

**Caution:** Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

CLIENT'S COPY

COPY

# Green Hasson Janks

10990 Wilshire Boulevard  
16th Floor  
Los Angeles, CA 90024

310.873.1600 T  
310.873.6600 F  
www.greenhassonjanks.com

May 4, 2011

PROJECT ANGEL FOOD  
922 N. Vine St.  
LOS ANGELES, CA 90038  
Attention: Ben Stilp

Dear Ben:

Enclosed is the organization's 2009 Exempt Organization return. The state Exempt Organization return and Annual Report are also enclosed. These should be signed, dated, and mailed.

Specific filing instructions are as follows.

FORM 990 RETURN:

Please sign and mail on or before May 16, 2011.

Mail to - Department of the Treasury  
Internal Revenue Service Center  
Ogden, UT 84201-0027

CALIFORNIA FORM 199 RETURN:

Mail to - Franchise Tax Board  
P.O. Box 942857  
Sacramento, CA 94257-0700

Please sign and mail Form 199 on or before June 15, 2011.

No payment is required.

CALIFORNIA FORM RRF-1:

Please sign and mail Form RRF-1 on or before May 16, 2011.

Mail to - Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470

Enclose a check for \$150 made payable to Attorney General's Registry of Charitable Trusts. Include "Form RRF-1," the report year and the organization's state charity registration number and/or organization number on the remittance.

A copy of the federal return is also provided. In conjunction with Form RRF-1 this comprises the Annual Report to be filed with the California Attorney General's Registry of Charitable Trusts.

CALIFORNIA FORM CT-694

Please sign and mail Form CT-694 on or before May 16, 2011.

Mail to - Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470

No payment is required.

Please be aware that we have enclosed four copies of your Form 990. The first copy is to be filed with the Internal Revenue Service as instructed above. The second copy is to be filed with the California Registry of Charitable Trusts as an attachment to the RRF-1. The third copy of the Form 990 (this is the one stamped "PUBLIC DISCLOSURE COPY") is your public disclosure copy; this is the copy which should be given to members of the general public who request a copy of your 2009 Form 990. The fourth copy is for your records; it is NOT to be used as the public disclosure copy.

Copies of all the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Sincerely,

Patrizia C. Copping, CPA  
Partner

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2010

<b>Prepared for</b>	PROJECT ANGEL FOOD 922 N. Vine St. LOS ANGELES, CA 90038
<b>Prepared by</b>	GREEN HASSON & JANKS LLP 10990 WILSHIRE BLVD., 16th FLOOR LOS ANGELES, CA 90024-3929
<b>Amount due or refund</b>	Not applicable
<b>Make check payable to</b>	Not applicable
<b>Mail tax return and check (if applicable) to</b>	Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027
<b>Return must be mailed on or before</b>	May 16, 2011
<b>Special Instructions</b>	The return should be signed and dated.

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury  
Internal Revenue Service

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

**A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type.  See Specific Instructions.	<b>C Name of organization</b>		<b>D Employer identification number</b>
		PROJECT ANGEL FOOD		95-4115863
		Doing Business As		<b>E Telephone number</b>
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 922 N. VINE ST.		323-845-1800
City or town, state or country, and ZIP + 4		<b>G Gross receipts \$</b>	5,250,178.	<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
LOS ANGELES, CA 90038		<b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	If "No," attach a list. (see instructions)	
<b>F Name and address of principal officer:</b> BENJAMIN STILP 922 N. VINE ST, LOS ANGELES, CA 90038		<b>H(c) Group exemption number</b> ▶		
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J Website:</b> ▶ WWW.ANGELFOOD.ORG				
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L Year of formation:</b> 1989	
<b>M State of legal domicile:</b> CA				

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>NOURISH THE BODY AND SPIRIT OF MEN, WOMEN &amp; CHILDREN AFFECTED BY HIV/AIDS AND CANCER.</b>		
	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)	3	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5 Total number of employees (Part V, line 2a)	5	70
	6 Total number of volunteers (estimate if necessary)	6	1500
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	4,796,535.	4,306,162.
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,847.	5,046.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,809,382.	4,311,208.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,736,441.	2,478,493.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 627,627.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,517,116.	2,356,390.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,253,557.	4,834,883.	
19 Revenue less expenses. Subtract line 18 from line 12	<444,175.>	<523,675.>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 8,656,826.	End of Year 8,258,739.
	21 Total liabilities (Part X, line 26)	4,575,333.	4,700,921.
	22 Net assets or fund balances. Subtract line 21 from line 20	4,081,493.	3,557,818.

<b>Part II Signature Block</b>				
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
	BENJAMIN STILP, CFO			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 GREEN HASSON & JANKS LLP 10990 WILSHIRE BLVD., 16TH FLOOR LOS ANGELES, CA 90024-3929		EIN ▶	Phone no. ▶ (310) 873-1600

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION TO NOURISH THE BODY AND SPIRIT OF MEN, WOMEN AND CHILDREN AFFECTED BY HIV/AIDS, CANCER, AND OTHER LIFE-THREATENING ILLNESSES. VOLUNTEERS AND STAFF COOK AND DELIVER FREE AND NUTRITIOUS MEALS PREPARED WITH LOVE THROUGHOUT LOS ANGELES COUNTY, ACTING OUT OF A SENSE OF URGENCY

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

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

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

4a (Code: ) (Expenses \$ 3,987,557. including grants of \$ ) (Revenue \$ ) PROJECT ANGEL FOOD PROGRAM WITH A CORPS OF 1,500 DEDICATED VOLUNTEERS, THE AGENCY PROVIDES MORE THAN 13,000 MEALS A WEEK TO 1,600 CLIENTS OF ALL AGES AND BACKGROUNDS FOR WHOM A HEALTHY MEAL, DELIVERED WITH A WARM SMILE, IS TRULY LIFESAVING. THE ORGANIZATION ALSO EMPOWERS CLIENTS TO MAKE HEALTHIER, MORE INFORMED EATING CHOICES OVERALL. THROUGHOUT THE YEAR, EACH CLIENT SPEAKS WITH A REGISTERED DIETITIAN AT REGULAR INTERVALS. DURING NUTRITIONAL COUNSELING SESSIONS, CLIENTS LEARN ABOUT THE COMPLEX INTERRELATIONSHIP BETWEEN THEIR DIET, EXERCISE AND LIFESTYLE PATTERNS, DISEASE STATUS, MEDICATION AND GENERAL HEALTH.

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

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

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

4e Total program service expenses \$ 3,987,557.

**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 Schedule B, Schedule of Contributors? .....	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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> .....		X
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> .....		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <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; 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 term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		X
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> .....	X	
	• 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>		
	• 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>		
	• 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>		
	• 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>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i> .....	Yes	No
			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
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i> .....		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i> .....		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</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
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> .....		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O.



**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	<b>1a</b> 15		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
	<b>1c</b>		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> 70		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	<b>3b</b>		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	<b>5c</b>		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	<b>6b</b>		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	X	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b> 2		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
	<b>7e</b>		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
	<b>7f</b>		
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	<b>7g</b>		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	<b>7h</b>		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	<b>8</b>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
	<b>9a</b>		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
	<b>9b</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	

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

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body		
1a			20
b	Enter the number of voting members that are independent		
1b			20
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

**Section C. Disclosure**

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **BENJAMIN STILP, CFO - 323-845-1800**  
**922 N. VINE STREET, LOS ANGELES, CA 90038**

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ARDIS MOE, M.D. BOARD MEMBER	1.00	X					0.	0.	0.	
CHIP SULLIVAN BOARD MEMBER	1.00	X					0.	0.	0.	
DARREN STAR BOARD MEMBER	1.00	X					0.	0.	0.	
DEBORAH MCLEOD BOARD MEMBER	1.00	X					0.	0.	0.	
JACQUI FARINA BOARD MEMBER	1.00	X					0.	0.	0.	
JAMI HEIDEGGER BOARD MEMBER	1.00	X					0.	0.	0.	
JANET MCCORMACK BOARD MEMBER	1.00	X					0.	0.	0.	
JEAN C. NAILING BOARD MEMBER	1.00	X					0.	0.	0.	
JERRY PITTS BOARD MEMBER	1.00	X					0.	0.	0.	
JEROME JANGER BOARD MEMBER	1.00	X					0.	0.	0.	
JOHN MCLLWEE BOARD MEMBER	1.00	X					0.	0.	0.	
REV. LEE WALKER BOARD MEMBER	1.00	X					0.	0.	0.	
MARK MARGOLIS BOARD MEMBER	1.00	X					0.	0.	0.	
OCTAVIO BECERRA BOARD MEMBER	1.00	X					0.	0.	0.	
PAULEY PERRETTE BOARD MEMBER	1.00	X					0.	0.	0.	
ROBERT BAUER BOARD MEMBER	1.00	X					0.	0.	0.	
DON A. FRACCHIA CHAIR	1.00	X		X			0.	0.	0.	

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ROBIN FUJIMOTO VICE CHAIR	1.00	X		X				0.	0.	0.
RODERICK CARTER TREASURER	1.00	X		X				0.	0.	0.
PETER M. GURSKI SECRETARY	1.00	X		X				0.	0.	0.
MARGARET STEELE CEO	37.50			X				152,280.	0.	9,916.
BEN STILP CFO	37.50			X				93,959.	0.	4,516.
<b>1b Total</b>								246,239.	0.	14,432.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

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

**Section B. Independent Contractors**

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

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

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

Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	1,130,618.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	512,324.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,663,220.			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		4,306,162.			
	Program Service Revenue	Business Code				
2 a						
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)		1,520.		1,520.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other		3,526.		
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)		3,526.		
	d Net gain or (loss)		3,526.		3,526.	
	8 a Gross income from fundraising events (not including \$ 1130618. of contributions reported on line 1c). See Part IV, line 18	a	938,970.			
		b Less: direct expenses	b	938,970.		
c Net income or (loss) from fundraising events			0.			
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.		4,311,208.	0.	0.	5,046.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	245,204.	201,708.	16,025.	27,471.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	1,828,388.	1,504,054.	119,490.	204,844.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....				
9 Other employee benefits .....	245,706.	201,184.	10,887.	33,635.
10 Payroll taxes .....	159,195.	127,602.	14,048.	17,545.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....	1,089.	1,019.	23.	47.
c Accounting .....	28,250.	26,422.	610.	1,218.
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....				
g Other .....	6,792.	6,353.	146.	293.
12 Advertising and promotion .....	125,488.	113,785.	3,781.	7,922.
13 Office expenses .....	81,861.	53,404.	3,303.	25,154.
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	322,339.	265,432.	18,854.	38,053.
17 Travel .....	2,067.	1,275.	88.	704.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....				
20 Interest .....	37,458.	30,744.	2,232.	4,482.
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	275,207.	251,374.	7,944.	15,889.
23 Insurance .....	46,482.	38,115.	2,789.	5,578.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <b>FOOD &amp; CONTAINERS</b> .....	944,887.	944,887.		
b <b>DIRECT MAIL</b> .....	314,558.	62,940.	15,735.	235,883.
c <b>MEAL DELIVERY</b> .....	84,836.	84,126.	227.	483.
d <b>REPAIRS AND MAINTENANCE</b> .....	31,175.	26,575.	1,436.	3,164.
e .....				
f All other expenses .....	53,901.	46,558.	2,081.	5,262.
25 <b>Total functional expenses.</b> Add lines 1 through 24f	4,834,883.	3,987,557.	219,699.	627,627.
26 <b>Joint costs.</b> Check here <input checked="" type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...	179,900.	112,940.	15,735.	51,225.

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	186,096.	1	23,131.	
	<b>2</b> Savings and temporary cash investments .....	504.	2	277.	
	<b>3</b> Pledges and grants receivable, net .....	546,150.	3	679,618.	
	<b>4</b> Accounts receivable, net .....	94,229.	4	32,908.	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....				5
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....				6
	<b>7</b> Notes and loans receivable, net .....				7
	<b>8</b> Inventories for sale or use .....				8
	<b>9</b> Prepaid expenses and deferred charges .....	101,988.	9	57,224.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 8,387,673.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 922,092.	7,727,859.	<b>10c</b>	7,465,581.
	<b>11</b> Investments - publicly traded securities .....				11
	<b>12</b> Investments - other securities. See Part IV, line 11 .....				12
	<b>13</b> Investments - program-related. See Part IV, line 11 .....				13
	<b>14</b> Intangible assets .....				14
	<b>15</b> Other assets. See Part IV, line 11 .....				15
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	8,656,826.	<b>16</b>	8,258,739.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	391,732.	<b>17</b>	601,504.	
	<b>18</b> Grants payable .....				18
	<b>19</b> Deferred revenue .....				19
	<b>20</b> Tax-exempt bond liabilities .....				20
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....				21
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....				22
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	4,183,601.	<b>23</b>	4,099,417.	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....				24
	<b>25</b> Other liabilities. Complete Part X of Schedule D .....				25
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	4,575,333.	<b>26</b>	4,700,921.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	3,682,475.	<b>27</b>	3,358,299.	
	<b>28</b> Temporarily restricted net assets .....	399,018.	<b>28</b>	199,519.	
	<b>29</b> Permanently restricted net assets .....				29
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....				30
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....				31
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....				32
	<b>33 Total net assets or fund balances</b> .....	4,081,493.	<b>33</b>	3,557,818.	
<b>34 Total liabilities and net assets/fund balances</b> .....	8,656,826.	<b>34</b>	8,258,739.		

Form 990 (2009)

**Part XI Financial Statements and Reporting**

	Yes	No
<b>1</b> 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.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? .....		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? .....	X	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? ..... If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b> 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	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. ....	X	

Form 990 (2009)

COPY



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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public Inspection

Name of the organization

PROJECT ANGEL FOOD

Employer identification number

95-4115863

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III - Functionally integrated
  - d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....		
(ii) A family member of a person described in (i) above? .....		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....		
- h Provide the following information about the supported organization(s).

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4632930.	5527478.	5262933.	4796535.	4306162.	24526038.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	4632930.	5527478.	5262933.	4796535.	4306162.	24526038.
<b>5</b> 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)						628,620.
<b>6 Public support.</b> Subtract line 5 from line 4.						23897418.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4	4632930.	5527478.	5262933.	4796535.	4306162.	24526038.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	199,634.	205,447.	42,968.	214.	1,520.	449,783.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						24975821.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	5,517,756.
<b>13 First five years.</b> 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 <b>stop here</b>	<input type="checkbox"/>					

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	95.68	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	<b>15</b>	96.08	%
<b>16a 33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2008.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2009.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2008.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (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**

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

**Section D. Computation of Investment Income Percentage**

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

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

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

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

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

**2009**

Name of the organization

PROJECT ANGEL FOOD

Employer identification number

95-4115863

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not 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 line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization <b>PROJECT ANGEL FOOD</b>	Employer identification number <b>95-4115863</b>
---	---

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	<p><u>MAC GLOBAL FOUNDATION</u></p> <p><u>130 PRINCE STREET</u></p> <p><u>NEW YORK, NY 10012</u></p>	\$ <u>300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	<p><u>AVON FOUNDATION</u></p> <p><u>1345 AVENUE OF AMERICAS, 28TH FL</u></p> <p><u>NEW YORK, NY 10105</u></p>	\$ <u>125,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	<p><u>WELLS FARGO FOUNDATION</u></p> <p><u>P.O. BOX 2157</u></p> <p><u>PRINCETON, NJ 08543</u></p>	\$ <u>110,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	<p>_____</p> <p>_____</p> <p>_____</p>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	<p>_____</p> <p>_____</p> <p>_____</p>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	<p>_____</p> <p>_____</p> <p>_____</p>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

PROJECT ANGEL FOOD

95-4115863

**Part II Noncash Property** (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____

<b>Name of organization</b>  PROJECT ANGEL FOOD	<b>Employer identification number</b>  95-4115863
---	---

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. 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 information once. See instructions.) ▶ \$

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

**Schedule D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

PROJECT ANGEL FOOD

Employer identification number

95-4115863

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<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" to Form 990, Part IV, line 7.

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

Preservation of land for public use (e.g., recreation or pleasure)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 .....
- ▶ \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X .....
- ▶ \$ \_\_\_\_\_
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 .....
- ▶ \$ \_\_\_\_\_
- b Assets included in Form 990, Part X .....
- ▶ \$ \_\_\_\_\_



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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		6,971,699.	195,998.	6,775,701.
c Leasehold improvements		17,242.	7,232.	10,010.
d Equipment		1,065,072.	521,393.	543,679.
e Other		333,660.	197,469.	136,191.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				7,465,581.



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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,311,208.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,834,883.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<523,675.>
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	<523,675.>

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

1	Total revenue, gains, and other support per audited financial statements	1	4,359,586.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	48,378.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	48,378.
3	Subtract line 2e from line 1	3	4,311,208.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,311,208.

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

1	Total expenses and losses per audited financial statements	1	4,883,261.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	48,378.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	48,378.
3	Subtract line 2e from line 1	3	4,834,883.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,834,883.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

---



---



---



---



---



---



---



---



---



---



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		DIVINE DESIGN (event type)	ANGEL AWARDS (event type)	6 (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts .....	1,407,870.	245,034.	416,684.	2,069,588.
	<b>2</b> Less: Charitable contributions .....	712,048.	97,713.	320,857.	1,130,618.
	<b>3</b> Gross income (line 1 minus line 2) .....	695,822.	147,321.	95,827.	938,970.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....	69,198.	23,340.		92,538.
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	626,624.	123,981.	95,827.	846,432.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				( 938,970 )
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 .....				0.

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

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

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

**13** Indicate the percentage of gaming activity operated in:

- a** The organization's facility ..... 

<b>13a</b>		%
<b>13b</b>		%
- b** An outside facility ..... 

<b>13b</b>		%
------------	--	---

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ..... **15a**

- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_ .

**c** If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

- Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ..... **17a**

- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

	Yes	No
<b>15a</b>		
<b>17a</b>		

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public Inspection

Name of the organization

PROJECT ANGEL FOOD

Employer identification number

95-4115863

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .....	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	X
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>	X
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <b>a</b> The organization? .....	<b>5a</b>	X
<b>b</b> Any related organization? .....	<b>5b</b>	X
If "Yes" to line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <b>a</b> The organization? .....	<b>6a</b>	X
<b>b</b> Any related organization? .....	<b>6b</b>	X
If "Yes" to line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b>	X
<b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III .....	<b>8</b>	X
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

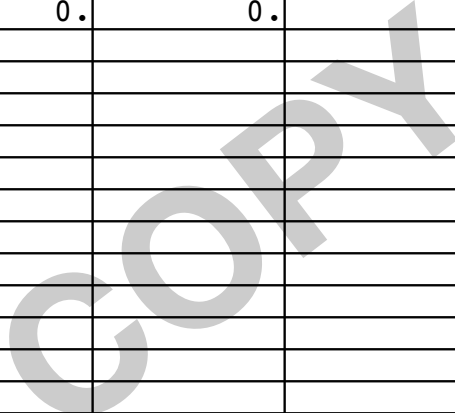
Schedule J (Form 990) 2009

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
MARGARET STEELE	(i)	152,280.	0.	0.	0.	9,916.	162,196.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							





**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

PROJECT ANGEL FOOD

Employer identification number

95-4115863

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

BECAUSE HUNGER AND ILLNESS DO NOT WAIT.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS PROVIDED TO THE  
BOARD FOR REVIEW/COMMENTING PRIOR TO BEING FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: THE GOVERNING BOARD REQUIRES ALL  
NEW MEMBERS TO SIGN A CONFLICT OF INTEREST POLICY AND DISCLOSURE UPON  
JOINING THE BOARD. CONFLICT OF INTEREST QUESTIONNAIRES ARE COMPLETED AND  
SIGNED BY ALL ACTIVE BOARD MEMBERS AT THE ANNUAL MEETING EVERY NOVEMBER. IF  
CONFLICT IS DISCLOSED OR ARISES, PRACTICE IS TO EITHER ASK BOARD MEMBER TO  
RESIGN IF WARRANTED OR RECUSE THEMSELVES FROM ANY RELATED MATTERS. THE CEO  
KEEPS TRACK OF ALL THE SIGNED POLICIES.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD EXECUTIVE COMMITTEE WORKS  
WITH THE HUMAN RESOURCE DIRECTOR IN ORDER TO DETERMINE THE CEO'S  
COMPENSATION. THE CEO DETERMINES COMPENSATION OF ALL EMPLOYEES ANNUALLY  
BASED ON BENCHMARK COMPENSATION DATA PROVIDED BY HR DIRECTOR. THROUGH THE  
BUDGETING PROCESS, ALL SALARIES ARE REVIEWED AND VETTED BY THE FINANCE  
COMMITTEE AND APPROVED BY THE BOARD.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS  
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS  
AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 2C

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

Schedule O (Form 990) 2009

932211  
02-03-10

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

PROJECT ANGEL FOOD

Employer identification number

95-4115863

**FINANCIAL STATEMENTS AND REPORTING**

NO CHANGES WERE MADE TO THE OVERSIGHT PROCESS OR SELECTION PROCESS  
DURING THE TAX YEAR, AS COMPARED TO THE PRIOR TAX YEAR.

COPY

# TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

..... June 30, 2010 .....

<b>Prepared for</b>	PROJECT ANGEL FOOD 922 N. Vine St. LOS ANGELES, CA 90038
<b>Prepared by</b>	GREEN HASSON & JANKS LLP 10990 WILSHIRE BLVD., 16th FLOOR LOS ANGELES, CA 90024-3929
<b>Amount due or refund</b>	No payment required
<b>Make check payable to</b>	Not applicable
<b>Mail tax return and check (if applicable) to</b>	Franchise Tax Board P.O. Box 942857 Sacramento, CA 94257-0700
<b>Return must be mailed on or before</b>	June 15, 2011
<b>Special Instructions</b>	The return should be signed and dated by an authorized individual.

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

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

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

<b>Type or print</b>	Name of Exempt Organization <b>PROJECT ANGEL FOOD</b>	Employer identification number <b>95-4115863</b>
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. <b>922 N. VINE ST.</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>LOS ANGELES, CA 90038</b>	

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

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

**BENJAMIN STILP, CFO**

- The books are in the care of ▶ **922 N. VINE STREET - LOS ANGELES, CA 90038**  
Telephone No. ▶ **323-845-1800** 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 EINs of all members the extension will cover.

**1** I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2011** to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**

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

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

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

**7008.1830.0003.7458.3803 JJJ.111510.NFP-3**

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

<b>Type or print</b>  <small>File by the extended due date for filing your return. See instructions.</small>	Name of exempt organization <b>PROJECT ANGEL FOOD</b>	Employer identification number <b>95-4115863</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>922 N. VINE ST.</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>LOS ANGELES, CA 90038</b>	

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	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	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

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

• The books are in the care of **922 N. VINE STREET - LOS ANGELES, CA 90038**  
 Telephone No. **323-845-1800** 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 EINs of all members the extension is for.

I request an additional 3-month extension of time until **MAY 16, 2011**

5 For calendar year \_\_\_\_\_, or other tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

7 State in detail why you need the extension  
**TAXPAYER NEEDS ADDITIONAL TIME TO ACCUMULATE ALL OF THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	0.
<b>b</b> If this application is for Form 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 and any amount paid previously with Form 8868.	<b>8b</b>	\$	0.
<b>c</b> <b>Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	0.

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title **CPA** Date **2/4/11**

2009

California Exempt Organization Annual Information Return

199

Calendar Year 2009 or fiscal year beginning month JULY day 1 year 2009, and ending month JUNE day 30 year 2010.

A First Return Filed? [X] No [ ] Yes B Type of organization Exempt under Section 23701 d (insert letter) IRC Section 4947(a)(1) trust [ ]

Corporation/Organization Name PROJECT ANGEL FOOD Address 922 N. VINE ST. City LOS ANGELES State CA ZIP Code 90038

C Amended Return? [ ] Yes [X] No D Are you a subordinate/affiliate in a group exemption? [ ] Yes [X] No

E Final return? [ ] Dissolved [ ] Surrendered (Withdrawn) [ ] Merged/Reorganized (attach explanation) F Check the box if the organization filed the following federal forms or schedule: (1) [ ] 990T (2) [ ] 990PF (3) [ ] (Schedule H) 990

H Accounting method used (1) [ ] Cash (2) [X] Accrual (3) [ ] Other I If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Table with 15 rows for Receipts and Revenues, Expenses, and Filing Fee. Includes line numbers and amounts such as 944,016.00 for Gross sales and 5,250,178.00 for Total gross income.

Sign Here: Signature of officer CFO, Title CFO, Date, Telephone. Paid Preparer's Use Only: Preparer's signature, Firm's name GREEN HASSON & JANKS LLP, Address 10990 WILSHIRE BLVD., 16TH FLOOR, LOS ANGELES, CA 90024-3929, Telephone (310) 873-1600.

**Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts - complete**  
**Part II or furnish substitute information. See Specific Line Instructions.**

928951 11-19-09

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	938,970.00
	2	Interest	•	2	1,520.00
	3	Dividends	•	3	00
	4	Gross rents	•	4	00
	5	Gross royalties	•	5	00
	6	Gross amount received from sale of assets (See instructions)	•	6	3,526.00
	7	Other income	•	7	00
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	944,016.00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid	•	9	00
	10	Disbursements to or for members	•	10	00
	11	Compensation of officers, directors, and trustees	•	11	245,204.00
	12	Other salaries and wages	•	12	1,828,388.00
	13	Interest	•	13	37,458.00
	14	Taxes	•	14	159,195.00
	15	Rents	•	15	322,339.00
	16	Depreciation and depletion (See instructions)	•	16	275,207.00
	17	Other	•	17	2,906,062.00
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	5,773,853.00

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
1	Cash		186,600.		23,408.
2	Net accounts receivable		94,229.		32,908.
3	Net notes receivable				
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock				
8	Mortgage loans (number of loans _____)				
9	Other investments				
10 a	Depreciable assets	8,392,893.		8,387,673.	
b	Less accumulated depreciation	( 665,034. )	7,727,859.	( 922,092. )	7,465,581.
11	Land				
12	Other assets <b>STMT 5</b>		648,138.		736,842.
13	<b>Total assets</b>		8,656,826.		8,258,739.
<b>Liabilities and net worth</b>					
14	Accounts payable		391,732.		601,504.
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable		4,183,601.		4,099,417.
18	Other liabilities				
19	Capital stock or principle fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		4,081,493.		3,557,818.
22	<b>Total liabilities and net worth</b>		8,656,826.		8,258,739.

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000			
1	Net income per books	•	<523,675.>
2	Federal income tax	•	
3	Excess of capital losses over capital gains	•	
4	Income not recorded on books this year	•	
5	Expenses recorded on books this year not deducted in this return <b>STMT 6</b>	•	48,378.
6	<b>Total.</b> Add line 1 through line 5		<475,297.>
7	Income recorded on books this year not included in this return <b>STMT 7</b>	•	48,378.
8	Deductions in this return not charged against book income this year	•	
9	<b>Total.</b> Add line 7 and line 8		48,378.
10	<b>Net income per return.</b> Subtract line 9 from line 6		<523,675.>

Project Angel Food  
 EIN: 95-4115863  
 FYE: 06-30-10  
 2009 Form 199, Cash Contributions of \$5,000 and More

Name	Address	City	State	ZIP Code	Donation Amount
MAC Global Foundation	130 Prince Street	New York	NY	10012	\$ 300,000
Avon Foundation	1345 Avenue of the Americas, 28th Fl	New York	NY	10012	\$ 125,000
Wells Fargo Foundation	P.O. Box 2157	Princeton	NJ	08543	\$ 110,000
John W. Carson Foundation Inc.	9350 Wilshire Blvd., Suite 200	Beverly Hills	CA	90212	\$ 60,000
QueensCare	1300 North Vermont Avenue, Ste 1002	Los Angeles	CA	90027	\$ 60,000
S. Mark Taper Foundation	12011 San Vicente Boulevard, Ste 400	Los Angeles	CA	90049	\$ 50,000
Helen Austin	2528 Honolulu Ave.	Montrose	CA	91020	\$ 47,608
Yahoo Employee Foundation	2440 West El Camino Real, Ste 300	Mountain View	CA	94040	\$ 40,000
Nordstrom	701 Harger Road	Oak Brook	IL	60523	\$ 35,943
Broadway Cares/Equity Fights Aids Inc.	165 West 46th Street, #1300	New York	NY	10036	\$ 35,000
Hermann Foundation	25642 El Oeste	Laguna Niguel	CA	92677	\$ 30,000
California Endowment	1000 North Alameda Street	Los Angeles	CA	90012	\$ 25,000
Green Foundation	547 S. Marengo Ave.	Pasadena	CA	91101	\$ 25,000
Lincy Foundation	150 South Rodeo Drive, Ste 250	Beverly Hills	CA	90212	\$ 25,000
Robert M. Neubauer	1061 South Ogden Drive	Los Angeles	CA	90019	\$ 25,000
Stephen Bing	1801 Avenue of the Stars, Suite 150	Los Angeles	CA	90067	\$ 25,000
Wasserman Foundation	12100 West Olympic Boulevard	Los Angeles	CA	90064	\$ 25,000
George Michael	60a Highgate High Street	London N6 5HX			\$ 24,965
AIDS Healthcare Foundation	6255 West Sunset Boulevard, 21st Fl	Los Angeles	CA	90028	\$ 24,000
Cindy Flannigan	The David Hockney No. 1 U.S. Trust	Los Angeles	CA	90071	\$ 20,000
Flora L. Thornton Foundation	320 North Carolwood Drive	Los Angeles	CA	90077	\$ 20,000
George Hoag Family Foundation	2665 Main Street, Ste 220	Santa Monica	CA	90405	\$ 20,000
Panorama City Meical Center	13652 Cantara Street North 1	Panorama City	CA	91402	\$ 20,000
Ralphs/Food 4 Less Foundation	P.O. Box 54143	Los Angeles	CA	90054	\$ 15,196
Bank of America Foundation	333 S. Hope Street, 20th FL	Los Angeles	CA	90071	\$ 15,000
David Henry Jacobs	303 12th Street	Santa Monica	CA	90402	\$ 15,000
Ruth/Allen Ziegler Foundation	15760 Ventura Boulevard, Ste 801	Encino	CA	91436	\$ 15,000
Silva Watson Moonwalk Fund	175 Via Lerida	Greenbrae	CA	94904	\$ 15,000
American Express Foundation	3 World Financial Center	New York	NY	10285	\$ 12,500
Dayton Anderson	5526 Rhodes Avenue	Valley Village	CA	91607	\$ 10,601
AT&T Foundation	130 E. Travis, 3-H-08	San Antonio	TX	78205	\$ 10,000
Cheryl Lamm	McMaster - Carr Supply Co.	Elmhurst	IL	60126	\$ 10,000
David & Linda Shaheen Foundation	P. O. Box 252	Lookout Mountain	TN	37350	\$ 10,000
David Geffen Foundation	12011 San Vicente Blvd., Ste. 606	Los Angeles	CA	90049	\$ 10,000
Harvey Levin	1 Northstar, #204	Marina del Rey	CA	90292	\$ 10,000
Janet Holden	10155 Valley Spring Lane	Toluca Lake	CA	91602	\$ 10,000
Kaiser Permanente BellFlower	9353 East Imperial Highway	Downey	CA	90242	\$ 10,000
Klaus and Jami Heidegger	19901 Northridge Road	Chatsworth	CA	91311	\$ 10,000
Leslie Baker	13952 Hartsook St	Sherman Oaks	CA	91423	\$ 10,000
Macy's Corporate Services, INC.	401 South Lake Ave.	Pasadena	CA	91101	\$ 10,000
Medtronic	1800 Devonshire Street	Northridge	CA	91325	\$ 10,000
Robin Fujimoto	Third Avenue Management	Beverly Hills	CA	90210	\$ 10,000
State Street Foundation (Bank)	444 S Flower Street, 45th Fl	Los Angeles	CA	90071	\$ 10,000
Vons Companies Charitable Foundation, INC.	P.O. Box 513338	Los Angeles	CA	90051	\$ 10,000
Children Affected by AIDS Foundation	6033 West Century Boulevard, Suite 280	Los Angeles	CA	90045	\$ 7,500
E. Jay Krause	Omega/Cinema Props	Los Angeles	CA	90048	\$ 7,500
Don A. Fracchia	P.O. Box 2157	Princeton	NJ	08543	\$ 6,500
A. Sandy Gallin	11812 San Vicente Boulevard, #200	Los Angeles	CA	90049	\$ 5,000
Bridges/Larson Foundation	P. O. Box 3365	Beverly Hills	CA	90212	\$ 5,000
Brotman Foundation/California	11845 West Olympic Boulevard, #845-W	Los Angeles	CA	90064	\$ 5,000
Connie Frank Foundation	47 Beverly Park	Beverly Hills	CA	90210	\$ 5,000
David Amsterdam	1801 Century Park East, Suite 1080	Los Angeles	CA	90046	\$ 5,000
Elton John Charitable Fund	9744 Wilshire Boulevard, Ste 305	Beverly Hills	CA	90212	\$ 5,000
Employees Community Fund of Boeing	3855 Lakewood Boulevard	Long Beach	CA	90846	\$ 5,000
Entertainment Aids Alliance	7985 Santa Monica Blvd., Ste #109-491	Los Angeles	CA	90046	\$ 5,000
Evans Family Rev Trust DT	Evans Family Rev Trust DT, Ste B	Culver City	CA	90232	\$ 5,000
Jerome Janger	447 Loring Ave	Los Angeles	CA	90024	\$ 5,000
Katherine J. Andrews Foundation	8 Fincher Way	Rancho Mirage	CA	92270	\$ 5,000
Louise Sutton Kindness for All Foundation	8 Middleton Pl.	Laguna Niguel	CA	92677	\$ 5,000
Mace Siegel	P.O. Box 2172	Santa Monica	CA	90407	\$ 5,000
Neil Spidell	7814 Torreyson Drive	Los Angeles	CA	90046	\$ 5,000
Rod Carter	777 S. Figueroa Street, Ste 850	Los Angeles	CA	90017	\$ 5,000
SCAN(R) HealthPlan	P.O. Box 22616	Long Beach	CA	90806	\$ 5,000
Streisand Foundation	2800 28th Street, Ste 105	Santa Monica	CA	90405	\$ 5,000
Susan McClellan	2045 De Mille Drive	Los Angeles	CA	90027	\$ 5,000
Susanne Taslimi	Taslimi Construction	Los Angeles	CA	90025	\$ 5,000



Project Angel Food  
EIN: 95-4115863  
FYE: 06-30-10  
2009 Form 199, Cash Contributions of \$5,000 and More

<b>Name</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>ZIP Code</b>	<b>Donation Amount</b>
Taschen America LLC	6671 Sunset Blvd, Ste 1508	Los Angeles	CA	90028	\$ 5,000
Thrill Hill Foundation	1990 South Bundy Drive, #200	Los Angeles	CA	90025	\$ 5,000
TJX Foundations INC.	770 Cochituate Road	Framingham	MA	01701	\$ 5,000

FORM 199	GROSS AMOUNT FROM SALE OF ASSETS	STATEMENT	2
----------	----------------------------------	-----------	---

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
	VARIOUS	VARIOUS	PURCHASED	
NAME OF BUYER	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
SALE OF VEHICLE				
N/A	20,940.	20,940.	0.	3,526.
TOTAL TO FORM 199, PAGE 2, LN 6	20,940.	20,940.	0.	3,526.

FORM 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT	3
----------	--	-----------	---

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
ARDIS MOE, M.D. 922 N. VINE ST. LOS ANGELES, CA 90038	BOARD MEMBER 1.00	0.
CHIP SULLIVAN 922 N. VINE ST. LOS ANGELES, CA 90038	BOARD MEMBER 1.00	0.
DARREN STAR 922 N. VINE ST. LOS ANGELES, CA 90038	BOARD MEMBER 1.00	0.
DEBORAH MCLEOD 922 N. VINE ST. LOS ANGELES, CA 90038	BOARD MEMBER 1.00	0.
JACQUI FARINA 922 N. VINE ST. LOS ANGELES, CA 90038	BOARD MEMBER 1.00	0.
JAMI HEIDEGGER 922 N. VINE ST. LOS ANGELES, CA 90038	BOARD MEMBER 1.00	0.
JANET MCCORMACK 922 N. VINE ST. LOS ANGELES, CA 90038	BOARD MEMBER 1.00	0.

JEAN C. NAILING 922 N. VINE ST. LOS ANGELES, CA 90038	BOARD MEMBER 1.00	0.
JERRY PITTS 922 N. VINE ST. LOS ANGELES, CA 90038	BOARD MEMBER 1.00	0.
JEROME JANGER 922 N. VINE ST. LOS ANGELES, CA 90038	BOARD MEMBER 1.00	0.
JOHN MCLLWEE 922 N. VINE ST. LOS ANGELES, CA 90038	BOARD MEMBER 1.00	0.
REV. LEE WALKER 922 N. VINE ST. LOS ANGELES, CA 90038	BOARD MEMBER 1.00	0.
MARK MARGOLIS 922 N. VINE ST. LOS ANGELES, CA 90038	BOARD MEMBER 1.00	0.
OCTAVIO BECERRA 922 N. VINE ST. LOS ANGELES, CA 90038	BOARD MEMBER 1.00	0.
PAULEY PERRETTE 922 N. VINE ST. LOS ANGELES, CA 90038	BOARD MEMBER 1.00	0.
ROBERT BAUER 922 N. VINE ST. LOS ANGELES, CA 90038	BOARD MEMBER 1.00	0.
DON A. FRACCHIA 922 N. VINE ST. LOS ANGELES, CA 90038	CHAIR 1.00	0.
ROBIN FUJIMOTO 922 N. VINE ST. LOS ANGELES, CA 90038	VICE CHAIR 1.00	0.
RODERICK CARTER 922 N. VINE ST. LOS ANGELES, CA 90038	TREASURER 1.00	0.
PETER M. GURSKI 922 N. VINE ST. LOS ANGELES, CA 90038	SECRETARY 1.00	0.

PROJECT ANGEL FOOD

95-4115863

MARGARET STEELE 922 N. VINE ST. LOS ANGELES, CA 90038	CEO 37.50	152,357.
BEN STILP 922 N. VINE ST. LOS ANGELES, CA 90038	CFO 37.50	92,847.
TOTAL TO FORM 199, PART II, LINE 11		<u>245,204.</u>

FORM 199	OTHER EXPENSES	STATEMENT	4
----------	----------------	-----------	---

DESCRIPTION	AMOUNT
FOOD & CONTAINERS	944,887.
DIRECT MAIL	314,558.
MEAL DELIVERY	84,836.
REPAIRS AND MAINTENANCE	31,175.
DEPRECIATION EXPENSES	0.
DIRECT EXPENSES OF FUNDRAISING EVENTS	938,970.
OTHER EMPLOYEE BENEFITS	245,706.
LEGAL FEES	1,089.
ACCOUNTING FEES	28,250.
OTHER PROFESSIONAL FEES	6,792.
ADVERTISING AND PROMOTION	125,488.
OFFICE EXPENSES	81,861.
TRAVEL	2,067.
INSURANCE	46,482.
ALL OTHER EXPENSES	53,901.
TOTAL TO FORM 199, PART II, LINE 17	<u>2,906,062.</u>

FORM 199	OTHER ASSETS	STATEMENT	5
----------	--------------	-----------	---

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	546,150.	679,618.
PREPAID EXPENSES AND DEFERRED CHARGES	101,988.	57,224.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	<u>648,138.</u>	<u>736,842.</u>

FORM 199	EXPENSES RECORDED ON BOOKS THIS YEAR NOT DEDUCTED IN THIS RETURN	STATEMENT	6
----------	---	-----------	---

DESCRIPTION	AMOUNT
IN-KIND SERVICES	48,378.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 5	48,378.

FORM 199	INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN	STATEMENT	7
----------	---	-----------	---

DESCRIPTION	AMOUNT
IN-KIND SERVICES	48,378.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7	48,378.

FORM 199	FUND BALANCES	STATEMENT	8
----------	---------------	-----------	---

DESCRIPTION	BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS	3,682,475.	3,358,299.
TEMPORARILY RESTRICTED ASSETS	399,018.	199,519.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	4,081,493.	3,557,818.

# TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

June 30, 2010

<b>Prepared for</b>	PROJECT ANGEL FOOD 922 N. Vine St. LOS ANGELES, CA 90038
<b>Prepared by</b>	GREEN HASSON & JANKS LLP 10990 WILSHIRE BLVD., 16th FLOOR LOS ANGELES, CA 90024-3929
<b>Mail tax return to</b>	Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470
<b>Return must be mailed on or before</b>	May 16, 2011
<b>Special Instructions</b>	<p>The return should be signed and dated by an authorized individual.</p> <p>Enclose a check for \$150 made payable to Attorney General's Registry of Charitable Trusts. Include "Form RRF-1," the report year and the organization's state charity registration number and/or organization number on the remittance.</p> <p>A copy of the federal return is also provided. In conjunction with Form RRF-1 this comprises the Annual Report to be filed with the California Attorney General's Registry of Charitable Trusts.</p>

MAIL TO:  
 Registry of Charitable Trusts  
 P.O. Box 903447  
 Sacramento, CA 94203-4470  
 Telephone: (916) 445-2021

**ANNUAL  
 REGISTRATION RENEWAL FEE REPORT  
 TO ATTORNEY GENERAL OF CALIFORNIA**

Sections 12586 and 12587, California Government Code  
 11 Cal. Code Regs. sections 301-307, 311 and 312

WEB SITE ADDRESS:  
<http://ag.ca.gov/charities/>

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: <b>CT 64701</b>	<b>Check if:</b> <input type="checkbox"/> Change of address  <input type="checkbox"/> Amended report
<b>PROJECT ANGEL FOOD</b> <small>Name of Organization</small>  <b>922 N. VINE ST.</b> <small>Address (Number and Street)</small>  <b>LOS ANGELES, CA 90038</b> <small>City or Town, State and ZIP Code</small>	Corporate or Organization No. <b>1402514</b>  Federal Employer I.D. No. <b>95-4115863</b>

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)**  
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 07/01/2009 ending 06/30/2010) list:  
 Gross annual revenue \$ 4,311,208. Total assets \$ 8,258,739.

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note:** If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. <b>SEE STATEMENT 9</b>	X	
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number **323-845-1800**

Organization's e-mail address **WWW.ANGELFOOD.ORG**

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

**BENJAMIN STILP** **CFO**  
Signature of authorized officer Printed Name Title Date

COUNTY OF LOS ANGELES  
DEPARTMENT OF HEALTH SERVICES  
OFFICE OF AIDS PROGRAMS & POLICY (OAPP)  
600 S. COMMONWEALTH AVENUE, SUITE 600  
LOS ANGELES, CA 90005  
213-351-8000  
CHRISTY WIMBERLY - CONTRACT ADMINISTRATOR

CITY OF LOS ANGELES  
LOS ANGELES HOUSING DEPARTMENT  
HOUSING OPPORTUNITIES FOR PEOPLE WITH AIDS PROGRAM (HOPWA)  
1200 W. 7TH ST., 9TH FLOOR  
LOS ANGELES, CA 90017  
213-808-8805  
KELLY KENT - PROGRAM COORDINATOR

CITY OF WEST HOLLYWOOD  
SOCIAL SERVICES DEPARTMENT/MANAGER  
8300 SANTA MONICA BLVD.  
W. HOLLYWOOD, CA 90069  
323-848-6400  
ELIZBETH SAVAGE - FISCAL DIRECTOR

EMERGENCY FOOD & SHELTER PROGRAM (EFSP)  
701 N. FAIRFAX STREET, SUITE #310  
ALEXANDRIA, VA 22314  
703-706-9660  
SHARON BAILY - VICE PRESIDENT

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  
COMMUNITY DEVELOPMENT DEPARTMENT OF LOS ANGELES  
COMMUNITY DEVELOPMENT BLOCK GRANT  
1200 WEST SEVENTH STREET, SIXTH FLOOR  
LOS ANGELES, CA 90017  
CLIFFORD GRAVES - GENERAL MANAGER



**MAIL TO:**  
 Registry of Charitable Trusts  
 P.O. Box 903447  
 Sacramento, CA 94203-4470  
 Telephone: (916) 445-2021

**WEBSITE ADDRESS:**  
<http://ag.ca.gov/charities/>

**STATE OF CALIFORNIA  
 OFFICE OF THE ATTORNEY GENERAL  
 REGISTRY OF CHARITABLE TRUSTS  
 ANNUAL FINANCIAL SOLICITATION REPORT**

California Business and Professions Code Section 17510.9  
 Year Ending June 30th, 20 \_\_\_\_



**NOTE: ALL LINE REFERENCES ARE TO IRS FORM 990 UNLESS OTHERWISE NOTED.  
 THIS FORM MUST BE COMPLETED IN TRIPLICATE.**

<b>Name:</b> _____ <b>Address:</b> _____ <b>City:</b> _____ <b>State</b> _____ <b>Zip</b> _____	<b>CT</b> _____  <b>FEIN</b> _____
---	--

1. Was more than \$1,000,000 collected in charitable contributions from donors in California? Yes \_\_\_\_ No \_\_\_\_  
 If the answer is NO, do not proceed. This document is not required. If YES, continue.
2. Do your charitable contributions collected from donors in California represent more than 50% of your annual income? Yes \_\_\_\_ No \_\_\_\_  
 If the answer is NO, do not proceed. This document is not required. If YES, continue.

**PART I STATEMENT OF REVENUE**

A. Revenue	A.	\$
B. Cost/Basis of Sold Assets, (Part I, line 8b)	B.	\$
C. Special Fund-raising Expenses (Part 1, line 9b)	C.	\$
D. Cost of Goods Sold (Part 1, line 10b)	D.	\$
E. TOTAL REVENUE (add previous 4 lines).	E.	\$

**PART II STATEMENT OF FUNCTIONAL EXPENSES\***

A.. Total salaries of all persons employed by the charity.	A TOTAL	B PROGRAM	C MGMT & GENERAL	D FUNDRAISING
1. Compensation of officers, etc. (Part II, line 25)				
2. Other salaries and wages (Part II, line 26)				
3. Pension plan contributions (Part II, line 27)				
4. Other employee benefits (Part II, line 28)				
5. GROSS SALARIES (add lines 1 through 4)				
6. Less: the total of Part II lines 25-28 C + D				
7. TOTAL SALARIES	A7			
<b>B. Fundraising Expenses</b>				
1. Fundraising Expenses (Part 11, line 44(D))				
2. Special Fundraising Expenses (Part I, line 9b)				
3. TOTAL FUNDRAISING EXPENSES (ADD PREVIOUS 2 LINES)	B3			

**Annual Financial Solicitation Report**

Name of Organization \_\_\_\_\_

Year Ending \_\_\_\_\_

Page 2

<b>C. Travel</b>			
1. Travel (Part II, line 39)			
2. Less: Part II, line 39 C + D			
3. TOTAL TRAVEL	C3		
<b>D. Overhead and Other Expenses</b>			
1. Management and General (Part II, line 44(C))	D1		
<b>E. TOTAL (add lines A7, B3, C3 and D1)</b>			
<b>PART III EXPENSES AS A PERCENT OF REVENUE</b>			
(Part II, E of this form ÷ Part I, E of this form X 100		%	
Is the percentage more than 25%? Yes ____ No ____ . If YES, this document is required. If NO, do not file this document.			
<b>PART IV LIST THE SALARIES OF THE FIVE (5) HIGHEST COMPENSATED EMPLOYEES</b>			
AMOUNT	NAME AND POSITION		
\$			
\$			
\$			
\$			
\$			
\$	TOTAL SALARIES		
<b>PART V PROGRAMS AS A PERCENT OF REVENUE (100 MINUS Part III percentage)</b>			%
* Please be aware that entries for Total Expenses in the categories of Salary and Travel may include both program and nonprogram expenditures.			
Under penalty of perjury, I declare that I have examined this report, and to the best of my knowledge and belief it is true, correct and complete.			
_____ Signature of authorized officer	_____ Printed Name	_____ Title	_____ Date