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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

Please use IRS label or print or type. See Specific Instructions

C Name of organization
STATER BROS CHARITIES

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
301 S TIPPECANOE AVE

City or town, state or country, and ZIP + 4
SAN BERNARDINO, CA 92408

D Employer identification number
26-1236033

E Telephone number
909-733-5127

G Gross receipts $ 2,241,825.

F Name and address of principal officer JUDY LEWIS
SAME AS C ABOVE

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ N/A

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 2007 M State of legal domicile: CA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: TO PROVIDE PHILANTHROPIC SUPPORT TO APPROVED NON-PROFIT ORGANIZATIONS IN COMMUNITIES SERVED BY STATER		
2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5	Total number of employees (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

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		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	434,865.	2,065,607.
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	434,865.	2,065,607.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	365,986.	1,301,861.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	25,233.	142,568.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 388,968.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	33,561.	458,143.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	424,780.	1,902,572.
19	Revenue less expenses. Subtract line 18 from line 12	10,085.	163,035.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	409,307.	576,745.
21	Total liabilities (Part X, line 26)	120,000.	124,403.
22	Net assets or fund balances. Subtract line 21 from line 20	289,307.	452,342.

Part II 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

Sign Here

▶ Signature of officer — Date 5/11/10

▶ JUDY LEWIS, CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature — Date MAY 6 2010 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4
SOREN MCADAM CHRISTENSON LLP
2068 ORANGE TREE LANE, SUITE 100
REDLANDS, CA 92374

EIN ▶

Phone no. ▶ (909) 798-2222

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

SCANNED JUN 2 4 2010

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

TO PROVIDE PHILANTHROPIC SUPPORT TO APPROVED NON-PROFIT ORGANIZATIONS IN COMMUNITIES SERVED BY STATER BROS. MARKETS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code) (Expenses $ 1,320,861. including grants of $ 1,301,861.) (Revenue $ 2,241,825.)

THE PURPOSE OF STATER BROS. CHARITIES IS TO PROVIDE PHILANTHROPIC SUPPORT TO APPROVED NON-PROFIT ORGANIZATIONS IN COMMUNITIES SERVED BY STATER BROS. MARKETS. THE WORK OF STATER BROS. CHARITIES IS ACCOMPLISHED THROUGH GRANTMAKING, MOBILIZATION OF COMMUNITY LEADERS, EMPLOYEES, VOLUNTEERS, AND OTHER FUNDERS TO HELP THE COMMUNITIES THEY LIVE AND WORK IN.

GRANTS AND ALLOCATIONS:

HUNGER RELIEF	$ 350,000
CHILD WELFARE	252,000
EDUCATION	107,375
ELDERLY CARE	3,400

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services. (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 1,320,861.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	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*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	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
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, 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*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*			
	• 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*			
	• 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*			
	• 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*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• 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? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* (Yes / No: 12A — / X)			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	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*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
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? *If "Yes," complete Schedule J*	23		X
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 25*	24a		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 any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) 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
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 Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X
28	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*	28a		X
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 of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c	X	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	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*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
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		X
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	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	1a	11		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	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	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	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)?		4a		X
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	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?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**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 services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		X
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		X
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		X
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
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?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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*

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	8		
b	Enter the number of voting members that are independent	1b	0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		X
3	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?		3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code)*

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
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?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	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 taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

JUDY LEWIS - 909-733-5127

301 S. TIPPECANOE AVE, SAN BERNARDINO, CA 92408

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a 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 Use Schedule J-2 if additional space is needed

- 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 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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 from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DEAN JACKSON DIRECTOR	AS NEEDED	X						0.	0.	0.
BRIAN PLEIN DIRECTOR	AS NEEDED	X						0.	0.	0.
SARAH CAIN EXECUTIVE DIRECTOR	40.00	X						85,000.	0.	16,367.
SYLVIA SHERMER DIRECTOR	AS NEEDED	X						0.	0.	0.
JACK H. BROWN CHAIRMAN/CEO	AS NEEDED			X				0.	0.	0.
SUSAN ATKINSON PRESIDENT	AS NEEDED			X				0.	0.	0.
MARILYN RYAN SECRETARY	AS NEEDED			X				0.	0.	0.
JUDY LEWIS CFO/TREASURER	AS NEEDED			X				0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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 from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								85,000.	0.	16,367.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 0

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization NONE

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	1,426,313.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	639,294.			
	g Noncash contributions included in lines 1a-1f $ 96,921.					
	h Total. Add lines 1a-1f		2065607.			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	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			
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including $ 1,426,313. of contributions reported on line 1c). See Part IV, line 18	a 176218.				
	b Less: direct expenses	b 176218.				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
	12 Total revenue. See instructions.		2065607.	0.	0.	0.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,301,861.	1,301,861.		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	85,000.		85,000.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	25,350.		25,350.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	24,769.		24,769.	
10 Payroll taxes	7,449.		7,449.	
11 Fees for services (non-employees)				
a Management	7,500.			7,500.
b Legal	2,110.		2,110.	
c Accounting	1,770.		1,770.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	34,389.			34,389.
13 Office expenses	6,436.		6,436.	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	3,305.		2,305.	1,000.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a BELIEVE & WALK	178,442.			178,442.
b OTHER FUNDRAISING PROGR	88,375.			88,375.
c GOLF TOURNAMENT EXPENSE	50,842.			50,842.
d OUTSIDE SERVICES	32,294.		32,294.	
e BAD DEBT	28,420.			28,420.
f All other expenses	24,260.	19,000.	5,260.	
25 **Total functional expenses.** Add lines 1 through 24f	1,902,572.	1,320,861.	192,743.	388,968.
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	130,807.	1	382,975.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation 10b		10c	
	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	278,500.	15	193,770.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	409,307.	16	576,745.
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	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. Complete Part X of Schedule D	120,000.	25	124,403.
	26	**Total liabilities.** Add lines 17 through 25	120,000.	26	124,403.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ ☒ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds	0.	30	0.
	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
	32	Retained earnings, endowment, accumulated income, or other funds	289,307.	32	452,342.
	33	Total net assets or fund balances	289,307.	33	452,342.
	34	Total liabilities and net assets/fund balances	409,307.	34	576,745.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	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?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
STATER BROS CHARITIES	26-1236033

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 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ 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)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ 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 in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ 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 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).** (Complete Part III)

10 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
Total									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

932021 02-08-10

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)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants ")			912,385.	342,746.	2,055,986.	3,311,117.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3			912,385.	342,746.	2,055,986.	3,311,117.
5 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)						132,556.
6 **Public support.** Subtract line 5 from line 4						3,178,561.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4			912,385.	342,746.	2,055,986.	3,311,117.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						3,311,117.

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ [X]

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ [ ]

b **33 1/3% support test - 2008.** 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 ▶ [ ]

17a **10% -facts-and-circumstances test - 2009.** 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 IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ [ ]

b **10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ [ ]

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ [ ]

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants ")						
2 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						
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						
6 **Total.** Add lines 1 through 5						
7a 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						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 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 IV)						
13 **Total support** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Schedule A (Form 990 or 990-EZ) 2009

Schedule D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: STATER BROS CHARITIES

Employer identification number: 26-1236033

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a 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					

2 Provide the estimated percentage of the year end balance held as.

a Board designated or quasi-endowment ▶ _____%
b Permanent endowment ▶ _____%
c Term endowment ▶ _____%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations 3a(i)		
(ii) related organizations 3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				0.

Part VII Investments - Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
ACCOUNTS RECEIVABLE	193,770.
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶	193,770.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	
DUE TO OTHERS	3,396.
OTHER LIABILITIES	1,007.
DEFERRED REVENUE	120,000.
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	124,403.

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	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.				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12)*			5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	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	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	
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	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	

Part XIV Supplemental Information

Complete this part to 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, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization
STATER BROS CHARITIES

Employer identification number
26-1236033

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a List events with gross receipts greater than $5,000

Revenue		(a) Event #1 BELIEVE & WALK FOR THE (event type)	(b) Event #2 GOLF TOURNAMENT (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col (c))
	1 Gross receipts	513,566.	1,088,965.		1,602,531.
	2 Less Charitable contributions	513,566.	912,747.		1,426,313.
	3 Gross income (line 1 minus line 2)		176,218.		176,218.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	82,363.	176,218.		258,581.
	10 Direct expense summary Add lines 4 through 9 in column (d)			▶	(258,581.)
	11 Net income summary Combine line 3, column (d), and line 10			▶	-82,363.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col (c))
	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)			▶	( )
	8 Net gaming income summary Combine line 1, column (d), and line 7			▶	

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities:			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," explain:			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," explain:			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13 Indicate the percentage of gaming activity operated in				
a The organization's facility	13a	%		
b An outside facility	13b	%		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
Name ▶				
Address ▶				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a		
b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____				
c If "Yes," enter name and address of the third party				
Name ▶				
Address ▶				
16 Gaming manager information				
Name ▶				
Gaming manager compensation ▶ $ _____				
Description of services provided ▶				
☐ Director/officer ☐ Employee ☐ Independent contractor				
17 Mandatory distributions				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		17a		
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $				

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

2009

Open to Public Inspection

Name of the organization

STATER BROS CHARITIES

Employer identification number

26-1236033

Part I **General Information on Grants and Assistance**

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? ☐ Yes ☒ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000 Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) 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 non-cash assistance	(h) Purpose of grant or assistance
SEE ATTACHED LISTING			1,301,861.	0.			HUNGER RELIEF, CHILD

2 Enter total number of section 501(c)(3) and government organizations ▶

3 Enter total number of other organizations ▶

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule I (Form 990) 2009

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

932101 02-02-10

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: SEE ATTACHED LISTING

HUNGER RELIEF, CHILD WELFARE, VETERAN'S WELFARE, ELDERLY CARE, HEALTH AND EDUCATION

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization	Employer identification number
STATER BROS CHARITIES	26-1236033

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) Loan to or from the organization? From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) In default? No	(f) Approved by board or committee? Yes	(f) Approved by board or committee? No	(g) Written agreement? Yes	(g) Written agreement? No
Total			▶ $							

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) Sharing of organization's revenues? No
STATER BROS. MARKETS	COMMON OFFICERS AND	142,568.	STATER BROS		X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

932131 02-01-10

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: STATER BROS CHARITIES

Employer identification number: 26-1236033

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	X	2	19,621.	FAIR MARKET VALUE
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (ADVERTISING &)	X	9	32,000.	FAIR MARKET VALUE
26	Other ▶ (SUNGLASSES)	X	1	28,800.	FAIR MARKET VALUE
27	Other ▶ (OTHER SERVICE)	X	3	16,000.	FAIR MARKET VALUE
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment — 29

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: STATER BROS CHARITIES

Employer identification number: 26-1236033

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BROS. MARKETS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS

VETERAN'S PROGRAMS 37,286

HEALTH PROGRAMS 551,800

TOTAL GRANTS & ALLOCATIONS $1,301,861

FORM 990, PART VI, SECTION B, LINE 11: THE BOARD REVIEWS A DRAFT OF THE TAX RETURN AND FINANCIAL STATEMENTS PRIOR TO FILING THE TAX RETURN.

FORM 990, PART VI, SECTION B, LINE 12C: COMPLIANCE IS ENFORCED VIA VERBAL QUESTIONS AND ANNUAL SIGNATURE ATTESTING TO COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY

FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS AVAILABLE UPON REQUEST.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: STATER BROS. MARKETS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

COMMON OFFICERS AND BOARD MEMBERS BETWEEN STATER BROS. CHARITIES & MARKETS

(D) DESCRIPTION OF TRANSACTION: STATER BROS. MARKETS PAYS THE SALARIES FOR THE PAID EMPLOYEES OF CHARITIES. CHARITIES THEN REIMBURSES MARKETS FOR THE ENTIRE COMPENSATION EXPENSE (INCLUDING BENEFITS AND PAYROLL TAXES).

Stater Bros. Charities
Beneficiaries of SBC Giving
January through December 2009

Date	Name	Memo		Amount	Address
12/31/2009	Loma Linda University Cancer Center	7355 - Health & Well Being	$	320,000 00	Loma Linda University Cancer Center PO Box 2000 Loma Linda, CA 92354
07/15/2009	Loma Linda University Children's Hospital	7351 - Children's Health & Well	$	225,000 00	LLU Children's Hospital Foundation PO Box 2000 Loma Linda, CA 92354
01/27/2009	Loma Linda University Cancer Center	7355 - Health & Well Being	$	200,000 00	Loma Linda University Cancer Center PO Box 2000 Loma Linda, CA 92354
12/23/2009	Marine Corps Scholarship Foundation	7352 - Education	$	43,975 00	Marine Corps Scholarship Foundation 46409 Admiralty Way, Suite 406 Marina del Rey, CA 90292
02/26/2009	Congressional Medal of Honor Society	7352 - Education	$	30,000 00	Congressional Medal of Honor Society 40 Patriots Point Rd Mt Pleasant, SC 29464
12/09/2009	City of San Bernardino	7352 - Education	$	25,000 00	City of San Bernardino 300 North D Street San Bernardino, CA 92418
08/28/2009	Loma Linda VA Medical Center	7354 - Veteran's Services	$	25,000 00	Loma Linda VA Medical Center 11201 Benton St Loma Linda, CA 92357
06/10/2009	Candlelighters of the Inland Empire	7351 - Children's Health & Well	$	10,000 00	Candlelighters of the Inland Empire 11155 Mountain View Ave , Suite 105 Loma Linda, CA 92543
11/09/2009	Community Action Partnership of San Bern	7350 - Charities Disp - Hunger	$	10,000 00	Community Action Partnership of San Bern. 696 S Tippecanoe Ave San Bernardino, CA 92415
11/05/2009	Salvation Army	7350 - Charities Disp - Hunger	$	10,000 00	Salvation Army 74040 Hwy 111, Ste L-221 Palm Desert, CA 92260
11/09/2009	San Diego Food Bank	7350 - Charities Disp - Hunger	$	10,000 00	San Diego Food Bank 9850 Distribution Ave. San Diego, CA 92121
11/09/2009	Second Harvest of Orange County	7350 - Charities Disp - Hunger	$	10,000 00	Second Harvest of Orange County 8014 Marine Way Irvine, CA 92618
11/09/2009	Second Harvest of Riverside and SB Cnties	7350 - Charities Disp - Hunger	$	10,000 00	Second Harvest of Riverside and SB Cnties 2950-B Jefferson Street Riverside, CA 92504
02/26/2009	St Bernardine's Medical Center	7355 - Health & Well Being	$	10,000 00	St Bernardine's Medical Center 2101 N Waterman Ave San Bernardino, CA 92404
05/07/2009	St Bernardine's Medical Center	7355 - Health & Well Being	$	10,000 00	St Bernardine's Medical Center 2101 N Waterman Ave San Bernardino, CA 92404
12/16/2009	Mt View Cemetery and Mortuary	7354 - Veteran's Services	$	5,740 55	Mt View Cemetery and Mortuary 570 W. Highland Ave San Bernardino, CA 92404
02/26/2009	C O P S of Southern California	7355 - Health & Well Being	$	5,000 00	C O P S of Southern California c/o Mary Huffman 2471 Hillside Ave Norco, CA 92860
11/09/2009	Community Action Partnership of Orange Co	7350 - Charities Disp - Hunger	$	5,000 00	Community Action Partnership of Orange Co 12640 Knott Street Garden Grove, CA 92841
02/26/2009	Garden of Angels	7351 - Children's Health & Well	$	5,000 00	Garden of Angels P O Box 1776 Yucaipa, CA 92399
02/26/2009	Happy Trails Children's Foundation	7351 - Children's Health & Well	$	5,000 00	Happy Trails Children's Foundation 10755 Apple Valley Rd Apple Valley, CA 92308
02/26/2009	Redlands Unified School District	7351 - Children's Health & Well	$	5,000 00	Redlands Unified School District 1505 Richardson St Redlands, CA 92374
11/09/2009	Alannah Foster Family Agency and Homes	7350 - Charities Disp - Hunger	$	4,000 00	Alannah Foster Family Agency and Homes 2030 Iowa Ave , Suite B Riverside, CA 92507
11/09/2009	Antelope Valley Domestic Violence Council	7350 - Charities Disp - Hunger	$	4,000 00	Antelope Valley Domestic Violence Council PO Box 2980 Lancaster, CA 93539
11/09/2009	Brother Benno Foundation	7350 - Charities Disp - Hunger	$	4,000 00	Brother Benno Foundation 3260 Production Ave Oceanside, CA 92058
11/09/2009	Call for Life Help Center	7350 - Charities Disp - Hunger	$	4,000 00	Call for Life Help Center 15800 Main St., Suite 240 Hesperia, CA 92345
11/09/2009	Carpenter's House	7350 - Charities Disp - Hunger	$	4,000 00	Carpenter's House 13489 Arrow Route Rontana, CA 92335
11/09/2009	Celebration Center	7350 - Charities Disp - Hunger	$	4,000 00	Celebration Center 1137 Bryn Mawr Ave Redlands, CA 92374
11/09/2009	Children's Plus Foster Family Agency	7350 - Charities Disp - Hunger	$	4,000 00	Children's Plus Foster Family Agency 1525 North D St , Suite 10 San Bernardino, CA 92405
11/09/2009	Chino Neighborhood House	7350 - Charities Disp - Hunger	$	4,000 00	Chino Neighborhood House PO Box 96 Chino, CA 91710
11/09/2009	Collette's Children's Home	7350 - Charities Disp - Hunger	$	4,000 00	Collette's Children's Home 17301 Beach Boulevard, #23 Huntington Beach, CA 92647
11/09/2009	Community Assistance Program of Mo Valley	7350 - Charities Disp - Hunger	$	4,000 00	Community Assistance Program of Mo Valley 24595 Sunnymead Blvd., Suite W Moreno Valley, CA 92553
11/09/2009	Community Food Pantry	7350 - Charities Disp - Hunger	$	4,000 00	Community Food Pantry 6336 Hallee Rd Joshua Tree, CA 92252
11/09/2009	Community Pantry - Hemet	7350 - Charities Disp - Hunger	$	4,000 00	Community Pantry - Hemet 137 N San Jacinto St Hemet, A 92543
11/09/2009	Desert Area Resources and Training (DART)	7350 - Charities Disp - Hunger	$	4,000 00	Desert Area Resources and Training (DART) 201 East Ridgecrest Blvd. Ridgecrest, CA 93555
11/09/2009	Family Service Assoc West Riverside Cnty	7350 - Charities Disp - Hunger	$	4,000 00	Family Service Assoc West Riverside Cnty 21250 Box Springs Rd , Suite 212 Moreno Valley, CA 92557
11/09/2009	Family Services Agency of Redlands	7350 - Charities Disp - Hunger	$	4,000 00	Family Services Agency of Redlands 612 Lawton St Redlands, CA 92374
11/09/2009	Family Services Agency of San Bernardino	7350 - Charities Disp - Hunger	$	4,000 00	Family Services Agency of San Bernardino 1669 North E Street San Bernardino, CA 92405
11/09/2009	FIND Food Bank	7350 - Charities Disp - Hunger	$	4,000 00	FIND Food Bank PO Box 41 Cathedral City, CA 92234
11/09/2009	Food Now, Inc	7350 - Charities Disp - Hunger	$	4,000 00	Food Now, Inc 11555 Palm Drive Desert Hot Springs, CA 92240
11/09/2009	HEARTS Connection Family Resource Center	7350 - Charities Disp - Hunger	$	4,000 00	HEARTS Connection Family Resource Center 825 North Downs St, Suite D Ridgecrest, CA 93555
11/09/2009	Home of Neighborly Services	7350 - Charities Disp - Hunger	$	4,000 00	Home of Neighborly Services 839 North Mt Vernon Ave San Bernardino, CA 92411
11/09/2009	House of Ruth	7350 - Charities Disp - Hunger	$	4,000 00	House of Ruth P O Box 459 Claremont, CA 91711
11/09/2009	Inland AIDS Project	7350 - Charities Disp - Hunger	$	4,000 00	Inland AIDS Project 18347 Madrone Street Hesperia, CA 92345
11/09/2009	Inland Valley Hope Partners	7350 - Charities Disp - Hunger	$	4,000 00	Inland Valley Hope Partners 1753 North Park Ave Pomona, CA 91768
11/09/2009	Interfaith Community Services	7350 - Charities Disp - Hunger	$	4,000 00	Interfaith Community Services 550 W. Washington Ave , Ste B Escondido, CA 92025
11/09/2009	Interfaith Food Center	7350 - Charities Disp - Hunger	$	4,000 00	Interfaith Food Center 14545 Leffingwell Rd Whittier, Ca 90604
11/09/2009	La Vista Recovery & Wholeness Ctr for Wom	7350 - Charities Disp - Hunger	$	4,000 00	La Vista Recovery & Wholeness Ctr for Wom PO Box 1411 San Jacinto, CA 92583
11/09/2009	Lutheran Social Services of S Calif	7350 - Charities Disp - Hunger	$	4,000 00	Lutheran Social Services of S. Calif 3772 Taft Street Riverside, CA 92503
11/09/2009	McKinley Children's Center	7350 - Charities Disp - Hunger	$	4,000 00	McKinley Children's Center 762 West Cypress Street San Dimas, CA 91773
11/09/2009	Mental Health Association of Orange Cnty	7350 - Charities Disp - Hunger	$	4,000 00	Mental Health Association of Orange Cnty 822 Town and Country Road Orange, CA 92668

Stater Bros. Charities
Beneficiaries of SBC Giving
January through December 2009

Date	Name	Memo	Amount	Address
11/09/2009	MFI Recovery Center	7350 - Charities Disp - Hunger	$ 4,000 00	MFI Recovery Center 5870 Arlington Ave. Riverside, CA 92504
11/09/2009	Micah House	7350 - Charities Disp - Hunger	$ 4,000 00	Micah House 1006 Oxford Drive Redlands, CA 92373
11/09/2009	Morongo Basin Unity Home	7350 - Charities Disp - Hunger	$ 4,000 00	Morongo Basin Unity Home 61607 Twentynine Palms Hwy Ste F Joshua Tree, CA 92252
11/09/2009	North County Serenity House	7350 - Charities Disp - Hunger	$ 4,000 00	North County Serenity House 240 S Hickery St , Ste 210 Escondido, A 92025
11/09/2009	Operation Grace	7350 - Charities Disp - Hunger	$ 4,000 00	Operation Grace 1595 East Art Townsend Dr San Bernardino, CA 92408
11/09/2009	Operation Hand Up	7350 - Charities Disp - Hunger	$ 4,000 00	Operation Hand Up 2345 S Waterman Ave San Bernardino, CA 92408
11/09/2009	Operation SafeHouse	7350 - Charities Disp - Hunger	$ 4,000 00	Operation SafeHouse 9685 Hayes Street Riverside, CA 92503
11/09/2009	Orange County Christian Charities	7350 - Charities Disp - Hunger	$ 4,000 00	Orange County Christian Charities 530 North Dale Anaheim, CA 92801
11/09/2009	Orange Elderly Services, Inc	7350 - Charities Disp - Hunger	$ 4,000 00	Orange Elderly Services, Inc 170 S Olive St Orange, CA 92866
11/09/2009	Orangethorpe United Methodist Church	7350 - Charities Disp - Hunger	$ 4,000 00	Orangethorpe United Methodist Church 2351 West Orangethorpe Fullerton, CA 92833-4399
11/09/2009	Our Lady of Charity Society of St Vincnt	7350 - Charities Disp - Hunger	$ 4,000 00	Our Lady of Charity Society of St Vincnt PO Box 412 Lancaster, CA 93534
11/09/2009	Pomona Hope	7350 - Charities Disp - Hunger	$ 4,000 00	Pomona Hope 401 N Gibbs St Pomona, CA 91767
11/09/2009	South County Outreach	7350 - Charities Disp - Hunger	$ 4,000 00	South County Outreach 26776 Vista Terrace Lake Forest, CA 92408
11/09/2009	St Elizabeth's Food Pantry	7350 - Charities Disp - Hunger	$ 4,000 00	St Elizabeth's Food Pantry 66700 Pierson Blvd Desert Hot Springs, CA 92240
11/09/2009	The Well in the Desert	7350 - Charities Disp - Hunger	$ 4,000 00	The Well in the Desert PO Box 5312 Palm Springs, CA 92263
11/09/2009	Think Together	7350 - Charities Disp - Hunger	$ 4,000 00	Think Together 1003 E Coooley Dr , Suite 109 Colton, CA 92324
11/09/2009	Thomas House Temporary Shelter	7350 - Charities Disp - Hunger	$ 4,000 00	Thomas House Temporary Shelter PO Box 2737 Garden Grove, CA 92842
11/09/2009	Trinity Foster Care	7350 - Charities Disp - Hunger	$ 4,000 00	Trinity Foster Care 1520 W Cameron Ave , Suite 151 West Covina, CA 91790
11/09/2009	Youth Action Project	7350 - Charities Disp - Hunger	$ 4,000 00	Youth Action Project 600 N Arrowhead Ave , Ste 300 San Bernardino,k CA 92401
11/09/2009	YWCA of Riverside/Born Free Prgm	7350 - Charities Disp - Hunger	$ 4,000 00	YWCA of Riverside/Born Free Prgm 8172 Magnolia Ave Riverside, CA 92504
11/23/2009	Loma Linda VA Medical Center	7354 - Veteran's Services	$ 3,400 00	Loma Linda VA Medical Center 11201 Benton St Loma Linda, CA 92357
11/23/2009	Ronald McDonald House Charities	7355 - Health & Well Being	$ 3,400 00	Ronald McDonald House Charities 11365 Anderson Street Loma Linda, CA 92354
11/23/2009	SB Lifestream	7355 - Health & Well Being	$ 3,400 00	SB Lifestream 384 West Orange Show Rd. San Bernardino, CA 92408
11/23/2009	Smiles for Seniors	7353 - Elderly Services	$ 3,400 00	Smiles for Seniors PO Box 1113 Yucaipa, CA 92399
11/23/2009	Think Together	7352 - Education	$ 3,400 00	Think Together 1003 E Coooley Dr , Suite 109 Colton, CA 92324
02/17/2009	Carlsbad City Library	7352 - Education	$ 2,500 00	Carlsbad City Library 1775 Dove Lane Carlsbad, CA 92011
07/15/2009	Lake Elsinore Library	7352 - Education	$ 2,500 00	Lake Elsinore Library 600 W. Graham Lake Elsinore, CA 92530
11/22/2009	Loma Linda VA Medical Center	7354 - Veteran's Services	$ 2,125 00	Loma Linda VA Medical Center 11201 Benton St. Loma Linda, CA 92357
11/09/2009	Barstow Senior Citizens Center	7350 - Charities Disp - Hunger	$ 2,000 00	Barstow Senior Citizens Center 555 Melissa Barstow, CA 92311
11/09/2009	Carol's Kitchen	7350 - Charities Disp - Hunger	$ 2,000 00	Carol's Kitchen PO Box 95 Calimesa, CA 92320
11/09/2009	Children's Therapeutic Communities	7350 - Charities Disp - Hunger	$ 2,000 00	Children's Therapeutic Communities 17675 Van Buren Blvd Riverside, CA 92504
11/09/2009	Community Service Programs, Inc	7350 - Charities Disp - Hunger	$ 2,000 00	Community Service Programs, Inc 1821 East Dyer Road, Suite 200 Santa Ana, CA 92705
11/09/2009	Community Tool Box	7350 - Charities Disp - Hunger	$ 2,000 00	Community Tool Box 11419 Bartlett Ave. Adelanto, CA 92301
11/09/2009	Cornerstone COmpassion Center	7350 - Charities Disp - Hunger	$ 2,000 00	Cornerstone Compassion Center 903 E Third St San Bernardino, CA 92410
11/09/2009	Desert Lighthouse Christian Celebration	7350 - Charities Disp - Hunger	$ 2,000 00	Desert Lighthouse Christian Celebration 1998 Phelan Rd. Phelan, CA 92372
11/09/2009	Families Forward	7350 - Charities Disp - Hunger	$ 2,000 00	Families Forward 9221 Irvine Blvd. Irvine, CA 92618
11/09/2009	Family Assistance Ministries	7350 - Charities Disp - Hunger	$ 2,000 00	Family Assistance Ministries 929 Calle Negocio, Suite G San Clemente, CA 92673
11/09/2009	Foothill Family Shelter	7350 - Charities Disp - Hunger	$ 2,000 00	Foothill Family Shelter 1501 West 9th Street, Suite D Upland, CA 91786
11/09/2009	Friendship Shelter, Inc	7350 - Charities Disp - Hunger	$ 2,000 00	Friendship Shelter, Inc PO Box 4252 Laguna Beach, CA 92652
11/09/2009	Gap Food Bank Ministries	7350 - Charities Disp - Hunger	$ 2,000 00	Gap Food Bank Ministries 8768 Helms Ave , Ste A Rancho Cucamonga, CA 91730
11/09/2009	Giving Children Hope	7350 - Charities Disp - Hunger	$ 2,000 00	Giving Children Hope 8332 Commonwealth Ave Benua Park, CA 90621
11/09/2009	God's Enduring TOuch of Grace	7350 - Charities Disp - Hunger	$ 2,000 00	God's Enduring Touch of Grace PO Box 3261 Quartz Hill, CA 93586
11/09/2009	Grandma's House of Hope	7350 - Charities Disp - Hunger	$ 2,000 00	Grandma's House of Hope 174 West Lincoln Ave., #541 Anaheim, CA 92805
11/09/2009	Help Me Help You	7350 - Charities Disp - Hunger	$ 2,000 00	Help Me Help You One WOrld Trade Center Suite 800 Long Beach, CA 90831
11/09/2009	Helping Hands Pantry	7350 - Charities Disp - Hunger	$ 2,000 00	Helping Hands Pantry PO Box 1224 Redlands, CA 92373
11/09/2009	Helping Our People in Elsinore	7350 - Charities Disp - Hunger	$ 2,000 00	Helping Our People in Elsinore 29885 Secord St , Unit R Lake Elsinore, CA 92532
11/09/2009	Hillview Acres Children's Home	7350 - Charities Disp - Hunger	$ 2,000 00	Hillview Acres Children's Home 3683 Chino Ave Chino, CA 91710
11/09/2009	Homeless Task Force of Corona	7350 - Charities Disp - Hunger	$ 2,000 00	Homeless Task Force of Corona 821 E Grand Blvd Corona, CA 92879
11/09/2009	Hope Food Bank	7350 - Charities Disp - Hunger	$ 2,000 00	Hope Food Bank 1115 Arbor Lane San Marcos, CA 92069
11/09/2009	Interfaith Community Support	7350 - Charities Disp - Hunger	$ 2,000 00	Interfaith Community Support 12687 California St Yucaipa, CA 92399

Stater Bros. Charities
Beneficiaries of SBC Giving
January through December 2009

Date	Name	Memo	Amount	Address
11/09/2009	Kay Ceniceros Senior Center	7350 - Charities Disp - Hunger	$ 2,000 00	Kay Ceniceros Senior Center 29995 Evans Rd Sun City, CA 92586
11/09/2009	La Habra Community Resources Care Center	7350 - Charities Disp - Hunger	$ 2,000 00	La Habra Community Resources Care Center 350 S Hillcrest St La Habra, CA 90631
11/09/2009	Lancaster Community Homeless Shelter	7350 - Charities Disp - Hunger	$ 2,000 00	Lancaster Community Homeless Shelter 44611 Yucca Ave Lancaster, CA 93534
12/23/2009	Life Changing Mentoring Program	7351 - Children's Health & Well	$ 2,000 00	Life Changing Mentoring Program 1801 East "D" Street Ontario, CA 91764
11/09/2009	Lifeguard Food Ministry - Hosanna Chapel	7350 - Charities Disp - Hunger	$ 2,000 00	Lifeguard Food Ministry - Hosanna Chapel 16523 Bellflower Blvd Bellflower, CA 90706
11/09/2009	MAAC Project North County Centro, Inc	7350 - Charities Disp - Hunger	$ 2,000 00	MAAC Project North County Centro, Inc 800 Vallecitos San Marcos, CA 92069
11/09/2009	Magnolia Presbyterian Church	7350 - Charities Disp - Hunger	$ 2,000 00	Magnolia Presbyterian Church 7200 Magnolia Ave Riverside, CA 92504
11/09/2009	Martha's Village and Kitchen	7350 - Charities Disp - Hunger	$ 2,000 00	Martha's Village and Kitchen 83791 Date Avenue Indio, CA 92201
11/09/2009	Mary's Kitchen	7350 - Charities Disp - Hunger	$ 2,000 00	Mary's Kitchen PO Box 4247 Orange, CA 92863
11/09/2009	Mercy House Transitional Living Center	7350 - Charities Disp - Hunger	$ 2,000 00	Mercy House Transitional Living Center PO Box 1905 Santa Ana, CA 92702
11/09/2009	Neighborhood House Association	7350 - Charities Disp - Hunger	$ 2,000 00	Neighborhood House Association 5660 Copley Dr San Diego, CA 92111
11/09/2009	North County Community Services	7350 - Charities Disp - Hunger	$ 2,000 00	North County Community Services 1557 Grand Avenue, Suite C San Marcos, CA 92078
11/09/2009	Operation Provider	7350 - Charities Disp - Hunger	$ 2,000 00	Operation Provider PO Box 26 Twin Peaks, CA 92391
11/09/2009	Paul Swick Family Ctr/High Desert Comm Fo	7350 - Charities Disp - Hunger	$ 2,000 00	Paul Swick Family Ctr/High Desert Comm Fo 21351 Yucca Loma Rd Apple Valley, CA 92307
11/09/2009	Ramona Food & Clothes Closet Inc	7350 - Charities Disp - Hunger	$ 2,000 00	Ramona Food & Clothes Closet Inc. PO Box 164 Ramona, CA 92065
11/09/2009	Ramona Senior Center	7350 - Charities Disp - Hunger	$ 2,000 00	Ramona Senior Center 434 Aqua Lane Ramona, CA 92065
11/09/2009	Saddleback Food Pantry	7350 - Charities Disp - Hunger	$ 2,000 00	Saddleback Food Pantry 1 Saddleback Parkway Lake Forest, CA 92630
11/09/2009	Salvation Army - LA	7350 - Charities Disp - Hunger	$ 2,000 00	Salvation Army - LA 900 W James M Wood Blvd Los Angeles, CA 90015
11/09/2009	Someone Cares Soup Kitchen	7350 - Charities Disp - Hunger	$ 2,000 00	Someone Cares Soup Kitchen PO Box 11267 Costa Mesa, CA 92627
11/09/2009	Sr Citiens Svc Ctr of the Temecula Rancho	7350 - Charities Disp - Hunger	$ 2,000 00	Sr Citiens Svc Ctr of the Temecula Rancho 41538 Eastman Drive #C Murrieta, CA 92590
11/09/2009	St Bernard Church Food Pantry	7350 - Charities Disp - Hunger	$ 2,000 00	St Bernard Church Food Pantry 9647 E Beach St Bellflower, CA 90706
11/09/2009	St Francis of Rome Food Bank	7350 - Charities Disp - Hunger	$ 2,000 00	St Francis of Rome Food Bank 501 E Foothill Blvd Azusa, CA 91702
11/09/2009	St Linus Food Pantry	7350 - Charities Disp - Hunger	$ 2,000 00	St. Linus Food Pantry 13915 Shoemaker Ave Norwalk, CA 90650
11/09/2009	St Martha Thrift Store & Food Pantry	7350 - Charities Disp - Hunger	$ 2,000 00	St. Martha Thrift Store & Food Pantry 38444 Sky Canyon Dr. Murrieta, CA 92563
11/09/2009	St Mell's Food Pantry	7350 - Charities Disp - Hunger	$ 2,000 00	St Mell's Food Pantry 4140 Corona Avenue Norco, CA 92860
11/09/2009	Time for Change	7350 - Charities Disp - Hunger	$ 2,000 00	Time for Change PO Box 5753 San Bernardino, CA 92412
11/09/2009	UFCW Local 1428 Food Pantry	7350 - Charities Disp - Hunger	$ 2,000 00	UFCW Local 1428 Food Pantry PO Box 9000 Claremont, CA 91711
11/09/2009	Walnut Valley Food Bank	7350 - Charities Disp - Hunger	$ 2,000 00	Walnut Valley Food Bank 382 N Lemon Walnut, CA 91789
12/16/2009	Mt. View Cemetery and Mortuary	7354 - Veteran's Services	$ 1,020 30	Mt. View Cemetery and Mortuary 570 W Highland Ave San Bernardino, CA 92404
11/09/2009	Fort Irwin-Family Morale Wellness & Recre	7350 - Charities Disp - Hunger	$ 1,000 00	Fort Irwin-Family Morale Wellness & Recre PO Box 105094 Fort Irwin, CA 92310
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