

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

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

A For the 2019 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization WHITE PONY EXPRESS		D Employer identification number 46-5220565
	Doing business as		E Telephone number 925-322-0604
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 9,161,048.
	3380 VINCENT ROAD #107		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code PLEASANT HILL, CA 94523		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: JAMES MAY SAME AS C ABOVE			If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.WHITEPONYEXPRESS.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 2014 M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> 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) 7	
	4	Number of independent voting members of the governing body (Part VI, line 1b) 7	
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a) 28	
	6	Total number of volunteers (estimate if necessary) 400	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 0.	
	7b	Net unrelated business taxable income from Form 990-T, line 39 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 6,475,292.	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g) 0.	6,475,292.	7,563,414.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 18,245.	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 37,943.	18,245.	5,114.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 6,531,480.	37,943.	40,367.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 4,719,011.	6,531,480.	7,608,895.
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0.	4,719,011.	5,093,495.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 815,377.	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0.	815,377.	978,289.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 102,649.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 862,233.	102,649.	1,085,365.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 6,396,621.	862,233.	7,157,149.
19 Revenue less expenses. Subtract line 18 from line 12 134,859.	6,396,621.	451,746.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 1,256,447.	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26) 115,009.	1,256,447.	1,684,206.
	22 Net assets or fund balances. Subtract line 21 from line 20 1,141,438.	115,009.	128,745.

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			
	JAMES MAY, CFO & TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name GARY BONG	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00328130
	Firm's name ▶ BHLF LLP	Firm's EIN ▶ 45-4806875	Phone no. 925-322-1150		
Firm's address ▶ 1550 PARKSIDE DRIVE, SUITE 260		WALNUT CREEK, CA 94596			

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

WPE'S MISSION IS TO HELP END HUNGER AND POVERTY LOCALLY WHILE HELPING OTHERS IMPLEMENT THIS MISSION IN OTHER AREAS, BY RELAYING THE ABUNDANCE ALL AROUND US TO THOSE IN NEED. OUR GUIDING PRINCIPLE IS UNITY AND OUR VISION IS TO BUILD ON THE GENEROUS NATURE OF AMERICANS

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 5,704,523. including grants of \$ 4,573,490.) (Revenue \$) OUR FOOD RESCUE PROGRAM RESCUES HIGH QUALITY SURPLUS FOOD, DELIVERING IT TO NONPROFIT ORGANIZATIONS SERVING THOSE IN NEED. WPE BUILT A BASE OF MORE THAN 400 VOLUNTEERS, PARTNERED WITH MORE THAN 85 FOOD DONORS AND MORE THAN 86 NONPROFIT ORGANIZATIONS THROUGH WHICH WPE SERVED MORE THAN 60,000 PEOPLE IN NEED DURING THE YEAR ENDED DECEMBER 31, 2019, WPE RESCUED AND DELIVERED OVER 2.2 MILLION POUNDS OF FOOD VALUED AT APPROXIMATELY \$4.3 MILLION. WPE DELIVERED ENOUGH FOOD TO PROVIDE NEARLY 1.8 MILLION MEALS.

4b (Code:) (Expenses \$ 917,064. including grants of \$ 520,005.) (Revenue \$) OUR WHITE PONY GENERAL STORE (WPGS) FREELY DISTRIBUTES NEW AND GENTLY USED CLOTHING, ACCESSORIES, TOYS AND BOOKS. TO MAXIMIZE ITS REACH TO THOSE IN NEED, WPE BRINGS "MOBILE BOUTIQUE" EVENTS TO IMPOVERISHED NEIGHBORHOODS. IN THE YEAR ENDED 2019, WPE HELD SIX MOBILE BOUTIQUES. WPE ALSO DISTRIBUTES CLOTHING BOOKS AND TOYS DIRECTLY TO AGENCIES THAT PROVIDE THESE ITEMS TO THOSE NEIGHBORS IN NEED. DURING THE YEAR ENDED DECEMBER 31, 2019, WPE DISTRIBUTED - FREE OF CHARGE - OVER 85,000 ARTICLES OF CLOTHING, ACCESSORIES, BOOKS AND TOYS VALUED AT APPROXIMATELY \$1.5 MILLION.

4c (Code:) (Expenses \$ 60,640. including grants of \$) (Revenue \$) WHITE PONY INN IS A PILOT PROGRAM IN WHICH VOLUNTEERS USE PROFESSIONAL SKILLS, LIFE EXPERIENCES, AND LOVING KINDNESS FOR THOSE FACING HOMELESSNESS PERSONALIZED ASSISTANCE PROVIDED INCLUDES WPE FOOD AND CLOTHING, HELP IN APPLYING FOR SOCIAL SERVICES BENEFITS, LOCATING AFFORDABLE HOUSING, FINDING EMPLOYMENT, OBTAINING NEEDED SUPPORT FOR PHYSICAL AND MENTAL HEALTH, OR OTHER NEEDS

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 6,682,227.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		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		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 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
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		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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee reporting, tax shelter transactions, and charitable contributions.

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 4 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, significant changes, asset diversion, and meeting documentation.

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

Table with 4 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower policy, document retention, and compensation review.

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 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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.
- See instructions for the order in which to list the persons above.

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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) GARY CONNER PRESIDENT	2.00	X		X				0.	0.	0.
(2) LORRAINE GRANIT SECRETARY	2.00	X		X				0.	0.	0.
(3) VINCE D' ASSIS DIRECTOR	2.00	X						0.	0.	0.
(4) JIM MAY TREASURER	20.00	X		X				0.	0.	0.
(5) CINDY GERSHEN DIRECTOR	2.00	X						0.	0.	0.
(6) BRAD SMITH DIRECTOR	2.00	X						0.	0.	0.
(7) ISA CAMPBELL DIRECTOR, COO	30.00	X		X				0.	0.	0.
(8) MARY BROOKS EXBCUTIVE DIRCTOR	40.00			X				0.	0.	0.

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes subtotal and total rows.

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

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

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. Report compensation for the calendar year ending with or within the organization's tax year.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes a row with 'NONE' in the address field.

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

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	104,757.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	7,458,657.			
	g Noncash contributions included in lines 1a-1f	1g	\$ 5,473,338.			
	h Total. Add lines 1a-1f		7,563,414.			
	Program Service Revenue	2 a	Business Code			
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)				10,041.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	6a	(i) Real	(ii) Personal		
			b Less: rental expenses	6b		
			c Rental income or (loss)	6c		
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other		
			b Less: cost or other basis and sales expenses	7b	1,552,153.	
			c Gain or (loss)	7c	-4,927.	
	d Net gain or (loss)		-4,927.		-4,927.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
	b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	9a				
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a SERVICE FEES	Business Code	624210	40,280.	40,280.	
	b OTHER INCOME		624210	87.	87.	
	c					
	d All other revenue					
	e Total. Add lines 11a-11d			40,367.		
12 Total revenue. See instructions			7,608,895.	40,367.	0.	
					5,114.	

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).

Check if Schedule O contains a response or note to any line in this Part IX

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 domestic organizations and domestic governments. See Part IV, line 21	5,093,495.	5,093,495.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	978,289.	735,938.	242,351.	
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	17,300.		17,300.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	141,467.	99,858.	41,609.	
12 Advertising and promotion	121,786.	11,529.	10,108.	100,149.
13 Office expenses	60,712.	60,712.		
14 Information technology	18,819.	4,396.	14,423.	
15 Royalties				
16 Occupancy	200,657.	197,618.	3,039.	
17 Travel				
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	172,580.	165,587.	6,993.	
23 Insurance	40,989.	36,540.	4,449.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS	78,866.	51,381.	24,985.	2,500.
b AUTO EXPENSES	60,985.	60,985.		
c WHITE PONY INN	60,640.	60,640.		
d FUEL & GASOLINE	46,062.	46,062.		
e All other expenses	64,502.	57,486.	7,016.	
25 Total functional expenses. Add lines 1 through 24e	7,157,149.	6,682,227.	372,273.	102,649.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	243,526.	1	389,897.
	2 Savings and temporary cash investments	253,918.	2	400,393.
	3 Pledges and grants receivable, net	292,671.	3	99,549.
	4 Accounts receivable, net	15,376.	4	9,890.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	43,836.	8	459,666.
	9 Prepaid expenses and deferred charges	38,184.	9	36,204.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 861,888.		
	b Less: accumulated depreciation	10b 578,281.	10c	283,607.
	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	1,667.	14	
	15 Other assets. See Part IV, line 11	5,000.	15	5,000.
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,256,447.	16	1,684,206.	
Liabilities	17 Accounts payable and accrued expenses	74,392.	17	69,086.
	18 Grants payable		18	
	19 Deferred revenue	40,617.	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	59,659.
	26 Total liabilities. Add lines 17 through 25	115,009.	26	128,745.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	966,417.	27	1,507,461.
	28 Net assets with donor restrictions	175,021.	28	48,000.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	1,141,438.	32	1,555,461.	
33 Total liabilities and net assets/fund balances	1,256,447.	33	1,684,206.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,608,895.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,157,149.
3	Revenue less expenses. Subtract line 2 from line 1	3	451,746.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,141,438.
5	Net unrealized gains (losses) on investments	5	-348.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-37,375.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,555,461.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	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 on Schedule O.		
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? _____		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **WHITE PONY EXPRESS** Employer identification number **46-5220565**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s).

(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		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3664995.	4761568.	5109160.	6475292.	7603694.	27614709.
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		21,702.	24,125.	37,042.		82,869.
4 Total. Add lines 1 through 3	3664995.	4783270.	5133285.	6512334.	7603694.	27697578.
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)						
6 Public support. Subtract line 5 from line 4.						27697578.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	3664995.	4783270.	5133285.	6512334.	7603694.	27697578.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	194.	148.	1,408.	7,727.	10,041.	19,518.
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 VI.)	100.	1,510.	1,660.	901.	87.	4,258.
11 Total support. Add lines 7 through 10						27721354.
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 2019 (line 6, column (f) divided by line 11, column (f))	14	99.91 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	99.94 %

16a **33 1/3% support test - 2019.** 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 - 2018.** 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 - 2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b **10% -facts-and-circumstances test - 2018.** 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 VI 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 VI.)						
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 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. 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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2015 AMOUNT: \$ 100.

2016 AMOUNT: \$ 1,510.

2017 AMOUNT: \$ 1,660.

2018 AMOUNT: \$ 901.

2019 AMOUNT: \$ 87.

Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

WHITE PONY EXPRESS

Employer identification number

46-5220565

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

WHITE PONY EXPRESS

46-5220565

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WHOLE FOODS 5980 HORTON STREET #200 EMERYVILLE, CA 94608	\$ 1,707,904.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	STARBUCKS 2401 UTAH AVENUE S SEATTLE, WA 98134	\$ 628,856.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	TRADER JOES DANVILLE 85 RAILROAD AVENUE DANVILLE, CA 94526	\$ 543,895.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	IMPERFECT PRODUCE AKA IMPERFECT FOODS 1616 DONNER AVENUE SAN FRANCISCO, CA 94124	\$ 426,686.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	TRADER JOES CONCORD 785 OAK GROVE ROAD CONCORD, CA 94518	\$ 222,865.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	FOODSERVICE 31773 HAYMAN STREET HAYWARD, CA 94544	\$ 204,763.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

WHITE PONY EXPRESS

46-5220565

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	PERFORMANCE FOODS 12500 WEST CREEK PARKWAY RICHMOND, VA 23238	\$ 179,107.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	FOSTER YOUTH SERVICES 628 ESCOBAR STREET MARTINEZ, CA 94553	\$ 265,799.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	UGG'S 543 LONG POINT RD MOUNT PLEASANT, SC 29464	\$ 173,925.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	SUFISM REORIENTED, INC 11 WHITE HORSE COURT WALNUT CREEK, CA 94595	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

WHITE PONY EXPRESS

46-5220565

Part I Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	FOOD _____ _____ _____	\$ 1,707,904.	_____
2	FOOD _____ _____ _____	\$ 628,856.	_____
3	FOOD _____ _____ _____	\$ 543,895.	_____
4	FOOD _____ _____ _____	\$ 426,686.	_____
5	FOOD _____ _____ _____	\$ 222,865.	_____
6	FOOD _____ _____ _____	\$ 204,763.	_____

Name of organization

Employer identification number

WHITE PONY EXPRESS

46-5220565

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	FOOD _____ _____ _____	\$ 179,107.	_____
8	CLOTHING _____ _____ _____	\$ 265,799.	_____
9	CLOTHING _____ _____ _____	\$ 173,925.	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization WHITE PONY EXPRESS	Employer identification number 46-5220565
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

WHITE PONY EXPRESS

Employer identification number

46-5220565

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on 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 (for example, recreation or education) Preservation of a 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 7/25/06, 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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 XIII, 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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 XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB 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) Revenue included on 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

Schedule D (Form 990) 2019

932051 10-02-19

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 make 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 program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 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" on 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 XIII 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, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on 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 current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- (i) Unrelated organizations Yes No
 - (ii) Related organizations Yes No
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No

Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(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		106,505.	42,579.	63,926.
d Equipment		742,883.	527,785.	215,098.
e Other		12,500.	7,917.	4,583.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				283,607.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	59,659.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	59,659.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and descriptions. Row 1: Total revenue, gains, and other support per audited financial statements. Row 2: Amounts included on line 1 but not on Form 990, Part VIII, line 12. Row 3: Subtract line 2e from line 1. Row 4: Amounts included on Form 990, Part VIII, line 12, but not on line 1. Row 5: Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and descriptions. Row 1: Total expenses and losses per audited financial statements. Row 2: Amounts included on line 1 but not on Form 990, Part IX, line 25. Row 3: Subtract line 2e from line 1. Row 4: Amounts included on Form 990, Part IX, line 25, but not on line 1. Row 5: Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Part XIII Supplemental Information.

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

Multiple horizontal lines provided for entering supplemental information.

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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



Name of the organization

WHITE PONY EXPRESS

Employer identification number
46-5220565

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
COCO CONREP 1957 PARKSIDE DR #200 CONCORD, CA 94519	11-9059205		0.	84,080.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY
SALVATION ARMY CONCORD 3950 CLAYTON ROAD CONCORD, CA 94520	13-5562351		0.	21,769.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY
ALEGRIA 1447 STONERIDGE DR PLEASANT HILL, CA 94523	20-3057657		0.	25,569.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY
PITTSBURG UNITED 153 W LELAND ROAD PITTSBURG, CA 94565	23-7169239		0.	36,693.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY
GRIP 165 22ND STREET RICHMOND, CA 94801	23-7169239		0.	42,826.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY
BROTHERS 845 BROOKSIDE DR RICHMOND, CA 94801	23-7169239		0.	113,092.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2019)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
BROOKSIDE 847 C BROOKSIDE DRIVE RICHMOND, CA 94801	23-7169239		0.	89,576.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY
GOOD SHEPHERD 3200 HARBOR LANE CONCORD, CA 94565	23-7184548		0.	32,093.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY
FUTURE COLOURS 1579 N MITCHELL CANYON RD CLAYTON, CA 94517	26-2436761		0.	47,817.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY
LIGHT OUTREACH 415 WEST 6TH STREET ANTIOCH, CA 94509	26-2759291		0.	24,159.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY
AGAPE PO BOX 1739 EL CERRITO, CA 94530	30-0522189		0.	64,786.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY
ST JOHN 11150 SAN PABLO AVE EL CERRITO, CA 94530	30-0872558		0.	127,070.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY
TRINITY 1924 TRINITY AVENUE WALNUT CREEK, CA 94596	37-1706813		0.	122,538.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY
MONUMENT CRISIS 1990 MARKET STREET CONCORD, CA 94520	41-2111171		0.	255,296.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY
CHRIST COMMUNITY 1650 ASHBURY DRIVE CONCORD, CA 94520	44-0552034		0.	49,259.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
ALL-IN-ONE 700 PORT CHICAGO HWY BAY POINT, CA 94565	45-5275254		0.	144,480.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY
CARIBBEAN SOUTH AMERICAN HISPANIC COUNCIL CSAHC - 12 AMBROSE AVENUE - BAY POINT, CA 94565	46-3711867		0.	1,730.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY
WHITE PONY INN 1966 TICE VALLEY BLVD #101 WALNUT CREEK, CA 94595	46-5220565		0.	37,116.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY
BUILDING BLOCKS FOR KIDS 1537 COALINGA AVE RICHMOND, CA 94801	47-5235340		0.	289.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY
HERITAGE CONCORD SENIOR HOMES 2222 PACHECO ST CONCORD, CA 94520	61-8261390		0.	44,523.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY
LINCOLN ELEMENTARY SCHOOL 29 SIXTH ST RICHMOND, CA 94801	68-0000495		0.	7,995.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY
PARKHAVEN COMMUNITY CHURCH 1187 MEADOW LANE CONCORD, CA 94520	68-0016035		0.	12,253.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY
LOAVES & FISHES PITTSBURG 1415 SIMPSON COURT PITTSBURG, CA 94565	68-0018077		0.	2,196.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY
LOAVES & FISHES MARTINEZ 835 FERRY STREET MARTINEZ, CA 94553	68-0018077		0.	49,437.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
CONCORD HOUSE 2301 MT. DIABLO ST CONCORD, CA 94520	68-0033414		0.	62,992.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY
NEW HOPE 321 ALAMO AVE RICHMOND, CA 94801	68-0048971		0.	33,403.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY
MT. DIABLO HS 2450 GRANT STREET CONCORD, CA 94520	68-0091157		0.	45,683.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY
RICHMOND EFP 2369 BARRETT AVE RICHMOND, CA 94804	68-0106944		0.	250,541.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY
SHELTER 1333 WILLOW PASS ROAD CONCORD, CA 94520	68-0117241		0.	116,212.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY
SHARE 3039 WILLOW PASS ROAD CONCORD, CA 94519	68-0135411		0.	37,504.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY
RESPITE 906 LEE LANE CONCORD, CA 94518	68-0222611		0.	23,670.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY
LOVE-A-CHILD 2279 WILLOW PASS ROAD BAY POINT, CA 94565	68-0304743		0.	30,962.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY
POWER 6830 LONE TREE WAY BRENTWOOD, CA 94513	68-0457682		0.	137,732.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
DWELLING PLACE 90 VILLAGE DR BRENTWOOD, CA 94513	80-0921193		0.	40,057.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY
BROTHERS - PILGRIM'S REST 138 COLLINS ST RICHMOND, CA 94801	80-0948499		0.	128,963.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY
BROTHERS - FRIENDSHIP MANOR 405 S 17TH ST RICHMOND, CA 94804	80-0948499		0.	76,141.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY
RIVERVIEW MIDDLE SCHOOL 205 PACIFICA AVENUE BAY POINT, CA 94565	82-3039803		0.	268.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY
RESTORE - JUSTIN WAY 3019 JUSTIN WAY CONCORD, CA 94520	90-0842884		0.	128,019.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY
GARDEN APTS. 5844 GARD PARK CT CARMICHAEL, CA 95608	91-1797391		0.	19,024.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY
SALVATION ARMY ANTIOCH 620 E TREGALLAS ROAD ANTIOCH, CA 94509	94-1156347		0.	96,556.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY
ST MARY 2051 MT DIABLO BLVD WALNUT CREEK, CA 94596	94-1156831		0.	164,178.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY
BOYS & GIRLS CLUB - MARTINEZ 1301 ALHAMBRA AVE MARTINEZ, CA 94553	94-1525614		0.	202,610.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
NORTH CREEK 2303 YGNACIO VALLEY ROAD WALNUT CREEK, CA 94595	94-1592886		0.	70,581.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY
GREATER FAITH MISSIONARY CHURCH 4150 RAILROAD AVENUE PITTSBURG, CA 94565	94-1694414		0.	45,685.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY
HOPE HOUSE 218 PINE ST BRENTWOOD, CA 94513	94-2188970		0.	17,338.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY
DON BROWN 1401 WEST 4TH STREET ANTIOCH, CA 94509	94-2209679		0.	6,984.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY
CHATEAU LAFAYETTE SENIOR HOUSING 3512 MORAGA BLVD LAFAYETTE, CA 94594	94-2331267		0.	7,554.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY
PITTSBURG CHURCH OF CHRIST 99 MOUNTAIN VIEW BAY POINT, CA 94565	94-2353212		0.	43,823.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY
DANVILLE SENIOR CENTER 115 EAST PROSPECT AVE DANVILLE, CA 94526	94-2517739		0.	26,735.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY
ORINDA SENIOR VILLAGE 20 IRWIN WAY ORINDA, CA 94563	94-2650685		0.	62,456.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY
CALLI HOUSE 433 JEFFERSON STREET OAKLAND, CA 94607	94-2677202		0.	31,176.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
ST BONAVENTURE 5562 CLAYTON RD CONCORD, CA 94521	94-2677202		0.	4,871.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY
EM DOWNER 1231 18TH STREET SAN PABLO, CA 94806	94-2786974		0.	1,816.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY
SOJOURNER TRUTH CHURCH FOOD PANTRY 2621 SHANE DRIVE RICHMOND, CA 94520	94-2878406		0.	60,452.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY
ST DAVID 5641 ESMOND AVENUE RICHMOND, CA 94805	94-2927512		0.	44,845.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY
EDEN BELLE TERRE (LAFAYETTE) 3428 MT DIABLO BLVD LAFAYETTE, CA 94549	94-2946400		0.	11,271.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY
CHRISTMAS FOR EVERYONE 68 MORELLO AVE MARTINEZ, CA 94553	94-3133970		0.	64,720.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY
EDEN MONTE VERDE (ORINDA) 2 IRWIN WAY ORINDA, CA 94563	94-3315887		0.	29,657.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY
MONUMENT IMPACT 2699 MONUMENT BLVD CONCORD, CA 94520	94-3370919		0.	32,382.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY
VERDE ELEMENTARY - RICHMOND 2000 GIARAMITA STREET RICHMOND, CA 94801	68-0000495		0.	24,622.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
RESTORE - SANFORD 3559 SANFORD STREET CONCORD, CA 94520	90-0842882		0.	19,419.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY
ABUNDANT MANIFESTATION 1501 EL PRADO LN SUISUN CITY, CA 94585	83-3227474		0.	72,932.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY
ANTIOCH MIDDLE SCHOOL 1500 D ST ANTIOCH, CA 94509	86-1134505		0.	182,306.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY
CCIS 1350 ARNOLD DRIVE, SUITE 202 MARTINEZ, CA 94553	23-7169239		0.	62,317.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY
CONCORD HIGH SCHOOL 4200 CONCORD BLVD CONCORD, CA 94521	68-0091157		0.	110,175.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY
CORE 1160 BRICKYARD COVE #111 RICHMOND, CA 94801	81-2447472		0.	77,963.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY
DIANE CHURCH OF CHRIST 283 DIANE AVE. PITTSBURG, CA 94565	68-0352430		0.	35,343.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY
FORD ELEMENTARY SCHOOL 2711 MARICOPA AVE RICHMOND, CA 94804	68-0000495		0.	11,281.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY
FREMONT ELEMENTARY 1413 F STREET ANTIOCH, CA 94509	86-1134505		0.	63,595.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
HILLCREST 404 GREGORY LN. PLEASANT HILL, CA 94523	94-1294920		0.	24,803.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY
MARSH ELEMENTARY 2304 G STREET ANTIOCH, CA 94509	86-1134505		0.	9,760.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY
MARTIN LUTHER KING JR MIDDLE 2012 CARION COURT PITTSBURG, CA 94565			0.	24,143.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY
MOBILE GROCERY - ANTIOCH POLICE 300 L STREET ANTIOCH, CA 94509	23-7130625		0.	29,874.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY
MOBILE GROCERY UNITY IN COMMUNITY 3105 WILLOW PASS RD BAY POINT, CA 94565	45-5275254		0.	198,627.	FEEDING AMERICA VALUE	FOOD	ELIMINATE HUNGER AND POVERTY
UNITY AND COMMUNITY MOBILE BOUTIQUE - 3105 WILLOW PASS ROAD - PITTSBURG, CA 94565	94-2520840		0.	53,367.	THRIFT SHOP VALUE	CLOTHING, TOYS BOOKS	ELIMINATE HUNGER AND POVERTY
FRANCIS IN THE DUNES 5 IRIS LANE, WALNUT CREEK, CA 94595 WALNUT CREEK, CA 94595	81-1652587		0.	49,842.	THRIFT SHOP VALUE	CLOTHING, TOYS BOOKS	ELIMINATE HUNGER AND POVERTY
SOJOURNER TRUTH PRESBYTERIAN CHURCH - 2621 SHANE DR RICHMOND, CA - RICHMOND, CA 94804	94-2878406		0.	45,426.	THRIFT SHOP VALUE	CLOTHING, TOYS BOOKS	ELIMINATE HUNGER AND POVERTY
MT. DIABLO HS MOBILE BOUTIQUE 2450 GRANT STREET CONCORD CA 94520 CONCORD, CA 94520	68-0091157		0.	38,426.	THRIFT SHOP VALUE	CLOTHING, TOYS BOOKS	ELIMINATE HUNGER AND POVERTY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
ALLNONE 700 PORT CHICAGO BAY POINT, CA 94565	45-5275254		0.	28,299.	THRIFT SHOP VALUE	CLOTHING, TOYS BOOKS	ELIMINATE HUNGER AND POVERTY
FOSTER YOUTH MOBILE BOUTIQUE 3400 MACDONALD AVE RICHMOND, CA 94805	68-0000495		0.	8,743.	THRIFT SHOP VALUE	CLOTHING, TOYS BOOKS	ELIMINATE HUNGER AND POVERTY
CONTRA COSTA HEALTH CENTER 2500 ALHAMBRA AVE. MARTINEZ, CA 94553	23-7046788		0.	8,425.	THRIFT SHOP VALUE	CLOTHING, TOYS BOOKS	ELIMINATE HUNGER AND POVERTY
NEW DESTINY CHURCH 1411 EAST LELAND ROAD PITTSBURG, CA 94565	20-4841287		0.	6,905.	THRIFT SHOP VALUE	CLOTHING, TOYS BOOKS	ELIMINATE HUNGER AND POVERTY
CENTRAL COUNTY INTERIM SHELTER 1350 ARNOLD DRIVE, SUITE 202 MARTINEZ, CA 94553	23-7169239		0.	6,806.	THRIFT SHOP VALUE	CLOTHING, TOYS BOOKS	ELIMINATE HUNGER AND POVERTY
CHURCH 4 ME 1700 A ST ANTIOCH, CA 94509	30-0156439		0.	6,767.	THRIFT SHOP VALUE	CLOTHING, TOYS BOOKS	ELIMINATE HUNGER AND POVERTY
POWER OF LIVING 6830 LONE TREE WAY BRENTWOOD, CA 94513	82-3641510		0.	6,464.	THRIFT SHOP VALUE	CLOTHING, TOYS BOOKS	ELIMINATE HUNGER AND POVERTY
STAND DOWN ON THE DELTA MOBILE BOUTIQUE - 1201 W 10TH ST - ANTIOCH, CA 94806	46-5558726		0.	6,252.	THRIFT SHOP VALUE	CLOTHING, TOYS BOOKS	ELIMINATE HUNGER AND POVERTY
AFRICAN AMERICAN BABY SHOWER 700 PORT CHICAGO HWY BAY POINT, CA 94565	45-5275254		0.	5,635.	THRIFT SHOP VALUE	CLOTHING, TOYS BOOKS	ELIMINATE HUNGER AND POVERTY

Schedule I (Form 990)

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

(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 noncash assistance

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **WHITE PONY EXPRESS** Employer identification number **46-5220565**

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	X		857,684.	FMV
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	76	4,573,490.	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (OTHER)	X	7	19,724.	
26 Other ()				
27 Other ()				
28 Other ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		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 nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2019

Part I

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

Lined area for supplemental information.

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

OMB No. 1545-0047

2019
Open to Public
Inspection

Name of the organization

WHITE PONY EXPRESS

Employer identification number
46-5220565

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

MAKING SURE THAT NO ONE SUFFERS FROM WANT WHEN THERE IS A MEANS OF
AIDING, EMBRACING AND SERVING ALL THOSE IN NEED. OUR PURPOSE IS TO
BUILD ON THE GENEROUS NATURE OF AMERICANS, SO THAT A CONSCIOUSNESS IS
BORN WHEREIN IT BECOMES NATURAL FOR ALL TO HELP ON ANOTHER. OUR
SERVICES ARE PROVIDED FREE OF CHARGE AND OPERATED MOSTLY BY VOLUNTEERS.

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

UNTIL IT BECOMES NATURAL FOR ALL TO HELP ONE ANOTHER.

FORM 990, PART VI, SECTION B, LINE 11B:

THE TREASURER OF THE CORPORATION WILL REVIEW AND SIGN THE FORM 990 AND SEE
TO IT THAT ALL BOARD MEMBERS OBTAIN A COPY PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY COVERS MEMBERS OF THE BOARD OF DIRECTORS,
CORPORATE OFFICERS, TOP MANAGEMENT AND FINANCIAL OFFICIALS AND KEY
EMPLOYEES. EACH PERSON IS REQUIRED TO DISCLOSE ALL MATERIAL FACTS REGARDING
HIS OR HER INTEREST IN ANY TRANSACTIONS THAT COULD POTENTIALLY CAUSE A
CONFLICT OF INTEREST. IF THE BOARD OF DIRECTORS DETERMINES THAT A CONFLICT
OF INTEREST DOES EXIST, THAT INDIVIDUAL WILL BE EXCUSED FROM VOTING ON THE
MATTER.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S FINANCIAL INFORMATION AND FORM 990 ARE AVILABLE UPON
REQUEST AND IS POSTED TO THE WEBSITE.

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

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

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. WHITE PONY EXPRESS	Taxpayer identification number (TIN) 46-5220565
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 3380 VINCENT ROAD #107	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PLEASANT HILL, CA 94523	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

JIM MAY

- The books are in the care of ▶ **3380 VINCENT RD, SUITE 107 - PLEASANT HILL, CA 94523**
Telephone No. ▶ **925-788-1046** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 16, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2019** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

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

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.