

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2004

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2004 calendar year, or tax year beginning **JUL 1, 2004** and ending **JUN 30, 2005**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization PROJECT ANGEL FOOD		D Employer identification number 95-4115863
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 7574 SUNSET BOULEVARD		E Telephone number 323-845-1800
		City or town, state or country, and ZIP + 4 LOS ANGELES, CA 90046		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) <input type="checkbox"/>

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

Hand I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Website: **WWW.ANGELFOOD.ORG**

J Organization type (check only one) 501(c) (3) (insert no.) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

I Group Exemption Number

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **5,926,330.**

M Check if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Direct public support	1a	4,120,815.		
	b Indirect public support	1b	100,960.		
	c Government contributions (grants)	1c	397,782.		
	d Total (add lines 1a through 1c) (cash \$ 4,557,631. noncash \$ 61,926.)	1d			4,619,557.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4			15,600.
	5 Dividends and interest from securities	5			
	6 a Gross rents SEE STATEMENT 2	6a	164,550.		
	b Less: rental expenses SEE STATEMENT 3	6b	45,824.		
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c			118,726.
7 Other investment income (describe <input type="checkbox"/>)	7				
8 a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	25,532.	8a	2,200.		
	24,965.	8b	3,608.		
	567.	8c	<1,408.>		
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	STMT 4	STMT 5	<841.>	
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input checked="" type="checkbox"/>					
a Gross revenue (not including \$ 1,807,646. of contributions reported on line 1a)	9a	1,098,891.			
b Less: direct expenses other than fundraising expenses	9b	1,098,891.			
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c	SEE STATEMENT 6		0.	
10 a Gross sales of inventory, less returns and allowances	10a				
	b Less: cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11 Other revenue (from Part VII, line 103)	11				
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			4,753,042.	
Expenses	13 Program services (from line 44, column (B))	13		3,577,165.	
	14 Management and general (from line 44, column (C))	14		368,792.	
	15 Fundraising (from line 44, column (D))	15		779,024.	
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses (add lines 16 and 44, column (A))	17			4,724,981.
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		28,061.	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		3,142,201.	
	20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 7	20		13,889.	
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			3,184,151.

423001 01-13-05

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2004)

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
	(cash \$ _____ noncash \$ _____)	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25	207,532.	20,336.	24,393.
26	Other salaries and wages	26	1,791,593.	175,561.	210,580.
27	Pension plan contributions	27			
28	Other employee benefits	28	254,090.	4,912.	18,614.
29	Payroll taxes	29	181,620.	16,558.	23,384.
30	Professional fundraising fees	30			
31	Accounting fees	31	12,000.	12,000.	
32	Legal fees	32	4,943.	593.	544.
33	Supplies	33	20,754.	9,810.	2,516.
34	Telephone	34	29,309.	3,045.	2,820.
35	Postage and shipping	35	13,906.	617.	5,525.
36	Occupancy	36	267,688.	32,123.	29,446.
37	Equipment rental and maintenance	37	39,371.	3,502.	3,210.
38	Printing and publications	38	48,027.	4,744.	5,999.
39	Travel	39	18,066.	6,066.	3,920.
40	Conferences, conventions, and meetings	40			
41	Interest	41	5,606.	673.	616.
42	Depreciation, depletion, etc. (attach schedule) ...	42	75,656.	4,070.	4,257.
43	Other expenses not covered above (itemize):				
a	_____	43a			
b	_____	43b			
c	_____	43c			
d	_____	43d			
e	SEE STATEMENT 8	43e	1,754,820.	74,182.	443,200.
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44	4,724,981.	368,792.	779,024.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ 362,509. ; (ii) the amount allocated to Program services \$ 218,527. ;

(iii) the amount allocated to Management and general \$ 54,632. ; and (iv) the amount allocated to Fundraising \$ 89,350.

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose?

TO NOURISH INDIVIDUALS AFFECTED BY HIV AND AIDS.

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a	SEE STATEMENT A				
			(Grants and allocations \$ _____)		3,577,165.
b					
			(Grants and allocations \$ _____)		
c					
			(Grants and allocations \$ _____)		
d					
			(Grants and allocations \$ _____)		
e	Other program services (attach schedule)		(Grants and allocations \$ _____)		
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)				3,577,165.

Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year	
Assets	45 Cash - non-interest-bearing	456,611.	45 68,273.	
	46 Savings and temporary cash investments	25,607.	46 3,812.	
	47 a Accounts receivable	47a 347,537.	172,954.	47c 347,537.
	b Less: allowance for doubtful accounts	47b		
	48 a Pledges receivable	48a 70,853.	2,830.	48c 70,853.
	b Less: allowance for doubtful accounts	48b		
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		51c
	b Less: allowance for doubtful accounts	51b		
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	28,130.	53	29,593.
	54 Investments - securities STMT 9 STMT 10 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	406,854.	54	561,336.
	55 a Investments - land, buildings, and equipment: basis	55a 2,250,000.	2,224,576.	55c 2,218,220.
	b Less: accumulated depreciation	55b 31,780.		
	56 Investments - other		56	
	57 a Land, buildings, and equipment: basis	57a 1,610,177.	170,052.	57c 211,474.
	b Less: accumulated depreciation	57b 1,398,703.		
	58 Other assets (describe ▶ DEPOSITS)		37,872.	58 35,204.
59 Total assets (add lines 45 through 58) (must equal line 74)		3,525,486.	59 3,546,302.	
Liabilities	60 Accounts payable and accrued expenses	198,489.	60 101,290.	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable STMT 11	25,180.	64b	57,971.
	65 Other liabilities (describe ▶ SEE STATEMENT 12)	159,616.	65	202,890.
66 Total liabilities (add lines 60 through 65)		383,285.	66 362,151.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	806,536.	67 770,812.	
	68 Temporarily restricted	2,335,665.	68 2,413,339.	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	3,142,201.	73	3,184,151.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	3,525,486.	74	3,546,302.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
b	If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions 81a 0.		
b	Did the organization file Form 1120-POL for this year?		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b 616,000.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? N/A		
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members 85c N/A		
d	Section 162(e) lobbying and political expenditures 85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed CALIFORNIA		
b	Number of employees employed in the pay period that includes March 12, 2004 90b 66		
91	The books are in care of JOHN RYAN, DIRECTOR OF FINANCE Telephone no. 323-845-1800		
	Located at 7574 SUNSET BLVD., LOS ANGELES, CA ZIP + 4 90046		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A		

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
Note: Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments ...			14	15,600.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	118,726.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	<841.>	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		133,485.	0.
105 Total (add line 104, columns (B), (D), and (E))					133,485.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here Signature of officer _____ Date _____ Type or print name and title. _____

Paid Preparer's Use Only Preparer's signature _____ Date _____ Check if self-employed Preparer's SSN or PTIN _____

Firm's name (or yours if self-employed), address, and ZIP + 4 **GREEN HASSON & JANKS LLP**
 10990 WILSHIRE BLVD., 16TH FLOOR
 LOS ANGELES, CA 90024-3929 EIN _____

423161 01-13-05 Phone no. (310) 873-1600

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2004

Name of the organization PROJECT ANGEL FOOD	Employer identification number 95 4115863
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>LISA WOLTER</u> 7574 SUNSET BLVD, LOS ANGELES, CA 90046	DIR. DEV. 60	75,000.	2,760.	0.
<u>PAULA DEJEAN</u> 7574 SUNSET BLVD, LOS ANGELES, CA 90046	H.R. DIR. 60	66,950.	2,760.	0.
<u>JACQUELINE FARINA</u> 7574 SUNSET BLVD, LOS ANGELES, CA 90046	DIR SPEC EVTS 60	65,000.	2,760.	0.
<u>DON MACCAULEY</u> 7574 SUNSET BLVD, LOS ANGELES, CA 90046	DIR. OPER. 60	60,000.	2,760.	0.
<u>JOYA PARENTEAU</u> 7574 SUNSET BLVD, LOS ANGELES, CA 90046	DIR. PROG. 60	60,000.	2,760.	0.
Total number of other employees paid over \$50,000 ▶	2			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>NONE</u> -----		

Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	X	
e	Transfer of any part of its income or assets?		X
3 a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		X
b	Do you have a section 403(b) annuity plan for your employees?	X	
4 a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	3,405,219.	2,695,887.	3,743,920.	4,091,835.	13,936,861.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	2,149,332.	2,229,781.	1,473,143.	1,012,482.	6,864,738.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	167,852.	173,036.	12,366.	104,128.	457,382.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets			SEE STATEMENT 14	8,600.	8,600.
23 Total of lines 15 through 22	5,722,403.	5,098,704.	5,229,429.	5,217,045.	21,267,581.
24 Line 23 minus line 17	3,573,071.	2,868,923.	3,756,286.	4,204,563.	14,402,843.
25 Enter 1% of line 23	57,224.	50,987.	52,294.	52,170.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 288,057.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 113,886.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 14,402,843.
d Add: Amounts from column (e) for lines: 18 457,382. 19 22 8,600. 26b 113,886.					26d 579,868.
e Public support (line 26c minus line 26d total)					26e 13,822,975.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 95.9739%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2003) (2002) (2001) (2000)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2003) (2002) (2001) (2000)					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					27c N/A
d Add: Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 7 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) _____ _____ _____		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____	32d	
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended?	34b	
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is -	The lobbying nontaxable amount is -		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h .)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h .)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2004

Name of organization

PROJECT ANGEL FOOD

Employer identification number

95-4115863

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule-see instructions.)

General Rule-

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules-

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

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

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ► \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do 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, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2004)

Name of organization

Employer identification number

PROJECT ANGEL FOOD

95-4115863

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 100,960.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 210,316.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

FOOTNOTES

STATEMENT 1

FORM 990, PART IV, LINE 55:
 INVESTMENT - LAND, BUILDING AT JUNE 30, 2005 CONSIST
 OF THE FOLLOWING:

LAND AND BUILDING	2,250,000.
LESS: ACCUMULATED DEPRECIATION	<31,780.>
	<hr/>
PROPERTY AND EQUIPMENT (NET)	2,218,220.
	<hr/> <hr/>

FORM 990, PART IV, LINE 57:

PROPERTY AND EQUIPMENT AT JUNE 30, 2005 CONSIST
 OF THE FOLLOWING:

LEASEHOLD IMPROVEMENTS	712,131.
KITCHEN EQUIPMENT	285,781.
OFFICE EQUIPMENT	282,711.
VEHICLES	225,145.
EVENT EQUIPMENT	55,967.
FURNITURE AND FIXTURES	48,442.
	<hr/>
TOTAL	1,610,177.
LESS: ACCUMULATED DEPRECIATION	<1,398,703.>
	<hr/>
PROPERTY AND EQUIPMENT (NET)	211,474.
	<hr/> <hr/>

FORM 990 RENTAL INCOME STATEMENT 2

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
ALVARADO	1	164,550.
TOTAL TO FORM 990, PART I, LINE 6A		164,550.

FORM 990 RENTAL EXPENSES STATEMENT 3

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
OTHER RENTAL EXPENSES		39,468.	
DEPRECIATION		6,356.	
- SUBTOTAL -	1		45,824.
TOTAL TO FORM 990, PART I, LINE 6B			45,824.

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 4

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
175 SHARES STARBUCKS STOCK	9,956.	9,520.	0.	436.
20 SHARES UBS	1,615.	1,599.	0.	16.
EMAK SHARES	12,625.	12,504.	0.	121.
20 SHARES AMER. INTL. GROUP	1,336.	1,342.	0.	<6.>
TO FORM 990, PART I, LINE 8	25,532.	24,965.	0.	567.

FORM 990	GAIN (LOSS) FROM SALE OF OTHER ASSETS	STATEMENT	5
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DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
1996 FORD EXPLORER	06/30/00	01/19/05	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
ENTERPRISE FLEET SERVICES	2,200.	4,510.	0.	902.	<1,408.>
TO FM 990, PART I, LN 8	2,200.	4,510.	0.	902.	<1,408.>

FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	6
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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
DIVINE DESIGN	1,777,716.	883,030.	894,686.	894,686.	0.
ANGEL ART	388,250.	323,545.	64,705.	64,705.	0.
ANGEL AWARDS	487,935.	375,810.	112,125.	112,125.	0.
3RD PARTY EVENTS	115,886.	104,262.	11,624.	11,624.	0.
BOWL-A-THON	93,344.	78,805.	14,539.	14,539.	0.
DIVA'S	35,300.	34,977.	323.	323.	0.
HOLLYWOOD 100	8,106.	7,217.	889.	889.	0.
TO FM 990, PART I, LINE 9	2,906,537.	1,807,646.	1,098,891.	1098891.	0.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	7
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DESCRIPTION	AMOUNT
UNREALIZED INVESTMENT GAINS	13,889.
TOTAL TO FORM 990, PART I, LINE 20	13,889.

FORM 990	OTHER EXPENSES			STATEMENT	8
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
CONSULTANTS & OUTSIDE SERVICES	29,754.	19,519.	1,101.	9,134.	
DIRECT MAIL	681,652.	218,527.	54,632.	408,493.	
FOOD & CONTAINERS	757,979.	757,979.			
CLIENT OUTREACH AND EDUCATION	14,789.	14,789.			
UTILITIES	54,367.	43,489.	5,649.	5,229.	
AUTOMOTIVE	77,614.	75,435.	165.	2,014.	
INSURANCE	38,038.	29,725.	4,188.	4,125.	
PUBLICITY & COMMUNITY RELATIONS	34,049.	24,963.	3,879.	5,207.	
EMPLOYMENT RECRUITMENT	3,326.	866.	13.	2,447.	
MISCELLANEOUS	1,559.	1,252.	161.	146.	
VOLUNTEER MANAGEMENT	16,914.	16,597.	165.	152.	
STAFF & BOARD DEVELOPMENT	12,326.	9,116.	1,201.	2,009.	
DUES, SUBSCRIPTIONS & PUBLICATIONS	10,407.	7,912.	483.	2,012.	
BANK CHARGES	10,457.	7,959.	1,351.	1,147.	
LICENSES, FEES & PERMITS	11,589.	9,310.	1,194.	1,085.	
TOTAL TO FM 990, LN 43	1,754,820.	1,237,438.	74,182.	443,200.	

FORM 990	NON-GOVERNMENT SECURITIES			STATEMENT	9
SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
MUTUAL FUNDS	FMV	168,806.			168,806.
BONDS	FMV		272,721.		272,721.
TO FORM 990, LINE 54, COL B		168,806.	272,721.		441,527.

FORM 990

OTHER NOTES AND LOANS PAYABLE

STATEMENT 11

LENDER'S NAME TERMS OF REPAYMENT

FORD MONTHLY

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
12/01/02	11/01/05	21,685.	.00%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN

VEHICLE: FORD WINDSTAR VEHICLE'S LOAN

RELATIONSHIP OF LENDER

UNRELATED

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	3,011.

LENDER'S NAME TERMS OF REPAYMENT

FORD MONTHLY

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
08/01/03	07/01/07	19,919.	.00%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN

VEHICLE: FORD WINDSTAR VEHICLE'S LOAN

RELATIONSHIP OF LENDER

UNRELATED

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	9,960.

LENDER'S NAME		TERMS OF REPAYMENT	
LINE OF CREDIT		DUE ON DEMAND	
DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
		45,000.	7.25%
SECURITY PROVIDED BY BORROWER		PURPOSE OF LOAN	
LAND AND BUILDING		OPERATION	
RELATIONSHIP OF LENDER			
UNRELATED			
DESCRIPTION OF CONSIDERATION		FMV OF CONSIDERATION	BALANCE DUE
		0.	45,000.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B			57,971.
FORM 990	OTHER LIABILITIES	STATEMENT 12	
DESCRIPTION	AMOUNT		
ACCRUED SALARIES	44,557.		
ACCRUED VACATION	120,478.		
OTHER ACCRUED LIABILITIES	37,855.		
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	202,890.		

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 13

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JOHN GILE 7574 SUNSET BLVD LOS ANGELES, CA 90046	EXECUTIVE DIRECTOR 60	131,032.	2,760.	5,400.
JOHN RYAN 7574 SUNSET BLVD LOS ANGELES, CA 90046	DIRECTOR OF FINANCE 60	76,500.	2,760.	0.
MERRILY NEWTON 7574 SUNSET BLVD LOS ANGELES, CA 90046	CHAIR 1	0.	0.	0.
MARK MARGOLIS 7574 SUNSET BLVD LOS ANGELES, CA 90046	VICE CHAIR 1	0.	0.	0.
CAROL SMITHSON 7574 SUNSET BLVD LOS ANGELES, CA 90046	TREASURER 1	0.	0.	0.
INEZ BUSH 7574 SUNSET BLVD LOS ANGELES, CA 90046	SECRETARY 1	0.	0.	0.
ANTONIO LUGO 7574 SUNSET BLVD LOS ANGELES, CA 90046	BOARD MEMBER 1	0.	0.	0.
BRIAN D'ANGONA, M.D. 7574 SUNSET BLVD LOS ANGELES, CA 90046	BOARD MEMBER 1	0.	0.	0.
CAROL R. COBEN 7574 SUNSET BLVD LOS ANGELES, CA 90046	BOARD MEMBER 1	0.	0.	0.
DANTE DI LORETO 7574 SUNSET BLVD LOS ANGELES, CA 90046	BOARD MEMBER 1	0.	0.	0.
DAVID ZIMMERMAN 7574 SUNSET BLVD LOS ANGELES, CA 90046	BOARD MEMBER 1	0.	0.	0.

ESTHELLA PROVAS 7574 SUNSET BLVD LOS ANGELES, CA 90046	BOARD MEMBER 1	0.	0.	0.
EUGENE KEVORKIAN 7574 SUNSET BLVD LOS ANGELES, CA 90046	BOARD MEMBER 1	0.	0.	0.
HOPE RADER KURZ 7574 SUNSET BLVD LOS ANGELES, CA 90046	BOARD MEMBER 1	0.	0.	0.
JANET HOLDEN 7574 SUNSET BLVD LOS ANGELES, CA 90046	BOARD MEMBER 1	0.	0.	0.
MYLES SPAR, M.D., M.P.H. 7574 SUNSET BLVD LOS ANGELES, CA 90046	BOARD MEMBER 1	0.	0.	0.
PAUL PAPILE 7574 SUNSET BLVD LOS ANGELES, CA 90046	BOARD MEMBER 1	0.	0.	0.
SHARON WILSON 7574 SUNSET BLVD LOS ANGELES, CA 90046	BOARD MEMBER 1	0.	0.	0.
W. DAVID HARDY, M.D. 7574 SUNSET BLVD LOS ANGELES, CA 90046	BOARD MEMBER 1	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		<u>207,532.</u>	<u>5,520.</u>	<u>5,400.</u>

SCHEDULE A	OTHER INCOME			STATEMENT 14
DESCRIPTION	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT
FEE FOR SERVICES	0.	0.	0.	8,600.
TOTAL TO SCHEDULE A, LINE 22	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>8,600.</u>

YEAR
2004

California Exempt Organization Annual Information Return

FORM
199

MONTH DAY YEAR For calendar or fiscal year beginning JULY 1 2004 ,	MONTH DAY YEAR and ending JUNE 30 2005 .
IMPORTANT: Your number is required.	
California corporation number 1402514	Federal employer identification number (FEIN) 95-4115863
Corporation/Organization name PROJECT ANGEL FOOD	
Address 7574 SUNSET BOULEVARD	PMB no.
City State ZIP Code LOS ANGELES, CA 90046	

A Final return? Yes. Check applicable box. No

• Dissolved Withdrawn Merged/Reorganized (attach explanation)

If a box is checked, enter date _____

B Check forms filed this year: State: 109 100 100S 100W
Federal: 990 990EZ 990T 990PF 1041 1120H 1120

C If organization is exempt under R&TC Section 23701d and is a school, public charity, religious organization, or is controlled by a religious operation, check box. **See General Instruction F. No filing fee is required.** •

D Is this a group filing? See General Instruction N. _____ Yes No

E Accounting method used **ACCRUAL**

F Type of organization Exempt under Section 23701 **d** (insert letter)
 IRC Section 4947(a)(1) trust

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

Receipts and Revenues <small>(Enclose, but do not staple any payment.)</small>	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	1,306,773.
	2 Gross dues and assessments from members and affiliates	2	
	3 Gross contributions, gifts, grants, and similar amounts received. See instructions STMT 1	3	4,619,557.
	4 Total gross receipts for filing requirement test. Add line 1 through line 3 This line must be completed. If the result is less than \$25,000, see General Instruction C	4	5,926,330.
	5 Cost of goods sold	5	
	6 Cost or other basis, and sales expenses of assets sold	6	28,573.
	7 Total costs. Add line 5 and line 6	7	28,573.
	8 Total gross income. Subtract line 7 from line 4	8	5,897,757.
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	5,869,696.
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	28,061.
Filing Fee	11 Filing fee \$10 or \$25. See General Instruction F	11	N/A
	12 Penalty for failure to file on time. See General Instruction L	12	
	13 Use tax. See instructions	13	
	14 Balance due. Add line 11, line 12, and line 13	14	

- 15** If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations Yes No
- 16** Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation and attach copies of revised documents Yes No
- 17** Is the organization exempt under R&TC Section 23701g? Yes No
If "Yes," enter amount of gross receipts from nonmember sources \$ _____
- 18** Did the organization file Form 100, Form 100S, 100W, or Form 109 to report taxable income? Yes No
If "Yes," enter amount of total income reported \$ _____
- 19** The financial records are in care of **JOHN RYAN, DIRECTOR OF FINANCE** Daytime telephone **323-845-1800**
located at **7574 SUNSET BLVD., LOS ANGELES, CA 90046**

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	Signature of officer _____	Date _____	Title _____ Daytime telephone _____
Paid Preparer's Use Only	Paid Preparer's signature _____	Date _____	Check if self-employed <input type="checkbox"/> • Paid preparer's SSN or PTIN P00401346
	Firm's name (or yours, if self-employed) and address GREEN HASSON & JANKS LLP 10990 WILSHIRE BLVD., 16TH FLOOR LOS ANGELES, CA 90024-3929	FEIN 95-1777440	Daytime telephone (310) 873-1600

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For Privacy Act Notice, get form FTB 1131.

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Form 199 C1 2004 Side 1

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2004.09000 PROJECT ANGEL FOOD

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

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	1,098,891.
	2	Interest	2	15,600.
	3	Dividends	3	
	4	Gross rents	4	164,550.
	5	Gross royalties	5	
	6	Gross amount received from sale of assets SEE STATEMENT 3	6	27,732.
	7	Other income	7	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	1,306,773.
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid	9	
	10	Disbursements to or for members	10	
	11	Compensation of officers, directors, and trustees SEE STATEMENT 4	11	207,532.
	12	Other salaries and wages	12	1,791,593.
	13	Interest	13	5,606.
	14	Taxes	14	181,620.
	15	Rents	15	307,059.
	16	Depreciation and depletion	16	75,656.
	17	Other SEE STATEMENT 5	17	3,300,630.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	5,869,696.

Schedule L Balance Sheets

Beginning of taxable year

End of taxable year

Assets	(a)	(b)	(c)	(d)
1 Cash		482,218.		72,085.
2 Net accounts receivable		172,954.		347,537.
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations		79,663.		119,809.
6 Investments in other bonds STMT 6		171,235.		272,721.
7 Investments in stock STMT 7		155,956.		168,806.
8 Mortgage loans (number of loans _____)				
9 Other investments				
10 a Depreciable assets	1,802,871.		1,927,967.	
b Less accumulated depreciation	(1,340,453.)	462,418.	(1,430,483.)	497,484.
11 Land		1,932,210.		1,932,210.
12 Other assets STMT 8		68,832.		135,650.
13 Total assets		3,525,486.		3,546,302.
Liabilities and net worth				
14 Accounts payable		198,489.		101,290.
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable STMT 9		25,180.		57,971.
17 Mortgages payable				
18 Other liabilities STMT 10		159,616.		202,890.
19 Capital stock or principle fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		3,142,201.		3,184,151.
22 Total liabilities and net worth		3,525,486.		3,546,302.

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000

1 Net income per books	28,061.	7 Income recorded on books this year not included in this return	
2 Federal income tax		8 Deductions in this return not charged against book income this year	
3 Excess of capital losses over capital gains		9 Total. Add line 7 and line 8	
4 Income not recorded on books this year		10 Net income per return	
5 Expenses recorded on books this year not deducted in this return		Subtract line 9 from line 6	28,061.
6 Total	28,061.		

FORM 199 CASH CONTRIBUTIONS OF \$5000 OR MORE STATEMENT 1
 INCLUDED ON PART I, LINE 3

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
MAC GLOBAL AIDS FUND	130 PRINCE STREET NEW YORK, NY		100,960.
ESTATE OF GORDON D. STRUBE	2500 ASTRIAL DRIVE LOS ANGELES, CA		210,316.
TOTAL INCLUDED ON LINE 3			311,276.

FOOTNOTES

STATEMENT 2

FORM 990, PART IV, LINE 55:
 INVESTMENT - LAND, BUILDING AT JUNE 30, 2005 CONSIST
 OF THE FOLLOWING:

LAND AND BUILDING	2,250,000.
LESS: ACCUMULATED DEPRECIATION	<31,780.>
PROPERTY AND EQUIPMENT (NET)	2,218,220.

FORM 990, PART IV, LINE 57:

PROPERTY AND EQUIPMENT AT JUNE 30, 2005 CONSIST
 OF THE FOLLOWING:

LEASEHOLD IMPROVEMENTS	712,131.
KITCHEN EQUIPMENT	285,781.
OFFICE EQUIPMENT	282,711.
VEHICLES	225,145.
EVENT EQUIPMENT	55,967.
FURNITURE AND FIXTURES	48,442.

STATEMENT(S) 1, 2
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PROJECT ANGEL FOOD

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TOTAL
LESS: ACCUMULATED DEPRECIATION

1,610,177.
<1,398,703.>

PROPERTY AND EQUIPMENT (NET)

211,474.

FORM 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 3

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
175 SHARES STARBUCKS STOCK	11/08/04	12/31/04	PURCHASED	9,520.	0.	0.	9,956.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
20 SHARES UBS	11/30/04	12/31/04	PURCHASED	1,599.	0.	0.	1,615.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
EMAK SHARES	11/30/04	12/31/04	PURCHASED	12,504.	0.	0.	12,625.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
20 SHARES AMER. INTL. GROUP	12/31/04	03/16/05	PURCHASED	1,342.	0.	0.	1,336.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
1996 FORD EXPLORER	06/30/00	01/19/05	PURCHASED	4,510.	902.	0.	2,200.

TOTAL TO FORM 199, PAGE 2, LN 6	29,475.	902.	0.	27,732.
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FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 4

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
JOHN GILE 7574 SUNSET BLVD LOS ANGELES, CA 90046	EXECUTIVE DIRECTOR 60	131,032.
JOHN RYAN 7574 SUNSET BLVD LOS ANGELES, CA 90046	DIRECTOR OF FINANCE 60	76,500.
MERRILY NEWTON 7574 SUNSET BLVD LOS ANGELES, CA 90046	CHAIR 1	0.
MARK MARGOLIS 7574 SUNSET BLVD LOS ANGELES, CA 90046	VICE CHAIR 1	0.
CAROL SMITHSON 7574 SUNSET BLVD LOS ANGELES, CA 90046	TREASURER 1	0.
INEZ BUSH 7574 SUNSET BLVD LOS ANGELES, CA 90046	SECRETARY 1	0.
ANTONIO LUGO 7574 SUNSET BLVD LOS ANGELES, CA 90046	BOARD MEMBER 1	0.
BRIAN D'ANGONA, M.D. 7574 SUNSET BLVD LOS ANGELES, CA 90046	BOARD MEMBER 1	0.
CAROL R. COBEN 7574 SUNSET BLVD LOS ANGELES, CA 90046	BOARD MEMBER 1	0.
DANTE DI LORETO 7574 SUNSET BLVD LOS ANGELES, CA 90046	BOARD MEMBER 1	0.
DAVID ZIMMERMAN 7574 SUNSET BLVD LOS ANGELES, CA 90046	BOARD MEMBER 1	0.

ESTHELLA PROVAS 7574 SUNSET BLVD LOS ANGELES, CA 90046	BOARD MEMBER 1	0.
EUGENE KEVORKIAN 7574 SUNSET BLVD LOS ANGELES, CA 90046	BOARD MEMBER 1	0.
HOPE RADER KURZ 7574 SUNSET BLVD LOS ANGELES, CA 90046	BOARD MEMBER 1	0.
JANET HOLDEN 7574 SUNSET BLVD LOS ANGELES, CA 90046	BOARD MEMBER 1	0.
MYLES SPAR, M.D., M.P.H. 7574 SUNSET BLVD LOS ANGELES, CA 90046	BOARD MEMBER 1	0.
PAUL PAPILE 7574 SUNSET BLVD LOS ANGELES, CA 90046	BOARD MEMBER 1	0.
SHARON WILSON 7574 SUNSET BLVD LOS ANGELES, CA 90046	BOARD MEMBER 1	0.
W. DAVID HARDY, M.D. 7574 SUNSET BLVD LOS ANGELES, CA 90046	BOARD MEMBER 1	0.

TOTAL TO FORM 199, PART II, LINE 11	207,532.
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FORM 199	OTHER EXPENSES	STATEMENT	5
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DESCRIPTION	AMOUNT
CONSULTANTS & OUTSIDE SERVICES	29,754.
DIRECT MAIL	681,652.
FOOD & CONTAINERS	757,979.
CLIENT OUTREACH AND EDUCATION	14,789.
UTILITIES	54,367.
AUTOMOTIVE	77,614.
INSURANCE	38,038.
PUBLICITY & COMMUNITY RELATIONS	34,049.
EMPLOYMENT RECRUITMENT	3,326.
MISCELLANEOUS	1,559.
VOLUNTEER MANAGEMENT	16,914.
STAFF & BOARD DEVELOPMENT	12,326.

DUES, SUBSCRIPTIONS & PUBLICATIONS	10,407.
BANK CHARGES	10,457.
LICENSES, FEES & PERMITS	11,589.
OTHER RENTAL EXPENSES	39,468.
DEPRECIATION	6,356.
DIRECT EXPENSES OF FUNDRAISING EVENTS	1,098,891.
OTHER EMPLOYEE BENEFITS	254,090.
ACCOUNTING FEES	12,000.
LEGAL FEES	4,943.
SUPPLIES	20,754.
TELEPHONE	29,309.
POSTAGE AND SHIPPING	13,906.
PRINTING AND PUBLICATIONS	48,027.
TRAVEL	18,066.
TOTAL TO FORM 199, PART II, LINE 17	3,300,630.

FORM 199	INVESTMENTS IN OTHER BONDS	STATEMENT	6
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
BONDS	171,235.	272,721.	
TOTAL TO FORM 199, SCHEDULE L, LINE 6	171,235.	272,721.	

FORM 199	INVESTMENTS IN STOCK	STATEMENT	7
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
MUTUAL FUNDS	155,956.	168,806.	
TOTAL TO FORM 199, SCHEDULE L, LINE 7	155,956.	168,806.	

FORM 199	OTHER ASSETS	STATEMENT	8
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PLEDGES RECEIVABLE	2,830.	70,853.	
PREPAID EXPENSES AND DEFERRED CHARGES	28,130.	29,593.	
DEPOSITS	37,872.	35,204.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	68,832.	135,650.	