PUBLIC DISCLOSURE COPY

** PUBLIC DISCLOSURE COPY **

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

2011	
Open to Public Inspection	

_	For the S	2011 calendar year, or tax year beginning JUL 1, 2011 and ending	JUN 30, 20	12
_				
	Check if applicable:	C Name of organization	D Employer ider	ntification number
	Address change	PROJECT ANGEL FOOD		
	Name change	Doing Business As	95	-4115863
Ļ	Initial return Termin-	Number and street (or P.O. box if mail is not delivered to street address)		
늗	ated Amende	922 N. VINE ST.		$\frac{3-845-1800}{5,918,307.}$
F	—lreturn □Applica-	City or town, state or country, and ZIP + 4 LOS ANGELES, CA 90038	G Gross receipts \$	
_	tion pending	F Name and address of principal officer: MARGARET STEELE	H(a) Is this a grou	
		922 N. VINE ST, LOS ANGELES, CA 90038		s included? Yes No
<u> </u>	Tax-exen		— ` '	ch a list. (see instructions)
J	Website	▶ WWW.ANGELFOOD.ORG	H(c) Group exem	,
K	Form of o	rganization: X Corporation Trust Association Other Ly		9 M State of legal domicile: CA
Pa		Summary		
<u>ب</u>		riefly describe the organization's mission or most significant activities: NOURISH		D SPIRIT OF
Governance	-	EN, WOMEN & CHILDREN AFFECTED BY HIV/AIDS A		
ern		heck this box 🕨 📖 if the organization discontinued its operations or disposed of n	nore than 25% of its ne	
ું		umber of voting members of the governing body (Part VI, line 1a)		3 19
۵ĕ		umber of independent voting members of the governing body (Part VI, line 1b)		<u>4</u> <u>19</u> <u>5</u> 58
Activities &		otal number of individuals employed in calendar year 2011 (Part V, line 2a)		
ξį		otal number of volunteers (estimate if necessary)		$\frac{6}{7a}$ $\frac{3500}{21,114}$.
Ac		otal unrelated business revenue from Part VIII, column (C), line 12		$\frac{7a}{7b}$ $-14,332$.
_	D 14	et unrelated business taxable income from Form 990-T, line 34	Prior Year	Current Year
4	8 C	ontributions and grants (Part VIII, line 1h)	4,268,12	
nue	1	rogram service revenue (Part VIII, line 2g)		0. 0.
Revenue		vestment income (Part VIII, column (A), lines 3, 4, and 7d)	-88	4. 16.
ď		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	70,49	0. 54,612.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,337,73	
		rants and similar amounts paid (Part IX, column (A), lines 1-3)	9,00	
	14 B	enefits paid to or for members (Part IX, column (A), line 4)		0. 0.
es	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,468,63	
Expenses	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)		0. 0.
ă.	b To	otal fundraising expenses (Part IX, column (D), line 25) 591,459.	0 205 04	0.000.100
	17 0	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,375,04	
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,852,67	
<u>_ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~</u>	19 R	evenue less expenses. Subtract line 18 from line 12	-514,94 Beginning of Current Ye	
Net Assets or Fund Balances	20 To	otal assets (Part X, line 16)	8,013,16	
Asse	21 To	otal assets (Part X, line 16) otal liabilities (Part X, line 26)	4,970,38	
Net	22 N	et assets or fund balances. Subtract line 21 from line 20	3,042,77	
P	art II	Signature Block	, , , , , , , , , , , , , , , , , , , ,	
Und	ler penalti	es of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of	of my knowledge and belief, it is
true	, correct,	and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
Sig	_{ın}	Signature of officer	Date	
He	re	MARGARET STEELE, CEO		
	!	Type or print name and title	I Doto	I I DTIN
		Print/Type preparer's name Preparer's signature	Date Check	— 1
Pai		ICHARD L. RUVELSON		P00234075
		irm's name GREEN HASSON & JANKS LLP irm's address 10990 WILSHIRE BLVD., 16TH FLOOR	Firm's EIN	▶ 95-1777440
USE	Only	LOS ANGELES, CA 90024-3929	Dhone no	(310) 873-1600
N4c	v the IDC		Phone no.	77
ivia	y ine iRS	6 discuss this return with the preparer shown above? (see instructions)		Yes No

Par	Statement of Program Service Accomplishments	X
	Check if Schedule O contains a response to any question in this Part III	<u> 🔼 </u>
1	Briefly describe the organization's mission: MO NOTIFICH THE PODY AND CRIPTOR OF MEN. WOMEN AND CHILDREN AFFECTED I	οv
	TO NOURISH THE BODY AND SPIRIT OF MEN, WOMEN AND CHILDREN AFFECTED HIV/AIDS, CANCER, AND OTHER LIFE-THREATENING ILLNESSES. VOLUNTEERS A	
	STAFF COOK AND DELIVER FREE AND NUTRITIOUS MEALS PREPARED WITH LOVE	מאד
	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	
2		X No
	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	INO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
3	If "Yes," describe these changes on Schedule O.	140
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
•	Section 501(c)(3) and 501(c)(4) organizations 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 \$ 3,551,865 • including grants of \$) (Revenue \$	
	OUR KITCHEN AT 922 VINE STREET. SIX DAYS A WEEK VOLUNTEERS ARRIVE AT	<u>~</u> ′
	PROJECT ANGEL FOOD'S KITCHEN AT 8 AM TO BEGIN A DAY OF COOKING AND	
	PACKING MEALS THAT HAVE BEEN DESIGNED BY AN ON-STAFF REGISTERED	
	DIETICIAN TO ADDRESS THE NUTRITIONAL AND PHYSICAL NEEDS OF THE PEOPI	Ē
	PROJECT ANGEL FOOD SERVES. ONCE THE MEALS ARE COOKED, "PLATED" AND	
	SEALED, THEY MOVE TO DISPATCH. MEALS ARE DIVIDED INTO ROUTES THAT SE	ERVE
	ALL OF LOS ANGELES COUNTY - FROM LANCASTER TO LONG BEACH AND POMONA	TO
	THE WEST VALLEY.	
	PROJECT ANGEL FOOD'S PROFESSIONAL STAFF OF REGISTERED DIETICIANS,	
	CERTIFIED BY THE AMERICAN DIETETIC ASSOCIATION, IS SPECIALIZED IN	
	NUTRITION AND DISEASE. FOR EXAMPLE, THEY UNDERSTAND THAT PEOPLE	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4-		
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 ► 3,551,865.	
1000	Form 99	0 (2011)
132002 02-09-		

Part IV Checklist of Required Schedules

PROJECT ANGEL FOOD

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			Х
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		
15	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		
10	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	aan /	1110

Form **990** (2011)

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Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			37
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		37	
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?	١		v
0.5	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Λ
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	051		Х
26	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
36		26		Х
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		- 22
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	31		-22
38	Note. All Form 990 filers are required to complete Schedule O	38	х	
	Note: All Form 330 mais are required to complete Schedule O	J0		

Form **990** (2011)

Prom 990 (2011) PROJECT ANGEL FOOD Part V Statements Regarding Other IRS Filings and Tax Compliance

Second Comparison Seco		Check if Schedule O contains a response to any question in this Part V				
b Enter the number of Forms W2G included in line 1s. Enter 6-1 Find applicable					Yes	No
b Enter the number of Forms W26 included in line 1a. Enter o'. If not applicable Obt the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	14		
c Dit the organization comply with backup withholding rules for reportable gamments to vendors and reportable gaming (gammling) withings to prize withinsers? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unreated business gross income of \$1,000 or more during the year? 3b If 1 Yes, 1 has it filed a Form 990-T for this year? If 1No, 1 provide an explanation in Schedule O 3b If 1 Yes, 1 has it filed a Form 990-T for this year? If 1No, 1 provide an explanation in Schedule O 3b If 1 Yes, 2 including 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, so-curities account, or other financial account)? 4a At any time the name of the foreign country. 5b If 1 Yes, 3 inter the name of the foreign country. 5c Was the organization have the organization that it was to is a party to a prohibited tax whether transaction. 5c If 1 Yes, 1 to line 5a or 5b, did the organization that it was to is a party to a prohibited tax without the organization have an ordination and any time during the tax year? 5c If 1 Yes, 1 to line 5a or 5b, did the organization that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible? 5c If 1 Yes, 1 to line 5a or 5b, did the organization file Form 8886-17 6c If 1 Yes, 1 to line organization have an ordination an express statement that such contributions or grits were not tax deductible? 6c If 1 Yes, 1 to line organization have excess of \$5 made party as a contribution and party for goods and services provided to the payor? 6c If 1 Yes, 1 which the organization in the form separation file Form 8989 as required to the file organization in the form 8990 areq	b		1b	0		
2a Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements. b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines Ta and 2a is greater than 250, you may be required to e-file (see instructions) 3a X Note. If the sum of lines Ta and 2a is greater than 250, you may be required to e-file (see instructions) 3a IX	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gaming			
2a Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements. b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines Ta and 2a is greater than 250, you may be required to e-file (see instructions) 3a X Note. If the sum of lines Ta and 2a is greater than 250, you may be required to e-file (see instructions) 3a IX		(gambling) winnings to prize winners?		1с		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b If "Yes," has it filed a Form 900-T for this year? If "No," provide an explanation in Schedule O 4a At any time during the calendary year, did the organization have an inferest 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)? 4b If "Yes," enter the name of the freingin country. ► See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax select that a year? 5b If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax select that a year? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax select that select transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax select that select transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax select that select transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax select that select transaction? 5c If "Yes," to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6a X 7b If "Yes," include on include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organization that may receive deductible contributions under section 170(c). 8d If "Yes," include any partial party organization include with every solicitation an express provided? 7c	2a					
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1 and 2a is greater than 250, you may be required to refle (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b If "Yes," has it filed a Form 990 T for this year? If "No.", provide an explanation in Schedule O 3a At any time during the calendary year, did the organization have an inferest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account!? 4a At any time the manne of the foreign country. ► See instructions for filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c In the secondary of the properties of the secondary of the secondary of the organization solicit any contributions that were not tax deductible? 5b If "Yes," to line 5a or 5b, did the organization include with very solicitation an express statement that such contributions or gifts were not tax deductible? 5c In the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 5c In the organization selection of the value of the goods or services provided? 5c In the organization selection of the value of the goods or services provided? 5c In the organization selection of the value of the goods or services provided? 5c In the organization in contribution of qualified intelectual property for which it was required. 5c In the organization intellection of qualified intelectual property		filed for the calendar year ending with or within the year covered by this return	2a	58		
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? b if Yes, 'has it flied a Form 9901 for this year? if "No," provide an explanation in Schedule O d At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts) b if Yes, 'there the name of the foreign country: See instructions for fling requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial accounts. Sa Was the organization or party to a prohibited tax shelter transaction at any time during the tax year? 5a Was 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? 6b If Yes, 'to line 5a or 5b, did the organization fle Form 8886-17? 6c If Yes, 'to did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b If Yes, 'to did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). a bid the organization sele, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If Yes, 'did the organization neceive any funds, directly or indirectly, on a personal benefit contract? 7d If the organization sele, exchange, or otherwise dispose of tangible personal property for which it was required? 1f If the organization received a contribution of cars, boats, an planes or other vehicles, did the organization file Form 8899 as required? 1f If the organization, curring they year, pay permitums, directly or indirectly, on a personal benefit contract? 7f If If the organization make any taxable distribution to a donor, donor advised organization file F	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b	X	
b if "Yes," has it filed a Form 990-T for this year? If "No." provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly of the provided of the pr		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
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)? See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. By See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. By See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. By See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. By See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. By See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. By See instructions of See instructions of See instructions on the filing see instructions on the see instruction of the sea of the section 170(c). By See If Yes, indicate the number of Forms 8282 filed during the year By Section See instruction of the see instruction of cars, boats, airplanes, or other vehicles, did the organization. By See instruction of the see instruction of cars, boats, airplanes, or other vehicles, did the organization. By See instruction of the see instruction in cluded on Part VIII, line 12 By Section 501(c)/20 organization section them included on Part VIII,	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	X	
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b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13a 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	9	Sponsoring organizations maintaining donor advised funds.				
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12						
a Initiation fees and capital contributions included on Part VIII, line 12	b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		, , , , , , , , , , , , , , , , , , , ,				
Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b			1041?	12a		
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organization is licensed to issue qualified health plans 13b 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b						
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b		1			
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		organization is licensed to issue qualified health plans				
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			13c			17
						<u>X</u>
	b	It "Yes," has it filed a Form 720 to report these payments? It "No," provide an explanation in Schedule	e U		000	(0044)

Form 990 (95-4115863	Page 6
Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 t		ponse
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule (O. See instructions.	
	Check if Schedule O contains a response to any question in this Part VI		X

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 19)		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 15)		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		1
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	1
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion 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 (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, a	nd finar	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ation:	_	
	MARGARET STEELE - 323-845-1800			
	922 N. VINE STREET, LOS ANGELES, CA 90038			
13200	<u> </u>	F	000	(2011)

01-23-12

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A) Name and Title	(B) Average hours per week	box	not c , unle cer ar	ss pe	ition more rson i	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ARDIS MOE, M.D. BOARD MEMBER	1.00	x			4			0.	0.	0.
(2) CHIP SULLIVAN	1.00	┝			ľ			0.	0.	<u></u>
BOARD MEMBER	1.00	X						0.	0.	0.
(3) DARREN STAR	+	 							•	
BOARD MEMBER	1.00	x						0.	0.	0.
(4) DEBORAH MCLEOD								-		
BOARD MEMBER	1.00	X	1					0.	0.	0.
(5) JAYSON OERTEL (RESIGNED)										
BOARD MEMBER	1.00	X						0.	0.	0.
(6) DON A FRACCHIA (RESIGNED)										
BOARD MEMBER	1.00	Х						0.	0.	0.
(7) JOHN MCLLWEE		l								_
BOARD MEMBER	1.00	Х						0.	0.	0.
(8) REV. LEE WALKER (RESIGNED)	1 00	,,							_	0
BOARD MEMBER	1.00	Х						0.	0.	0.
(9) MARK MARGOLIS BOARD MEMBER	1.00	x						0.	0.	0.
(10) OCTAVIO BECERRA (RESIGNED)	1.00	<u> </u>						0.	0.	<u> </u>
BOARD MEMBER	1.00	X						0.	0.	0.
(11) PAULEY PERRETTE	1.00	123							•	
BOARD MEMBER	1.00	x						0.	0.	0.
(12) PETER HELENEK										
BOARD MEMBER	1.00	X						0.	0.	0.
(13) LEE GONZALEZ										
BOARD MEMBER	1.00	Х						0.	0.	0.
(14) SHANNON MILLARD										
BOARD MEMBER	1.00	Х						0.	0.	0.
(15) DIANA RODRIGUEZ									_	_
BOARD MEMBER	1.00	Х						0.	0.	0.
(16) LISA BERNSTEIN	1 1 1 1									^
BOARD MEMBER	1.00	Х						0.	0.	0.
(17) JOE MANNIS	1 00	Į.,							_	0
BOARD MEMBER	1.00	X						0.	0.	0.

132007 01-23-12

Form **990** (2011)

_	990 (2011) PROJECT 2	ANCET E	امر	n						95-41	115	963	-)
	990 (2011) PROJECT A VII Section A. Officers, Directors, Tru					nd l	Hiah	t	Componented Employ			003		Page
<u> </u>	(A) Name and title	(B) Average hours per week (describe	(do box offi		Pos heck ss pe	c) sition more erson) than is bot	one th an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		ar	(F) stimat nount other	t of
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	C)	org an	rom th janiza d rela anizat	tion ted
	FAY MOSELEY	1 00												_
	D MEMBER	1.00	Х	<u> </u>			_		0.		0.			0
	GEORGE ANDERSON	1 00	7.											^
	D MEMBER	1.00	Х						0.		0.			0
	ROBIN FUJIMOTO	1 00	\ _v						0.		^			^
CHAI	ROBERT BAUER	1.00	Х		Х		-	_	0.		0.			0
	CHAIR	1.00	x		х				0.		0.			0
	RODERICK CARTER	1.00	<u> </u>		^		\vdash	\vdash	0.					
	SURER	1.00	X		Х				0.		0.			0
	PETER M. GURSKI	1.00	123						·		<u> </u>			
	ETARY	1.00	x		х				0.		0.			0
(24)	MARGARET STEELE		 								-			
CEO		37.50			х				165,731.		0.	2	0,7	748
(25)	BEN STILP (RESIGNED 11/11)												- , -	
CFO		37.50			X				72,891.		0.		3,9	43
(26)	DAVID RANDALL (BEGAN 1-5-12)								,		\neg			
CFO		37.50			Х				0.		0.			0
1b	Sub-total	•						•	238,622.		0.	2	4,6	91
	Total from continuation sheets to Part V								0.		0.			0
d	Total (add lines 1b and 1c)			<u>.</u>			\blacktriangleright		238,622.		0.	2	4,6	91
2	Total number of individuals (including but r	ot limited to th	ose	liste	ed a	bove	e) wl	ho r	eceived more than \$100	0,000 of reportable	е			
	compensation from the organization													
											ſ		Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	•		e, ke	•	•	•	-		•		,		X
4	For any individual listed on line 1a, is the su								her compensation from			3		1
-	and related organizations greater than \$15	•		-						the organization		4	х	
5	Did any person listed on line 1a receive or	•												
	rendered to the organization? If "Yes," com	•				•			•			5		Х
Sec	tion B. Independent Contractors	•											•	
1	Complete this table for your five highest co the organization. Report compensation for	-	-								pens	ation	from	
	(A) Name and business	address	N	INC	E				(B) Description of s	services	С	ompe	C) nsatio	on
								- 1						

Form **990** (2011)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

132009 01-23-12

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).

Check if Schedule O contains a respons	se to any question in thi			
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
Grants and other assistance to governments and			·	·
organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in				
the United States. See Part IV, line 22				
3 Grants and other assistance to governments,				
organizations, and individuals outside the				
United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors,				
trustees, and key employees	257,142.	211,351.	17,010.	28,78
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	1,602,207.	1,313,810.	112,155.	176,24
8 Pension plan accruals and contributions (include				
section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	206,941.	173,831.	6,208.	26,90
0 Payroll taxes	195,357.	158,240.	11,721.	25,39
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	48,542.	32,037.	1,942.	14,56
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	13,021.	8,594.	521.	3,90
12 Advertising and promotion	99,512.	90,556.	2,985.	5,97
13 Office expenses	93,705.	69,911.	5,004.	18,79
14 Information technology				
15 Royalties				
16 Occupancy	327,238.	269,454.	19,634.	38,15
7 Travel	1,200.	516.	36.	64
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	43,224.	35,444.	2,593.	5,18
Payments to affiliates				
22 Depreciation, depletion, and amortization	263,413.	242,340.	7,902.	13,17
23 Insurance	48,764.	40,474.	2,926.	5,36
Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
a FOOD & CONTAINERS	734,316.	734,316.		
b DIRECT MAIL	219,780.			219,78
c MEAL DELIVERY	87,506.	86,631.		87
d REPAIRS AND MAINTENANCE	39,495.	35,545.	1,185.	2,76
e All other expenses	56,461.	48,815.	2,678.	4,96
Total functional expenses. Add lines 1 through 24e	4,337,824.	3,551,865.	194,500.	591,45
Joint costs. Complete this line only if the organization				
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2011)
Part X | Balance Sheet

Pa	rt X	Balance Sheet						
						(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				24,177.	1	55,008.
	2	Savings and temporary cash investments					2	
	3	Pledges and grants receivable, net				433,368.	3	753,753.
	4	Accounts receivable, net				190,156.	4	158,915.
	5	Receivables from current and former officers, di						,
	•	employees, and highest compensated employee						
		of Schedule L		5				
	6	Receivables from other disqualified persons (as					Ť	
		4958(f)(1)), persons described in section 4958(c						
		employers and sponsoring organizations of sect		-				
		employees' beneficiary organizations (see instru					6	
şts	7	Notes and loans receivable, net					7	
Assets	8	Inventories for sale or use				6,550.	8	2,500.
⋖	9	Duran sid a consequence and defermed also consequence				88,188.	9	0.
	I	Land, buildings, and equipment: cost or other	I I			00,2001	٦	
	loa	basis. Complete Part VI of Schedule D	102	8.457.6	541.			
	b	Less: accumulated depreciation	10a	8,457,6 1,427,5	594.	7,270,724.	10c	7,030,047.
	11					1,210,1240	11	7,030,017.
	12	Investments - publicly traded securities					12	
	13						13	
	14	Investments - program-related. See Part IV, line					14	
		Intangible assets					15	
	15	Other assets. See Part IV, line 11				8,013,163.	16	8,000,223.
	16 17	Total assets. Add lines 1 through 15 (must equa				742,516.	17	523,948.
	18	Accounts payable and accrued expenses				742,510.	18	323,340.
	19	Grants payable					19	
	20	Deferred revenue					20	
	21	Tax-exempt bond liabilities					21	
Liabilities	1	Escrow or custodial account liability. Complete I Payables to current and former officers, director					21	
į	22	highest compensated employees, and disqualifi						
Lia		of Coloodydo I			''''	125,000.	22	0
	22					4,102,873.	23	4,036,996.
	23	Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated				4,102,013	24	4,030,000
	25	Other liabilities (including federal income tax, pa					24	
	23	parties, and other liabilities not included on lines	-		of			
		Calcadula D					25	
	26	Total liabilities. Add lines 17 through 25				4,970,389.	26	4,560,944.
	20	Organizations that follow SFAS 117, check he		X and compl	oto.	1737073031	20	1/300/3110
w		lines 27 through 29, and lines 33 and 34.	31 C P	and comp	ere			
č	27	<u> </u>				2,823,178.	27	2,976,617.
alar	28	Unrestricted net assets Temporarily restricted net assets				219,596.	28	462,662.
Ä	29					213 / 33 0 •	29	102,002.
Ĕ	29	Organizations that do not follow SFAS 117, cl		ere ▶ ☐ an			25	
Ē			ieck iie	re P and	u			
ខ្ម	20	complete lines 30 through 34.					30	
sse	30	Capital stock or trust principal, or current funds					31	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or eq					32	
Se	32	Retained earnings, endowment, accumulated in				3,042,774.	33	3,439,279.
	33	Total liabilities and not assets fund balances				8,013,163.	34	8,000,223.
	34	Total liabilities and net assets/fund balances				0,010,100.	J -1	Eorm 990 (2011)

Form **990** (2011)

UIII	1990 (2011)			000	гау	JC • —
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>, 73</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	, 33		
3	Revenue less expenses. Subtract line 2 from line 1	3				05.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3	,04	2,7	74.
5	Other changes in net assets or fund balances (explain in Schedule O)	5				0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	3	,43	9,2	79 .
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule C).			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a				
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit			
	Act and OMB Circular A-133?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			3b	Х	

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

Open to Public Inspection

Name of the organization

PROJECT ANGEL FOOD

Employer identification number

Part I	Resear		rity Status (All organiz	zationa mu	et comple	to this nor	t) Soo inc	tructions	90) - 411	000	
								uucuons.				
ne orga	1	•	because it is: (For lines is, or association of chur	•		-	•	,				
2			7 0(b)(1)(A)(ii). (Attach Sc			-CHOII 170	(D)(I)(A)(I)	,.				
3			ital service organization			170(b)(1)	(A)(iii).					
4		•	operated in conjunction					(b)(1)(A)(i	ii). Enter th	ne hospita	ıl's nan	ne,
•	city, and stat		,						,			,
5	1		benefit of a college or un	niversity o	wned or or	perated by	/ a govern	mental un	it describe	d in		
		(b)(1)(A)(iv). (Compl		-		·	-					
6	A federal, sta	ate, or local governm	nent or governmental uni	t describe	d in sectio	n 170(b)(1)(A)(v).					
7 X		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). (Comple	ete Part II.)									
8	A community	trust described in	section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9	An organizat	ion that normally red	ceives: (1) more than 33	1/3% of its	s support f	rom contri	ibutions, n	nembersh	ip fees, an	d gross re	eceipts	from
	activities rela	ited to its exempt fu	nctions - subject to certa	ain excepti	ions, and (2) no more	e than 33	1/3% of its	s support f	rom gross	s invest	tment
	income and	unrelated business t	axable income (less sec	tion 511 ta	ax) from bu	sinesses a	acquired b	y the orga	anization a	fter June	30, 197	75.
	1	509(a)(2). (Complete	·									
10 📙			perated exclusively to te									
11 🗀			perated exclusively for the									or
			ations described in secti	,			2). See se e	ction 509	(a)(3). Che	ck the box	x that	
		· · · · · ·	organization and compl									
	a		* *		e III - Fund	-	-			Type III -		
e		•	at the organization is not		-	•			-			an
			than one or more publicly						9(a)(1) or s	ection 50	9(a)(2).	
f			tten determination from	A								
~		rganization, check to										. –
g			organization accepted ar directly controls, either al								Yes	No
			upported organization?						(III) Delow,	11g(i)	_	NO
	-		n described in (i) above?									
			a person described in (i) a									
h			about the supported or							. [119(111	/1	
	1 TOVIGE LITE I	ollowing information	about the supported of	garnzation	(3).							
(i) Nam	e of supported	(ii) EIN	(iii) Type of	(iv) Is the o	organization	(v) Did vo	u notify the	(vi) ls	s the	(vii) A	mount c	ıf.
` '	ganization	(11) ETN	organization (described on lines 1-9	in col. (i) li	sted in your	organizat	tion in col.	organizáti (i) organiz	on in col. zed in the		pport	,,
·			above or IRC section	governing	document?	(i) of you	r support?	(i) organiz U.S	5.?			
			(see instructions))	Yes	No	Yes	No	Yes	No			
Γotal												

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

Schedule A (Form 990 or 990-EZ) 2011

132021 01-24-12

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5262933.	4796535.	4306162.	4268124.	4679701.	23313455.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	5262933.	4796535.	4306162.	4268124.	4679701.	23313455.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						764,028.
6	Public support. Subtract line 5 from line 4.						22549427.
Sed	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	5262933.	4796535.	4306162.	4268124.	4679701.	23313455.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	42,968.	214.	1,520.	3,025.	16.	47,743.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)				29,620.	33,498.	
11	Total support. Add lines 7 through 10						23424316.
	Gross receipts from related activities,	•	,				,272,525.
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
<u> </u>	organization, check this box and stor	here					>
	ction C. Computation of Publ						06 07
	Public support percentage for 2011 (14	96.27 %
	Public support percentage from 2010					15	95.80 %
16a	33 1/3% support test - 2011. If the c						
	stop here. The organization qualifies						
b	33 1/3% support test - 2010. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						. \square
	meets the "facts-and-circumstances"	-	=				
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
40	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b		nd see instruction	

132022 01-24-12

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Calendar year (or fiscal year beginning in) P Gifts, grants, contributions, and memberaltip fees received. (Do not include any "unusual grants.") Gines precipits from admissions, formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Giross receipits from admissions, formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Giross receipits from admissions, formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Giross receipits from activities that are not an unrelated trade or bus- iness under services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 A Amounts included on lines 1, 2, and 3 received from disqualified paramos b Amounts more of Samor in the organization's benefit on ines 2 and 3 seekee 6 Total. Add lines 1 and 7 b 8 Public support (assessing type) 9 Amounts from ine 6 10a Gross income from interest, childrend, payments received on secretic payments for the support 10a Gross income from interest, childrend, payments received on secretic payments or the business and income form similar socurces by means and income from similar socurces b Unreceived to the services of capital 11 Not income from unrelated business whether or not the business is negliarly carried on C. Computation of Public Support Percentage 8 Section B. Total busy from businesses acquired after view 30, 1975 15 Public support percentage from 2010 Schedule A, Part II, line 17 18 Investment income percentage from 2010 Schedule A, Part II, line 17 19 Investment income percentage from 2010 Schedule A, Part II, line 17 19 Investment income percentage from 2010 Schedule A, Part II, line 17 19 Investment income percentage from 2010 Schedule A, Part II, line 17 10 Investment income percentage from 2010 Schedule A, Part II, line 17 10 Investment income percentage in the condition of the check the box on in 14, and line 1	Section A. Public Support	ow, picase com	piete i art ii.j				
1 Giffs, grants, contributions, and membership tees received. (Do not include any "unusual grants.") 2 Gress receipts from admissions, formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 5 The value of sarvices or facilities furnished by a governmental unit to the organization whould trange of the organization of the organization of the organization whould trange of the organization whould trange of the organization whould trange of the organization organization organization organization organization of the organization or		(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
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b 33 1/3% support tests - 2010. 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	more than 33 1/3%, check this box and	d stop here. The	e organization qual	ifies as a publicly	supported organiz	ation	
	b 33 1/3% support tests - 2010. If the o	rganization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%,	and
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	line 18 is not more than 33 1/3%, chec	k this box and s	top here. The orga	anization qualifies	as a publicly supp	orted organization	
	20 Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in	structions	<u> </u>

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2011

Name of the organization Employer identification number

PROJECT ANGEL FOOD 95-4115863

Organization type (check one):							
Filers of	:	Section:					
Form 990	or 990-EZ	X 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					
General	Rule	(i), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
	contributor. Comple	ete Parts I and II.					
Special	Rules						
X	509(a)(1) and 170(b	(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections (1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	total contributions of	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or uelty to children or animals. Complete Parts I, II, and III.					
	contributions for us If this box is checke purpose. Do not co	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, e exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. In the did not total contributions that were received during the year for an exclusively religious, charitable, etc., and the parts unless the General Rule applies to this organization because it received nonexclusively 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 Part I, 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 Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

Employer identification number

PROJECT ANGEL FOOD

95-4115863

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$120,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$118,708.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
102452 01 22		\$Schedule R (Form 6	Person Payroll Noncash (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). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
122452 01 22		\$\$	90 990-F7 or 990-PF\ (2011)

Schedule B (Form 990, 990-EZ, or 990-PF) (2011) Name of organization Employer identification number FOOD 95-4115863 religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the PROJECT ANGEL FOOD

Part III Facturatively religious,

e duplicate copies of Part III if addit	(c) Use of gift	
		(d) Description of how gift is held
Transferee's name, address	(e) Transfer of gift	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift	
Transferee's name, address	s, and ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address	(e) Transfer of gift	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift	
Transferee's name, address	s, and ZIP + 4	Relationship of transferor to transferee
	(b) Purpose of gift Transferee's name, address (b) Purpose of gift Transferee's name, address (b) Purpose of gift	(b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (c) Use of gift (d) Use of gift (e) Transfer of gift (f) Use of gift (g) Use of gift (h) Purpose of gift (h) Purpose of gift (c) Use of gift

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990. ➤ See separate instructions.

2011
Open to Public Inspection

Name of the organization

PROJECT ANGEL FOOD

Employer identification number

Doi	rt I Organizations Maintaining Donor Advised I	Funda or Other Similar Funda	95-4115005
Pa			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 writ		
	are the organization's property, subject to the organization's exc	clusive legal control?	Yes
6	Did the organization inform all grantees, donors, and donor advis	sors in writing that grant funds can be u	ised only
	for charitable purposes and not for the benefit of the donor or do	onor advisor, or for any other purpose c	onferring
Pa	rt II Conservation Easements. Complete if the organi	ization answered "Yes" to Form 990, Pa	art 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 educ	cation) Preservation of an histo	orically important land area
	Protection of natural habitat	Preservation of a certification	ied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form o	f a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic struct	ure included in (a)	2c
d	Number of conservation easements included in (c) acquired after	er 8/17/06, and not on a historic structur	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	sed, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation easen	nent is located >	
5	Does the organization have a written policy regarding the period	lic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it ho	olds?	Yes
6	Staff and volunteer hours devoted to monitoring, inspecting, and	d enforcing conservation easements du	ring the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and enfo	orcing conservation easements during t	he year ▶ \$
8	Does each conservation easement reported on line 2(d) above s	atisfy the requirements of section 170(h	n)(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 s	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	's financial statements that describes th	ne organization's accounting for
	conservation easements.		
Pai	rt III Organizations Maintaining Collections of A		her Similar Assets.
	Complete if the organization answered "Yes" to Form 990	D, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 9	958), not to report in its revenue stateme	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibit	tion, education, or research in furtheran	ce of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describes	s these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 9	958), to report in its revenue statement a	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, educ	ation, or research in furtherance of publ	lic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
			L 4
2	If the organization received or held works of art, historical treasu	ires, or other similar assets for financial	gain, provide
	the following amounts required to be reported under SFAS 116	(ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		

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

Schedule D (Form 990) 2011

	t III Organizations Maintaining C	Collections of A		reasures, or	r Other			otinued)
3	Using the organization's acquisition, accessi							-
3	(check all that apply):	on, and other record	is, check any or the	FIGHOWING MAL	are a sigi	illicarit use o	i its collecti	on items
а	Public exhibition	d	I Dan or eve	change progran	ne			
b	Scholarly research	e		change program				
C	Preservation for future generations	e						
4	Provide a description of the organization's co	alloctions and avalai	n how thoy further t	the organization	n'e ovomr	ot purposo in	Dart VIV	
5	During the year, did the organization solicit of						rait Aiv.	
3	to be sold to raise funds rather than to be ma						Yes	□ No
Pai	t IV Escrow and Custodial Arran							
	reported an amount on Form 990, Pa		oto ii trio organizati	on answered i	103 1010	71111 330, 1 art	10, 1110 0, 0	'1
	Is the organization an agent, trustee, custod		diary for contribution	ns or other ass	ets not in	cluded		
	on Form 990, Part X?						Yes	□ No
b	If "Yes," explain the arrangement in Part XIV							
-	Too, explain the arrangement in arrang	and complete the re	moving table.				Amou	nt
С	Beginning balance					1c	7 11 11 5 51	
	Additions during the year							
	Distributions during the year							
f	Ending balance							
2a	Did the organization include an amount on F						Yes	□ No
	If "Yes," explain the arrangement in Part XIV.							
Pai			swered "Yes" to Fo	orm 990, Part I\	/, line 10.			
	·	(a) Current year	(b) Prior year	(c) Two years	back (d)) Three years b	ack (e) For	ır years back
1a	Beginning of year balance							
	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance	The state of the s						
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1g, column (a)) held as:				
а	Board designated or quasi-endowment		_%					
b	Permanent endowment >	%						
С	Temporarily restricted endowment ▶	%						
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%.						
За	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	and administere	ed 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	s listed as required o	on Schedule R?				3b	
4	Describe in Part XIV the intended uses of the							
Pai	t VI Land, Buildings, and Equipm		 					
	Description of property	(a) Cost or o		t or other		umulated	(d) Bo	ok value
		basis (investr	nent) basis	(other)	depre	eciation		
	Land			71 600		14 066		
	Buildings		6,97	71,699.		34,866.	6,63	86,833
	Leasehold improvements			26,242.		L7,280.		8,962
d	Equipment			9,243.		05,093.	31	4,150
	Other			10,457.	27	70,355.		0,102
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line	10(c).)			7,03	30,047

Schedule D (Form 990) 2011

Part VII Investments - Other Securities.	See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(4) E' '11 ' ''		Oost of end-or-year market value
(1) Financial derivatives		
(2) Closely-held equity interests(3) Other		
(A)		
(A) (B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(1)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	•	
Part VIII Investments - Program Related.		
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)	4	
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, li		
	(a) Description	(b) Book value
(1)	(a) Social pale.	(3) 2001. 10.00
(1)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col (B) I		
		>
		>
Part X Other Liabilities. See Form 990, Part	X, line 25.	ook value
Part X Other Liabilities. See Form 990, Part	X, line 25.	iok value
Part X Other Liabilities. See Form 990, Part 1. (a) Description of liability	X, line 25.	nok value
Part X Other Liabilities. See Form 990, Part 1. (a) Description of liability (1) Federal income taxes	X, line 25.	ook value
Part X Other Liabilities. See Form 990, Part 1. (a) Description of liability (1) Federal income taxes (2)	X, line 25.	ook value
Part X Other Liabilities. See Form 990, Part 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	X, line 25.	ook value
Part X Other Liabilities. See Form 990, Part 1. (a) Description of liability (1) Federal income taxes (2) (3) (4)	X, line 25.	ook value
Part X Other Liabilities. See Form 990, Part 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	X, line 25.	ook value
Part X Other Liabilities. See Form 990, Part 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	X, line 25.	ook value
Part X Other Liabilities. See Form 990, Part 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	X, line 25.	ook value
Part X Other Liabilities. See Form 990, Part 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)	X, line 25.	pok value
Part X Other Liabilities. See Form 990, Part 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	X, line 25. (b) Bo	ook value

2. FIN 4 132053 01-23-12

Schedule D (Form 990) 2011

Pai	t XI	Reconciliation of Change in Net Assets from Form 990	to Audited	Financial Sta	atement	
1	Total	revenue (Form 990, Part VIII, column (A), line 12)		1		4,734,329.
2	Total	expenses (Form 990, Part IX, column (A), line 25)		2		4,337,824.
3	Exces	ss or (deficit) for the year. Subtract line 2 from line 1				396,505.
4		nrealized gains (losses) on investments				
5		ted services and use of facilities				
6		tment expenses				
7		period adjustments				
8		(Describe in Part XIV.)				
9		adjustments (net). Add lines 4 through 8				
10		ss or (deficit) for the year per audited financial statements. Combine lines 3				396,505.
		Reconciliation of Revenue per Audited Financial Staten			r Return	
1	Total	revenue, gains, and other support per audited financial statements			1	4,750,406.
2		unts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net u	nrealized gains on investments	2a			
b		ted services and use of facilities		16,07	7.	
С		veries of prior year grants				
d		(Describe in Part XIV.)				
е		ines 2a through 2d			2e	16,077.
3		act line 2e from line 1			3	16,077. 4,734,329.
4	Amou	unts included on Form 990, Part VIII, line 12, but not on line 1:				
а		tment expenses not included on Form 990, Part VIII, line 7b	4a			
b		(Describe in Part XIV.)				
		ines 4a and 4b			4c	0.
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			···	4,734,329.
		Reconciliation of Expenses per Audited Financial State				
1		expenses and losses per audited financial statements				4,353,901.
2		unts included on line 1 but not on Form 990, Part IX, line 25:				
а		ted services and use of facilities	2a	16,07	7.	
b		year adjustments				
С		losses	1 - 1			
d	Other	(Describe in Part XIV.)				
е		ines 2a through 2d	-		2e	16,077.
3	Subtr	ract line 2e from line 1				4,337,824.
4		unts included on Form 990, Part IX, line 25, but not on line 1:				
а		tment expenses not included on Form 990, Part VIII, line 7b	4a			
b		(Describe in Part XIV.)				
		ines 4a and 4b			4c	0.
5		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	4,337,824.
Pai		Supplemental Information				
		his part to provide the descriptions required for Part II, lines 3, 5, and 9; Par art XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also co	*			
					Sched	ule D (Form 990) 2011

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open To Public Inspection

Name of the organization PROJECT ANGEL FOOD						Employer identification number 95-4115863		
Part I Fundraising Activities. required to complete this part	Complete if the organization answer.	ered "\	es" to	Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not	
 Indicate whether the organization rais a Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a written of key employees listed in Form 990, Pab If "Yes," list the ten highest paid indicompensated at least \$5,000 by the 	sed funds through any of the following set of the solicitar of the solicit	tion of tion of fundra (includerofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	Yes		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No					
		V						
Total			•					
List all states in which the organizatio or licensing.	n is registered or licensed to solicit	contrib	outions	s or has been notified	d it is	exempt from re	egistration	
LUA Department Paduction Act Notice	and the leasure of the cooperation of the cooperati	000				Pahadula C /Fa	n 990 or 990-F7) 2011	

132081 01-23-12

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events DIVINE (add col. (a) through 5 DESIGN ANGEL ART col. (c)) (total number) (event type) (event type) Revenue 1,300,925. 941,052. 541,039. 2,783,016. 1 Gross receipts 170,970. 554,239 873,829 1,599,038. 2 Less: Charitable contributions 746,686. 67,223. 370,069. 1,183,978. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes **Direct Expenses** 71,374. 8,332. 70,471. 150,177. 6 Rent/facility costs 141,223. 23,007. 164,230. Food and beverages 13,389. 1,721 15,110. 8 Entertainment 520,700. 274,870 854,461. Other direct expenses 1,183,978, 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10 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. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Direct | 4 Rent/facility costs **5** Other direct expenses Yes Yes No 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column d, and line 7 **9** Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2011

Schedule G (Form 990 or 990-EZ) 2011 PROJECT ANGEL FOOD	95-4115863 Page 3
11 Does the organization operate gaming activities with nonmembers?	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership of	
to administer charitable gaming?	Yes
13 Indicate the percentage of gaming activity operated in:	
a The organization's facility	
b An outside facilityEnter the name and address of the person who prepares the organization's gaming/special	
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 received	es gaming revenue?
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 gamin	g proceeds to
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exemp	t organizations or spent in the
organization's own exempt activities during the tax year ▶ \$	
Part IV Supplemental Information. Complete this part to provide the explanations require lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide the explanations require lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable.	
inles 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to p	Tovide any additional information (see instructions).
132083 01-23-12	Schedule G (Form 990 or 990-EZ) 2011

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.

PROJECT ANGEL FOOD

OMB No. 1545-0047

2011

Open to Public Inspection

Employer identification number

95-4115863

Name of the organization

Part I **Questions Regarding Compensation** Yes No 1a 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. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) 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 1b 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? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III. X Written employment contract Compensation committee Independent compensation consultant Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee 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: X **a** Receive a severance payment or change-of-control payment? X **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 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: Х a The organization? X **b** Any related organization? If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation

a The organization?

b Any related organization?

not described in lines 5 and 6? If "Yes," describe in Part III

initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments

Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

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

Schedule J (Form 990) 2011

6a

7

contingent on the net earnings of:

Regulations section 53.4958-6(c)?

If "Yes" to line 6a or 6b, describe in Part III.

Х

X

Х

Х

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(B) Breakdown of N		N-2 and/or 1099-MISC compensation		(C)	(D)	(E)	(F)
(A) Name	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported as deferred in prior Form 990
(i)	165,731.	0.	0.	0.	20,748.	186,479.	0.
1 MARGARET STEELE (ii)		0.	0.	0.	0.	0.	0.
(i)							
(i)							
3 (ii)							
(i) _4 (ii)							
(i)							
_5 (ii)							
(i)							
_6 (ii)							
(i)							
(i)							
8 (ii)							
9 (ii)							
(i)							
_10 (ii)							
(i)							
_11 (ii)							
(i)							
(i)							
13 (ii)							
(i)							
14 (ii)							
(i)							
_16 (ii)							

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2011
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 III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

UNDERGOING CHEMOTHERAPY OFTEN HAVE NO INTEREST IN EATING AND THAT EVERY

BITE MUST BE NUTRITIONALLY POWERFUL. THEREFORE, PROJECT ANGEL FOOD

PURCHASES FOOD WITH A HIGH PROTEIN COUNT, SERVES IMPACTFUL VEGETABLES

LIKE BROCCOLI AND SPINACH, AND MAKES SURE THAT DESSERTS ARE

NUTRITIONALLY VALUABLE SUCH AS APPLES AND ORANGES.

DURING FISCAL YEAR 2012, THE AGENCY ALSO CONTINUED ITS IMPORTANT

PROGRAM OF COMMUNITY GARDEN PARTNERSHIPS WHEREBY PROJECT ANGEL FOOD

GROWS SOME OF ITS OWN FRESH, ORGANIC PRODUCE FOR THEIR LIFE-SAVING

MEALS IN COMMUNITY GARDENS AND GARDENS DEDICATED SOLELY TO THE AGENCY'S

WORK. SINCE THE GARDEN PROGRAM'S INCEPTION, THE AGENCY HAS HARVESTED

MORE THAN 2,300 POUNDS OF FRESH PRODUCE. OVER TIME, THIS PROGRAM HAS

HAD A POSITIVE IMPACT ON THE QUALITY OF THE MEALS PROVIDED AND IN THE

AGENCY'S EXPENSES.

PROJECT ANGEL FOOD'S BREAKFAST - CRITICAL FIRST MEAL PROGRAM, WHICH
SUPPLEMENTS THEIR REGULAR MEAL DELIVERY, IS AIMED AT THEIR MOST

VULNERABLE CLIENTS: THOSE WITH SO FEW RESOURCES THAT THEY RELY

EXCLUSIVELY ON PROJECT ANGEL FOOD FOR THEIR FOOD NEEDS. PROJECT ANGEL

FOOD KNOWS THAT THE ADDITIONAL BREAKFAST MEAL HAS A POSITIVE IMPACT ON

THEIR CLIENTS@WELL-BEING BY PROVIDING CRUCIAL CALORIES AND NUTRIENTS

AND REDUCING THE LEVEL OF FOOD INSECURITY. BREAKFAST IS ALSO VITAL

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

Schedule O (Form 990 or 990-EZ) (2011)

132211 01-23-12 BECAUSE MANY OF THEIR CLIENTS TAKE MORNING MEDICATIONS AND THEY NO

LONGER HAVE TO DO SO ON AN EMPTY STOMACH (OR WORSE, DELAY THEIR

MEDICATIONS UNTIL THEIR MID-DAY MEAL ARRIVES.)

THE AGENCY UNDERSTANDS THE MANY ROLES IT PLAYS IN PEOPLE'S RECOVERY

FROM, OR STABILIZATION WITH, A LIFE-THREATENING ILLNESS. FOR EXAMPLE,

ILLNESS CAN BE ISOLATING AND THE PROJECT ANGEL FOOD DELIVERY DRIVER CAN

TOO OFTEN BE THE ONLY HUMAN INTERACTION A CLIENT HAS IN HIS/HER

HOMEBOUND DAY. WITH THIS IN MIND, PROJECT ANGEL FOOD ALSO DELIVERS

BIRTHDAY BAGS ON EACH PERSON'S SPECIAL DAY, FILLED WITH UTILITARIAN

ITEMS AND SPECIAL TREATS; THE GIFT BAGS ARE DECORATED BY ELEMENTARY

SCHOOL CHILDREN. NATIONAL HOLIDAYS ARE ALSO RECOGNIZED WITH SPECIAL

DESSERTS OR SMALL GIFTS

THE PEOPLE PROJECT ANGEL FOOD SERVES. PROJECT ANGEL FOOD PROUDLY

SERVES ANY MAN, WOMAN, OR CHILD STRUGGLING WITH HIV/AIDS, CANCER, OR

OTHER LIFE-THREATENING ILLNESS RENDERING THEM TOO WEAK TO SHOP FOR

GROCERIES OR COOK THEIR OWN MEALS. CLIENTS RANGE IN AGE FROM 14 - 99

YEARS OLD. PROJECT ANGEL FOOD SERVES ALL OF LOS ANGELES COUNTY AND

THEIR CLIENT POPULATION REFLECTS ITS DIVERSITY: 65% OF THEIR CLIENTS

ARE PEOPLE OF COLOR; THEY SERVE MORE WOMEN, 42%, THAN ANY TIME IN THEIR

HISTORY; THEY HONOR PEOPLE OF ALL SEXUAL ORIENTATIONS.

THE LIVES OF THE 2,200 UNDUPLICATED PEOPLE PROJECT ANGEL FOOD SERVES IN

A GIVEN YEAR HAVE TAKEN A DIFFICULT TURN DUE TO THE RAVAGES OF

HIV/AIDS, CANCER AND OTHER LIFE-THREATENING ILLNESS. A 33-YEAR-OLD

SINGLE MOTHER WITH TWO CHILDREN BATTLING BREAST CANCER, AN ELDERLY

COUPLE IN THEIR 80'S COPING WITH RENAL DISEASE, AND OLDER MAN IN HIS

Schedule O (Form 990 or 990-EZ) (2011)

30

60'S WITH HIV/AIDS, WHO CAME BACK ONTO SERVICE AFTER A PERIOD OF RECOVERY (A COMMON OCCURRENCE AMONG OUR HIV/AIDS CLIENTS AS THEY AGE).

THE MAJORITY OF PROJECT ANGEL FOOD'S CLIENTS ARE EVERYDAY PEOPLE WHO

LED PRODUCTIVE LIVES AND CAREERS PRIOR TO THEIR DISABILITY FROM

LIFE-THREATENING ILLNESS. THE ANNUAL PROJECT ANGEL FOOD CLIENT SURVEY

REVEALS A WIDE RANGE OF OCCUPATIONS HELD BY CLIENTS BEFORE THEIR

DIAGNOSIS - SCHOOL TEACHERS, NURSE ASSISTANTS, WELDERS, CARPENTERS,

LEGAL SECRETARIES, ENGINEERS, ACCOUNTANTS, TRUCK DRIVERS, COMPUTER

TECHNICIANS, HAIR STYLISTS AND SALESMEN.

EVALUATION OF PROJECT ANGEL FOOD PROGRAM. PROJECT ANGEL FOOD'S STAFF REGISTERED DIETICIANS, CLIENT SERVICES TEAM, KITCHEN STAFF, DISPATCH
AND DELIVERY DRIVING CREW - WORK TOGETHER TO MONITOR THE NUMBER OF
MEALS PLANNED, PREPARED, DELIVERED AND RECEIVED. THIS SYSTEM OF CHECKS
AND BALANCES ENSURES THAT NO ONE WHO NEEDS A MEAL IS MISSED, AND KEEPS
THE NUTRITION AND CLIENT SERVICES TEAM AWARE OF EACH PARTICULAR
CLIENT'S HEALTH.

PROJECT ANGEL FOOD ALSO DISTRIBUTES AN ANNUAL CLIENT SATISFACTION

SURVEY TO BETTER UNDERSTAND THE DEGREE TO WHICH THEY ARE MEETING THEIR

CLIENTS' NEEDS. THE SURVEY ALSO AFFORDS CLIENTS THE CHANCE TO

SELF-REPORT ON THE IMPACT THE PROGRAM IS HAVING ON THEIR LIVES WITH

ROOM FOR COMMENTS RELATING TO SERVICES.

THEIR WORK IS EFFECTIVE. ACCORDING TO THE MOST RECENT ANNUAL CLIENT SURVEY, 98% OF CLIENTS REPORT PROJECT ANGEL FOOD MEALS HAVE HELPED THEM

IMPROVE THEIR HEALTH AND 95% FEEL THAT THEY LEARNED A LOT ABOUT GOOD

31

PROJECT ANGEL FOOD

Employer identification number 95-4115863

NUTRITION WHILE ON SERVICE THUS EMPOWERING THEM TO EAT HEALTHIER ON

THEIR OWN. FURTHERMORE, AN EQUAL NUMBER, 95%, FELT THAT PROJECT ANGEL

FOOD SERVICE HAS REDUCED THEIR ANXIETY ABOUT FOOD WHILE HELPING THEM

TAKE THEIR MEDICATIONS. IN ADDITION, A MAJORITY OF THE CLIENT BASE

COMES THROUGH REFERRALS FROM DOCTORS, HOSPITALS, CLINICS, AND OTHER

PARTNERING MEDICAL ORGANIZATIONS WHO KNOW ABOUT THE AGENCY'S LONG

HISTORY OF RESPONSIVE NUTRITIONAL SUPPORT AND ITS POSITIVE IMPACT ON

MANAGING CHRONIC, LIFE-THREATENING DISEASE.

PROJECT ANGEL FOOD ALSO SEEKS ONGOING VERBAL FEEDBACK AND PERSPECTIVE

FROM THEIR CLIENTS THROUGH THE CLIENT ADVISORY BOARD (CAB) AND THE

PROJECT ANGEL FOOD BOARD OF DIRECTORS HAS TWO PLACES FOR FORMER CLIENTS

WHO SERVE AS FULL MEMBERS. THESE TWO CLIENT REPRESENTATIVES BRING A

UNIQUE PERSPECTIVE TO THE ORGANIZATION'S GOVERNANCE AND MAKE SURE THAT

THE FOCUS REMAINS ON THE BEST INTERESTS OF THE PEOPLE THAT PROJECT

ANGEL FOOD SERVES.

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.

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