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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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning and ending

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

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

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

D Employer identification number
26-1236033

E Telephone number
909-733-5127

G Gross receipts $ 3,358,427.

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) ☐ 501(c) ( ) ◀ (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	8
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total 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.

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	2,065,607.	3,184,043.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	-79,029.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,065,607.	3,105,014.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,301,861.	1,988,551.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	142,568.	237,599.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 437,006.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	458,143.	473,456.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,902,572.	2,699,606.
	19 Revenue less expenses Subtract line 18 from line 12	163,035.	405,408.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	576,745.	898,262.
	21 Total liabilities (Part X, line 26)	124,403.	40,512.
	22 Net assets or fund balances Subtract line 21 from line 20	452,342.	857,750.

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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 5/12/11
▶ JUDY LEWIS, CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: LUCIA A. WHYTE	Preparer's signature: Lucia A. Whyte MAY	Date: 11 2011	Check ☐ if self-employed	PTIN
Firm's name ▶ SOREN MCADAM CHRISTENSON LLP				Firm's EIN ▶
Firm's address ▶ 2068 ORANGE TREE LANE, SUITE 100 REDLANDS, CA 92374				Phone no. (909) 798-2222

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

916

SCANNED JUN 13 2011

13

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

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 [X] 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 [X] 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

4a (Code _____) (Expenses $ 1,988,551. including grants of $ 1,988,551.) (Revenue $ _____)

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	$ 581,500
CHILD WELFARE	480,271
EDUCATION	92,151
ELDERLY CARE	1,800

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** ▶ 1,988,551.

SEE SCHEDULE O FOR CONTINUATION(S)

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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
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	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		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, Parts I and IV*	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, Parts II and IV*	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, Parts III and IV*	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
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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 (or a family member thereof) 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)?	35		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ Yes ☒ No			
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

Check if Schedule O contains a response to any question in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	15		
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		
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* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		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 instructions for 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?		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	X	
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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		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		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
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			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

Part VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions*

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	8		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	8		
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 governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant 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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	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 [X] 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

Check if Schedule O contains a response to any question in this Part VII ☐

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.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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	1.00	X						0.	0.	0.
BRIAN PLEIN DIRECTOR	1.00	X						0.	0.	0.
SARAH CAIN EXECUTIVE DIRECTOR	40.00	X						95,615.	0.	16,803.
SYLVIA SHERMER DIRECTOR	1.00	X						0.	0.	0.
JACK H. BROWN CHAIRMAN/CEO	1.00			X				0.	0.	0.
SUSAN ATKINSON PRESIDENT	2.00			X				0.	0.	0.
MARILYN RYAN SECRETARY	1.00			X				0.	0.	0.
JUDY LEWIS CFO/TREASURER	3.00			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 (describe hours for related organizations in Schedule O)	(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 Sub-total ▶								95,615.	0.	16,803.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								95,615.	0.	16,803.

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*		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*		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		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	1382725.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1801318.			
	g Noncash contributions included in lines 1a-1f $ 97,464.					
	h **Total.** Add lines 1a-1f	▶	3184043.			
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 $ 1,382,725. of contributions reported on line 1c) See Part IV, line 18	a 170949.				
	b Less direct expenses	b 253413.				
	c Net income or (loss) from fundraising events	▶	-82,464.			-82,464.
	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 MISCELLANEOUS INCOME	900099	3,435.	3,435.		
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d	▶	3,435.			
	12 **Total revenue** See instructions.	▶	3105014.	3,435.	0.	-82,464.

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	1,988,551.	1,988,551.		
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	112,418.		112,418.	
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	85,489.		85,489.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	27,467.		27,467.	
10 Payroll taxes	12,225.		12,225.	
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	750.		750.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	30,277.		8,582.	21,695.
13 Office expenses	16,490.		7,420.	9,070.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	3,269.		1,253.	2,016.
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	9,799.		9,799.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a BELIEVE & WALK	144,834.			144,834.
b GOLF TOURNAMENT EXPENSE	120,869.			120,869.
c OTHER FUNDRAISING PROGR	90,322.			90,322.
d RACEFEST EXPENSE	25,000.			25,000.
e PRINTING	15,000.			15,000.
f All other expenses	16,846.		8,646.	8,200.
25 **Total functional expenses** Add lines 1 through 24f	2,699,606.	1,988,551.	274,049.	437,006.
26 **Joint costs** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). 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	382,975.	1	659,108.
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		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	193,770.	15	239,154.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	576,745.	16	898,262.
Liabilities	17	Accounts payable and accrued expenses		17	8,512.
	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	124,403.	25	32,000.
	26	**Total liabilities.** Add lines 17 through 25	124,403.	26	40,512.
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	452,342.	32	857,750.
	33	Total net assets or fund balances	452,342.	33	857,750.
	34	Total liabilities and net assets/fund balances	576,745.	34	898,262.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,105,014.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,699,606.
3	Revenue less expenses Subtract line 2 from line 1	3	405,408.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	452,342.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	857,750.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII ☐

			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 separate basis, consolidated 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

2010

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 Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

Schedule A (Form 990 or 990-EZ) 2010

032021 12-21-10

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 or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")		912,385.	342,746.	2,065,607.	3,184,043.	6,504,781.
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.	2,065,607.	3,184,043.	6,504,781.
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)						525,344.
6 **Public support.** Subtract line 5 from line 4						5,979,437.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4		912,385.	342,746.	2,065,607.	3,184,043.	6,504,781.
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)					3,435.	3,435.
11 **Total support.** Add lines 7 through 10						6,508,216.

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** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	91.88 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%

16a **33 1/3% support test - 2010.** 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 - 2009.** 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 - 2010.** 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 - 2009.** 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 or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2009** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2010.** 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 - 2009.** 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 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

2010

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 education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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, and not on a historic structure listed in the National Register	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 (ASC 958), 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 (ASC 958), 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 (ASC 958) 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 the 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 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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
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
(1) ACCOUNTS RECEIVABLE	232,920.
(2) PREPAID EXPENSES	6,234.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	239,154.

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) DEFERRED REVENUE	32,000.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	32,000.

2. FIN 48 (ASC 740) 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 (ASC 740)

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

2010

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 and address 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 contributions 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than $5,000

		(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))
Revenue	1 Gross receipts	627,870.	925,804.		1,553,674.
	2 Less Charitable contributions	627,870.	754,855.		1,382,725.
	3 Gross income (line 1 minus line 2)		170,949.		170,949.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	15,000.	2,000.		17,000.
	8 Entertainment				
	9 Other direct expenses		236,413.		236,413.
	10 Direct expense summary Add lines 4 through 9 in column (d)			▶	(253,413)
	11 Net income summary Combine line 3, column (d), and line 10			▶	-82,464.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	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			▶	

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? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

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? ☐ 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? ☐ Yes ☐ No

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? ☐ Yes ☐ No

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 ▶ $

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also complete this part to provide any additional information (see instructions)

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" to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

OMB No 1545-0047

2010

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 Part II can be duplicated if additional space is needed ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEE ATTACHED LISTING			1,988,551.	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 Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule I (Form 990) (2010)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

032101 01-13-11

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
Part III can be duplicated 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

Stater Bros. Charities
Donations by Category
January through December 2010

Date	Num	Name	Memo	Amount	Address 1	Address 2	City	State	Zip Code
7350 - Charities Disp - Hunger									
06/04/2010		San Diego Food Bank	Harvest Hope	$ 7,000 00	9850 Distribution Ave		0 San Diego	CA	92121
06/04/2010		Salvation Army - LA	Havesting Hope	$ 15,000 00	180 E Ocean Blvd		0 Long Beach	CA	90802
06/04/2010		Second Harvest of Orange County	Havesting Hope	$ 18,000 00	Attn Audra	8014 Marine Way	Irvine	CA	92618
06/04/2010		Salvation Army Inland Empire	Harvesting Hope	$ 18,000 00	30 400 Landau Blvd		0 Cathedral City	CA	92234
06/04/2010		FIND Food Bank - Indio	Harvesting Hope	$ 10,000 00	83775 Citrus Ave		0 IOndio	CA	92201
06/04/2010		Fort Irwin MWR Army Community Services	Harvesting Hope	$ 1,000 00	MWR Building 550 2nd St		0 Fort Irwin	CA	92310
06/04/2010		Community Action Partnership of San Bern	Harvesting Hope	$ 20,000 00	696 S Tippecanoe Ave		0 San Bernardino	CA	92415
06/04/2010		Inland Harvest Food Bank	Harvesting Hope	$ 5,000 00	1540 Barton d #223		0 Redlands	CA	92373
06/04/2010		Desert Communities United Way	Harvesting Hope	$ 5,000 00	16192 Siskiyou Rd Ste 4		0 Apple Valley	CA	92307
07/22/2010		Salvation Army - Ridgecrest	Donation	$ 500 00	PO Box 189		0 Ridgecrest	CA	93556
08/30/2010		Second Harvest of Riverside and SB Cnties	Food Program - Hunger REIief	$ 10,000 00	2950-B Jefferson Street		0 Riverside	CA	92504
09/10/2010		Riverside Police Officers Association	Feeding Program	$ 2,000 00	1965 Chicago Ave , Suite B		0 Riverside	CA	92507
09/10/2010		Second Harvest of Orange County	Harvesting Hope - Hunger Action Month	$ 10,000 00	Attn Audra	8014 Marine Way	Irvine	CA	92618
10/06/2010		Salvation Army	2010 Harvesting Hope	$ 10,000 00	14585 La Paz Dr	PO Box 1092	Victorville	CA	92395
11/15/2010		American Food Bank	Harvesting Hope 2010	$ 2,000 00	55668 Yucca Trail		0 Yucca Vakketm	CA	92284
11/15/2010		BAGS4KIDS	Harvesting Hope 2010	$ 2,000 00	PO Box 2234		0 Calif City	CA	93504
11/15/2010		Barstow Senior Citizens Center	Harvesting Hope 2010	$ 4,000 00	555 Melissa		0 Barstow	CA	92311
11/15/2010		Call for Life Help Center	Harvesting Hope 2010	$ 4,000 00	15800 Main St , Suite 240		0 Hesperia	CA	92345
11/15/2010		Carol's Kitchen	Harvesting Hope 2010	$ 4,000 00	PO Box 95		0 Calimesa	CA	92320
11/15/2010		Carpenter's House	Harvesting Hope 2010	$ 4,000 00	13489 Arrow Route		0 Rontana	CA	92335
11/15/2010		Catholic Charities LA/Lancaster Comm Ctr	Harvesting Hope 2010	$ 2,000 00	44611 Yucca Ave		0 Los Angeles	CA	93534
11/15/2010		Chino Neighborhood House	Harvesting Hope 2010	$ 2,000 00	PO Box 96		0 Chino	CA	91710
11/15/2010		Christian Outreach in Action (COA)	Harvesting Hope 2010	$ 2,000 00	515 East Third		0 Lakewood	CA	90802
11/15/2010		Collette's Children's Home	Harvesting Hope 2010	$ 4,000 00	17301 Beach Boulevard, #23		0 Huntington Beach	CA	92647
11/15/2010		Community Action Partnership of Orange Co	Harvesting Hope 2010	$ 5,000 00	11870 Monarch Street		0 Garden Grove	CA	92841
11/15/2010		Community Action Partnership of San Bern	Harvesting Hope 2010	$ 15,000 00	696 S Tippecanoe Ave		0 San Bernardino	CA	92415
11/15/2010		Community Assistance Program of Mo Valley	Harvesting Hope 2010	$ 4,000 00	24595 Sunnymead Blvd , Suite W		0 Moreno Valley	CA	92553
11/15/2010		Community Food Pantry	Harvesting Hope 2010	$ 4,000 00	6336 Hallee Rd		0 Joshua Tree	CA	92252
11/15/2010		Community Pantry - Hemet	Harvesting Hope 2010	$ 4,000 00	135 N San Jacinto St		0 Hemet		0 92543
11/15/2010		Community Service Programs, Inc	Harvesting Hope 2010	$ 4,000 00	1821 East Dyer Road, Suite 200		0 Santa Ana	CA	92705
11/15/2010		Cornerstone COmpassion Center	Harvesting Hope 2010	$ 4,000 00	903 E Third St		0 San Bernardino	CA	92410
11/15/2010		Cory's Kitchen Inc	Harvesting Hope 2010	$ 4,000 00	1418 Arrow Highway		0 Irwindale	CA	91706
11/15/2010		Desert AIDS Project (DAP)	Harvesting Hope 2010	$ 4,000 00	1695 N Sunrise Way		0 Palm Springs	CA	92262

Stater Bros. Charities
Donations by Category
January through December 2010

Date	Num	Name	Memo	Amount	Address 1	Address 2	City	State	Zip Code
11/15/2010		Desert Area Resources and Training (DART)	Harvesting Hope 2010	$ 4,000 00	201 East Ridgecrest Blvd		0 Ridgecrest	CA	93555
11/15/2010		Desert Communities United Way	Harvesting Hope 2010	$ 2,000 00	16192 Siskiyou Rd Ste 4		0 Apple Valley	CA	92307
11/15/2010		Desert Lighthouse Christian Celebration	Harvesting Hope 2010	$ 4,000 00	1998 Phelan Rd		0 Phelan	CA	92372
11/15/2010		East Kern Family Resource Center	Harvesting Hope 2010	$ 2,000 00	15662 K Street		0 Mojave	CA	93501
11/15/2010		Ecclesia Christian Fellowship	Harvesting Hope 2010	$ 2,000 00	1314 Date Street		0 San Bernardino	CA	92405
11/15/2010		Families Forward	Harvesting Hope 2010	$ 4,000 00	9221 Irvine Blvd		0 Irvine	CA	92618
11/15/2010		Family Assistance Ministries	Harvesting Hope 2010	$ 4,000 00	PO Box 73064		0 San Clemente	CA	92673
11/15/2010		Family Life Center Ministries	Harvesting Hope 2010	$ 2,000 00	12523 Limonite Ave Ste 440-240		0 Mira Loma	CA	91752
11/15/2010		Family Services Agency of San Bernardino	Harvesting Hope 2010	$ 4,000 00	1669 North E Street		0 San Bernardino	CA	92405
11/15/2010		Family Service Assoc/ Kay Ceniceros Sr Ct	Harvesting Hope 2010	$ 4,000 00	29995 Evans Rd		0 Menifee	CA	92586
11/15/2010		Family Service Assoc West Riverside Cnty	Harvesting Hope 2010	$ 4,000 00	21250 Box Springs Rd , Suite 212		0 Moreno Valley	CA	92557
11/15/2010		Family Services Agency of Redlands	Harvesting Hope 2010	$ 4,000 00	612 Lawton St		0 Redlands	CA	92374
11/15/2010		Family Services Assoc/Norton Younglove C	Harvesting Hope 2010	$ 2,000 00	Community Center	459 Center Street	Riverside	CA	92507
11/15/2010		FIND Food Bank	Harvesting Hope 2010	$ 4,000 00	PO Box 10080		0 Indio	CA	92201
11/15/2010		First Lutheran Church of FUllerton	Harvesting Hope 2010	$ 2,000 00	215 N Lemon St		0 Fullerton	CA	92832
11/15/2010		First Presbytenan Church of Pomona	Harvesting Hope 2010	$ 2,000 00	401 N Gibbs Street		0 Pomona	CA	91767
11/15/2010		Food Finders Inc	Harvesting Hope 2010	$ 2,000 00	3434 Atlantic Ave		0 Long Beach	CA	90807
11/15/2010		Food Now, Inc	Harvesting Hope 2010	$ 4,000 00	11555 Palm Drive		0 Desert Hot Springs	CA	92240
11/15/2010		Foothill Family Shelter	Harvesting Hope 2010	$ 4,000 00	1501 West 9th Street, Suite D		0 Upland	CA	91786
11/15/2010		Foothill AIDS Project	Harvesting Hope 2010	$ 4,000 00	233 West Harrison Ave		0 Claremont	CA	91711
11/15/2010		Friendship Shelter, Inc	Harvesting Hope 2010	$ 4,000 00	PO Box 4252		0 Laguna Beach	CA	92652
11/15/2010		Gap Food Bank Ministries	Harvesting Hope 2010	$ 4,000 00	8768 Helms Ave , Ste A		0 Rancho Cucamonga	CA	91730
11/15/2010		Giving Children Hope	Harvesting Hope 2010	$ 4,000 00	8332 Commonwealth Ave		0 Benua Park	CA	90621
11/15/2010		God Provides Ministry	Harvesting Hope 2010	$ 4,000 00	2453 Troy Ave		0 South El Monte	CA	91733
11/15/2010		God's Enduring TOuch of Grace	Harvesting Hope 2010	$ 4,000 00	PO Box 3261		0 Quartz Hill	CA	93586
11/15/2010		Grace Chapel	Harvesting Hope 2010	$ 4,000 00	1595 E Art Townsend Dr		0 San Bernardino	CA	92408
11/15/2010		Grandma's House of Hope	Harvesting Hope 2010	$ 4,000 00	174 West Lincoln Ave , #541		0 Anaheim	CA	92805
11/15/2010		Helping Hands Pantry	Harvesting Hope 2010	$ 4,000 00	PO Box 1224		0 Redlands	CA	92373
11/15/2010		Help Me Help You	harvesting Hope 2010	$ 4,000 00	One WOrld Trade Center Suite 800		0 Long Beach	CA	90831
11/15/2010		Helping Our People in Elsinore	Harvesting Hope 2010	$ 4,000 00	29885 Secord St , Units R & S		0 Lake Elsinore	CA	92532
11/15/2010		Home of Neighborly Services	Harvesting Hope	$ 4,000 00	839 North Mt Vernon Ave		0 San Bernardino	CA	92411
11/15/2010		House of Ruth	harvesting Hope 2010	$ 4,000 00	P O Box 459		0 Claremont	CA	91711
11/15/2010		Inland Agency's Adelanto Comm Tool Box	Harvesting Hope 2010	$ 4,000 00	1737 Atlanta Ave , Suite H5		0 Riverside	CA	92507
11/15/2010		Inland Harvest Food Bank		$ 4,000 00	1540 Barton d #223		0 Redlands	CA	92373
11/15/2010		Interfaith Community Support		$ 4,000 00	12687 California St		0 Yucaipa	CA	92399
11/15/2010		Interfaith Food Center		$ 4,000 00	14545 Leffingwell Rd		0 Whittier	CA	90604
11/15/2010		Janet Goeske Foundation		$ 2,000 00	5257 Sierra Street		0 Riverside	CA	92504

Stater Bros. Charities
Donations by Category
January through December 2010

Date	Num	Name	Memo	Amount	Address 1	Address 2	City	State	Zip Code
11/15/2010		K E Y S /Kingdom Life Fellowship		$ 4,000 00	1125B Research Drive		0 Redlands, CA92374	0	0
11/15/2010		La Habra Community Resources Care Center		$ 4,000 00	350 S Hillcrest St		0 La Habra	CA	90631
11/15/2010		La Vista Recovery & Wholeness Ctr for Wom		$ 4,000 00	PO Box 1411		0 San Jacinto	CA	92583
11/15/2010		Lifeguard Food Ministry - Hosanna Chapel		$ 4,000 00	PO Box 1817		0 Bellflower	CA	90707
11/15/2010		Loving Hearts International		$ 2,000 00	22394 Lone Eagle Rd		0 Apple Valley	CA	92308
11/15/2010		Lutheran Social Services Comm Care Prgm		$ 4,000 00	12432 Ninth Street		0 Garden Grove	CA	92840
11/15/2010		Martha's Village and Kitchen		$ 4,000 00	83791 Date Avenue		0 Indio	CA	92201
11/15/2010		Mary's Kitchen		$ 4,000 00	233 West Struck Ave		0 Orange	CA	92867
11/15/2010		McKinley Children's Center		$ 4,000 00	762 West Cypress Street		0 San Dimas	CA	91773
11/15/2010		Mental Health Association of Orange Cnty		$ 4,000 00	822 Town and Country Road		0 Orange	CA	92668
11/15/2010		Micah House		$ 4,000 00	1222 W Cypress Ave		0 Redlands	CA	92373
11/15/2010		Mizell Senior Center		$ 2,000 00	480 S Sunrise Way		0 Palm Springs	CA	92262
11/15/2010		Morongo Basin Unity Home		$ 4,000 00	PO Box 1662		0 Joshua Tree	CA	92252
11/15/2010		North County Community Services		$ 4,000 00	1557 Grand Avenue, Suite C		0 San Marcos	CA	92078
11/15/2010		Interfaith Community Services		$ 4,000 00	550 W Washington Ave , Ste B		0 Escondido	CA	92025
11/15/2010		Olive Crest of Riverside		$ 4,000 00	3050 Chicago Ave Ste 180		0 Riverside	CA	92507
11/15/2010		Operation HOPE		$ 2,000 00	PO Box 3273		0 Vista	CA	92085
11/15/2010		Operation Provider		$ 4,000 00	PO Box 26		0 Twin Peaks	CA	92391
11/15/2010		Operation Reach Out (The Rock Church)		$ 4,000 00	2345 South Waterman Ave		0 San Bernardino	CA	92408
11/15/2010		Operation SafeHouse		$ 4,000 00	9685 Hayes Street		0 Riverside	CA	92503
11/15/2010		Our Lady of Charity Society of St Vincnt		$ 4,000 00	PO Box 412		0 Lancaster	CA	93534
11/15/2010		Pomona Hope		$ 4,000 00	401 N Gibbs St		0 Pomona	CA	91767
11/15/2010		Ramona Food & Clothes Closet Inc		$ 4,000 00	PO Box 164		0 Ramona	CA	92065
11/15/2010		Saddleback Food Pantry		$ 4,000 00	20131 Ellipse		0 Foothill Ranch	CA	92610
11/15/2010		Salvation Army		$ 5,000 00	14585 La Paz Dr	PO Box 1092	Victorville	CA	92395
11/15/2010		Salvation Army - LA		$ 4,000 00	180 E Ocean Blvd		0 Long Beach	CA	90802
11/15/2010		Salvation Army - Ridgecrest		$ 2,000 00	PO Box 189		0 Ridgecrest	CA	93556
11/15/2010		San Bernardino City Mission		$ 2,000 00	PO Box 3489		0 San ernardino	CA	92413
11/15/2010		San Diego Food Bank		$ 15,000 00	9850 Distribution Ave		0 San Diego	CA	92121
11/15/2010		Second Harvest of Orange County		$ 15,000 00	Attn Audra	8014 Marine Way	Irvine	CA	92618
11/15/2010		Second Harvest of Riverside and SB Cnties		$ 15,000 00	2950-B Jefferson Street		0 Riverside	CA	92504
11/15/2010		Set Free Christian Fellowship		$ 2,000 00	13700 Calimesa Blvd		0 Yucaipa	CA	92399
11/15/2010		Someone Cares Soup Kitchen		$ 2,000 00	PO Box 11267		0 Costa Mesa	CA	92627
11/15/2010		South County Outreach		$ 4,000 00	26776 Vista Terrace		0 Lake Forest	CA	92408
11/15/2010		St Bernard Church Food Pantry		$ 4,000 00	9647 E Beach St		0 Bellflower	CA	90706
11/15/2010		St Elizabeth's Food Pantry		$ 4,000 00	66-700 Pierson Blvd		0 Desert Hot Springs	CA	92240
11/15/2010		St Francis of Rome Food Bank		$ 4,000 00	PO Box 637		0 Azusa	CA	91702

Stater Bros. Charities
Donations by Category
January through December 2010

Date	Num	Name	Memo	Amount	Address 1	Address 2	City	State	Zip Code
11/15/2010		St John of God Health Care Services		$ 2,000 00	15527 8th Street		0 Victorville	CA	92395
11/15/2010		St Linus Food Pantry		$ 4,000 00	13915 Shoemaker Ave		0 Norwalk	CA	90650
11/15/2010		St Mell's Food Pantry		$ 4,000 00	4140 Corona Avenue		0 Norco	CA	92860
11/15/2010		Steven's Hope for Children		$ 4,000 00	1014 W Footill Blvd, Ste B		0 Upland	CA	91786
11/15/2010		The Brother Benno Foundation		$ 4,000 00	3260 Production Ave		0 Oceanside	CA	92054
11/15/2010		The Lord's Table		$ 2,000 00	15512 Sixth Street		0 Victorville	CA	92395
11/15/2010		The Senior Citizen Service Center		$ 2,000 00	of Temecula and Rancho Area, inc	PO Box 987	Temecula	CA	92593
11/15/2010		The Society of St Vincent de Paul		$ 2,000 00	Conference of Our Lady of the Snows	Blessed Junipero Serra Churches	Wrightwood	CA	92397
11/15/2010		Think Together		$ 4,000 00	1003 E Coooley Dr , Suite 109		0 Colton	CA	92324
11/15/2010		Thomas House Temporary Shelter		$ 4,000 00	PO Box 2737		0 Garden Grove	CA	92842
11/15/2010		Time for Change		$ 4,000 00	PO Box 5753		0 San Bernardino	CA	92412
11/15/2010		Trinity Foster Care		$ 4,000 00	1520 W Cameron Ave , Suite 151		0 West Covina	CA	91790
11/15/2010		Trinity Youth Services		$ 4,000 00	1470 E Cooley Dr		0 Colton	CA	92324
11/15/2010		Temecula Valley People Helping People		$ 2,000 00	37887 Spur Drive		0 Murrieta	CA	92563
11/15/2010		UFCW Local 1428 Food Pantry		$ 4,000 00	705 West Arrow Highway		0 Claremont	CA	91711
11/15/2010		Well in the Desert		$ 4,000 00	PO Box 5312		0 Palm Springs	CA	92263
11/15/2010		Youth Action Project		$ 4,000 00	PO Box 14		0 San Bernardino	CA	92401
11/15/2010		Yucca Loma School - Paul Swick Family Ctr		$ 4,000 00	21351 Yucca Loma Rd		0 Apple Valley	CA	92307
11/15/2010		YWCA of Riverside		$ 4,000 00	8172 Magnolia Ave		0 Riverside	CA	92504
11/15/2010		Zoe Christian Fellowship of Rialto		$ 2,000 00	1773 N Riverside Ave		0 Rialto	CA	92376
11/15/2010		Inland Valley Partners		$ 4,000 00	1753 N Park Ave		0 Pomona	CA	91768
11/15/2010		Life Changing Ministries		$ 2,000 00	5395 N "F" St		0 San Bernardino	CA	92407
Total 7350 - Charities Disp - Hunger				$ 581,500 00					
7351 - Children's Health & Well									
02/25/2010		Loma Linda University Children's Hospital	2010 Heroes Challenge recipient	$ 5,000 00	PO Box 2000		0 Loma Linda	CA	92354
02/25/2010		Boy's and Girls Club of Redlands	2010 Heroes Challenge recipient	$ 5,000 00	1251 Clay St		0 Redlands	CA	92374
02/25/2010		Extreme Team Redlands Baseball for Youth	2010 Heroes Challenge - recipient	$ 5,000 00	PO Box 7337		0 Redlands	CA	92374
02/25/2010		Olive Crest of Riverside	2010 Heroes Challenge - recipient	$ 5,000 00	3050 Chicago Ave Ste 180		0 Riverside	CA	92507
02/26/2010		Claremont-West End Aux- Children's Fund	2009 Herles Challenge - recipient	$ 5,000 00	385 N Arrowhead Ave, 2nd Floor		0 San Bernardino	CA	92415-0132
04/20/2010		Loma Linda University Children's Hospital	2009 Kfroggers for Kids Radiothon	$ 200,000 00	PO Box 2000		0 Loma Linda	CA	92354
06/25/2010		Lowe's	Purchase of 6 BBQs, covers and tools for L	$ 1,565 02	27847 Greenspot Rd		0 Highland	CA	92346
07/23/2010		Kenya Gray	KABOOM -- decorations at Party City	$ 43 39		0	0	0	0
07/23/2010		Wilson's Frame-Up	KaBOOM! - BBQ Plaques	$ 195 75	1260 Center Street		0 Riverside	CA	92507
08/02/2010		Mary's Mercy Center	Second Harvest Award	$ 1,000 00	Attn Mike Hein	PO Box 7563	San Bernardino	CA	92411
09/17/2010	FY2(	Starlight Children's Foundation	P & G In-Store Campaign	$ 100,000 00	5757 Wilshire Blvd , Ste M-100		0 Los Angeles	CA	90036

Stater Bros. Charities
Donations by Category
January through December 2010

Date	Num	Name	Memo	Amount	Address 1	Address 2	City	State	Zip Code
12/09/2010		United States Marine Corps Toys for Tots	Toys for Tots	$ 24,160 00	23575 "Z" Street		0 Riverside	CA	92518
12/21/2010		City of Hope / Food Industries Circle	Kids for Hope Mobile Campaign	$ 128,307 00	1055 Wilshire Blvd, 11th Floor		0 Los Angeles	CA	90017
Total 7351 - Children's Health & Well				$ 480,271 16					
7352 - Education									
02/25/2010		Congressional Medal of Honor Society	2010 Heroes Challenge - recipient	$ 40,000 00	40 Patriots Point Rd		0 Mt Pleasant	SC	29464
05/14/2010		Riverside Educational Enrichment Found	Summer School Scholarship Program	$ 5,000 00	3380 14th Street		0 Riverside	CA	92501
05/14/2010		Millionaire Mind Kids	Summer School Nutritional Program	$ 5,000 00	13554 Delaware Rd		0 Apple Valley	CA	92308
05/14/2010		Public Safety Academy	Uniforms for 2010/11 School Year	$ 10,000 00	1494 E Art Townsend Drive		0 San Bernardino	CA	92408
05/14/2010		Carolyn Garcia	Bus transprtation to Colton High for Medal o	$ 350 88	Public Safety Academy	1494 E Art Townsend Drive	San Bernardino	CA	92408
06/07/2010		Bear Valley Unified School District	Education Jordan Romero	$ 10,000 00	Attn Julie Chamberlain	PO Box 1607	Big Bear Lake	CA	92315
08/02/2010		Apple Valley PAL		$ 10,000 00	14931 Dale Evans Parkway		0 Apple Valley	CA	92307
09/10/2010		Boys and Girls Club of Long Beach	Learning Center Computers	$ 10,000 00	3635 Long Beach Blvd		0 Long Beach	CA	908907
11/16/2010		Think Together	Racefest Donation Allocation	$ 1,800 00	1003 E Coooley Dr , Suite 109		0 Colton	CA	92324
Total 7352 - Education				$ 92,150 88					
7353 - Elderly Services									
11/16/2010		Smiles for Seniors	Racefest Donation Allocation 2010	$ 1,800 00	PO Box 1113		0 Yucaipa	CA	92399
Total 7353 - Elderly Services				$ 1,800 00					
7354 - Veteran's Services									
02/25/2010		Navy Marine Corps Relief Society	2010 Heroes Challenge recipient	$ 5,000 00	PO Box 6041 MCAGCC		0 29 Palms	CA	92278
04/20/2010		Navy Marine Corps Relief Society	Harvesting Hope Proceeds	$ 5,000 00	PO Box 6041 MCAGCC		0 29 Palms	CA	92278
05/05/2010		Vietnam Veternas of America Chapter 47	Donation - Veterans - Restriction Custom Cl	$ 25,000 00	PO Box 4277		0 Riverside	CA	92514
06/22/2010	3557	Ontario Reign Hockey Club LLC	Military Appreciation Night	$ 25,000 00	3633 Inland Empire Blvd Suite 130		0 Ontario	CA	91764
06/25/2010		USO Ontario/Palm Springs Chapters	Basic Food and Beverage Service donation	$ 16,800 00	1940 E Moore Road		0 Ontario	CA	91761
07/23/2010		USO San Diego Chapters	Donation	$ 8,200 00	303 A Street, Suite 100		0 San Diego	CA	92101
08/30/2010		Loma Linda VA Medical Center		$ 100,000 00	11201 Benton St		0 Loma Linda	CA	92357
10/15/2010		Salvation Army - Cathedral City Corps	Veterans Expo Food Expenses	$ 1,250 00	44-665 Monaco Circle		0 Palm Desert	CA	92260
11/08/2010		U S Vets	March Reserve Location - Disbursement	$ 25,000 00	800 West 6th Street, Suite 1505		0 Los Angeles	CA	90017
11/16/2010		Loma Linda VA Medical Center	Racefest Donation Allocation 2010	$ 1,800 00	11201 Benton St		0 Loma Linda	CA	92357
Total 7354 - Veteran's Services				$ 213,050 00					
7355 - Health & Well Being									
05/14/2010		Loma Linda University Cancer Center	Pink Campaign - Breast Cancer Research	$ 25,000 00	PO Box 2000		0 Loma Linda	CA	92354
05/14/2010		Michelle's Place	Pink Campaign - Breast Cancer Resource C	$ 10,000 00	41785 Elm St #305		0 Murrieta	CA	92562

Stater Bros. Charities
Donations by Category
January through December 2010

Date	Num	Name	Memo	Amount	Address 1	Address 2	City	State	Zip Code
10/20/2010		Muscular Dystrophy Association	MDA Campaign	$ 211,129 00	attn Susan Kenny	4510 East Pacific Coast Highway, Ste 120	Long Beach	CA	90804
11/16/2010		Loma Linda Ronald McDonald House Charitie	Racefest Donatino Allocation 2010	$ 1,800 00	11365 Anderson Street		0 Loma Linda, CA92354	0	0
11/16/2010		Lifestream	Racefest Donation Allocation 2010	$ 1,800 00	384 West Orange Show Rd		0 San Bernardino	CA	92408
11/16/2010		Keck School of Medicine USC	USC Quench the Fire 5K/10K Run	$ 1,000 00	1975 Zonal Zvenue, Suite 300		0 Los Angeles	CA	90089
12/14/2010		Loma Linda University Cancer Center	2010 Believe Walk	$ 230,000 00	PO Box 2000		0 Loma Linda	CA	92354
12/14/2010		St Bernardine's Medical Center	2010 Believe Walk	$ 100,000 00	2101 N Waterman Ave		0 San Bernardino	CA	92404
12/20/2010		Muscular Dystrophy Association	MDA - Donation	$ 24,050 00	attn Susan Kenny	4510 East Pacific Coast Highway, Ste 120	Long Beach	CA	90804
12/29/2010		Michelle's Place	Breast Cancer Resource Center	$ 15,000 00	41785 Elm St #305		0 Murrieta	CA	92562
Total 7355 - Health & Well Being				$ 619,779 00					
				$ 1,988,551 04					

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

2010

Open To Public Inspection

Name of the organization

STATER BROS CHARITIES

Employer identification number

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	No
STATER BROS. MARKETS	COMMON OFFICERS AND	237,599.	STATER BROS		X

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

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).

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

2010

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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	4	17,000.	FAIR MARKET VALUE
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (SUNGLASSES)	X	1	28,800.	FAIR MARKET VALUE
26	Other ▶ (FLOWERS)	X	1	20,000.	FAIR MARKET VALUE
27	Other ▶ (PRINTING)	X	2	15,000.	FAIR MARKET VALUE
28	Other ▶ (PUTTERS)	X	1	11,664.	FAIR MARKET VALUE

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 Acknowledgement — 29: 0

			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 an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33 Also complete this part for any additional information

PART I, OTHER TYPES OF PROPERTY:

INSURANCE POLICY

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII $ 5000.

(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

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 213,050

HEALTH PROGRAMS 619,779

TOTAL GRANTS & ALLOCATIONS $1,988,551

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.

SCHEDULE R
(Form 990)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047
2010
Open to Public Inspection

Name of the organization
STATER BROS CHARITIES

Employer identification number
26-1236033

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) Disproportionate allocations? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
STATER BROS. MARKETS - 95-2586175 301 S TIPPECANOE AVE SAN BERNARDINO, CA 92408	GROCERY	CA	N/A	C CORP	0.	0.	.00%

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to other organization(s)	1b		X
c Gift, grant, or capital contribution from other organization(s)	1c		X
d Loans or loan guarantees to or for other organization(s)	1d		X
e Loans or loan guarantees by other organization(s)	1e		X
f Sale of assets to other organization(s)	1f		X
g Purchase of assets from other organization(s)	1g		X
h Exchange of assets	1h		X
i Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		X
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m Sharing of facilities, equipment, mailing lists, or other assets	1m		X
n Sharing of paid employees	1n		X
o Reimbursement paid to other organization for expenses	1o	X	
p Reimbursement paid by other organization for expenses	1p		X
q Other transfer of cash or property to other organization(s)	1q		X
r Other transfer of cash or property from other organization(s)	1r		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) STATER BROS. MARKETS	O	237,599.	ACTUAL EXPENSES
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproportionate allocations? Yes	(f) No	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No