

Return of Organization Exempt From Income Tax

2006

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2006 calendar year, or tax year beginning, 2006, and ending

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

C SANTA CLARITA VALLEY FOOD PANTRY, 24133 RAILROAD AVE, NEWHALL, CA 91321-2918

D Employer Identification Number: 95-4014804; E Telephone number: 661-255-9078; F Accounting method: Accrual

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

- H and I are not applicable to section 527 organizations; H(a) Is this a group return for affiliates? No; H(b) If 'Yes,' enter number of affiliates; H(c) Are all affiliates included? No; H(d) Is this a separate return filed by an organization covered by a group ruling? No

G Web site: WWW.SCVFOODPANTRY.ORG

J Organization type: 501(c) 3

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.

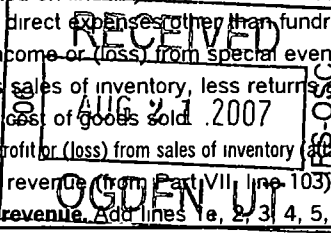
I Group Exemption Number; M Check if the organization is not required to attach Schedule B

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: 1,069,542.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with 21 rows and 3 columns: Description, Amount, and Total. Includes sections for Revenue (lines 1-12), Expenses (lines 13-17), and Assets (lines 18-21). Total revenue is 1,065,993 and total expenses are 1,067,003, resulting in a deficit of 1,010.

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**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b>			
<b>22b</b> Other grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b>			
<b>23</b> Specific assistance to individuals (attach schedule) . . . . . ST. 2	<b>23</b>	875,891.	875,891.	
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>			
<b>25a</b> Compensation of current officers, directors, key employees, etc listed in Part V-A (attach sch). SEE STMT 3	<b>25a</b>	46,111.	6,917.	39,194.
<b>b</b> Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch)	<b>25b</b>	0.	0.	0.
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	<b>25c</b>	0.	0.	0.
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c . . .	<b>26</b>	7,425.	3,863.	3,562.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c . . .	<b>27</b>			
<b>28</b> Employee benefits not included on lines 25a - 27 . . . . .	<b>28</b>			
<b>29</b> Payroll taxes . . . . .	<b>29</b>	4,353.	876.	3,477.
<b>30</b> Professional fundraising fees . . . . .	<b>30</b>			
<b>31</b> Accounting fees . . . . .	<b>31</b>	2,000.		2,000.
<b>32</b> Legal fees . . . . .	<b>32</b>			
<b>33</b> Supplies . . . . .	<b>33</b>	4,958.	1,372.	3,567.
<b>34</b> Telephone . . . . .	<b>34</b>			
<b>35</b> Postage and shipping . . . . .	<b>35</b>	4,837.		436.
<b>36</b> Occupancy . . . . .	<b>36</b>	19,173.	10,394.	8,779.
<b>37</b> Equipment rental and maintenance . . . . .	<b>37</b>	123.	123.	
<b>38</b> Printing and publications . . . . .	<b>38</b>	81.		81.
<b>39</b> Travel . . . . .	<b>39</b>			
<b>40</b> Conferences, conventions, and meetings . . . . .	<b>40</b>	15,319.	15,319.	
<b>41</b> Interest . . . . .	<b>41</b>			
<b>42</b> Depreciation, depletion, etc (attach schedule) . . . . .	<b>42</b>	7,216.	3,608.	3,608.
<b>43</b> Other expenses not covered above (itemize)				
<b>a</b> SEE STATEMENT 4	<b>43a</b>	79,516.	68,709.	10,807.
<b>b</b> _____	<b>43b</b>			
<b>c</b> _____	<b>43c</b>			
<b>d</b> _____	<b>43d</b>			
<b>e</b> _____	<b>43e</b>			
<b>f</b> _____	<b>43f</b>			
<b>g</b> _____	<b>43g</b>			
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	<b>44</b>	1,067,003.	987,072.	75,511.
				4,420.

**Joint Costs.** Check  if you are following SOP 98-2.  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ <u>TO PROVIDE FOOD TO PERSONS IN NEED.</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a <u>SEE STATEMENT 5</u> ----- ----- ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	987,072.
b ----- ----- ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
c ----- ----- ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d ----- ----- ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services . . . . . (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ▶	<b>987,072.</b>

BAA

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
ASSETS	45	Cash — non-interest-bearing	130,976.	45	709.
	46	Savings and temporary cash investments	77,170.	46	258,810.
	47a	Accounts receivable		47a	
	b	Less: allowance for doubtful accounts		47b	47c
	48a	Pledges receivable		48a	
	b	Less: allowance for doubtful accounts		48b	48c
	49	Grants receivable		49	
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a	Other notes and loans receivable (attach schedule)		51a	
	b	Less: allowance for doubtful accounts		51b	51c
	52	Inventories for sale or use	106,329.	52	91,774.
	53	Prepaid expenses and deferred charges	6,517.	53	2,497.
	54a	Investments — publicly-traded securities		<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a
	b	Investments — other securities (attach sch)		<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b
	55a	Investments — land, buildings, & equipment: basis		55a	
	b	Less: accumulated depreciation (attach schedule)		55b	55c
	56	Investments — other (attach schedule)	25,730.	56	26,902.
	57a	Land, buildings, and equipment: basis	253,291.	57a	
b	Less: accumulated depreciation (attach schedule)	15,592.	57b	57c	
58	Other assets, including program-related investments (describe ► SEE STATEMENT 8)		58	224.	
59	<b>Total assets</b> (must equal line 74). Add lines 45 through 58	570,509.	59	618,615.	
LIABILITIES	60	Accounts payable and accrued expenses	978.	60	560.
	61	Grants payable		61	
	62	Deferred revenue		62	135,248.
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a	Tax-exempt bond liabilities (attach schedule)		64a	
	b	Mortgages and other notes payable (attach schedule)	88,314.	64b	
	65	Other liabilities (describe ► SEE STATEMENT 9)	1.	65	2,601.
66	<b>Total liabilities.</b> Add lines 60 through 65	89,293.	66	138,409.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted	481,216.	67	329,292.
	68	Temporarily restricted		68	
	69	Permanently restricted		69	150,914.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
	73	<b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	481,216.	73	480,206.
74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	570,509.	74	618,615.	

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements . . . . .	a	1,065,993.
b	Amounts included on line a but not on Part I, line 12:		
	1 Net unrealized gains on investments . . . . .	b1	
	2 Donated services and use of facilities . . . . .	b2	
	3 Recoveries of prior year grants . . . . .	b3	
	4 Other (specify): _____	b4	
	Add lines b1 through b4 . . . . .	b	
c	Subtract line b from line a . . . . .	c	1,065,993.
d	Amounts included on Part I, line 12, but not on line a:		
	1 Investment expenses not included on Part I, line 6b . . . . .	d1	
	2 Other (specify): _____	d2	
	Add lines d1 and d2 . . . . .	d	
e	<b>Total revenue</b> (Part I, line 12). Add lines c and d . . . . .	e	1,065,993.

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

a	Total expenses and losses per audited financial statements . . . . .	a	1,067,003.
b	Amounts included on line a but not on Part I, line 17:		
	1 Donated services and use of facilities . . . . .	b1	
	2 Prior year adjustments reported on Part I, line 20 . . . . .	b2	
	3 Losses reported on Part I, line 20 . . . . .	b3	
	4 Other (specify): _____	b4	
	Add lines b1 through b4 . . . . .	b	
c	Subtract line b from line a . . . . .	c	1,067,003.
d	Amounts included on Part I, line 17, but not on line a:		
	1 Investment expenses not included on Part I, line 6b . . . . .	d1	
	2 Other (specify): _____	d2	
	Add lines d1 and d2 . . . . .	d	
e	<b>Total expenses</b> (Part I, line 17). Add lines c and d . . . . .	e	1,067,003.

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 10		46,111.	0.	0.
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**Part VI Other Information (continued)**

c At any time during the calendar year, did the organization maintain an office outside of the United States?

	Yes	No
91 c		X

If 'Yes,' enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here

N/A

and enter the amount of tax-exempt interest received or accrued during the tax year

92

N/A

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts.					4,492.
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					869.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue. a					
b COOKBOOK SALES			1	110.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				110.	5,361.
105 Total (add line 104, columns (B), (D), and (E))					5,471.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	SEE STATEMENT 11

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

<b>106</b> Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity	Yes	No
		X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

<b>107</b> Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity	Yes	No
		X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

<b>108</b> Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?	Yes	No
		X

**Please Sign Here**

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.

Signature of officer: *Greg P. Santilli* Date: 8/14/07

GREG P. SANTILLI, TREASURER  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: *Theresa M. Stewart* Date: 8/14/07 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: THERESA M. STEWART, CPA, AN ACCOUNTANCY CORP.  
27911 SMYTH DRIVE  
VALENCIA, CA 91355

Preparer's SSN or PTIN (See General Instruction W): P00005129

EIN: 47-0874834 Phone no: 661-775-9534

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under  
Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

OMB No 1545 0047

**2006**

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

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See instructions. List each one. If there are none, enter 'None.')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶	0			

**Part II - A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶	0	

**Part II - B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

**Part III** Statements About Activities (See instructions.)

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>N/A</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1	X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
<b>3a</b> Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
b Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement	3c	X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
<b>4a</b> Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g.	4a	X
b Did the organization make any taxable distributions under section 4966?	4b	N/A
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N/A
d Enter the total number of donor advised funds owned at the end of the tax year.		<u>N/A</u>
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		<u>N/A</u>
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts.		<u>0</u>
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year		<u>0</u>

**Part IV Reason for Non-Private Foundation Status** (See instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  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 charitable, etc. functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization. ▶  
 Type I     Type II     Type III-Functionally Integrated     Type III-Other

**Provide the following information about the supported organizations.** (See instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b>					0.

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) . . . . .	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	781,529.				781,529.
<b>16</b> Membership fees received					0.
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc. purpose	6,085.				6,085.
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	3,530.				3,530.
<b>19</b> Net income from unrelated business activities not included in line 18					0.
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0.
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0.
<b>23</b> Total of lines 15 through 22	791,144.				791,144.
<b>24</b> Line 23 minus line 17	785,059.				785,059.
<b>25</b> Enter 1% of line 23	7,911.				

<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24. . . . .	<b>26a</b>	15,701.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts . . . . .	<b>26b</b>	
c Total support for section 509(a)(1) test. Enter line 24, column (e) . . . . .	<b>26c</b>	785,059.
d Add: Amounts from column (e) for lines: 18 <u>3,530.</u> 19 _____	<b>26d</b>	3,530.
22 _____ 26b _____	<b>26e</b>	781,529.
e Public support (line 26c minus line 26d total) . . . . .	<b>26f</b>	99.55 %
<b>f Public support percentage (line 26e (numerator) divided by line 26c (denominator))</b> . . . . .		

<b>27 Organizations described on line 12:</b> N/A	
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year. (2005) _____ (2004) _____ (2003) _____ (2002) _____	
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2005) _____ (2004) _____ (2003) _____ (2002) _____	
c Add. Amounts from column (e) for lines: 15 _____ 16 _____	<b>27c</b>
17 _____ 20 _____ 21 _____	<b>27d</b>
d Add. Line 27a total _____ and line 27b total _____	<b>27e</b>
e Public support (line 27c total minus line 27d total) . . . . .	
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) <b>27f</b> _____	
<b>g Public support percentage (line 27e (numerator) divided by line 27f (denominator))</b> . . . . .	<b>27g</b>
<b>h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</b> . . . . .	<b>27h</b>

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See instructions.)  
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? . . . . . If 'Yes,' please describe, if 'No,' please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
32 Does the organization maintain the following.		
a Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .		
d Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .  If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges? . . . . .		
b Admissions policies? . . . . .		
c Employment of faculty or administrative staff? . . . . .		
d Scholarships or other financial assistance? . . . . .		
e Educational policies? . . . . .		
f Use of facilities? . . . . .		
g Athletic programs? . . . . .		
h Other extracurricular activities? . . . . .  If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
34a Does the organization receive any financial aid or assistance from a governmental agency? . . . . .		
b Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered 'Yes' to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See instructions.)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check  **a** if the organization belongs to an affiliated group. Check  **b** if you checked 'a' and 'limited control' provisions apply.

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term 'expenditures' means amounts paid or incurred.)			
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b>	Other exempt purpose expenditures	<b>39</b>	
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b>	Lobbying nontaxable amount. Enter the amount from the following table –		
	<b>If the amount on line 40 is –</b>		
	Not over \$500,000 . . . . .		
	Over \$500,000 but not over \$1,000,000 . . . . .		
	Over \$1,000,000 but not over \$1,500,000 . . . . .		
	Over \$1,500,000 but not over \$17,000,000 . . . . .		
	Over \$17,000,000 . . . . .		
	<b>The lobbying nontaxable amount is –</b>		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b>	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b>	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	<b>44</b>	

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4 -Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4 -Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots non-taxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**  
 (For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of.

Yes	No	Amount

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body.
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means.
- i Total lobbying expenditures (add lines c through h.)

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.



**Depreciation and Amortization  
(Including Information on Listed Property)**

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions. ▶ Attach to your tax return.

Attachment  
Sequence No **67**

Name(s) shown on return

**SANTA CLARITA VALLEY FOOD PANTRY**

Identifying number

**95-4014804**

Business or activity to which this form relates

**FORM 990/990-PF**

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses.	1	\$108,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	\$430,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2005 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2007. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	4,726.

**Part III MACRS Depreciation (Do not include listed property.) (See instructions)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2006	17	2,490.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B – Assets Placed in Service During 2006 Tax Year Using the General Depreciation System**

(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	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			27.5 yrs	MM	S/L	
			39 yrs	MM	S/L	

**Section C – Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (see instructions)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	7,216.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

## SANTA CLARITA VALLEY FOOD PANTRY

95-4014804

**STATEMENT 1**  
**FORM 990, PART I, LINE 9**  
**NET INCOME (LOSS) FROM SPECIAL EVENTS**

<u>SPECIAL EVENTS</u>	<u>GROSS RECEIPTS</u>	<u>LESS CONTRI- BUTIONS</u>	<u>GROSS REVENUE</u>	<u>LESS DIRECT EXPENSES</u>	<u>NET INCOME (LOSS)</u>
RUN AGAINST HUNGER	15,813.	11,395.	4,418.	3,549.	869.
<b>TOTAL</b>	<b>\$ 15,813.</b>	<b>\$ 11,395.</b>	<b>\$ 4,418.</b>	<b>\$ 3,549.</b>	<b>\$ 869.</b>

**STATEMENT 2**  
**FORM 990, PART II, LINE 23**  
**SPECIFIC ASSISTANCE TO INDIVIDUALS**

FOOD DISTRIBUTION	\$ 841,145.
HYGIENE PURCHASES	449.
MILK PROGRAM PURCHASES	16,885.
NON-FOOD DISTRIBUTION	9,193.
SENIOR PROGRAM FOOD PURCHASES	2,959.
SENIOR PROGRAM GROCERY CARD DISTRIBUTION	5,260.
<b>TOTAL</b>	<b>\$ 875,891.</b>

**STATEMENT 3**  
**FORM 990, PART II, LINE 25A**  
**COMPENSATION OF OFFICERS, DIRECTORS, ETC.**

<u>COMPENSATION RECEIVED</u>	<u>(A) TOTAL</u>	<u>(B) PROGRAM SERVICES</u>	<u>(C) MANAGEMENT &amp; GENERAL</u>	<u>(D) FUNDRAISING</u>
<u>NAME</u>				
BELINDA CRAWFORD	46,111.	6,917.	39,194.	0.
DENNIS LUPPENS	0.	0.	0.	0.
BARRY GRIBBONS	0.	0.	0.	0.
MIKE RILEY	0.	0.	0.	0.
JAN FEAR	0.	0.	0.	0.
GREG SANTILLI	0.	0.	0.	0.
TIM WHYTE	0.	0.	0.	0.
ED BALLARD	0.	0.	0.	0.
DON DAVIS	0.	0.	0.	0.
BILL LIVELY	0.	0.	0.	0.
ELIZABETH SHOTT	0.	0.	0.	0.
PAUL TRAVERS	0.	0.	0.	0.
PATRICIA ROSE	0.	0.	0.	0.
<b>TOTAL</b>	<b>\$ 46,111.</b>	<b>\$ 6,917.</b>	<b>\$ 39,194.</b>	<b>0.</b>

<u>EMPLOYEE BENEFIT PLAN CONTRIBUTION</u>	<u>(A) TOTAL</u>	<u>(B) PROGRAM SERVICES</u>	<u>(C) MANAGEMENT &amp; GENERAL</u>	<u>(D) FUNDRAISING</u>
<u>NAME</u>				
BELINDA CRAWFORD	0.	0.	0.	0.
DENNIS LUPPENS	0.	0.	0.	0.
BARRY GRIBBONS	0.	0.	0.	0.
MIKE RILEY	0.	0.	0.	0.
JAN FEAR	0.	0.	0.	0.
GREG SANTILLI	0.	0.	0.	0.
TIM WHYTE	0.	0.	0.	0.
ED BALLARD	0.	0.	0.	0.

## SANTA CLARITA VALLEY FOOD PANTRY

95-4014804

STATEMENT 3 (CONTINUED)  
FORM 990, PART II, LINE 25A  
COMPENSATION OF OFFICERS, DIRECTORS, ETC.

DON DAVIS	0.	0.	0.	0.
BILL LIVELY	0.	0.	0.	0.
ELIZABETH SHOTT	0.	0.	0.	0.
PAUL TRAVERS	0.	0.	0.	0.
PATRICIA ROSE	0.	0.	0.	0.

TOTAL \$	0.\$	0.\$	0.\$	0.
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EXPENSE ACCT. & OTHER ALLOWANCES	(A)	(B)	(C)	(D)
NAME	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
BELINDA CRAWFORD	0.	0.	0.	0.
DENNIS LUPPENS	0.	0.	0.	0.
BARRY GRIBBONS	0.	0.	0.	0.
MIKE RILEY	0.	0.	0.	0.
JAN FEAR	0.	0.	0.	0.
GREG SANTILLI	0.	0.	0.	0.
TIM WHYTE	0.	0.	0.	0.
ED BALLARD	0.	0.	0.	0.
DON DAVIS	0.	0.	0.	0.
BILL LIVELY	0.	0.	0.	0.
ELIZABETH SHOTT	0.	0.	0.	0.
PAUL TRAVERS	0.	0.	0.	0.
PATRICIA ROSE	0.	0.	0.	0.

TOTAL \$	0.\$	0.\$	0.\$	0.
----------	------	------	------	----

STATEMENT 4  
FORM 990, PART II, LINE 43  
OTHER EXPENSES

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
2005 UBIT TAXES	702.		702.	
AUTO EXPENSES	4,687.	4,687.		
AUTO INSURANCE	4,032.	4,032.		
FOOD SPOILAGE	57,985.	57,985.		
LIABILITY INSURANCE	3,889.		3,889.	
MISCELLANEOUS	1,327.		1,327.	
VOLUNTEER EXPENSES	2,005.	2,005.		
WORKERS COMP INSURANCE	4,889.		4,889.	
TOTAL \$	79,516.	68,709.	10,807.	0.

## SANTA CLARITA VALLEY FOOD PANTRY

95-4014804

STATEMENT 5  
FORM 990, PART III, LINE A  
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
<p>THE SCV FOOD PANTRY USES FOOD DONATIONS FROM THE COMMUNITY TO PROVIDE SUPPLEMENTAL FOOD ON A SHORT-TERM BASIS TO QUALIFIED LOCAL RESIDENTS. THE FOOD PANTRY DISTRIBUTES FOOD TO OVER 950 FAMILIES WITH APPROXIMATELY 1500 CHILDREN IN THE SANTA CLARITA VALLEY. THE PANTRY SERVES AN AVERAGE OF 130 SENIOR CITIZENS EACH MONTH. THE PANTRY RECEIVES A SIGNIFICANT AMOUNT OF DONATED SERVICES FROM UNPAID VOLUNTEERS WHO ASSIST IN PROGRAM SERVICES AND FUNDRAISING. THE SERVICES ARE NOT SPECIALIZED IN NATURE AND, THEREFORE, DO NOT MEET THE CRITERIA FOR RECOGNITION AS CONTRIBUTED SERVICES UNDER SFAS NO. 116.</p> <p style="text-align: right;">INCLUDES FOREIGN GRANTS: NO</p>		987,072.
	<u>\$ 0.</u>	<u>\$ 987,072.</u>

STATEMENT 6  
FORM 990, PART IV, LINE 56  
INVESTMENTS - OTHER

DESCRIPTION OF INVESTMENT	VALUATION METHOD	BOOK VALUE
LONG TERM CERTIFICATE OF DEPOSIT	COST	\$ 26,902.
	TOTAL	<u>\$ 26,902.</u>

STATEMENT 7  
FORM 990, PART IV, LINE 57  
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
AUTOMOBILES / TRANSPORTATION EQUIPMENT	\$ 14,752.	\$ 246.	\$ 14,506.
FURNITURE AND FIXTURES	55,759.	4,954.	50,805.
BUILDINGS	42,578.	6,222.	36,356.
IMPROVEMENTS	25,082.	4,170.	20,912.
LAND	115,120.		115,120.
TOTAL	<u>\$ 253,291.</u>	<u>\$ 15,592.</u>	<u>\$ 237,699.</u>

STATEMENT 8  
FORM 990, PART IV, LINE 58  
OTHER ASSETS

REFUND RECEIVABLE		\$ 224.
	TOTAL	<u>\$ 224.</u>

## SANTA CLARITA VALLEY FOOD PANTRY

95-4014804

**STATEMENT 9**  
**FORM 990, PART IV, LINE 65**  
**OTHER LIABILITIES**

PAYROLL LIABILITY	.. . . .	.. . . .	.. . . .	\$	2,599.
ROUNDING	.. . . .	.. . . .	.. . . .		2.
				TOTAL \$	<u>2,601.</u>

**STATEMENT 10**  
**FORM 990, PART V-A**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP &amp; DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
BELINDA CRAWFORD 24133 RAILROAD AVE. NEWHALL, CA 91321	EXECUTIVE DIREC 34	\$ 46,111.	\$ 0.	\$ 0.
DENNIS LUPPENS 24133 RAILROAD AVE. NEWHALL, CA 91321	PRESIDENT 1	0.	0.	0.
BARRY GRIBBONS 24133 RAILROAD AVE. NEWHALL, CA 91321	1ST VICE PRES 1	0.	0.	0.
MIKE RILEY 24133 RAILROAD AVE. NEWHALL, CA 91321	2ND VICE PRES 4	0.	0.	0.
JAN FEAR 24133 RAILROAD AVE. NEWHALL, CA 91321	SECRETARY 3	0.	0.	0.
GREG SANTILLI 24133 RAILROAD AVE. NEWHALL, CA 91321	TREASURER 3	0.	0.	0.
TIM WHYTE 24133 RAILROAD AVE. NEWHALL, CA 91321	DIRECTOR 1	0.	0.	0.
ED BALLARD 24133 RAILROAD AVE. NEWHALL, CA 91321	DIRECTOR 4	0.	0.	0.
DON DAVIS 24133 RAILROAD AVE. NEWHALL, CA 91321	DIRECTOR 9	0.	0.	0.
BILL LIVELY 24133 RAILROAD AVE. NEWHALL, CA 91321	DIRECTOR 1	0.	0.	0.

## SANTA CLARITA VALLEY FOOD PANTRY

95-4014804

STATEMENT 10 (CONTINUED)  
 FORM 990, PART V-A  
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
ELIZABETH SHOTT 24133 RAILROAD AVE. NEWHALL, CA 91321	DIRECTOR \$ 1	0. \$	0. \$	0.
PAUL TRAVERS 24133 RAILROAD AVE. NEWHALL, CA 91321	DIRECTOR 2	0.	0.	0.
PATRICIA ROSE 24133 RAILROAD AVE. NEWHALL, CA 91321	DIRECTOR 0	0.	0.	0.
	TOTAL	\$ 46,111.	\$ 0.	\$ 0.

STATEMENT 11  
 FORM 990, PART VIII  
 RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE #	EXPLANATION OF ACTIVITIES
95	INTEREST INCOME IS GENERATED FROM DEPOSITS IN FINANCIAL INSTITUTIONS OF GRANTS AND DONATIONS RECEIVED IN THE ORDINARY AND ROUTINE COURSE OF OPERATION.
101	RUN AGAINST HUNGER IS A FUNDRAISING EVENT TO GENERATE DONATIONS AND CREATE AWARENESS OF THE ORGANIZATIONS MISSION.

**Application for Extension of Time To File an Exempt Organization Return**

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>	Name of Exempt Organization <b>SANTA CLARITA VALLEY FOOD PANTRY</b>	Employer identification number <b>95-4014804</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite number. If a P.O. box, see instructions <b>24133 RAILROAD AVE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>NEWHALL, CA 91321-2918</b>	

**Check type of return to be filed** (file a separate application for each return).

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

• The books are in the care of ▶ EXECUTIVE DIRECTOR

Telephone No. ▶ 661-255-9078 FAX No. ▶ 661-255-2331

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until 8/15, 2007, to file the exempt organization return for the organization named above.  
The extension is for the organization's return for:

- ▶  calendar year 2006 or
- ▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

2 If this tax year is for less than 12 months, check reason.  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	<b>3b</b>	\$	0.
c <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**