# SCANNED JEC 0 5 2019

50m 990-EZ

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2018

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

Charme of organization   DEmployer electrification number   Address charges   National Process   National	A F	A For the 2018 calendar year, or tax year beginning , 2018, and ending , 20									
Number and street for P C. box, if mail is not delivered to street address)   Room/suite   ETelephone number (520)747-1213 ext 118     Fort disuminational Amendation presenting   TUSONI, ARIZONA 85710     Angestatem presenting   TUSONI, ARIZONA 85710     Accounting Michael   Cabe   Zincoural Other (specify)   Images   Tusonia   Tus	В	heck if ap	oplicable C Name of organization D Em			mployer identification number					
Install reflowmented   Americal return   Amer		Address c	change	HAVEN TOTES INCORPORATED	463179467						
Final full influenteemand   Final full influence   Final full inf		Name cha	ange	Number and street (or P O. box, if mail is not delivered to street address) Room/suite E Te	Telephone number						
Cry or town, state or province, country, and ZiP or torege postal code	=			710 N KOLB ROAD	(520)747-1213 ext 118						
TUCSON, ARIZONA 85710	=			City or town, state or province, country, and ZIP or foreign postal code	oup Exc	emption					
G Accounting Method:	=			1 1 7 1 1							
Website:	_			☐ Cash  ☐ Accrual Other (specify) ▶	$\blacksquare$	if the organization is not					
Tax-exempt status (check only one)			•								
K Form of organization:   Corporation   Trust   Add lines 5h, 6c, and 7b to line 9t to determine gross receipts; if gross receipts are \$200,000 or more, or if total assets (Part II, column (BI) are \$500,000 or more, file Form 990 instead of Form 990-EZ   \$86,742											
Part											
(Part II. column (E)) are \$500,000 or more, file Form 990 instead of Form 990-EZ.   \$66,742.											
Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  1 Contributions, gifts, grants, and similar amounts received . 1 79405 2 Program service revenue including government fees and contracts . 2 0 0 3 Membership dues and assessments . 3 0 0 4 Investment income . 4 664 5a Gross amount from sale of assets other than inventory . 5a 0 0 b Less: cost or other basis and sales expenses . 5b 0 0 Gaming and fundraising events: a Gross income from gaming (attach Schedule G if greater than \$15,000) . 6a 0 0 b Gross income from gaming (attach Schedule G if greater than sof such gross income and contributions exceeds \$15,000) . 6b 7273 c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . 6c 6 6046 7a Gross sales of inventory, less returns and allowances . 7a 0 0 b Less: cost of goods sold . 6d 6046 7a Gross sprofit or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . 7b 0 0 9 Total revenue (describe in Schedule C) . 7b 0 0 9 Total revenue (describe in Schedule C)						196 742					
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12   Salaries, other compensation, and employee benefits   13   Professional fees and other payments to independent contractors   13   2000     14   Occupancy, rent, utilities, and maintenance   14   4075     15   Printing, publications, postage, and shipping   15   0     16   Other expenses (describe in Schedule O)   16   35244     17   Total expenses. Add lines 10 through 16   17   53724     18   Excess or (deficit) for the year (Subtract line 17 from line 9)   18   31791     19   Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)   19   49940     20   Other changes in net assets or fund balances (explain in Schedule O)   20   0     21   Net assets or fund balances at end of year. Combine lines 18 through 20   21   81731											
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14 Occupancy, rent, utilities, and maintenance		1	=	of food and other payments to independent contractors		<u>-</u>					
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					121	<del></del>					

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Form 990-EZ (2018)

Pa	Balance Sheets (see the instructions			5		-
	Check if the organization used Schedule	O to respond to a	ny question in this	(A) Beginning of year	· ·	(B) End of year
22	Cash, savings, and investments		-	49919	22	84233
23	Land and buildings				23	04233
24	Other assets (describe in Schedule O)				24	3845
25	Total assets			49919	1=-1	88078
26	Total liabilities (describe in Schedule O)			- 10010		6347
27	Net assets or fund balances (line 27 of column		L		27	81731
	t III Statement of Program Service Accom			Part (II)	~,	01731
	Check if the organization used Schedule	•		•	1	Expenses
Wha	at is the organization's primary exempt purpose?	TO FEED CHILDREN				uired for section
						(c)(3) and 501(c)(4) Inizations; optional for
as n	cribe the organization's program sérvice accompline neasured by expenses. In a clear and concise in	soments for each of	r its three largest p	rogram services,	othe	
pers	ons benefited, and other relevant information for ea	ach program title.	e services provided	i, the number of		
28	FOOD FOR KIDS TOTES-TOTES W/BREAKFAST AND		THE WEEKEND FOR	EACH CHILD		T
	WE PARTNER WITH CHURCHES TO, BUY FOOD, FIL					
	FUNDS ARE GIVEN TO PARTNER CHURCHES TO HE		7			,
	(Grants \$ \$12,405) If this amount	includes foreign gra	ints, check here	▶ □	28a	29787
29	HOLIDAY EVENT - FOOD AND GIFTS DISTRIBUTION					
	FAMILIES ARE GIVEN FOOD FOR THE ENTIRE THAN	IKSGIVING MEAL/CH	RISTMAS IS A PART	WITH GIFTS, SHO		
٠	EACH CHILD, AND A FOOD BOX *** CHILDREN IN					
		includes foreign gra		▶ □	29a	5602
30	HAVEN FAIR - EVERY YEAR EACH CHILD CAN ATTE					
	SCHOOL SUPPLIES, SOCKS, HAIRCUT COUPONS, A					
	1 ,					
	(Grants \$ ) If this amount	includes foreign gra	ints, check here	• 🗇	30a	3827
31	Other program services (describe in Schedule O)				000	
	· · · · · · · · · · · · · · · · · · ·	includes foreign gra			31a	6412
32	Total program service expenses (add lines 28a	through 31a)			32	45628
	t IV List of Officers, Directors, Trustees, and Key				struc	tions for Part IV
	Check if the organization used Schedule					
		(b) Average	(c) Reportable	(d) Health benefits,	$\top$	
(a) Name and trtle		hours per week	compensation (Forms W-2/1099-MISC)		e (e) Estimated amount of other compensation	
		devoted to position	(if not paid, enter -0-)	deferred compensation		and compensation
KARE	EN STEWART	40				
PRES	SIDENT & PROGRAM DIRECTOR	40	d		0	0
VAL (	CLEWLEY	2			1	
EXEC	CUTIVE DIRECTOR	2	c		o	0
JANI	S PARKS				1	
SECF	RETARY & PROGRAM DIRECTOR	5	l			, 0
BARE	BARA MACDONALD		· ·		0	U
TREA	ASURER	1 40			0	
		10	0		0	·
DIAN	IE REMINDER		·		0	•
		3	·		0	•
MEM	IE REMINDER	3				. 0
MEM LIZ M	IE REMINDER BER AT LARGE & PROGRAM DIRECTOR			-		. 0
MEM LIZ M MEM	IE REMINDER BER AT LARGE & PROGRAM DIRECTOR MARTINSON	2		-		0
MEM LIZ M MEM LYNE	IE REMINDER IBER AT LARGE & PROGRAM DIRECTOR MARTINSON IBER AT LARGE	3				0
MEM LIZ M MEM LYNE PROC	IE REMINDER IBER AT LARGE & PROGRAM DIRECTOR MARTINSON IBER AT LARGE ETTE CLEWLEY	3 2 4	0		0	0 0
MEM LIZ M MEM LYNE PROC	IE REMINDER IBER AT LARGE & PROGRAM DIRECTOR MARTINSON IBER AT LARGE ETTE CLEWLEY GRAM DIRECTOR	2	0		0	0 0
MEM LIZ M MEM LYNE PROC CHEF	IE REMINDER IBER AT LARGE & PROGRAM DIRECTOR MARTINSON IBER AT LARGE ETTE CLEWLEY GRAM DIRECTOR RLY WOODS	3 2 4 4	0		0	0 0
MEM LIZ M MEM LYNE PROC CHEF PROC EMIL	IE REMINDER IBER AT LARGE & PROGRAM DIRECTOR MARTINSON IBER AT LARGE ETTE CLEWLEY GRAM DIRECTOR RLY WOODS GRAM DIRECTOR	3 2 4	0		0	0 0
MEM LIZ M MEM LYNE PROC CHEF PROC EMIL	IE REMINDER IBER AT LARGE & PROGRAM DIRECTOR MARTINSON IBER AT LARGE ETTE CLEWLEY GRAM DIRECTOR RLY WOODS GRAM DIRECTOR Y DEE	3 2 4 4	0		0	0 0
MEM LIZ M MEM LYNE PROC CHEF PROC EMIL PROC DAVE	IE REMINDER IBER AT LARGE & PROGRAM DIRECTOR MARTINSON BER AT LARGE ETTE CLEWLEY GRAM DIRECTOR RLY WOODS GRAM DIRECTOR Y DEE GRAM DIRECTOR	3 2 4 4	0		0	0 0
MEM LIZ M MEM LYNE PROC CHEF PROC EMIL PROC DAVE	IE REMINDER IBER AT LARGE & PROGRAM DIRECTOR MARTINSON BER AT LARGE ETTE CLEWLEY GRAM DIRECTOR RLY WOODS GRAM DIRECTOR Y DEE GRAM DIRECTOR E BROUGHTON	3 2 4 4 4	0		0	0 0 0 0
MEM LIZ M MEM LYNE PROC CHEF PROC EMIL PROC DAVE PROC	IE REMINDER IBER AT LARGE & PROGRAM DIRECTOR MARTINSON BER AT LARGE ETTE CLEWLEY GRAM DIRECTOR RLY WOODS GRAM DIRECTOR Y DEE GRAM DIRECTOR E BROUGHTON GRAM DIRECTOR	3 2 4 4	0		0	0 0 0 0
MEM LIZ M MEM LYNE PROC EMIL PROC DAVE PROC RUTH	IE REMINDER IBER AT LARGE & PROGRAM DIRECTOR MARTINSON IBER AT LARGE ETTE CLEWLEY GRAM DIRECTOR RLY WOODS GRAM DIRECTOR Y DEE GRAM DIRECTOR E BROUGHTON GRAM DIRECTOR H ANN SMITHRUD	3 2 4 4 4	0		0 0	0 0 0 0 0

Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No ✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		⊢ <u>~</u>
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
<b>36</b>	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions   Did the organization file Form 1120-POL for this year?	37b		7
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	0.5	_	<b>-</b>
·	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	ł		
ь 40а	Gross receipts, included on line 9, for public use of club facilities	1		
700	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
ь	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year		<b> </b>	<del>-</del>
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40ь		1
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	. "		<b>,</b>
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Barbara MacDonald Telephone no. ▶ 520-			t 118
Ė	Located at ► 710-3 S Kolb Road, Tucson, AZ  ZIP + 4 ►		710	
D	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)?	42b	Yes	NO .
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		)	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
440	Did the employetion maintain any depart advised funds during the years 15.11Ves 7. Farms 000 mint be		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	_	<b>-</b>
С	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
4-	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions			
		45b		✓

Form 99	90-EZ (2	2018)					,	, F	Page 4
								Yes	No
46	Did t	he organization engage, directly or it	ndırectly, in political c	ampaign activities	on behalf of	or in oppositi	on		(
	to ca	indidates for public office? If "Yes," of	complete Schedule C	, Part I			46		<b>√</b>
Part	V!	Section 501(c)(3) Organization							
	-	All section 501(c)(3) organization	is must answer que	stions 47-49b a	nd 52, and c	omplete the	tables f	or lin	es
		50 and 51.							
		Check if the organization used Sc	hedule O to respond	to any question	in this Part V	I	<b>.</b> .		. 🗆
					<del></del>			Yes	No
47	Did 1	he organization engage in lobbying	activities or have a	section 501(h) ele	ction in effec	t during the t	tax 🗀		
		? If "Yes," complete Schedule C, Par				_	47		1
48	Is the	e organization a school as described i	n section 170(b)(1)(A)(i	i)? If "Yes." comple	ete Schedule F	<b>:</b>			1
49a		he organization make any transfers t						1	<b></b>
b		es," was the related organization a se	•	•			49b		<del>  `-</del>
50		plete this table for the organization's							nd kev
		oyees) who each received more than							
-			<del> </del>	Υ	<del></del>	th benefits,			
	(a)	Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contribution	s to employee	(e) Estimate		
	•		devoted to position	(Forms W-2/1099-MI		s, and deferred ensation	other con	npensa	tion •
none					- Comp	CHOUGH			
110116	<b></b>	•••			į	, -			
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					ł				
51	Com \$100	number of other employees paid ov plete this table for the organization, ,000 of compensation from the organization and business address of each independent	s five highest compensation. If there is no	ensated independe			received		than
					<del></del>	1	·		
none									
					<del>-</del>	-	<del></del> .		
	<b></b> -					1			
			<u>-</u>			<del> </del>			
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			•						
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		· ·		<del></del>		-			
		<del>-</del>			•		, .		
d	Total	number of other independent contra	actors each receiving	over \$100 000	<b>•</b>	<u></u>		•	<del></del>
52		the organization complete Schedu	•	•	manizations	must attach	2		
<b>-</b>		pleted Schedule A	ile A: Note. All Se		-		a ▶☑ Yes		No
Linder o		of perjury, I declare that I have examined this i	return including accompany	<del></del>					
		d complete Declaration of preparer (other than					wieuge and	. ज्याश,	11.12
		E BOLDOLA MAIDAN	10d		1	D.14.20	19		
Sign		Signature of officer			ite	·			
Here		Barbara Mac Do	asurer						
		Type or print name and title	usau II C	miles SI					
Da: ~		Print/Type preparer's name	Preparer's signature		Date		PTIN		
Paid		- ·/r - r - r = · · · · · · · · · · · · · · · ·				Check L	ıf		
D=			1			1 2611-6111010A	eo		
Prepa		Firm's name	<u> </u>		Fii	self-employe	eo	•	
Preparent		Firm's name ► Firm's address ►				m's EIN ▶	eo  		

# SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

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

• Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

**Employer identification number** 

HAVEN TOTES INCORPORATED 46-3179467								
Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.								
The o	organization is not a private founda		•		_	•		1
1	A church, convention of church						$\Lambda$	1
2	A school described in section		-				U	
3	A hospital or a cooperative ho							
4	A medical research organization	•	onjunction with a hos	pital desc	ribed in s	section 170(b)(1)(A)	(iii). Ent	er the
_	hospital's name, city, and stat			<del></del>				
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	or operate	ed by a government	al unit	described in
6.	A federal, state, or local gover							
7	An organization that normally			port fron	n a gover	nmental unit or fron	n the ge	eneral public
	described in section 170(b)(1)	(A)(vi). (Complet	te Part II.)	-	_			
8	A community trust described in	n section 170(b)	)(1)(A)(vi). (Complete	Part II.)				
9	An agricultural research organ or university or a non-land-grauniversity:	nt college of agr	riculture (see instruction	ons). Ente	er the nan	ne, city, and state of	the col	lege or
10	An organization that normally in receipts from activities related support from gross investment acquired by the organization a	to its exempt fu t income and un	nctions—subject to c related business taxa	ertain ex ble incon	ceptions, ne (less s	and (2) no more that ection 511 tax) from	n 331/39	% of its
11	☐ An organization organized and	operated exclus	sively to test for public	c safety.	See <b>sect</b>	ion 509(a)(4).		
12	☐ An organization organized and							
	of one or more publicly support							
	Check the box in lines 12a thro		•		_	•		_
а								
	the supported organization supporting organization.					he directors or trust	ees of t	he
b								
	control or management of organization(s). You must	complete Part I	V, Sections A and C					
С	Type III functionally integ its supported organization						ally inte	grated with,
d	Type III non-functionally integrated that is not functionally integree requirement (see instructional see instructional	grated. The orga	nization generally mu	st satisfy	a distribu	ution requirement an		
е	☐ Check this box if the organ functionally integrated, or 1						e II, Typ	e III -
f	Enter the number of supported of	organizations .					[	
₩ g	Provide the following information	n about the supp	ported organization(s).	<u></u>				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No			
(A)								
(B)							_	
(C)							. ==	
(D)								<del></del>
(E)								
Total		<del> </del>		<del>                                     </del>	<del>                                     </del>	<del> </del>		

Schedule A (Form 990 or 990-EZ) 2018 . Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to gualify 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) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total grants, contributions, and Gifts. membership fees received. (Do not include any "unusual grants.") . . . 12,428 38.853 43,188 50.335 66.678 211.482 levied 2 Tax revenues for 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 . . . . Total. Add lines 1 through 3. . . . 12,428 38.853 43.188 50.335 66,678 211.482 The portion of total contributions by person (other than governmental unrt - publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . 21,000 Public support. Subtract line 5 from line 4 190,482 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 7 Amounts from line 4 . . . . . . 12,428 38.853 43,188 50.335 66,678 211,482 8 Gross income from interest, dividends. payments received on securities loans. rents, royalties, and income from similar sources . . . . . . . . . 99 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 VI.) . . . . . . . 11 Total support. Add lines 7 through 10 211.581 Gross receipts from related activities, etc. (see instructions) 12 0 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) 13 Section C. Computation of Public Support Percentage Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage from 2017 Schedule A, Part II, line 14

331/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 15 box and stop here. The organization qualifies as a publicly supported organization 331/3% support test-2017. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization gualifies as a publicly supported 

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

18

### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 2018

Open to Public

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Inspection Name of the organization Employer identification number HAVEN TOTES INC 46-3179467 PART 1 LINE 10 GRANTS AND SIMILAR AMOUNTS PAID PAYMENTS TO PARTNER CHURCHES FOR TOTE FOOD **TOTAL PAYMENTS \$12,405** CHRIST PRESBYTERIAN CHURCH \$1,399 PALO VERDE CHURCH OF CHRIST \$1,144 PANTANO CHRISTIAN CHURCH \$2,880 ST ANDREW'S PRESBYTERIAN CHURCH \$4,583 ST PIUS X CATHOLIC CHURCH \$1,399 IMMANUEL PRESBYTERIAN CHURCH \$1,000 TOTAL OTHER EXPENSES PART 1 LINE 16 OTHER EXPENSES \$35,224 **PROGRAM EXPENSES** TOTAL \$33,223 KIDS TOTE FOOD \$17,382 HOLIDAY FOOD, GIFTS, & SUPPLIES \$5,602 HAVEN FAIR SUPPLIES \$3,827 SENIOR TOTE PROGRAM SUPPLIES \$ 1,606 \$4,806 (FOOD PANTRY FOR FAMILIES STARTING IN 2019) **CORP FOOD PANTRY EQUIP & SUPPLIES ADMINISTRATIVE COSTS** TOTAL \$2,021 **INSURANCE** \$ 411 **PAY PAL FEES** \$ 126

PART II LINE 24 OTHER ASSETS

**OPERATING SUPPLIES & EXPENSES** 

ACCRUED DONATIONS RECEIVED POSTMARKED ON OR BEFORE 12/31/2018 \$3,845

\$1,484

PART II LINE 26 TOTAL LIABILITIES

ACCRUED EXPENSES \$6,347

schedule O (Form 990 or 990-EZ) (2016)	, Page 4
Name of the organization HAVEN TOTES INCORPORATED	Employer identification number 46-3179467
PART III LINE 31 OTHER PROGRAM SERVICES \$6,412	
SENIOR TOTES - SUPPLIES GIVEN TO 3 SENIOR CARE HOMES WITH SENIORS WE SUPPORT \$1,	606
FOOD PANTRY - TO EXPAND OUR ABILITY TO SERVE THE WHOLE FAMILY OF KIDS WE SUPPORT \$4,	806
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