESERVO INTOVI	•	
		ges payable	THE RESERVE THE RESERVE OF THE REPORT OF THE PERSON OF THE			•	
		abilities. Attach schedule	The state of the s				
		stock or principal fund.	The second secon	1,264,209.		•	1,324,141
		or capital surplus. Attach reconciliation.				9111	
		d earnings or income fund		0.000	Maria Caralla	•	
		abilities and net worth		1,264,769.	1	118 (2)	1,324,141

Reconciliation of income per books with income per return Schedule M-1 Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. Income recorded on books this year not included 59,932. in this return. Attach schedule..... Deductions in this return not charged 3 Excess of capital losses over capital gains against book income this year. Income not recorded on books this year. Attach schedule..... Total. Add line 7 and line 8..... Expenses recorded on books this year not deducted Net income per return. in this return. Attach schedule..... Subtract line 9 from line 6...... 6 Total. Add line 1 through line 5 59,932.

Side 2 Form 199 2018 059 3652184 CACA1112L 12/13/18

Schedule B (Form 990, 990-EZ, or 990-PF)

CALIFORNIA COPY

Schedule of Contributors

2018

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information.

SANTA CLARITA VALLEY FOOD PAN	TRY	95-4014804
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a	private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a privi	ate foundation
	501(c)(3) taxable private foundation	
	Sorto, (c) taxable private realisation	
Check if your organization is covered by the Genera	I Rule or a Special Rule.	
Note: Only a section 501(c)(7), (8), or (10) org	anization can check boxes for both the General Rule and a S	Special Rule. See instructions.
0 181		
Tax on experiention filing Form 000, 000 F	Z, or 990-PF that received, during the year, contributions total	aling \$5,000 or more (in money or
property) from any one contributor. Comple	ete Parts I and II. See instructions for determining a contribu	tor's total contributions.
Special Rules		
For an organization described in section 50	O1(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support that checked Schedule A (Form 990 or 990-EZ), Part II, line 13,	ort test of the regulations 16a. or 16b. and that
received from any one contributor, during t	that checked scredule A (10th 950 of 950-EZ), Facts, line 15, the year, total contributions of the greater of (1) \$5,000; or (200-EZ, line 1. Complete Parts I and II.	2) 2% of the amount on (i)
Form 990, Part VIII, line 1h; or (ii) Form 99	90-EZ, line 1. Complete Parts I and II.	
For an organization described in section 50	01(c)(7), (8), or (10) filing Form 990 or 990-EZ that received	from any one contributor,
during the year, total contributions of more	01(c)(7), (8), or (10) filing Form 990 or 990-EZ that received than \$1,000 <i>exclusively</i> for religious, charitable, scientific, li o children or animals. Complete Parts I (entering 'N/A' in col	terary, or educational
contributor name and address), II, and III.	o children or animals, complete rans remember 1777 in son	diffit (b) indicate of the
	01(c)(7), (8), or (10) filing Form 990 or 990-EZ that received	from any one contributor.
during the year contributions exclusively for	or religious, charitable, etc., purposes, but no such contribut	ions totaled more than
\$1,000 If this hav is checked, enter here t	he total contributions that were received during the year for	an <i>exclusively</i> religious,
charitable, etc., purpose. Don't complete a	ny of the parts unless the General Rule applies to this organd ble, etc., contributions totaling \$5,000 or more during the ye	ar S
it received <i>nonexclusively</i> religious, charita	ble, etc., contributions totaling \$5,000 or more during the ye	Oliverity 1911
Caution: An organization that isn't covered by	the General Rule and/or the Special Rules doesn't file Sche	dule B (Form 990, 990-EZ, or
990-PF), but it must answer 'No' on Part IV, li	the General Rule and/or the Special Rules doesn't file Schene 2, of its Form 990; or check the box on line H of its Form	990-EZ or on its Form 990-PF,
Part I, line 2, to certify that it doesn't meet the	e filing requirements of Schedule B (Form 990, 990-EZ, or 99	O117.

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Employer identification number

SANTA CLARITA VALLEY FOOD PANTRY

95-4014804

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WHOLE FOODS MARKET		Person
	24130 VALENCIA BLVD	\$ 182,500.	Payroll X
	SANTA CLARITA, CA 91355		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ALBERTSON'S		Person
	27631 W BOUQUET CANYON RD	\$191 <u>,</u> 532.	Payroll Noncash X
	SANTA CLARITA, CA 91350		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	TRADER JOE'S		Person
	26517 BOUQUET CYN RD	\$105,678.	Payroll X
	SANTA CLARITA, CA 91350		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	VONS		Person
	24160 LYONS AVE	\$62,455.	Payroll X
	NEWHALL, CA 91321		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	SPROUTS MARKET		Person
	24285 MAGIC MOUNTAIN PKWY	\$58,160.	Payroll U
	VALENCIA, CA 91355		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	TARGET		Person
	19105 GOLDEN VALLEY RD	\$ <u>98,695</u> .	Payroll X
	SANTA CLARITA, CA 91387	_	(Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

2 Page **2**

SANTA CLARITA VALLEY FOOD PANTRY

Employer identification number 95-4014804

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional sp	ace is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	TARGET 24425 MAGIC MOUNTAIN PKWY VALENCIA, CA 91355	\$ <u>107,955.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	SAM'S CLUB 26468 CARL BOYER DR SANTA CLARITA, CA 91350	\$ <u>118,424.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	COSTCO 18649 VIA PRINCESSA SANTA CLARITA, CA 91387	\$61,530.	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10_	VONS - BOUQUET 26518 BOUQUET CYN RD SAUGUS, CA 91350	\$44,930.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	ALBERTSON'S COPPER HILL 23850 W COPPERHILL RD VALENCIA, CA 91354	\$100,280.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Employer identification number

Name of organization

SANTA CLARITA VALLEY FOOD PANTRY

95-4014804

Noncash Property (see instructions). Use duplicate copies of Part II if additional s	space is needed.	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
IN-KIND FOOD DONATIONS	\$ 182,500.	VARIOUS
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
IN-KIND FOOD DONATIONS	\$ 191,532.	VARIOUS
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
IN-KIND FOOD DONATIONS	\$ 105,678.	VARIOUS
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
IN-KIND FOOD DONATIONS	\$ 62,455.	VARIOUS
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
IN-KIND FOOD DONATIONS	\$ 58,160.	VARIOUS
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
IN-KIND FOOD DONATIONS		
	Description of noncash property given IN-KIND FOOD DONATIONS Description of noncash property given	(b) Description of noncash property given IN-KIND FOOD DONATIONS (c) FMV (or estimate) (See instructions.) IN-KIND FOOD DONATIONS IN-KIND FOOD DONATIONS S 191, 532. (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) IN-KIND FOOD DONATIONS IN-KIND FOOD DONATIONS (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) IN-KIND FOOD DONATIONS IN-KIND FOOD DONATIONS IN-KIND FOOD DONATIONS S 62, 455. Description of noncash property given (c) FMV (or estimate) (See instructions.) IN-KIND FOOD DONATIONS S 62, 455. Description of noncash property given (c) FMV (or estimate) (See instructions.) IN-KIND FOOD DONATIONS IN-KIND FOOD DONATIONS S 58, 160. FMV (or estimate) (See instructions.)

SANTA CLARITA VALLEY FOOD PANTRY

2 Employer identification number

95-4014804

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	IN-KIND FOOD DONATIONS		
		\$107,955.	VARIOUS
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	IN-KIND FOOD DONATIONS		
		\$118,424.	VARIOUS
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
9	IN-KIND FOOD DONATIONS		
		\$61,530.	VARIOUS_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
10	IN-KIND FOOD DONATIONS		
		\$44,930.	VARIOUS_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
11	IN-KIND FOOD DONATIONS	-	
		\$ 100,280.	VARIOUS_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		\$	
RΔΔ	Sch	 edule B (Form 990, 990-E	Z, or 990-PF) (201

Name of organ C ス ハェೡ ス (TARTTA VALLEY FOOD PANTRY			95-4014804			
Part III	Exclusively religious, charitable, etc.	., contributions to organi	zations de	escribed in section 501(c)(7), (8),			
	(10) that total move than \$1 000 for the	a vear from any one contribil	tor. Complete	e columns (a) through (e) and			
	the following line entry. For organizations cor contributions of \$1,000 or less for the year. (E	npleting Part III, enter the total of	ot <i>exclusivel</i> instructions	.) Preligious, charitable, etc.,			
	Use duplicate copies of Part III if additional specific	pace is needed.	THOU GOTTO	72.2 (homa distribution)			
(a) No. from Part I	(b) Purpose of gift	(C) Use of gift		(d) Description of how gift is held			
Parti	N/A						
	N/A						
		(-)					
	53	(e) Transfer of gift					
	Transferee's name, address	, and ZIP + 4	Relationship of transferor to transferee				
	(4)	(c)		(d)			
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
Part I							
			+				
	Transferee's name, address	Rela	tionship of transferor to transferee				
	Transferee 3 flame, address						
			(d)				
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
Part	Turpose or give	•					
-							
	*	(e)					
		(e) Transfer of gift	Pol	ationship of transferor to transferee			
	Transferee's name, addres	s, and ZIP + 4	Reid	addiship of dansleror to dansleroe			
(a)	(b)	(c) Use of gift		(d) Description of how gift is held			
(a) No. from Part I	Purpose of gift	Use of gift		Description of now gift is field			
Taret							
		/- \					
		(e) Transfer of gift					
	Transferee's name, addres		Rel	ationship of transferor to transferee			

	h to Form 100 or For	m 100W. FORM	199				California cor	poration	number
	ation name								NAMES AND STR
SAN	TA CLARITA VA	LLEY FOOD PA	NTRY				129181	<u> </u>	
Parl	Election To Ex	pense Certain Prop	erty Under IRC Se	ection 179					+05.000
1	Maximum deduction	under IRC Section	179 for California				1	-	\$25,000
2	Total cost of IRC Sec	ction 179 property p	laced in service				3	-	4000 000
3	Threshold cost of IRe	C Section 179 prope	erty before reduction	on in limitation			97,91741,000,000,000,000		\$200,000
4	Reduction in limitation	on, Subtract line 3 f	rom line 2. If zero	or less, enter -0-					
5_	Dollar limitation for t	The second secon	ct line 4 from line					out use	EGCY ASSESSMENT
6	(a)	Description of property		(b) Cost (business u	ise only)	(c) Elected	COSI		
							1000		
							350		
7	Listed property (elec	ted IRC Section 17	9 cost)		7		0	N. Control	K S
8	Total elected cost of	IRC Section 179 p	operty. Add amou	nts in column (c), l	ine 6 and lir	ne /xxxxxxxx	9	-	
9	Tentative deduction.								
10	Carryover of disallov	ved deduction from	prior taxable years	S.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		· Iino E	CONTRACTOR WAS		
11	Business income lim	nitation. Enter the s	mailer of business	O but do not enter	more than	line 11		+	
12	IRC Section 179 exp Carryover of disallow	ense deduction. Ac	io iine 9 and iine 1	Uine 10 less line 1	2	13		1912	ROLL OF THE OWNER.
13 Par	Carryover of disallov	nd Election of Additi	onal First Year Den	reciation Deduction	Under R&TC	Section 243	56		
_			(c)	(d)	(e)	(f)	(g)		(h)
14	(a) Description	(b) Date acquired	Cost or	Depreciation	Depreciation	Life or	Depreciation		Additional first
	of property	(mm/dd/yyyy)	other basis	allowed or	method	rate	this year		year depreciation
			1	allowable in earlier years					acpreciation
		12/24/2002	115,120.	carnor yourg		0			
LA		12/24/2002	42,578.	23,250.	S/L	28	1,5	48.	
	LLDING		7,874.	6,956.	S/L	15		25.	
	R CONDITIONER		18,500.	16,337.	· ·	15	1,2		
	OF REPLACEMEN		9,750.	9,750.	S/L	10	•		
-	LK-IN REFRIGE								
15	Add the amounts in	column (g) and col	umn (h). The total	of column (h) may	not exceed	15	16,7	26.	
D-	\$2,000. See instruc	tions for line 14, co	umri (n)	**************	11111111111111111111111111111		207.		
_	t III Summary	tion is alreading.							
16	Total: If the corpora	sance add the ame	unt on line 12 and	l line 15, column (g) or				
	Additional first year	depreciation under	R&TC Section 24:	356, add the amour	its on line i	5, columns (g) and (h) or	16	
	Depreciation (if no	election is made), e	nter the amount in	om line 15, column	. 22			17	
17	Total depreciation of Depreciation adjust	ciaimed for federal p	ourposes from lede	ontor the differen	ce here and	on Form 10	0 or		
18	Takes 100W/ Side 1	ling 6 If ling 17 ic	lace than line In	enter the difference	e nere and c	on Form 100	Ur I		
	Form 100W Side 2	line 12. (If Califorr	nia depreciation an	nounts are used to	determine r	iet income b	eiore	18	
_	state adjustments of	in Form 100 or Forn	n 100vv, no adjusti	ment is necessary.)					
	t IV Amortization	4.5	(4)		'A\	(a)	(f)	1	(g)
19	(a) Description	(b) Date acquire	d (c)		(d) lization	R&TC	Period or		Amortization
	of property	(mm/dd/yyyy		sis allowed o	r allowable	section	percentage		for this year
				in earli	er years	(see instr)		+	
_						-		+-	
								-	
		2)						+-	
							100	-	
20	Total. Add the amo	unts in column (g).					20		
21	Total amortization	claimed for federal	purposes from fed	eral Form 4562, line	e 44		21	-	
22	Amortization adjust	ment. If line 21 is o	reater than line 20), enter the differen	ce here and	on Form 10	00 or		
	Form 100W, Side 1	, line 6. It line 21 is	less than line 20,	enter the differenc	e nere and	0111 01111 100	22		

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	h to Form 100 or For	m 100W. FORM	199				California c	ornoratio	n number
Corpor	ation name							(5)	ii iidiildei
SAN	TA CLARITA VA						12918	11	
Part		pense Certain Pro							405 000
_	Maximum deduction								\$25,000
2	Total cost of IRC Sec	ction 179 property p	placed in service						\$200,000
3	Threshold cost of IRO	C Section 179 prop	erty before reduction	on in limitation			-		\$200,000
4	Reduction in limitation Dollar limitation for t	on. Subtract line 3	rom line 2. If zero	of less, enter -U-	ontor O				
- <u>5</u>			act line 4 from line	(b) Cost (business)		(c) Elected	*******	A STATE	TO SECTION AND ASSESSMENT
- 6	(a)	Description of property		(b) Cost (business t	use only)	(C) Elected	0031		
							- 33		
	1 to be all consequents of a least	And IDO Contino 17	0.001)		7				
7 8	Listed property (electronal elected cost of	IDC Section 179 n	roperty Add amou	nts in column (c)		ne 7	Parameter State	3	
9	Tentative deduction.	Enter the smaller	of line 5 or line 8.				9	,	
10	Carryover of disallov)	
11	Business income lim	itation. Enter the s	maller of business	income (not less t	han zero) oı	r 1ine 5.			
12	IRC Section 179 exp	ense deduction. Ad	dd line 9 and line 1	0, but do not enter	more than	line 11		2	
13	Carryover of disallov	ved deduction to 20	19. Add line 9 and	l line 10, less line 1	12	13			o 757 EAUX NIETY
Par	t II Depreciation as	nd Election of Additi	onal First Year Dep	reciation Deduction	Under R&TC	Section 243	56		
14	(a)	(b)	(c)	(d)	(e)	(f)	(g)		(h) Additional first
	Description	Date acquired	Cost or other basis	Depreciation allowed or	Depreciation method	Life or rate	Depreciatio this yea		year
	of property	(mm/dd/yyyy)	Other basis	allowable in	Motilog	1000			depreciation
				earlier years					
	LK-IN FREEZER	9/01/2005	11,368.	11,368.		10			
LAI	PTOP & DOCKIN		1,891.	1,796.		5			-
IMI	PROVEMENT	8/01/2005	20,940.	10,505.		25		846.	
IMI	PROVEMENT	11/01/2005	4,142.	2,056.		25		169.	
	EEZERS	10/01/2006	6,376.	6,376.		10		_	
15	Add the amounts in \$2,000. See instruct	column (g) and co ions for line 14, co	lumn (h). The total lumn (h)	of column (h) may	not exceed	15			
Par	t III Summary								
16	Total: If the corpora IRC Section 179 exp Additional first year	ense, add the amo	R&TC Section 243	356, add the amour	nts on line 1	5, columns ((g) and (h) o	r 16	
4-	Depreciation (if no e	election is made), e	enter the amount tr	om line 15, columir	1 (g)			17	
	Depreciation adjustr	naimed for federal p	ourposes from lede	antar the differen	ce here and	on Form 10	0 or		
18	Form 100W, Side 1, Form 100W, Side 2, state adjustments o	line 6. If line 17 is line 12. (If Californ	less than line 16, nia depreciation an	enter the difference nounts are used to	e nere and d determine r	net income b	or efore	18	
Par		III OIIII 100 OI I OII						•	
19	(a)	(b)	(c)		(d)	(e)	(f)		(g)
	Description of property	Date acquire (mm/dd/yyyy	ed Cost o	sis allowed o	tization r allowable er years	R&TC section (see instr)	Period or percentage		Amortization for this year
-									
-									
20	Total. Add the amou	unts in column (g).					2	.0	
21	Total amortization of	laimed for federal	purposes from fede	eral Form 4562, line	e 44		2	1	
22		ment. If line 21 is g . line 6. If line 21 is	reater than line 20 less than line 20,	, enter the differen enter the differenc	ice here and e	l on Form 10 on Form 100	00 or 0 or	2	
_	TOTTI TOUVY, SILLE Z	IIII 12 ((4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	30.00 (ACADA N. 30.30 (ADA) ADA) ADA (ADA) ADA (ADA)				A STATE OF THE STA		

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	h to Form 100 or For	m 100W. FORM	199						LCalifor	nia corr	oratio	n number
Corpor	ation name											Thumber
SAN	TA CLARITA VA								129	1811	-	
Part	I Election To Ex	pense Certain Pro	perty Under IRC Se	ection 179							_	+05.000
	Maximum deduction									1 2	-	\$25,000
2	Total cost of IRC Sec	ction 179 property p	placed in service.				e en kalen	0.00000	4.0 (0.00)	3		\$200,000
3	Threshold cost of IRO	C Section 179 prop	erty before reducti	on in limita	ation ::		*****		CO. C. C. C. C. C. C.	4		\$200,000
4	Reduction in limitation	on. Subtract line 3 t	rom line 2. If zero	or less, er	nter -U-	ntor O	,,,,,,,,,,		rseastes	5		
5	Dollar limitation for t		act line 4 from line		(business u		(c) E			6.04	STAN	
6	(a)	Description of property		(n) cost	(Dusiness u	se only)	(0)	colou	0031			
_								_	_	5048		
										400		
								_				
			0 1)			7						
7	Listed property (electronic Total elected cost of	ted IRC Section 17	9 cost).	ents in colu	ımn (c) li	414	ne 7		TWO AND INVESTIGATION	8		
8 9	Tentative deduction.	Enter the smaller	roperty. Add amou of line 5 or line 8	inis in colu	iiiii (c), ii	ne o and n	116 /	0.0000000000000000000000000000000000000		9		
10	Carryover of disallov									10		
11	Business income lim	itation. Enter the s	maller of business	income (r	not less th	nan zero) o	r line 5.			11		
12	IRC Section 179 exp	ense deduction. Ad	ld line 9 and line 1	0, but do	not enter	more than	line 11			12		
13	Carryover of disallov	ved deduction to 20	19. Add line 9 and	l line 10, le	ess line 1	2	13				14	
Par	II Depreciation ar	nd Election of Additi	onal First Year Dep	reciation D	eduction	Jnder R&TC	Section	2435	6			
14	(a)	(b)	(c)	_ (d		(e)	(f)		(g)	ا يوء	(h) Additional first
	Description	Date acquired (mm/dd/yyyy)	Cost or other basis	Depred allowe		Depreciation method	Life rate		Depreci this	year	101	vear
	of property	(IIIII/dd/yyyy)	Other basis	allowa	ble in	mounou	''			,		depreciation
				earlier								
200	2 FORD VAN	12/01/2006	13,080.		3,080.	S/L		5			_	
LAI	TOP, DOCK ST		1,459.	-	L,459.	S/L	ļ	5			-	
200	9 TRUCK	3/11/2009	39,762.	39	762.	S/L		5				
SHI	LVING UNITS	5/04/2009	4,189.		1,189.	S/L		7				
SHI	ELVING	10/05/2009	2,235.	2	2,235.	S/L	1	7			_	
15	Add the amounts in \$2,000. See instruct	column (g) and co	lumn (h). The total lumn (h)	l of columr	n (h) may	not exceed	d 	15				
Par												
16	Total: If the corpora	tion is electing:										
	IRC Section 179 exp Additional first year	pense, add the amo	ount on line 12 and B&TC Section 243	1 line 15, c 356. add th	olumn (g, ne amoun	o or ts on line 1	5. colun	nns (g) and (t	n) or		
	Depreciation (if no	election is made), e	enter the amount fr	om line 15	5, column	(g)					16	
17	Total depreciation c	laimed for federal r	ourposes from fede	eral Form 4	4562, line	22				2241411	17	
18	Depreciation adjustr Form 100W, Side 1,	ment. If line 17 is g	reater than line 16	, enter the	difference	e here and	on Form	n 100 100	or or			
	Form 100W, Side 2.	line 12. (If Califord	nia depreciation an	nounts are	used to	determine i	net incor	ne be	erore			
-	state adjustments o	n Form 100 or Forr	n 100W, no adjusti	ment is ne	cessary.)		******		* * * 1 1 1 1 1 1		18	
Par	t IV Amortization										_	
19	(a)	(b) Date acquire	ed Cost o	-r	Amort	d) ization	(e) R&T	.	(f) Perio	d or		(g) Amortization
	Description of property	(mm/dd/yyyy			allowed or	allowable	section	n	percen			for this year
		41			in earli	er years	(see in	str)			-	
							-	-			-	
							-	-			-	
							-	_			-	
							-				+	
		14						_1		60	-	
20	Total. Add the amo									20		
21	Total amortization of									21		
22	Amortization adjust Form 100W, Side 1	ment. If line 21 is g	reater than line 20), enter the	e difference	ce here and	d on Form	ກ 10 100	U or			
	Form 100W, Side 1 Form 100W, Side 2	, line 6. If line 21 is , line 12		CINCI UIC	amerer ice	TICLE ALL				. 22		

CALIFORNIA FORM

	h to Form 100 or Forr	n 100W. FORM	199				California co	ornoration	number
90	ation name						100000000000000000000000000000000000000		
	TA CLARITA VA						129181		
<u>Part</u>	Election To Ex	pense Certain Proj	perty Under IRC Se	ection 179			annessam 1	1	\$25,000
1	Maximum deduction Total cost of IRC Sec	under IRC Section	1/9 for California				E-4-3-3-4-11-11-1-1	+	W
2	Total cost of IRC Sec Threshold cost of IRC	ction 179 property p	olaced in service	on in limitation			4.3.7.2.2.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		\$200,000
_	Reduction in limitation	Section 179 prop	rom line 2 If zero	or less enter -0-			4		
4	Dollar limitation for ta	ovable veer Subtra	act line 4 from line	1 If zero or less.	enter -0-				
<u>5</u>		Description of property	let iiile Thein iiile	(b) Cost (business	use only)	(c) Elected	cost	nkil.	THE REPORT OF THE
•	(a)	Description of property		(1) 0001 (111111111111111111111111111111	,,		181		
							400		
							U.S.		
7	Listed property (elec	ted IDC Section 17	9 cost)		7		-19		ASSESSMENT OF STREET
7 8	Total elected cost of	IRC Section 179 p	roperty. Add amou	nts in column (c)	line 6 and	line 7	8		
9	Tentative deduction.	Foter the smaller	of line 5 or line 8.	WQ.40.0000000000000000000000000000000000		0.0000	9		
10	Carryover of disallow	ved deduction from	prior taxable years	S,,,,	,,,,,,,,,,,		10		
11	Rusiness income lim	itation. Enter the s	maller of business	income (not less	than zero)	or line 5	100000000000000000000000000000000000000		
12	IRC Section 179 exp	ense deduction. Ad	dd line 9 and line 1	0, but do not ente	er more tha	n line 11	12	2	
13	Carryover of disallow	ved deduction to 20	19. Add line 9 and	l line 10, less line	12	13			
Par	t II Depreciation ar	nd Election of Additi	onal First Year Dep	reciation Deductio	n Under R&T	C Section 243	56		4.
14	(a)	(b)	(c)	(d)	(e)	(f)	(g) Depreciatio	n for	(h) Additional first
	Description	Date acquired	Cost or other basis	Depreciation allowed or	Depreciation method	n Life or rate	this yea		year
	of property (mm/dd/yyyy) other basis allowed or method rate allowable in earlier years								depreciation
SHI	HELVING 8/12/2010 722. 722. S/L 7								
SHI	ELVING	9/08/2010	1,444.	1,444		7			
DE	SKTOP COMPUTE	7/25/2011	1,327.	1,327		5		005	
FRI	EEZER	10/01/2013	2,854.	1,211		10		285.	
COI	MPUTER/LAPTOP	6/12/2013	272.	248	. S/L	5		24.	
15	Add the amounts in \$2,000. See instruct	column (g) and co	lumn (h). The total lumn (h)	l of column (h) m	ay not excee	ed 15			
Par	t III Summary								
16	Total: If the corpora	tion is electing:	10 -	l line 15 polymp	(a) ar				
	Total: If the corpora IRC Section 179 exp Additional first year	pense, add the amo	R&TC Section 24	356, add the amo	unts on line	15, columns	(g) and (h) o	r	
	Depreciation (if no e	election is made).	enter the amount to	om me 15, colum	ит (у)	医侧侧线 医医生物 医皮肤 医皮肤			
17	Total depreciation of	laimed for federal	purposes from fede	eral Form 4562, li	ne 22			17	
18	Depreciation adjusts Form 100W, Side 1	ment. If line 17 is g	reater than line 16	onter the differen	nce here ar	nd on Form 10	or or		
	Form INNIM Side 2	line 12 (It Califor	nia debreciation at	mounts are used t	o determine	HOL HICOHIC L	01010		
	state adjustments of	n Form 100 or For	n 100W, no adjust	ment is necessar	/.)			18	
Pai	rt IV Amortization						10	-	(g)
19	(a)	(b)	ed (c)	or Am	(d) ortization	(e) R&TC	(f) Period or	r	Amortization
	Description of property	Date acquire (mm/dd/yyy		asis allowed	or allowable	e section	percentag	e	for this year
	o, p. op o	7,7		in ea	rlier years	(see instr)			
								-	
								_	
20	Total. Add the amo	unts in column (g)					94.586055250	20	
21	Total amortization	claimed for federal	purposes from fed	leral Form 4562, I	ine 44			21	
	a contra allocat	Lucas If line 21 ic	greater than line 2	O enter the differ	ence here a	nd on Form 1	00 or 📗		
	Form 100W Side I	. line 6. It line 21 I	s less than line 20,	, enter the differe	ice liele all	u on i onn io	o o,	22	
	Form 100W, Side 2	, line 12		**********					

2018 Cor	poration Dep	reciation an	d Amortizati	on			3885
ttach to Form 100 or For	m 100W. FORM	199				California corr	poration number
corporation name						1	
SANTA CLARITA VA						1291811	
Part I Election To Ex	pense Certain Proj	perty Under IRC Se	ection 179			1	\$25,00
1 Maximum deduction	under IRC Section	179 for California	*****		meneral est	ACCOUNTY TO	Q257 0.
2 Total cost of IRC Sec3 Threshold cost of IRC	ction 179 property p	olaced in service	n in limitation				\$200,00
	C Section 179 prop	from line 2 If zero	or less enter -0-			4	
	on, Subtract line 3 i	act line 4 from line	1. If zero or less, e	enter -0-		5	
	Description of property	act line 4 from line	(b) Cost (business u	ise only)	(c) Elected	cost	
0 (a)	Description of property		()				
						200	
						1000	
7 Listed property (elec	ted IRC Section 17	9 cost)		7		2/23	HALF BUILDING SY
8 Total elected cost of	f IRC Section 179 p	roperty. Add amou	nts in column (c), l	ine 6 and l	ine 7	8	
9 Tentative deduction.	Enter the smaller	of line 5 or line 8.				9	
10 Carryover of disallov	wed deduction from	prior taxable years	š			10	
11 Business income lin	nitation. Enter the s	maller of business	income (not less the	han zero) d	or line 5.	atetatatatesee A.M.	
12 IRC Section 179 exp	ense deduction. Ac	dd line 9 and line 1	0, but do not enter	more than	12	12	DALLO MONTH STORY
13 Carryover of disallov	wed deduction to 20	19. Add line 9 and	line 10, less line i	Under P&T	C Section 243	56	TEN CENTRAL PROPERTY
	nd Election of Additi				(f)	(g)	(h)
14 (a) Description	(b) Date acquired	(c) Cost or	(d) Depreciation	(e) Depreciation	ordin a section of	Depreciation	for Additional firs
of property	(mm/dd/yyyy)	other basis	allowed or	method	rate	this year	year depreciation
	,		allowable in earlier years	,			depreciation
CONDUMED FOULDA	7/31/2013	425.	375.	S/L	5		50.
COMPUTER EQUIPM 2015 FORD TRANS		24,666.	10,688.		5	4,9	33.
		2,442.	177.		15		63.
STORAGE SHEDS - LAND NEWHALL PI		717,450.		S/L	99		
STORAGE SHED	2/02/2017	2,442.	149.		15	1	63.
					'd		
15 Add the amounts in \$2,000. See instruc	i column (g) and co	lumn (n). The total	or column (n) may	TIOU CACCO	15		
Part III Summary	don's for time 141 oc	Million (Colorador)					
16 Total: If the corners	ation is electina:						
IRC Section 179 ex Additional first year	nance add the ame	ount on line 12 and	l line 15, column (g) or	15 columns	(a) and (h) or	
Additional first year Depreciation (if no	depreciation under	enter the amount fr	om line 15, column	ı (g)		(9) 41.6 (.) -	16
17 Total depreciation	laimed for federal	nurnoses from fede	eral Form 4562, line	22	(2000)	*********	17
18 Depreciation adjust	ment. If line 17 is g	reater than line 16	, enter the differen	ce here an	d on Form 10	0 or	
18 Depreciation adjust Form 100W, Side 1 Form 100W, Side 2	, line 6. If line 17 is	less than line 16,	enter the difference nounts are used to	e nere and determine	net income b	efore	
state adjustments of	on Form 100 or Form	n 100W, no adjusti	ment is necessary.)		3000-2330-233	18
Part IV Amortization							
19 (a)	(b)	(c)		(d)	(e) R&TC	(f) Period or	(g) Amortization
Description of property	Date acquire (mm/dd/yyy	ed Cost o		tization ir allowable	e section	percentage	for this year
or property	(IIIII/dd/yyy	JA GUIOT DO		ier years	(see instr)		_
	i.					J	
20 Total. Add the amo	ounts in column (g).					20	
21 Total amortization	claimed for federal	purposes from fed	eral Form 4562, lin	e 44		21	
22 Amortization adjus Form 100W, Side 1	tment. If line 21 is	greater than line 20), enter the differer	nce here ar	nd on Form 1	00 or	
Form 100W, Side 1	I, line 6. If line 21 is	s less than line 20,	enter the difference	e here and	on Form 100	or 22	
Form 100W, Side 2	2, line 12			1.5444.8888	****	CHOCOCKUCKE AC	

	n to Form 100 or Form	n 100W. FORM	199					California co	rporation	number
8		TIBL BOOD DA	MMDV					129181	1	
	TA CLARITA VA			ction 179				1247202	_	
Part 1	Maximum deduction is	pense Certain Prop	179 for California	cuon 175				1		\$25,000
2	Total cost of IRC Sec	tion 179 property p	laced in service					23404040404040		
3	Threshold cost of IRC	Section 179 prope	erty before reduction	on in limitat	ion			3		\$200,000
4	Reduction in limitatio	n. Subtract line 3 f	rom line 2. If zero	or less, ent	ter -0:		(4.14.14.14.16.14.14.14.14.14.14.14.14.14.14.14.14.14.	4		
5	Dollar limitation for ta	axable year. Subtra	ct line 4 from line	1. If zero o	r less, enter	-0	*****	5		No. Company of the State
6	(a) [Description of property		(b) Cost (b	ousiness use on	y)	(c) Elected	cost		
								199		
								100		
								565		
								700		
7	Listed property (elec	ted IRC Section 179	9 cost)			7	7	8	NAME OF STREET	
8	Total elected cost of Tentative deduction.	IRC Section 179 pr	operty, Add amou	nts in colun	nn (c), iine b	and III	le / www.www.	9		
9	Carryover of disallow	Enter the smaller	or line o or line o.				***************************************	10		
10	Business income lim	tation Enter the st	prior taxable years	income (no	ot less than a	ero) or	line 5	11		
11 12	IRC Section 179 exp	ense deduction. Ad	ld line 9 and line 1	0, but do no	ot enter mor	e than I	ine 11	12		
13	Carryover of disallow	ed deduction to 20	19. Add line 9 and	l line 10, les	ss line 12	1	3		-cui	12 A 12 B
Par		d Election of Addition	onal First Year Depi	reciation De	duction Unde	r R&TC	Section 243	56		
14	(a)	(b)	(c)	(d)		(e)	(f)	(g) Depreciation	a for	(h) Additional first
	Description	Date acquired (mm/dd/yyyy)	Cost or other basis	Deprecia allowed	ation Dep	reciation ethod	Life or rate	this year		year
	of property	(IIIII/dd/yyyy)	Other basis	allowab	le in	24,104		_		depreciation
				earlier y		- /-	1.5		L55.	
	HALT, PARKIN	4/30/2018	3,480.			S/L	15		L46.	
	PORATOR COOL	8/10/2018	5,255.			S/L	15		202.	
	ACH IN REFRIG	7/01/2018	4,044.			S/L	10		284.	
20:	17 FORD TRANS	6/07/2018	53,862.			S/L	3	0,2	204.	
15	Add the amounts in	column (g) and col	umn (h). The total	of column	(h) may not	exceed	15			
D	\$2,000. See instruct	ions for line 14, co	iumn (n)				616666 TO			
Par		tion is planting:								
16	100 0 11 170	add the amo	unt on line 12 and	l line 15, co	lumn (g) or	. B 1	E salumno	(a) and (h) a		
	Additional first year Depreciation (if no e	depreciation linder	R& LC Section 743	sob. auu int	e amounts of	n line i	o, columns	(g) and (n) o i	16	
17	Total depreciation of	simed for federal r	ournoses from fede	eral Form 4	562. line 22.				17	
18	Depreciation adjustr Form 100W, Side 1,	nent. If line 17 is a	reater than line 16	, enter the	difference he	ere and	on Form 10	0 or		
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 17 is	less than line 16,	enter the d	ifference her	e and c	on Form 100 let income b	or efore		
	state adjustments of	n Form 100 or Form	n 100W, no adjustr	ment is nec	essary.)			******	18	
Par										
19	(a)	(b)	(c)		(d)		(e) R&TC	(f) Period or		(g) Amortization
	Description of property	Date acquire (mm/dd/yyy)	d Cost o		Amortizati		section	percentage		for this year
	or property	(IIIII) daiyyy)	2 0.1.0. 55		in earlier ye	ears	(see instr)		_	
									_	
									-	
									_	
								l		
20	Total. Add the amou	unts in column (g).						2	-	
21	Total amortization of	laimed for federal	purposes from fed	eral Form 4	562, line 44.			2	4	
22	Amortization adjust	ment. If line 21 is o	reater than line 20), enter the	difference h	ere and	on Form 10	00 or		
	Form 100W, Side 1, Form 100W, Side 2	, IINE b. IT IINE 21 IS line 12	iess man ime 20,	enter the C	micronice ne	io allu I	CHECKER CONTRACTOR	2	2	

CALIFORNIA STATEMENTS

PAGE 1

SANTA CLARITA VALLEY FOOD PANTRY

95-4014804

STATEMENT 1 FORM 199, PART II, LINE 9 CONTRIBÚTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY:

DISTRIBUTION OF FOOD TO QUALIFIED PERSO FOOD AND HYGIENE ITEMS

DESCRIPTION OF PROPERTY:

METHOD USED TO DETERMINE BV:
FAIR MARKET VALUE:

DISTRIBUTION OF FO
FOOD AND HYGIENE
FAIR MARKET VALUE

1,590,132.

1,590,132. TOTAL \$

STATEMENT 2 FORM 199, PART II, LINE 11 COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS: NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN-	CONTRI- BUTION TO EBP & DC	ACCOUNT/
DAVID WILLIAMS, JAN-APR 2018 24133 RAILROAD AVE. NEWHALL, CA 91321	EXECUTIVE DIR. 40.00	\$ 18,305.	\$ 0.	\$ 1,640.
MICHAEL MOORE 24133 RAILROAD AVE. NEWHALL, CA 91321	TREASURER 15.00	0.	0.	0.
SUSAN CAPUTO 24133 RAILROAD AVE. NEWHALL, CA 91321	EXECUTIVE DIR. 40.00	33,498.	0 ,	4,998.
JASON SCHAFF 24133 RAILROAD AVE. NEWHALL, CA 91321	PRESIDENT 1.00	0.	0.	0.
PHIL HOWARD 24133 RAILROAD AVE. NEWHALL, CA 91321	DIRECTOR 1.00	0.	0.	0.
PAT THAYER 24133 RAILROAD AVE. NEWHALL, CA 91321	DIRECTOR 4.00	0.	0	0.
PATRICK MULLEN 24133 RAILROAD AVE. NEWHALL, CA 91321	DIRECTOR 1.00	0.	0.	0.
	TOTA	L \$ 51,803.	\$ 0.	\$ 6,638.

2018

CALIFORNIA STATEMENTS

PAGE 2

SANTA CLARITA VALLEY FOOD PANTRY

95-4014804

STATEMENT 3 FORM 199, PART II, LINE 17 OTHER EXPENSES

ACCOUNTING FEES.	\$	8,100. 785.
ADVERTISING AND PROMOTION		7,021.
AUTO EXPENSES		2,206.
DANK/CREDII CARD MERCHANI FEES		55.
CONFERENCES, CONVENTIONS, AND MEETINGS. EQUIPMENT MAINTENANCE.		2,265.
EQUIPMENT RENTAL EXPENSE		1,202.
FOOD SPOILAGE.		128,472.
FUNDRAISING EVENT EXPENSES		13,335.
HUMAN RESOURCE EXPENSE		447.
INSURANCE		16,432.
LICENSES AND PERMITS		170.
OTHER FEES.		2,644.
POSTAGE AND SHIPPING		879. 7.289.
SUPPLIES		5,215.
VOLUNTEER EXPENSES	6	196.517.
TOTAL	<u> </u>	190,317.

STATEMENT 4 FORM 199, SCHEDULE L, LINE 12 OTHER ASSETS

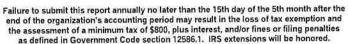
PREPATO	EXPENSES	AND	DEFERRED	CHARGES.	4,332.
11/01/11/0				TOTAL \$	4,332.

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 (916) 210-6400

WEB SITE ADDRESS: www.ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Section 12586 and 12587, California Government Code 11 Cal. Code Regs. section 301-307, 311, and 312





	as defined	d in Government Cod	le section 12586.1. IR		nonureu.					
Check if:										
State Charity Registration Number	63077			Change of	address					
SANTA CLARITA VALLEY FO	מין מסט	TRY		Amended r	eport					
Name of Organization	00D 1111V									
24133 RAILROAD AVE Address (Number and Street)				Corporate or 0	Organization No.	1291811				
NEWHALL, CA 91321-2918				 Federal Employ	er I.D. No. <u>95</u>	-4014804				
City or Town, State and ZIP Code					201 207 2	11 210\				
ANNUAL REGI	ISTRATION F Make Check	RENEWAL FEE So k Payable to Atto	CHEDULE (11 Cal orney General's I	. Code Regs. se Registry of Cha	ctions 301-307, 3 iritable Trusts	11, and 312)				
Gross Annual Revenue	Fee	Gross Annual	Revenue	Fee	Gross Annual	Revenue	E	ee		
Less than \$25,000	0		001 and \$250,000			0,001 and \$10 million	•	150		
Between \$25,000 and \$100,000	\$25	Between \$250,	001 and \$1 millio	on \$75	Between \$10,0 Greater than \$	00,001 and \$50 millio 50 million		225 300		
PART A – ACTIVITIES										
For your most recent full acco	ounting peri	iod (beginning	1/01/18	ending _	12/31/18					
Gross annual revenue \$		1,998,105.	Total assets	\$	1,324,141	<u>*</u>				
PART B - STATEMENTS RE	EGARDIN	G ORGANIZA	ATION DURING	G THE PERI	OD OF THIS	REPORT				
Note: If you answer "yes" to any							for ea	ach		
"yes" response. Please re	view RRF-1	instructions for	r information req	uired.						
1 During this reporting period, w	vere there a	nv contracts, loa	ns, leases or oth	er financial tra	nsactions betwe	en the	Yes	No		
organization and any officer, director or trustee had any fina	ector or truste	ee thereof either o	directly or with an	entity in which a	iny such officer,			X		
2 During this reporting period, were property or funds?	e there any t	theft, embezzleme	ent, diversion or m	isuse of the orga	anization's charita	ble		X		
3 During this reporting period, d	lid non-prog	ıram expenditure	es exceed 50% of	aross revenue	?			X		
During this reporting period, were Form 4720 with the Internal Re	e any organi	zation funds used	I to pay any penal				П	X		
5 During this reporting period w	vere the ser	vices of a comm	ercial fundraiser	or fundraising	counsel for char	itable		-		
purposes used? If "yes," provi service provider.	ide an attac	hment listing the	e name, address,	and telephone	number of the			X		
6 During this reporting period, did the name of the agency, maili	the organiza	ation receive any contact person.	governmental fund and telephone r	ing? If so, providumber.	de an attachment SE	listing E STATEMENT 1	X			
7 During this reporting period, did indicating the number of raffle	the organiza	ation hold a raffle	for charitable purp			nent		X		
8 Does the organization conduct a	vehicle don	ation program? If	"ves." provide an	attachment indic	cating whether	r for	П	X		
the program is operated by the charitable purposes.										
Did your organization have proprinciples for this reporting per	epared an a eriod?	audited financial	statement in acc	ordance with g	enerally accepte	d accounting		X		
Organization's area code and telep	hone numb	er <u>661-255</u> -	9078							
Organization's e-mail address MO	GMOORE.S	SCVFP@GMAII	L.COM							
I declare under penalty of perjury	that I have e	examined this re	eport, including a	accompanying	documents, and	I to the best of my kn	owled	lge		
and belief, the content is true, cor	rect and cor	mplete.								
	MJC	CHAEL MOORE	E	TREASURE	3					
Signature of authorized officer		d Name		Title		Date				

2018

CALIFORNIA STATEMENTS

PAGE 1

SANTA CLARITA VALLEY FOOD PANTRY

95-4014804

STATEMENT 1 FORM RRF-1, PART B, LINE 6 GOVERNMENT AGENCY THAT PROVIDED FUNDING

USDA EMERGENCY FOOD ASSISTANCE PROGRAM VIA LOS ANGELES REGIONAL FOOD BANK 1734 EAST 41ST STREET LOS ANGELES, CA 90058 323-234-3030 IN-KIND FOOD DONATIONS

CITY OF SANTA CLARITA
SANTA CLARITA ACTIVITIES CENTER
20880 CENTRE POINTE PARKWAY
SANTA CLARITA, CA 91350
661-259-2489
IN-KIND FOOD DONATIONS & MONETARY GRANT

Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Α	For the	ne 2018 cal	endar year, or tax year begin	ning	, 2018, a	and endin	ıg		,	
		if applicable:	C					D Employe	r identific	cation number
	-	idress change	SANTA CLARITA VA	LLEY FOOD PANTE	ĽΥ			95-4	0148	04
	-		24133 RAILROAD A					E Telephor	ne numbe	r
	\vdash	ame change	NEWHALL, CA 9132	1-2918				661-	255-	9078
	\vdash	itial return	j)							
		nal return/terminate	ed					G Gross re	ceints \$	1,998,105.
	L A	mended return					H(a) Is this	a group return		
	∐ A	pplication pend		l officer:						
			SAME AS C ABOVE			Lean	If "No,	subordinates " attach a list.	(see instr	ructions)
L	Tax	exempt status) ◀ (insert no.)	4947(a)(1) or	527	000000			
J	We	bsite: ►	WWW.SCVFOODPANTRY.	ORG				exemption nu		CT.
ĸ	Forr	n of organizatio	n: X Corporation Trust	Association Other	LY	ear of forma	tion: 198	5 Mis	tate of leg	gal domicile: CA
Pa	art I	Summ	ary						ID OFFICE	TYOUTH MILE
All these	1	Briefly des	cribe the organization's miss	ion or most significant	activities: TO	ALLEVI	ATE HU	NGER TH	IROUG	HOUT THE
a		SANTA	CLARITA VALLEY. WE	ACCOMPLISH THI	S_WITH_A	DYNAM	IC GRO	OF OF A	OTON	TEERS WHO
ဋ		COURCE	DONATIONS PACKAG	E NUTRITIOUS FO	OD TO STI	RETCH	A FAML	LYSIC	DUD 2	OPPLI AND
13		DISTRI	BUTE THAT FOOD TO	QUALIFYING RESI	DENTS IN	THE S	ANTA C.	LARLTA_	AHTT	F.T
ye	2	Check this	box ► if the organization	n discontinued its oper	ations or dispo	osed of m	ore than 2	25% of its	net ass	ets.
Ğ	3	Number of	f voting members of the gove	rning body (Part VI, line	e 1a)	160			3 4	5 5 8
90	4	Number o	f independent voting member	s of the governing body	r (Part VI, IIIIe	10)			5	8
Activities & Governance	5	Total num	ber of individuals employed i	n calendar year 2018 (F	rart v, line za,				6	90
. <u>?</u> ;	6	Total num	ber of volunteers (estimate if	Dert VIII column (C) li	no 12	· ####################################			7a	0.
Ă	7a	Total unre	lated business revenue from	Fart VIII, COlumn (C), I	20			CONTRACTOR CONTRACTOR	7b	0.
_	k	Net unrela	ted business taxable income	from Form 990-1, line	30			Prior Year		Current Year
			1 (Dant VIII)	. 16)				1,644,9	55	1,997,532.
Φ	8	Contributi	ons and grants (Part VIII, line	: IN)			**	1,044,5	,33.	1/33//002/
Revenue	9	Program	service revenue (Part VIII, lin nt income (Part VIII, column (e 29)		processional annual ex-	670	6 -	758.	573.
ě	10	Investmer	nt income (Part VIII, column (A), I enue (Part VIII, column (A), I	A), IIIIes 3, 4, and 70).	and 11e)		***	0,	50.	T. Williams
<u> </u>	1	Other rev	enue (Part VIII, column (A), i enue – add lines 8 through 1	Ines 5, 60, 60, 50, 100,	column (A) li	ne 12)		1,651,7	713	1,998,105.
_	12	Total reve	nue – add lines 8 trirough	I (must equal Fact viii,	2)	12/1/1		1,439,9		1,590,132.
	13	Grants an	d similar amounts paid (Part	IX, column (A), lines i	-3).			1,437,	,,,,,	170507101.
	14	Benefits p	paid to or for members (Part	IX, column (A), line 4).		. F. 10)		84,4	125	94,150.
u	15	Salaries,	other compensation, employe	ee benefits (Part IX, col	umn (A), iines	5-10)	-	04,4	133.	54,130.
Fynansas	16	a Professio	nal fundraising fees (Part IX,	column (A), line 11e)			200			
٥	۱ ا	h Total fund	draising expenses (Part IX, co	olumn (D), line 25) 🕨	1	13,335		CRUIN S		
ŭ	i 17		enses (Part IX, column (A),					298,	765.	253,891.
	18	Total ava	enses. Add lines 13-17 (must	equal Part IX, column	(A), line 25).			1,823,	192.	1,938,173.
	1		less expenses. Subtract line					-171,		59,932.
	19 •	Revenue	less expenses. Subtract line	TO HOM INIC TELEVISION			Region	ing of Curre		End of Year
Assets or	90	Tatal aga	ets (Part X, line 16)		nonen bioribio e enementario.	- mananana anno a ta		1,264,	769.	1,324,141.
Bet	[20	Total lieb	ilities (Part X, line 26)	200					560.	0.
A A	m 21							1,264,		1,324,141.
Net			s or fund balances. Subtract	line 21 from line 20.				1,204,	200.	1,521/111.
il:	art I	Signa	ture Block	57.6.20/mm	original for				and hali	of it is true, correct, and
Ur	der per	alties of perjun	r, I declare that I have examined this repreparer (other than officer) is based o	eturn, including accompanying s n all information of which prepa	chedules and state rer has any knowle	ements, and edge.	to the best of	my knowledge	and bei	er, it is true, correct, and
	impieto.	Decidiation of	property (other annual)	Notice C		1997				
		- a	gnature of officer					Date		
S	ign						ישכוש	CHDED		
Н	ere		IICHAEL MOORE				IREA	ASURER		
_			pe or print name and title	I Duranada signatura		Date		Chaole	if	PTIN
			ype preparer's name	Preparer's signature	an:	Date		Check		P00688244
P	aid	KEI	TH BENSON, CPA	KEITH BENSON,	CPA			self-emplo	yea	FUU000244
Ρ	repa			N & ASSOCIATES						0000070
Use Only Firm's address 28338 CONSTELLATION RD STE 980						Firm's EIN ► 46-2028972				
			VALENCIA, C	A 91355				Phone no.	661	-775-9534
N	lay the	e IRS discu	ss this return with the prepare	er shown above? (see i	nstructions)					X Yes No

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Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete 1 Х Х 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?...... Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I..... Χ 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II. 4 Χ 5 X 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Х 6 Part I..... Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II...... Х 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes.' complete Schedule D, Part III 8 Х Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian 9 for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV. Χ Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V..... Х 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI..... 11 a Х b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII. Х 11 b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X 11 c assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII..... d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX...... Х 11 d Х e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. 11 e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X.... 11 f Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Χ 12a Schedule D, Parts XI and XII..... b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and X if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional....... 12b Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E..... 13 Χ 14a 14a Did the organization maintain an office, employees, or agents outside of the United States?..... b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV. X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV. Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV..... X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) 17 X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, X lines 1c and 8a? If 'Yes,' complete Schedule G, Part II. 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' X 19 complete Schedule G, Part III X 20a 20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H..... b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?.... 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.

X

Par	TIV Checklist of Required Schedules (Continued)	-	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22	Х	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		Х
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		X
ŀ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 :	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		X
1	s Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	instructions for applicable filing thresholds, conditions, and exceptions):			X
	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		
	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c	X	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	25	^	
30	contributions? If 'Yes,' complete Schedule M	30 31		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		***
32	Schedule N, Part II	32		X
33	301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		X
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	_ A
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		X
38	Note. All Form 990 filers are required to complete Schedule O.	38	X	
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			П
	Check if Schedule O contains a response or note to any line in this Part V.		Yes	No
-	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	3	103	C DAU
'	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	10000		
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	DEST.	HOLE	287
	(gambling) winnings to prize winners?	For		(2018)
RΔ	Δ TEEAUTU4L 08/03/18	1.011	11 350	(2010)

Form 990 (2018)

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Νo Yes 2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return..... Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?..... 2 b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?....... 3 a 3 b **b** If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule 0... 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Χ 4 a **b** If 'Yes,' enter the name of the foreign country: **b** See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). X **5 a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?..... 5 a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?..... 5 b c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?..... 5 c 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Χ 6 a solicit any contributions that were not tax deductible as charitable contributions? b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were 6 b not tax deductible?.... Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and Χ 7 a services provided to the payor?..... 7 h b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?........ c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file X 7 c Form 8282? Χ e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... 7 e X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7 h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring X organization have excess business holdings at any time during the year?.... 8 9 Sponsoring organizations maintaining donor advised funds. 9 a a Did the sponsoring organization make any taxable distributions under section 4966?.... **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?..... 9 b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12. 10 a **b** Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11 a **b** Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)..... 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?.... 13 a Note. See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in 13h which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand..... X 14 a 14a Did the organization receive any payments for indoor tanning services during the tax year?......... b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Χ 15 If 'Yes,' see instructions and file Form 4720, Schedule N. Х 16 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If 'Yes,' complete Form 4720, Schedule O.

Page 6 Form 990 (2018) SANTA CLARITA VALLEY FOOD PANTRY 95-4014804 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year.
If there are material differences in voting rights among members
of the governing body, or if the governing body delegated broad
authority to an executive committee or similar committee, explain in Schedule O. 5 **b** Enter the number of voting members included in line 1a, above, who are independent...... 5 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х 2 officer, director, trustee, or key employee?..... Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?..... X 3 Did the organization make any significant changes to its governing documents Х 4 since the prior Form 990 was filed?.... X Did the organization become aware during the year of a significant diversion of the organization's assets?... 5 6 Did the organization have members or stockholders?....

7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more

Did the organization contemporaneously document the meetings held or written actions undertaken during the year by

members of the governing body?..... **b** Are any governance decisions of the organization reserved to (or subject to approval by) members,

stockholders, or persons other than the governing body?.....

8 a a The governing body?..... X 8 b **b** Each committee with authority to act on behalf of the governing body?..... Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code 10 a 10 a Did the organization have local chapters, branches, or affiliates?..... b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b operations are consistent with the organization's exempt purposes?..... 11 a X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Х 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13..... 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Х 12 c X 13 Did the organization have a written whistleblower policy?..... X 13 14 X 14 Did the organization have a written document retention and destruction policy?..... 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х 15 a a The organization's CEO, Executive Director, or top management official. SEE. SCHEDULE.O...... X **b** Other officers or key employees of the organization..... 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х 16 a taxable entity during the year?.... b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements?...

Other (explain in Schedule O)

NEWHALL CA 91321 661-255-9078

7 a

7 b

X

Х

Х

Section C. Disclosure

Own website

the public during the tax year.

List the states with which a copy of this Form 990 is required to be filed ▶

available for public inspection. Indicate how you made these available. Check all that apply

SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records

X Another's website

the following:

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only)

X Upon request

Form 990 (2018)

BAA

Page 7 Form 990 (2018) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII.

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

×.				(C)						
(A) Name and Title	(B) Average hours	Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	per week (list any hours for related organiza- tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations	
(1) PHIL HOWARD	1_1_									
DIRECTOR	0	X					0.	0.	0.	
(2) PAT THAYER DIRECTOR	$-\frac{4}{0}$	X					0.	0.	0.	
(3) PATRICK MULLEN	1	.,						0.	0.	
DIRECTOR	0	X	-				0.	0.	0,	
(4) DAVID WILLIAMS, JAN-APR 2018 EXECUTIVE DIR.	$-\frac{40}{0}$			x			16,665.	0.	1,640	
(5) MICHAEL MOORE TREASURER	<u>15</u> 0			Х			0.	0.	0	
(6) SUSAN CAPUTO EXECUTIVE DIR.				Х			28,500.	0.	4,998	
(7) JASON SCHAFF PRESIDENT	1			Х			0.	0	0	
(8)										
(9)										
(10)										
<u>(11)</u>			T							
(12)										
(13)										
(14)										

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Part VII Section A. Officers, Directors, Tru	ustees,	Key	Em	plo	oye	es, a	and	l Highest Com	pensated Empl	oyees (continued)
	(B)			(0	(2)					
(A) Name and title	Average hours per	box.	unle	SS DE	erson direct	than o is both or/trust	ee)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours	or c	inst	윢	ξ _e	emp	g g	the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	compensation from the organization
	for related	Individual trustee or director	ilutio	Officer	Key employee	nest o	mer			and related organizations
	organiza - tions below	or tru	Ta tr		loye	omp				
	dotted line)	stee	institutional trustee			Highest compensated employee				
(15)		\vdash								
(16)										
		e •								
(18)										
(19)	нель									
(20)			8							
(21)		1								
(22)										
(23)										
(24)										
(25)		-								
1 b Sub-total							>	45,165.		
c Total from continuation sheets to Part VII, Sec	tion A	4.000	maveren					0.		0.
d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limite		listad	abo		who	rocoi	ivod	45, 165.	0.	6,638.
2 Total number of individuals (including but not limite from the organization ▶ 0	a to those	listed	abo	ive)	WHO	recei	Iveu	more than \$100,0	oo or reportable com	perioditori
										Yes No
3 Did the organization list any former officer, dire on line 1a? If 'Yes,' complete Schedule J for su	ctor, or tr	ustee lual	, ke	y er	mplo	oyee,	or l	highest compens	ated employee	3 X
4. For any individual listed on line 12, is the sum.	of reporta	hle cr	ama	ens	atio	n and	t att	ner compensation	from	
the organization and related organizations grea	ter than \$	150.0	100 !	IT '	res	, cor	пріє	ete Scheaule J 10	ſ	. 4 X
5 Did any person listed on line 1a receive or accr for services rendered to the organization? If 'Yo	ue compe	neati	on f	rom	any	/ LIDE	elate	ed organization o	r individual	
Section B. Independent Contractors										
Complete this table for your five highest compensation from the organization. Report compensation.	nsated in ensation fo	deper	nder caler	nt co ndar	ontra yea	actors ar end	s tha ling	at received more with or within the o	than \$100,000 of organization's tax yea	ır.
(A) Name and business ad								Description	3)	(C) Compensation
4										
7			-	_	-					
2 Total number of independent contractors (including		mited	to th	ose	list	ed ab	ove)	who received mor	e than	
\$100,000 of compensation from the organization	on - 0	TEE	40108	u o	81021.	18	_		11	Form 990 (2018
BAA		150	-U 1 U	, UC	J, UJ1					

ran	Check if Schedule O contains a response or r	note to any line in this Part V	111,000,000,000,000		
	SHOULD BE SHOULD	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns				
		ss Code			AND
Program Service Revenue	2 a b c d e f All other program service revenue g Total. Add lines 2a-2f			1 84 May 14 = 20	
_	3 Investment income (including dividends, interes	t and	E72		
	other similar amounts)	oceeds	573.		
	b Less: rental expenses c Rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory (i) Securities (ii)) Other			
	b Less: cost or other basis and sales expenses				
Other Revenue	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18				
)the	b Less: direct expensesb c Net income or (loss) from fundraising events			WE ESLATION AND AND ADDRESS OF	
J	9 a Gross income from gaming activities, See Part IV, line 19				
	c Net income or (loss) from gaming activities.	*****	M STATE AND A STATE OF THE STAT		
	10 a Gross sales of inventory, less returns and allowances				
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Busin	ess Code			
	b				
	d All other revenue	Wale 1.1 0.000	15 1286 318		
	12 Total revenue. See instructions	1,998,105	. 573.	0.	10

Statement of Functional Expenses Part IX

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX ... (D) (C) (B) Do not include amounts reported on lines Management and Fundraising Program service Total expenses 6b. 7b. 8b. 9b. and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21..... Grants and other assistance to domestic 1,590,132 1,590,132 individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. Benefits paid to or for members...... Compensation of current officers, directors, 38,852 0. 12,951 51,803 trustees, and key employees..... Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)..... 0. 0 0 0 9,586 33,969 24,383 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)..... Other employee benefits..... 4,601 3,777 8,378 10 Payroll taxes...... 11 Fees for services (non-employees): a Management..... **b** Legal..... 8,100 8,100 c Accounting.... e Professional fundraising services. See Part IV, line 17. . . f Investment management fees.......... g Other. (If line 11g amount exceeds 10% of line 25, column 1,454 1,190 2,644 (A) amount, list line 11g expenses on Schedule O.). 785 Advertising and promotion 785 13 Office expenses 14 Information technology....... 15 Royalties..... 276. 40,372 40,648 Occupancy..... 17 Payments of travel or entertainment expenses for any federal, state, or local public officials..... 55 Conferences, conventions, and meetings.... 55. 19 20 Interest..... 21 Payments to affiliates..... 16,559 167 16,726. 22 Depreciation, depletion, and amortization . . . 4,788 11,644 16,432. Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)..... 128,472 128,472 a FOOD SPOILAGE_ 13,335. 13,335 b FUNDRAISING EVENT EXPENSES 2,957 7,289 4,332 c SUPPLIES 7,021 7.021 d AUTO EXPENSES __ 3,702 12,384 8,682. e All other expenses..... 75,268 13,335. 25 Total functional expenses. Add lines 1 through 24e 938,173. 1,849,570 Joint costs, Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720). Form 990 (2018)

ra	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X.		******	
		I.	(A) Beginning of year		(B) End of year
П	1	Cash – non-interest-bearing	1,003.	1	6,111.
- 1	2	Savings and temporary cash investments	266,736.	2	254,821.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
\$	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use.	102,525.	8	121,116.
۲	9	Prepaid expenses and deferred charges	6,657.	9	4,332.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation	887,848.	10 c	937,761.
- 1	11	Investments – publicly traded securities		11	
- 1	12	Investments - other securities. See Part IV, line 11.		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34).	1,264,769.	16	1,324,141.
_	17	Accounts payable and accrued expenses	560.	17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	
	26	Total liabilities. Add lines 17 through 25	560.	26	0.
-s es		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
ă	27	Unrestricted net assets	1,264,209.	27	1,324,141.
3al	28	Temporarily restricted net assets		28	
P	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34.			
S)	30	Capital stock or trust principal, or current funds		30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds.		32	
et	33	Total net assets or fund balances	1,264,209.	33	1,324,141.
Z	34	Total liabilities and net assets/fund balances	1,264,769.	34	1,324,141.
BA	Α	TEEA0111L 08/03/18			Form 990 (2018)

	t XI Reconciliation of Net Assets					
I GI	Check if Schedule O contains a response or note to any line in this Part XI			47.47.47.4	• 🔲	
1	Total revenue (must equal Part VIII, column (A), line 12).	1	1,99	8,1	05.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,93	88,1	73.	
3	Revenue less expenses. Subtract line 2 from line 1	3	Ę	9,9	32.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4	1,26	54,2	09.	
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8			7720	
9	Other changes in net assets or fund balances (explain in Schedule 0)	9		_	0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,32	24,1	41.	
Par	t XII Financial Statements and Reporting					
CHICAGO.	Check if Schedule O contains a response or note to any line in this Part XII.					
				Yes	No	
-	Accounting method used to prepare the Form 990: Cash X Accrual Other			EM I		
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		2 a	Х	14 SV	
2 a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis					
	Were the organization's financial statements audited by an independent accountant?		2 b		X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separ basis, consolidated basis, or both:	ate				
	Separate basis Consolidated basis Both consolidated and separate basis		473		3//	
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?		2 c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				750	
	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a		х	
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required au or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	dit • • • • • • • • • • • • • • • • • • •	3 b			
BA	TETTABLE 00 00 00 10 10		Form	990	(2018)	
BA	TETTABLE 00 00 00 10 10		Form	990	(20	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

Name of the organization 95-4014804 SANTA CLARITA VALLEY FOOD PANTRY Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's Δ name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 5 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 7 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investmen and unrelated business saxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations..... g Provide the following information about the supported organization(s). (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (vi) Amount of other (i) Name of supported organization (iv) is the organization listed support (see instructions) support (see instructions) in your governing document? Yes No (A) (B) (C) (D) (E) Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

ection A. Public Support										
Calen	dar year (or fiscal year ning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
	offts, grants, contributions, and membership fees received. (Do not not not not not not not not not no	1,832,794.	1,660,168.	1,578,904.	1,644,955.	1,997,533.	8,714,354.			
(Fax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.			
	The value of services or activities furnished by a governmental unit to the organization without charge						0.			
4	Total. Add lines 1 through 3	1,832,794.	1,660,168.	1,578,904.	1,644,955.	1,997,533.	8,714,354.			
	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.			
	Public support. Subtract line 5 from line 4						8,714,354.			
Sect	ion B. Total Support									
	ndar year (or fiscal year ning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
7	Amounts from line 4	1,832,794.	1,660,168.	1,578,904.	1,644,955.	1,997,533.	8,714,354.			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,894.	2,961.	2,748.	1,400.	573.	10,576.			
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.			
	Total support. Add lines 7 through 10						8,724,930.			
	Gross receipts from related act					12	0.			
13	First five years. If the Form 990 is organization, check this box an	s for the organization	on's first, second, t	hird, fourth, or fifth	tax year as a sect	ion 501(c)(3)				
Sec	tion C. Computation of P	ublic Support l	Percentage			1 14	00 00 %			
14	Public support percentage for 2	2018 (line 6, colun	nn (f) divided by l	ine 11, column (f)) , , , , , , , , , , , , , , , , ,	14	99.88 %			
15	Public support percentage from	n 2017 Schedule A	, Part II, line 14	100 (0.00) (0.00) (0.00) (0.00) (0.00) (0.00)	****************	100/				
	33-1/3% support test—2018. If and stop here. The organizatio	n quaimes as a pr	ability supported	organization						
	b 33-1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization									
	7a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization									
	10%-facts-and-circumstances or more, and if the organizatio organization meets the 'facts-a	n meets the facts	test. The organi	zation qualifies a	s a publicly suppo	rted organization				
18	Private foundation. If the orga	nization did not ch	neck a box on line	= 13, 108, 100, 17	a, or 17b, check	chadula A /Farm	990 or 990-EZ) 2018			
						CHEQUIE A COUNTY	JJU VI JJU-LEJ EV IU			

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sect	ion A. Public Support						
1	ar year (or fiscal year beginning in) ► Gifts, grants, contributions, and membership fees	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
2	received. (Do not include any 'unusual grants.'). Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	facilities furnished by a governmental unit to the organization without charge						
7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
~	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support				ř	1 1 2010	(O T.1.1
Calend	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						100
	First five years. If the Form 990 organization, check this box and	stop here		ond, third, fourth, e	or fifth tax year as	s a section 501(c)(3)
Sec	tion C. Computation of Pu	blic Support F	ercentage	10 1	2)	1 45	- %
15	Public support percentage for 20	018 (line 8, colum	n (f), divided by	line 13, column (f))	15	
	Public support percentage from					16	6
Sec	tion D. Computation of Inv				luma (A)		%
17		for 2018 (line 10c	, column (f), divid	iea by line 13, co	iumn (t))	12	
18	Investment income percentage	from 2017 Schedu	ile A, Part III, lin	0 1/12222222	and line 15 is second	than 22 1/20/	
	33-1/3% support tests—2018. If is not more than 33-1/3%, check 33-1/3% support tests—2017. If	k this box and sto	p here. The orga	nization qualifies ox on line 14 or li	as a publicly suppline 19a, and line 1	oorteg organizati 16 is more than :	33-1/3%, and
	line 18 is not more than 33-1/39 Private foundation. If the organ	check this box	and stop here. I	he organization q	ualifies as a publi	ciy supported or	Janization
∠0	riivate touridation. It the organ	ization ulu not chi	CON a DOX OII IIIIE	1 1, 134, 01 130,	C.IOOK GIIO DOX GII	_ 500	(1-2)

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections À and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E, If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was 2 described in section 509(a)(1) or (2). 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below. За **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in **Part VI** when and how the organization 3b made the determination. c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in **Part VI** what controls the organization put in place to ensure such use. 3с 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and 4a if you checked 12a or 12b in Part I, answer (b) and (c) below. b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled 4b or supervised by or in connection with its supported organizations. c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that 4c all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 5a amendment to the organizing document). **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b 5c c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of 6 the filing organization's supported organizations? If 'Yes,' provide detail in Part VI. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ). 7 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' 8 complete Part I of Schedule L (Form 990 or 990-EZ) 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? 9a If 'Yes,' provide detail in Part VI. b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the 9b supporting organization had an interest? If 'Yes,' provide detail in Part VI. c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI. 9c 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' 10a answer 10b below. b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine

10b

whether the organization had excess business holdings.)

	adule A (Form 990 of 990-EZ) 2018 SANIA CLARIIA VALLEI FOOD FANIAI 33 401400		<u> </u>	-9-
Par	rt IV Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	Tithou	163	No.
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	201	
ŀ	b A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
	ction B. Type I Supporting Organizations			
300	Mon b. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	- SE	
Sec	ction C. Type II Supporting Organizations		· ·	N-
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees		Yes	No
	of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations		V	No
		-3.9	Yes	NO
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	BASIL	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.	3		
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below.			
	c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc	ctions)).
2	Activities Test. Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	-87	25	W. S.
_	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a	Usins	0000541
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b	1000	ERE

Sched	dule A (Form 990 or 990-EZ) 2018 SANTA CLARITA VALLEY FOOD PANTR		95-40	14804	Page 6
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizati			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	on Nov is must	v. 20, 1970 (explain in complete Sections A	tinough E.	
Sect	tion A – Adjusted Net Income		(A) Prior Year	(B) Currer (option	nt Year nal)
1	Net short-term capital gain	1			
	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3,	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
-8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sec	tion B Minimum Asset Amount		(A) Prior Year	(B) Currei (optio	nt Year nal)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
	Average monthly cash balances	1b			
- 0	: Fair market value of other non-exempt-use assets	1c			
	l Total (add lines 1a, 1b, and 1c)	1d			
•	Discount claimed for blockage or other factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	ction C — Distributable Amount			Curren	t Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	neighber der der	30	
4		4			
5		5			
-6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6			

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). 7

BAA

temporary reduction (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 SANTA CLARITA VALLEY		95-401	4004 rage
Part V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	tions (continuea)	Current Year
ection D — Distributions			Current Year
1 Amounts paid to supported organizations to accomplish exempt pur			
2 Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity		5,	
3 Administrative expenses paid to accomplish exempt purposes of su	pported organizations		
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI). See instructions,			
7 Total annual distributions. Add lines 1 through 6,			
8 Distributions to attentive supported organizations to which the organization in Part VI). See instructions,	on is responsive (provide	details	
9 Distributable amount for 2018 from Section C, line 6			
10 Line 8 amount divided by line 9 amount			
Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			uer of killing wer
b From 2014	AND A SECOND		
c From 2015			
d From 2016			Manufacture and washing
e From 2017			
f Total of lines 3a through e			各户中最快快。但,这 是
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			held teleficitions
Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.		Parala Afterna	
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:		A SMILE HANDS HE	
a Excess from 2014		A filiples the order was been	
b Excess from 2015			DELLISON STREET
C Exposs from 2016			

BAA

d Excess from 2017. e Excess from 2018.....

Schedule A (Form 990 or 990-EZ) 2018

95-4014804 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

Employer identification number

SANTA CLARITA VALLEY FOOD PAN	TRY	95-4014804
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	\overline{X} 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a	private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a priv	ate foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the General	Rule or a Special Rule.	
Note: Only a section 501(c)(7), (8), or (10) orga	anization can check boxes for both the General Rule and a S	Special Rule. See instructions.
General Rule		
For an organization filing Form 990, 990-E2	z, or 990-PF that received, during the year, contributions total	aling \$5,000 or more (in money or
property) from any one contributor. Comple	te Parts I and II. See instructions for determining a contribu	itor's total contributions.
Special Rules		and test of the regulations
X For an organization described in section 50 under sections 509(a)(1) and 170(b)(1)(A)(vi).	1(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% supported that checked Schedule A (Form 990 or 990-EZ), Part II, line 13,	16a, or 16b, and that
received from any one contributor, during t	that checked Scredule A (Form 990 of 990-EZ), Fait it, line 13, the year, total contributions of the greater of (1) \$5,000; or (20 - EZ, line 1. Complete Parts I and II.	2) 2% of the amount on (i)
For an organization described in section 50	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received than \$1,000 <i>exclusively</i> for religious, charitable, scientific, locklidren or animals. Complete Parts I (entering 'N/A' in col	from any one contributor,
purposes, or for the prevention of cruelty to	children or animals. Complete Parts I (entering 'N/A' in col	lumn (b) instead of the
contributor name and address), II, and III.		
For an organization described in section 50	01(c)(7), (8), or (10) filing Form 990 or 990-EZ that received	from any one contributor,
during the year contributions exclusively to	or religious, charitable, etc., purposes, but no such contribut	ions totaled more than
\$1,000. If this box is checked, enter here the	ne total contributions that were received during the year for ny of the parts unless the General Rule applies to this organ	nization because
it received <i>nonexclusively</i> religious, charita	ble, etc., contributions totaling \$5,000 or more during the ye	ear
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	
	2 H2 000H2 D1 0000 0000 4800 H2 83000H2 16	o proces
Caution: An organization that isn't covered by	the General Rule and/or the Special Rules doesn't file Schene 2, of its Form 990; or check the box on line H of its Form	dule B (Form 990, 990-EZ, or 1990-EZ or on its Form 990-PF.
Part I, line 2, to certify that it doesn't meet the	filing requirements of Schedule B (Form 990, 990-EZ, or 99	90-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

SANTA CLARITA VALLEY FOOD PANTRY

Employer identification number 95-4014804

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	_
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WHOLE FOODS MARKET 24130 VALENCIA BLVD	\$182,500.	Person Payroll Noncash X
	SANTA CLARITA, CA 91355		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ALBERTSON'S 27631 W BOUQUET CANYON RD	\$ 191,532.	Person Payroll Noncash X
	SANTA CLARITA, CA 91350		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	TRADER JOE'S 26517 BOUQUET CYN RD SANTA CLARITA, CA 91350	\$105,678.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	VONS 24160 LYONS AVE NEWHALL, CA 91321	\$62 <u>,455</u> .	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	SPROUTS MARKET 24285 MAGIC MOUNTAIN PKWY VALENCIA, CA 91355	\$58,160.	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u>	TARGET 19105 GOLDEN VALLEY RD SANTA CLARITA, CA 91387	\$98,695.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
			nemice net Arean i

Name of organization

Employer identification number

SANTA CLARITA VALLEY FOOD PANTRY

95-4014804

Part I	Contributors (see instructions). Use duplicate copies of Part 1 if additional sp	pace is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	TARGET 24425 MAGIC MOUNTAIN PKWY VALENCIA, CA 91355	\$107,955.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	SAM'S CLUB 26468 CARL BOYER DR SANTA CLARITA, CA 91350	\$ <u>118,424.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	COSTCO 18649 VIA PRINCESSA SANTA CLARITA, CA 91387	\$61,530.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
			Horiodon continuationary
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a) Number	(b)	\$ 44,930.	Type of contribution Person Payroll
	Name, address, and ZIP + 4 VONS - BOUQUET 26518 BOUQUET CYN RD SAUGUS, CA 91350 (b)	\$ 44,930.	Complete Part for
10_ (a)	Name, address, and ZIP + 4 VONS - BOUQUET 26518 BOUQUET CYN RD SAUGUS, CA 91350 (b)	\$ 44,930.	Type of contribution Person Payroll Noncash X (Complete Part II for noncash contributions.)
10_ (a) Number	Name, address, and ZIP + 4 VONS - BOUQUET 26518 BOUQUET CYN RD SAUGUS, CA 91350 Name, address, and ZIP + 4 ALBERTSON'S COPPER HILL 23850 W COPPERHILL RD VALENCIA, CA 91354	\$ 44,930. (c) Total contributions	Type of contribution Person Payroll Noncash X (Complete Part II for noncash contributions.) Type of contribution Person Payroll Noncash X (Complete Part II for
10_ (a) Number	Name, address, and ZIP + 4 VONS - BOUQUET 26518 BOUQUET CYN RD SAUGUS, CA 91350 Name, address, and ZIP + 4 ALBERTSON'S COPPER HILL 23850 W COPPERHILL RD VALENCIA, CA 91354	\$ 44,930. (c) Total contributions \$ 100,280.	Type of contribution Person Payroll Noncash X (Complete Part II for noncash contributions.) Type of contribution Person Payroll Noncash X (Complete Part II for noncash contributions.)

Employer identification number

Name of organization

SANTA CLARITA VALLEY FOOD PANTRY

95-4014804

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	IN-KIND FOOD DONATIONS	Table Probability (1904) Popul Po	
		\$ 182,500.	VARIOUS_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	IN-KIND FOOD DONATIONS	\$ 191,532.	VARIOUS
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	IN-KIND FOOD DONATIONS	\$ <u>105,678.</u>	VARIOUS
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	IN-KIND FOOD DONATIONS	\$ 62,455.	VARIOUS
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	IN-KIND FOOD DONATIONS	\$58,160.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	IN-KIND FOOD DONATIONS		
		\$ 98,695.	VARIOUS_

2

F

Name of organization
SANTA CLARITA VALLEY FOOD PANTRY

95-4014804

Employer identification number

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	IN-KIND FOOD DONATIONS		
		\$ 107,955.	VARIOUS_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	IN-KIND FOOD DONATIONS	\$ 118,424.	VARIOUS
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
9	IN-KIND FOOD DONATIONS	\$ 61,530.	VARIOUS
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
10	IN-KIND FOOD DONATIONS	\$ 44,930.	VARIOUS
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
11	IN-KIND FOOD DONATIONS	\$ 100,280.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Page 4 Employer identification number Name of organization 95-4014804 SANTA CLARITA VALLEY FOOD PANTRY Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once, See instructions.). Use duplicate copies of Part III if additional space is needed. (d) Description of how gift is held (c) Use of gift (b) Purpose of gift (a) No. from Part I N/A (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (d) Description of how gift is held (c) Use of gift (b) Purpose of gift (a) No. from Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (d) Description of how gift is held (c) Use of gift (b) Purpose of gift (a) No. from Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (d) Description of how gift is held (c) Use of gift (b) Purpose of gift (a) No. from Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes' on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2018

Open to Public Inspection

Employer identification number

Name	of the organization				Employer identification number
	SANTA CLARITA VALLEY FOOD	A NTTDV			05 4014004
D			ner Similar Fun		95-4014804 ounts
Par	Complete if the organization answer	wered 'Yes' on Form 990	0, Part IV, line	6.	
		(a) Donor advised			unds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and dor are the organization's property, subject to the	organization's exclusive lega	I control?		les
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in writ of the donor or donor adviso	ing that grant fund r, or for any other	s can be use purpose con	ed only ferring Yes No
Par	t II Conservation Easements.	wared Weel on Form 00	O Part IV line	7	
	Complete if the organization ans Purpose(s) of conservation easements held by	wered res on Form 99	that apply)	A(6)	
1	Preservation of land for public use (e.g., i			f a historical	ly important land area
	Protection of natural habitat	corcation or caucation,			nistoric structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization	held a qualified conservation co	ntribution in the form	n of a conserv	ation easement on the
	last day of the tax year.				leld at the End of the Tax Year
					leid at the End of the Tax Tear
	a Total number of conservation easements				
	Total acreage restricted by conservation ease Number of conservation easements on a certi				
	_				
•	d Number of conservation easements included structure listed in the National Register			Zu	and the second s
3	Number of conservation easements modified, translatax year ►	nsferred, released, extinguished	i, or terminated by tr	ne organizatio	n during the
4	Number of states where property subject to conse			_	
5	Does the organization have a written policy re and enforcement of the conservation easeme	nts it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring,	inspecting, handling of violation	ns, and enforcing cor	nservation ea	sements during the year
7	Amount of expenses incurred in monitoring, insp-	ecting, handling of violations, a	nd enforcing conserv	ation easeme	ents during the year
8	Does each conservation easement reported of and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization report include, if applicable, the text of the footnote conservation easements.	s conservation easements in its to the organization's financia	revenue and expen I statements that d	se statement, lescribes the	and balance sheet, and organization's accounting for
Pa	Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historica swered 'Yes' on Form 99	l Treasures, or 90, Part IV, line	Other Sin 8.	nilar Assets.
1	a If the organization elected, as permitted under art, historical treasures, or other similar assets h in Part XIII, the text of the footnote to its final	ield for public exhibition, educat	ion, or research in it	nue stateme urtherance of	nt and balance sheet works of public service, provide,
	b If the organization elected, as permitted under historical treasures, or other similar assets held following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII	, line 1			5 S
	(ii) Assets included in Form 990, Part X				The state of the s
2	amounts required to be reported under SFAS	historical treasures, or other sir 116 (ASC 958) relating to th	nilar assets for finar ese items:	ncial gain, pro	viae the following
	a Revenue included on Form 990, Part VIII, line	е 1		• • • • • • • • • • •	
-	b Assets included in Form 990, Part X		0.000.0000.0000.0000.0000.0000.0000.0000		248(3)(1)) - Y

Part III Organizations Maintai	ining Collec	ctions	of Art, Histor	rical Treasures, or	Other Similar Ass	ets (cc	ntinue	ed)
Using the organization's acquisition items (check all that apply):	, accession, an	d other	records, check an	y of the following that are	a significant use of its c	ollection	1	
a Public exhibition			d Loan o	r exchange programs				
b Scholarly research			e Other					
c Preservation for future generation	ations							
4 Provide a description of the organiz Part XIII.								
5 During the year, did the organiza to be sold to raise funds rather th	tion solicit or i nan to be mair	receive ntained	donations of art, as part of the or	historical treasures, or ganization's collection?	other similar assets	Yes		No
Part IV Escrow and Custodia line 9, or reported an	l Arrangem	ents.	Complete if th	ne organization ans	wered 'Yes' on For	m 990), Part	. IV,
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodiar	or oth	er intermediary f	or contributions or othe	r assets not included	Yes		No
b If 'Yes,' explain the arrangement						_	_	J
bit 103, explain the arrangement	iii i dit ziii di	14 00111		9 10.0101		Amount		
c Beginning balance				OKERO KATOKA KATOKA KATOKA	1 c			
d Additions during the year								
e Distributions during the year.								
f Ending balance				KONTROCOGO (H. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	1f			
2 a Did the organization include an a	mount on For	m 990,	Part X, line 21, t	for escrow or custodial	account liability?	Yes		No
b If 'Yes,' explain the arrangement	in Part XIII. C	Check h	ere if the explan	ation has been provided	d on Part XIII	*****]
Part V Endowment Funds. C	omplete if t	he or	ganization ans	swered 'Yes' on Fo	rm 990, Part IV, lir			
•	(a) Current	year	(b) Prior year	(c) Two years back	(d) Three years back	(e) F	our years	back
1 a Beginning of year balance								
b Contributions						-		
c Net investment earnings, gains, and losses								
d Grants or scholarships								
e Other expenditures for facilities								
and programs					_	-		
f Administrative expenses					_	-		
g End of year balance	6.11		and balance (line	a la asluma (a)) haid:	201			
2 Provide the estimated percentag		nt year	end balance (IIII)	e rg, coluitiii (a)) tielu (25.			
a Board designated or quasi-endowm	ient - %		~					
b Permanent endowment ▶			8					
c Temporarily restricted endowmer		aug 100						
The percentages on lines 2a, 2b, a								
3a Are there endowment funds not in	the possession	of the c	organization that a	re held and administered	for the	ſ	Yes	No
organization by: (i) unrelated organizations						3a(i)	- 1	
(ii) related organizations						1		
b If 'Yes' on line 3a(ii), are the related								
4 Describe in Part XIII the intende					80.5%			
Part VI Land, Buildings, and			ation's chaowine	Trained!				
Complete if the organ	ization ans	 wered	'Yes' on Forr	n 990. Part IV. line	11a. See Form 99	0. Par	t X. li	ne 10
							Book va	
Description of property		(a) Cos	t or other basis vestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(u)	J00K V6	aluc
1 a Land	75-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			832,570.	BINET GEOMETRY WILL		832	,570.
b Buildings				42,577.	24,799.			,778.
c Leasehold improvements				47,062.	31,304.			,758.
d Equipment				133,393.	76,771.			,622.
- Other	STATE STORY WAS A STATE OF THE			CA 246	40 212			033

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.). 937,761. Schedule D (Form 990) 2018

Part VII	Investments – Other Securities.	d Wast on Farm 000	N/A Part IV line 11b, See Form 990, Part X, line	e 12.
(a) Door	Complete if the organization answered cription of security or category (including name of security)	(b) Book value	D, Part IV, line 11b. See Form 990, Part X, line (c) Method of valuation: Cost or end-of-year market value	
	cial derivatives.		(0)	
	y-held equity interests			
(3) Other	y mora equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)		3		
(l) Tatal (Cal)	ımn (b) must equal Form 990, Part X, column (B) line 12.).		the Barrier Manual Manual Commence of the Comm	STATUTE !
Port VIII	Deleted		N/A	
Part VII	Complete if the organization answere	d 'Yes' on Form 99	0. Part IV, line 11c. See Form 990, Part X, lin	<u>ie 13.</u>
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market v	alue
(1)				
(2)				
(3)				
_(4)				_
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, column (B) line 13.)	-		
Part IX		N/1	A NO Port IV line 11d See Form 990 Part X lin	ne 15
A!	Complete if the organization answere	escription	00, Part IV, line 11d. See Form 990, Part X, lir	ue
(1)	(4)	- Coonpassi		
(2)				
(3)				
(4)				
(5)				
(6) (7)				
(8)				
(9)				
(10)				
	Column (b) must equal Form 990, Part X, column	(B) line 15.)	**************************************	
Part X	Other Liabilities. Complete if the organization answered 'Yes' or	Form 990 Part IV line	11e or 11f. See Form 990, Part X, line 25.	
	(a) Description of liability	(b) Book value	e la sur la companya de la companya	
(1) Fe	deral income taxes			
(2)				
(3)				
(4)				
(5) (6)				
(7)				
(8)	₹		TO ALL THE STATE OF THE STATE O	
(9)				
(10)				
(11)	0 COC 1007 1825 FAREAR			
Total. (Co	olumn (b) must equal Form 990, Part X, column (B) line 25.).	o footnote to the organization's	financial statements that reports the organization's liability for uncertain	n
Z. Liability	y for uncertain tax positions. In Part XIII, provide the text of thins under FIN 48 (ASC 740). Check here if the text of the footno	e roomote to the organization's ofe has been provided in Part)	(III.	
tax positio	ins under the 40 (MSG /40). Check held it the text of the footie	oto nao boon providou in ruit?	Schedule D /Form 990	1) 2018

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
Total revenue, gains, and other support per audited financial statements.	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	13.21
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	18.44
d Other (Describe in Part XIII.)	THE STATE OF THE S
e Add lines 2a through 2d.	2 e
	3
	2(30)
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.500
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	4 c
c Add lines 4a and 4b	5
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per I	teturn. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	1
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.).	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.). e Add lines 2a through 2d.	1
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.). e Add lines 2a through 2d. 3 Subtract line 2e from line 1.	1 2 e
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	1 2 e
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.). e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 a	1 2 e
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.). e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.).	1 2 e
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.). e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 a	1 2e 3

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D (Form 990) 2018

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

OMB No. 1545-0047 2018

Open to Public Inspection

► Go to www.irs.gov/Form990 for the latest information

Employer identification number 95-4014804 ž

X Yes Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on SEE PART IV 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. SANTA CLARITA VALLEY FOOD PANTRY Part I General Information on Grants and Assistance

Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(i)							
(2)							
(3)							
(4)							
(5)							
(9)							
9							
(8)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table) and government o	rganizations listed	in the line 1 table			* -3-5-10-10-10-10-10-10-10-10-10-10-10-10-10-	0
	ons listed in the line	1 table	***************************************				0
	, see the Instruction	is for Form 990.		TEEA3901L 07/13/18	07/13/18	Schedu	Schedule I (Form 990) (2018)

Schedule | (Form 990) (2018) SANTA CLARITA VALLEY FOOD PANTRY

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

call be duplicated if additional space is receding	מכה וא ווכפתפתי				
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FIMV, appraisal, other)	(f) Description of noncash assistance
DISTRIBUTION OF FOOD TO OUALIFIED PERSONS	3,000		1,590,132. VALUE	FAIR MARKET VALUE	FOOD AND HYGIENE ITEMS
2					
m		r.			
4					
ហេ					
9					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

THE ORGANIZATION'S EXECUTIVE DIRECTOR AND TREASURER CONTINUOUSLY REVIEW EXPENSES PAID

RECORDS ARE FROM GRANT FUNDS TO ENSURE EXPENSES SUPPORT THE PURPOSE OF THE GRANT. KEPT TO SUBSTANTIATE EXPENSES AND REPORTS ARE SUBMITTED TO GRANTOR IN COMPLIANCE WITH

GRANT CONDITIONS.

Schedule I (Form 990) (2018)

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047 2018

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Employer identification number Name of the organization 95-4014804 SANTA CLARITA VALLEY FOOD PANTRY

Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Metho noncash	(d) od of de contrib	i etermin ution ar	ing nounts
1	Art - Works of art							
2	Art – Historical treasures							
3	Art - Fractional interests							
4	Books and publications		ATTIVIDATE THE PARTY OF THE PAR					
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution –							
15	Historic structures							
14	Qualified conservation contribution — Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	Х	2,352	1,645,710.	DONOR	FMV		
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (HYGIENE ITEMS).		176					
26	Other► (COMM'L FRIDGE)		1	4,044.	DONOR	FMV		
27	Other► ()		\					
_28	Other► (
29	Number of Forms 8283 received by the organization of	during the tax	x year for contributions fo	or which the	00			
	organization completed Form 8283, Part IV, Done	e Acknowle	edgement		29	- 1	Yes	No
							162	NO
30a	During the year, did the organization receive by contr	ibution any p	property reported in Part	I, lines 1 through 28, that		72.4	Will No.	
	it must hold for at least three years from the date for exempt purposes for the entire holding period	of the initia	al contribution, and whi	ch isn't required to be t	ısea	30 a		Х
	 If 'Yes,' describe the arrangement in Part II. 	f			(0.000000000000000000000000000000000000	30 a	264/50	I SAUSON
	Does the organization have a gift acceptance poli	icy that regu	ires the review of any	nonstandard contributio	ns?	31	EASIER OF	X
						۲		
	Does the organization hire or use third parties or noncash contributions?	related orga	anizations to solicit, pro		30000	32 a	SAUDYA	X
	of Yes,' describe in Part II.		a hima of proporty for	thick column (a) is show	rkad	SV10/1		1000
33	If the organization didn't report an amount in coludescribe in Part II.	arrit (C) for a	a type of property for w	Then column (a) is the	neu,	2012		

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2018

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

2018

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for the latest information.

Name of the organization
SANTA CLARITA VALLEY FOOD PANTRY

Employer identification number 95-4014804

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

TO ALLEVIATE HUNGER THROUGHOUT THE SANTA CLARITA VALLEY. WE ACCOMPLISH THIS WITH A DYNAMIC GROUP OF VOLUNTEERS WHO SOURCE DONATIONS, PACKAGE NUTRITIOUS FOOD TO STRETCH A FAMILY'S FOOD SUPPLY AND DISTRIBUTE THAT FOOD TO QUALIFYING RESIDENTS IN THE SANTA CLARITA VALLEY.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

EXECUTIVE DIRECTOR AND TREASURER REVIEW FORM 990, COMPARES ENTRIES TO QUICKBOOKS AND FINANCIAL STATEMENTS.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS
THE ORGANIZATION REVIEWS THE CONFLICT OF INTEREST POLICY WITH THE BOARD AND
EMPLOYEES ON AN ANNUAL BASIS.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT
ON AN ANNUAL BASIS THE EXECUTIVE BOARD REVIEWS EMPLOYEE COMPENSATION AND IT IS
SUBJECT TO BOARD APPROVAL.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST. FORM IRS 990 IS AVAILABLE ON WWW.GUIDESTAR.ORG (DATABASE OF NONPROFIT ORGANIZATIONS), AS WELL AS UPON REQUEST.

Form **4562**

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2018

Attachment Sequence No. 179

SANTA CLARITA VALLEY FOOD PANTRY

Identifying number 95-4014804

FOE	RM 990/990-PF							
		ense Certain	Property Under Sec	tion 179				
rai	Note: If you have an	y listed property,	complete Part V before	you complete P	art I.			
1	Maximum amount (see inst						1	
2	Total cost of section 179 pr	operty placed in	service (see instructions	s)		4906888888888	2	
3	Threshold cost of section 1						3	
4	Reduction in limitation. Sub						4	
5	Dollar limitation for tax yea	r. Subtract line 4	from line 1. If zero or le	ess, enter -0 If	married fili	ng	_	
	separately, see instructions			«росенностического»	ences en		5	
6	(a) [[]	Description of property		(b) Cost (business	use only)	(c) Elected cost		
7	Listed property. Enter the a	amount from line	29		. 7		8	THE REAL PROPERTY.
8	Total elected cost of sectio						9	
9	Tentative deduction. Enter Carryover of disallowed ded						10	
10	Business income limitation	duction from line	ar of business income (oot loss than zer	o) or line 5	See instra	11	
11 12	Section 179 expense deduc	, Enter the small ction Add lines 9	er of business income (i) and 10. but don't enter	more than line	11	. See mana	12	
13	Carryover of disallowed ded							阿里特尼斯里里
Note	:: Don't use Part II or Part III	below for listed	property. Instead, use P	art V.				
Pai		THE CONTRACT OF THE CONTRACT O	ce and Other Depre		Linclude lis	ted property. Se	ee inst	ructions.)
Liver								
14	Special depreciation allowatax year. See instructions.	ance for qualified	property (other than list	ed property) pla	icea in serv	rice during the	14	
10							15	
15	Other depreciation (including						16	16,726.
			clude listed property. Se					
Pal	IT WACKS Deprec	lation (bon thi	Section					
17	MACRS deductions for ass	ata placed in cor					17	
17							NAME OF	
18	If you are electing to group a asset accounts, check here	ny assets placed i	in service during the tax ye	ear into one or mo	ore general	►□	St 24	
-			in Service During 2018				Syster	n
	(a)	(b) Month and	(c) Basis for depreciation	(d)	(e)	(f)		(g) Depreciation
	Classification of property	year placed in service	(business/investment use only — see instructions)	Recovery period	Conventio	n Method		deduction
19	a 3-year property	ENVENHINI AU	Siny SSS Mediations,					
_	b 5-year property							
-			-					
	c 7-year property				#			
	d 10-year property							
_	e 15-year property							
		Control of the Contro	M U					
	f 20-year property			25 ure		S/T.		
	g 25-year property			25 yrs	MM	S/L		
	g 25-year propertyh Residential rental			27.5 yrs	MM	S/L		
	g 25-year propertyh Residential rental property			27.5 yrs 27.5 yrs	MM	S/L S/L		
	g 25-year property. h Residential rental property. i Nonresidential real			27.5 yrs	MM MM	S/L S/L S/L		
	g 25-year property			27.5 yrs 27.5 yrs 39 yrs	MM MM MM	S/L S/L S/L S/L	n Svot	
	g 25-year property	- Assets Placed i	n Service During 2018 T	27.5 yrs 27.5 yrs 39 yrs	MM MM MM	S/L S/L S/L S/L	n Syst	em
	g 25-year property. h Residential rental property. i Nonresidential real property. Section C - a Class life.	- Assets Placed i	n Service During 2018 T	27.5 yrs 27.5 yrs 39 yrs	MM MM MM	S/L S/L S/L S/L S/L	n Syst	em
20	g 25-year property. h Residential rental property. i Nonresidential real property. Section C - a Class life. b 12-year		n Service During 2018 T	27.5 yrs 27.5 yrs 39 yrs ax Year Using t	MM MM MM he Alternat	S/L S/L S/L S/L tive Depreciation S/L S/L	n Syst	em
	g 25-year property. h Residential rental property. i Nonresidential real property. Section C - a Class life. b 12-year. c 30-year.		n Service During 2018 T	27.5 yrs 27.5 yrs 39 yrs ax Year Using t 12 yrs 30 yrs	MM MM MM he Alternat	S/L S/L S/L tive Depreciation S/L S/L S/L S/L S/L	n Syst	em
20	g 25-year property. h Residential rental property. i Nonresidential real property. Section C - a Class life. b 12-year c 30-year d 40-year		n Service During 2018 T	27.5 yrs 27.5 yrs 39 yrs ax Year Using t	MM MM MM he Alternat	S/L S/L S/L S/L tive Depreciation S/L S/L	n Syst	em
20	g 25-year property. h Residential rental property. i Nonresidential real property. Section C - a Class life. b 12-year c 30-year d 40-year rt IV Summary (See in	structions.)		27.5 yrs 27.5 yrs 39 yrs ax Year Using t 12 yrs 30 yrs 40 yrs	MM MM MM he Alternat	S/L S/L S/L tive Depreciation S/L S/L S/L S/L S/L		em
20 Pa 21	g 25-year property. h Residential rental property. i Nonresidential real property. Section C - a Class life. b 12-year c 30-year d 40-year rt IV Summary (See in Listed property. Enter amo	structions.)		27.5 yrs 27.5 yrs 39 yrs ax Year Using t 12 yrs 30 yrs 40 yrs	MM	S/L S/L S/L tive Depreciation S/L S/L S/L S/L S/L	on Syst	em
20 Pa	g 25-year property. h Residential rental property. i Nonresidential real property. Section C — a Class life. b 12-year. c 30-year. d 40-year. It IV Summary (See in Listed property. Enter amo	structions.) Sount from line 28	lines 19 and 20 in column (d).	27.5 yrs 27.5 yrs 39 yrs ax Year Using t 12 yrs 30 yrs 40 yrs	MM	S/L S/L S/L S/L tive Depreciation S/L S/L S/L S/L		
20 Pa 21	g 25-year property. h Residential rental property. i Nonresidential real property. Section C — a Class life. b 12-year. c 30-year. d 40-year. rt IV Summary (See in Listed property. Enter amounts from line 12, the appropriate lines of your return.	structions.) Dunt from line 28, lines 14 through 17, rn. Partnerships and 3	lines 19 and 20 in column (g), 5 corporations — see instructio	27.5 yrs 27.5 yrs 39 yrs ax Year Using t 12 yrs 30 yrs 40 yrs and line 21. Enter hens	MM	S/L S/L S/L S/L tive Depreciation S/L S/L S/L S/L	21	em 16,726.

12/31/18	2018 CA	2018 CALIFORNI	A B00	OK DE	PRECI	ATION	N SCH	A BOOK DEPRECIATION SCHEDULE			ш.	PAGE 1
		SANT	A CLARI	TA VALI	SANTA CLARITA VALLEY FOOD PANTRY	D PANTE	≿				<u>6</u> ,	95-4014804
NO. DESCRIPTION AC	DATE DATE ACQUIRED SOLD	COST/ BUS. BASIS PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR	METHOD_ LIFE_RATE	RATE	CURRENT
M 199									iv Tr			
AUTO / TRANSPORT EQUIPMENT												
11 2002 FORD VAN 12.	12/01/06	13,080						13,080	13,080	S/L 5	2	0
	3/11/09	39,762						39,762	39,762	S/L 5	5	0
22 2015 FORD TRANSIT VAN 11.	11/14/15	24,666						24,666	10,688	S/L 5	5	4,933
29 2017 FORD TRANSIT VAN 6,	8/07/18	53,862						53,862		S/L 5	2	6,284
TOTAL AUTO / TRANSPORT EQUIP		131,370	0	0	0	0	0	131,370	63,530			11,217
BUILDINGS												
2 BUILDING 12	12/24/02	42,578						42,578	23,250	S/L 27.5	2	1,548
TOTAL BUILDINGS		42,578	0	0	0	0 0	0	42,578	23,250			1,548
FURNITURE AND FIXTURES												
3 AIR CONDITIONER 10	10/08/04	7,874						7,874	956'9	S/L 15	2	525
WALK-IN REFRIGERATER	5/01/05	9,750						9,750	9,750	S/L HY 10	01	0
6 WALK-IN FREEZER 9.	9/01/05	11,368						11,368	11,368	S/L HY 10	0	0
7 LAPTOP & DOCKING 10	10/01/05	1,891						1,891	1,796	S/L HY	2	0
10 FREEZERS 10	10/01/06	6,376						6,376	6,376	•	0	0
12 LAPTOP, DOCK STN, MONITOR 4.	4/01/07	1,459						1,459	1,459		5	0
14 SHELVING UNITS 5.	5/04/09	4,189						4,189	4,189		7	0
15 SHELVING 10	10/05/09	2,235						2,235	2,235	S/L	7	0
16 SHELVING 8	8/12/10	722						722	722	SVL	7	0
17 SHELVING 9	9/08/10	1,444						1,444	1,444	SVL	7	0
19 FREEZER 10	10/01/13	2,854						2,854	1,211	S/L 10	10	285

12/31/18	20	18 CA	2018 CALIFOR	A N	800	K DE	PRECI	ATIO	N SCI	NIA BOOK DEPRECIATION SCHEDULE				PAGE 2
			SA	NTA C	LARIT	A VALI	SANTA CLARITA VALLEY FOOD PANTRY	D PANT	\					95-4014804
NO. DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCI. B	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD_ LIFE RATE	LIEE RATE	CURRENT
S TORAGE S	11/22/16		2.442					1		2,442	177	S/L	15	F 163
	2/02/17		2,442							2,442	149	S/L	15	163
	8/10/18		5,255							5,255		S/L	15	146
	7/01/18		4,044	d					Ì	4,044		S/L	10	202
TOTAL FURNITURE AND FIXTURE			64,345		0	0	0	0	0	64,345	47,832			1,484
IMPROVEMENTS														
4 ROOF REPLACEMENT	10/06/04		18,500							18,500	16,337	S/L	15	1,233
	8/01/05		20,940							20,940	10,505	S/L	24.8	846
9 IMPROVEMENT	11/01/05		4,142							4,142	2,056	S/L	24.5	169
26 ASPHALT, PARKING LOT	4/30/18		3,480	(II)	İ					3,480		S/L	15	155
TOTAL IMPROVEMENTS			47,062		0	0		0 0	0	47,062	28,898			2,403
LAND														
1 LAND	12/24/02		115,120							115,120				0
24 LAND NEWHALL PINE	5/23/17		717,450	ŀ	Ì					717,450			66	0
TOTAL LAND			832,570		0	0		0	0 0	832,570	0			0
MACHINERY AND EQUIPMENT														
18 DESKTOP COMPUTER	7/25/11		1,327							1,327	1,327	S/L	2	0
	6/12/13		272							272	248		S.	24
21 COMPUTER EQUIPMENT	7/31/13		425	í.	ĺ					425	375	S/L	2	20
TOTAL MACHINERY AND EQUIPME			2,024		0	0		0	0 0	2,024	1,950			74
		l		l				١						

PAGE 3	95-4014804	CURRENT DEPR.	16,726	16,726	
PA	95-4				
		. LIFE _B			
		METHOD_ LIFE_RATE			
1		PRIOR DEPR.	165,460	165,460	
2018 CALIFORNIA BOOK DEPRECIATION SCHEDULE		DEPR. BASIS	1,119,949	1,119,949	
N SCI	≿	SALVAG /BASIS REDUCT		0	
4TI0ľ	PANTE	PRIOR DEC. BAL DEPR.	0	0	
PRECI/	SANTA CLARITA VALLEY FOOD PANTRY	PRIOR 179/ BONUS/ SP. DEPR.	0	0	
OK DE	ITA VALL	SPECIAL DEPR. ALLOW		0	
A BO	CLAR	CUR 179 BONIIS			
RNI/	SANTA	BUS.	843	949	
LIFO		COST/ BASIS	1,119,949	1,119,949	
18 CA		DATE	- ·	- 27" 11	
201		DATE ACQUIRED			
		TION	NC	RECIATION	
		DESCRIPTION	TOTAL DEPRECIATION	GRAND TOTAL DEPRECIATION	
1/18			TOTAL DI	GRAND T	
12/31/18		ON			

2018 FEDERAL EXEMPT ORGAN	IIZATION TAX	SUMMARY	PAGE 1
SANTA CLARITA VALI	LEY FOOD PANTRY	,	95-4014804
DEVENUE	2018	2017	DIFF
REVENUE CONTRIBUTIONS AND GRANTS INVESTMENT INCOME	1,997,532 573	1,644,955 6,758	352,577 -6,185
TOTAL REVENUE	1,998,105	1,651,713	346,392
EXPENSES GRANTS AND SIMILAR AMOUNTS PAIDSALARIES, OTHER COMPEN., EMP. BENEFITS OTHER EXPENSES	1,590,132 94,150 253,891	1,439,992 84,435 298,765	150,140 9,715 -44,874
TOTAL EXPENSES	1,938,173	1,823,192	114,981
NET ASSETS OR FUND BALANCES REVENUE LESS EXPENSES TOTAL ASSETS AT END OF YEAR TOTAL LIABILITIES AT END OF YEAR NET ASSETS/FUND BALANCES AT END OF YEAR	59,932 1,324,141 0 1,324,141	-171,479 1,264,769 560 1,264,209	231,411 59,372 -560 59,932

2018 CALIFORNIA 199	TAX SUMMAF	RY	PAGE 1
SANTA CLARITA VAL	LEY FOOD PANTRY	,	95-4014804
	2018	2017	DIFF
REVENUE INTEREST DIVIDENDS GROSS CONTRIBUTIONS, GIFTS, & GRANTS	573 0 1,997,532	1,400 5,358 1,644,955	-827 -5,358 352,577
TOTAL INCOME	1,998,105	1,651,713	346,392
EXPENSES AND DISBURSEMENTS CONTRIBUTIONS, GIFTS, GRANTS. COMPENSATION OF OFFICERS, ETC OTHER SALARIES AND WAGES. TAXES. RENTS. DEPRECIATION AND DEPLETION. OTHER DEDUCTIONS.	1,590,132 51,803 33,969 8,378 40,648 16,726 196,517	1,439,992 51,659 26,402 6,374 37,426 10,190 251,149	150,140 144 7,567 2,004 3,222 6,536 -54,632
TOTAL DEDUCTIONS	1,938,173	1,823,192	114,981
EXCESS OF RECEIPTS OVER DISBURSEMENTS	59,932	-171,479	231,411
FILING FEE FILING FEE. BALANCE DUE	0	0	0

Form **8453-EO**

Exempt Organization Declaration and Signature for Electronic Filing

OMB	No.	1545-	1879

	Por calendar year 2010, or tax					2018
Department of the Treasury nternal Revenue Service	For use wi	th Forms 990, 990-EZ, 99	0-PF, 1120-POL	, and 8868		The Control of the Co
Name of exempt organization					10. 250	entification number
	LLEY FOOD PANTRY		Only		95-401	4804
Part I Type of Re	turn and Return Info	mation (Whole Dolla	irs Only)		Toward No. 1	values. If you shook the
hay an line 1a 2a 3a Aa	e of return being filed with or 5a below and the amou plicable, blank (do not ent line in Part I.	int on that line of the retu	rn heing filed w	th this form wa	as blank th	ien leave line 1b. 2b. 3b.
	e ▶ 🛛 b Total reven	ue, if any (Form 990, Par	t VIII, column (A	A), line 12)	(5)505050505057	1b 1,998,1 <u>05</u> .
2a Form 990-EZ check	here b Total re	venue, if any (Form 990-l	EZ, line 9)	0.0000000000000000000000000000000000000	****	2 b
3a Form 1120-POL che	ck here F D b Tota	al tax (Form 1120-POL, lii	ne 22)		1000000	3 b
4a Form 990-PF check		ed on investment incom) estres	4b
5a Form 8868 check he	ere ► 🔲 🖒 Balance du	e (Form 8868, line 3c)			VWG-43	5b
Part II Declaration	n of Officer					
withdrawal (dire organization's fe I must contact t date. I also auth information nec	J.S. Treasury and its design of debit) entry to the financederal taxes owed on this the U.S. Treasury Financial iorize the financial institution essary to answer inquiries return is being filed with a electronic disclosure consecifically identified in Part I y, I declare that I am an of	cial institution account intreturn, and the financial in Agent at 1-888-353-4537 ons involved in the proce and resolve issues related a state agency(ies) regulant contained within this reabove) to the selected stifficer of the above named	dicated in the tan nstitution to deb no later than 2 ssing of the elect d to the paymenting charities as eturn allowing diate agency(ies).	x preparation s it the entry to business days ctronic paymen nt. part of the IR isclosure by the	software for this account s prior to th at of taxes the S Fed/State e IRS of thi	r payment of the trust. To revoke a payment, to payment (settlement) to receive confidential e program, I certify that is Form 990/990-EZ/
organization's 2018 electrue, correct, and comple electronic return. I conse organization's return to the (b) the reason for any delication of the reason for any del	ronic return and accompante. I further declare that the nt to allow my intermediate IRS and to receive from ay in processing the return	rying schedules and state the amount in Part I above the service provider, transm the IRS (a) an acknowled the or refund, and (c) the da	ments, and, to to is the amount s litter, or electror dgement of rece	ne best of my shown on the c nic return origin ipt or reason for	opy of the nator (ERO	organization's) to send the
Here Signatura de		Date	,	Title		
Part III Declaratio	n of Electronic Retu	rn Originator (ERO)	and Paid Pre	parer (see i	nstruction	ns)
I declare that I have review knowledge. If I am only a on the return. The organi information to be filed with IRS e-file Providers for Borganization's return and	ewed the above organization collector, I am not responsation officer will have signed that the IRS, and have followed in the IRS, and some secompanying schedules warer declaration is based or the IRS of the IR	on's return and that the ensible for reviewing the rened this form before I sutved all other requirements to the Paid Preparer, unland statements, and, to I and statements, and, to I and statements, and, to I and statements, and, to I say the say of the Paid Preparer, unland statements, and, to I say the say of the sa	ntries on Form 8 turn and only de omit the return. s in Pub. 4163, der penalties of the best of my k	3453-EO are co eclare that this I will give the co Modernized e-I perjury I decla nowledge and	omplete and form accur officer a cop File (MeF) I are that I ha	d correct to the best of my rately reflects the data py of all forms and Information for Authorized ave examined the above
ERO's signature	KEITH BENSON, CP.	A	Date	Check if also paid preparer	Check if self- employed	ERO's SSN or PTIN P00688244
Use Firm's name		N & ASSOCIATES			EIN	46-2028972
Only (or yours if self-employed), address, and ZIP code		ELLATION RD STE	980		Phone no.	661-775-9534
Linder papalties of pariur	y, I declare that I have exa , they are true, correct, an	amined the above return :	and accompanyi of preparer is ba	ng schedules a sed on all info	and statemormation of	ents, and, to the best of
Print/Type prepar	rer's name	Preparer's signature	D	ate	Check if	PTIN
Paid					self-employed	
Preparer Use Only	•				Firm's EIN	
Firm's address	•					
DAA Fau Driveny Act on	d Danamusk Paduction A	at Mattan and Instance the			Phone no.	Form 8453-EO (2018)

Date Accepte	d	D	O NOT MAIL T	HIS FORM TO THE FTB
TAXABLE YE	AR California e-file Return	n Authorization for		FORM
2018	Exempt Organizations			8453-EO
Exempt Organiza				Identifying number
SANTA CL	ARITA VALLEY FOOD PANTRY			95-4014804
Part I Electronic Return Information (whole dollars only)				
	oss receipts (Form 199, line 4)			
	oss income (Form 199, line 8)			
	spenses and disbursements (Form 199, Line 9).		* * * * * * * * * * * * * * * * * * * *	3
Part II Settle Your Account Electronically for Taxable Year 2018				
4 Ele	ctronic funds withdrawal 4a Amount	4b Withdrawa	al date (mm/dd/yyy	y)
Part III Banking Information (Have you verified the exempt organization's banking information?)				
5 Routing				Contrara
6 Accoun		7 Type of account:	Checking	Savings
	eclaration of Officer	- designated in Dowt II If Lobook B	ort II. Doy / Laut	horiza an electronic funds
withdrawal fo	e exempt organization's account to be settled a r the amount listed on line 4a. es of perjury, I declare that I am an officer of the ab			
return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2018 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.				
Sign	Signature of other	7/15/2019 TREASU	RER	
Here	Signature of same:			
Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.				
I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2018 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.				
			Check if Check	if ERO's PTIN
FDO	ERO'S KEITH BENSON, CPA		also paid X self- preparer X self- employ	yed P00688244
ERO Must	Firm's name (or yours KEITH BENSON & A			FEIN
Sign	if self-employed) 28338 CONSTELLAT	ION RD STE 980	CA	46-2028972 ZIP code 91355
Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they				
are true, correct, and complete. I make this declaration based on all information of which I have knowledge.				
	Paid	Date	Check if	Paid preparer's PTIN
Paid	preparer's signature		self-employed	
Preparer Must Firm's name				FEIN
Sign	(or yours if self- employed) and			ZIP code
_	address			

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2018