

Form **990**
 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
2008
Open to Public Inspection

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

A For the 2008 calendar year, or tax year beginning 01-01-2008 and ending 12-31-2008

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
 LOS ANGELES REGIONAL FOODBANK
 Doing Business As
 Number and street (or P O box if mail is not delivered to street address) Room/suite
 1734 EAST 41ST STREET
 City or town, state or country, and ZIP + 4
 LOS ANGELES, CA 900581502

D Employer identification number
 95-3135649
E Telephone number
 (323) 234-3030
G Gross receipts \$ 46,982,856

F Name and address of Principal Officer
 MICHAEL FLOOD
 1734 E 41ST STREET
 LOS ANGELES, CA 90058

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 (If "No," attach a list See instructions)
H(c) Group Exemption Number ▶

I Tax-exempt status 501(c) (3) (Insert no) 4947(a)(1) or 527
J Web site: ▶ LAFOODBANK.ORG www.lafightshunger.org

K Type of organization Corporation trust association other ▶ **L** Year of Formation 1977 **M** State of legal domicile CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities See Additional Data Table		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of employees (Part V, line 2a)	5	73
	6 Total number of volunteers (estimate if necessary)	6	16,742
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	42,330,847	44,194,249
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,719,026	2,507,112
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	60,087	69,759
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	57,193	98,253
		45,167,153	46,869,373
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	37,780,206	38,311,713
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,448,949	4,278,107
	16a Professional fundraising fees (Part IX, column (A), line 11e)	404,234	391,125
	b (Total fundraising expenses, Part IX, column (D), line 25 <u>851,825</u>)		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	3,125,131	3,673,617
18 Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	44,758,520	46,654,562	
19 Revenue less expenses Subtract line 18 from line 12	408,633	214,811	
Net Assets or Fund Balances		Beginning of Year	End of Year
	20 Total assets (Part X, line 16)	12,203,582	12,100,608
	21 Total liabilities (Part X, line 26)	804,225	486,440
22 Net assets or fund balances Subtract line 21 from line 20	11,399,357	11,614,168	

Part II Signature Block

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

Please Sign Here
 Signature of officer: MICHAEL FLOOD PRESIDENT/CEO
 Date: 2009-07-14

Paid Preparer's Use Only
 Preparer's signature: Lior Temkin
 Date: 2009-07-13
 Check if self-employed:
 Preparer's PTIN (See Gen Inst)
 Firm's name (or yours if self-employed), address, and ZIP + 4: SINGERLEWAK LLP
 10960 WILSHIRE BLVD SUITE 1100
 LOS ANGELES, CA 900243783
 EIN:
 Phone no: (310) 477-3924

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

Part III Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization's mission

See Additional Data Table

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [x] No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting or make significant changes in how it conducts any program services? [] Yes [x] No
If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
Section 501(c)(3) and (4) organizations and 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 \$ 22,368,000 including grants of \$ 18,914,877) (Revenue \$ 0)
GENERAL DISTRIBUTION OF PRODUCT TO AGENCIES PROVIDES DONATED AND PURCHASED FOOD AND OTHER GROCERY PRODUCTS TO MORE THAN 500 CHARITABLE ORGANIZATIONS SERVING 900 SITES LOCATED THROUGHOUT LOS ANGELES COUNTY AGENCIES PROVIDE GROCERY PRODUCTS OR SERVE MEALS TO PEOPLE SEEKING OR REQUIRING ASSISTANCE AS DESIGNED BY THE PROGRAMS OF THE AGENCIES IN ORDER FOR AN AGENCY TO RECEIVE GROCERY PRODUCT FROM THE FOODBANK, AN AGENCY MUST COMPLETE THE FOODBANK'S APPLICATION PROCESS AND THE FOODBANK'S STAFF MUST CONDUCT AN ON-SITE MONITORING OF THE AGENCY'S SITE(S) ONCE APPROVED FOR MEMBERSHIP, AN AGENCY EITHER PICKS UP FROM THE FOODBANK'S DISTRIBUTION CENTER OR RECEIVES A FOODBANK DELIVERY DEPENDING ON THE LOCATION OF THE AGENCY "GRANTS" RELATE TO FOOD DISTRIBUTIONS TO CHARITABLE AGENCIES

4b (Code) (Expenses \$ 11,397,615 including grants of \$ 10,503,797) (Revenue \$ 0)
PRODUCE AND PERISHABLE FOOD DISTRIBUTION PROVIDES A VARIETY OF FRESH FRUITS AND VEGETABLES AND OTHER PERISHABLE FOOD ITEMS TO AGENCIES THE RAPID FOOD DISTRIBUTION PROGRAM IS A "JUST-IN-TIME" DELIVERY PROGRAM TO AGENCY SITES, AND AGENCIES ALSO PICK UP THESE FOOD ITEMS FROM THE FOODBANK'S DISTRIBUTION CENTER THE FOODBANK ACQUIRES DONATED FRESH PRODUCE FROM LOCAL DONORS AND THROUGH A VALUE-ADDED PROCESSING PROGRAM ADMINISTERED BY THE CALIFORNIA ASSOCIATION OF FOOD BANKS "GRANTS" RELATE TO FOOD DISTRIBUTIONS TO CHARITABLE ORGANIZATIONS

4c (Code) (Expenses \$ 6,672,568 including grants of \$ 5,696,860) (Revenue \$ 0)
EMERGENCY FOOD ASSISTANCE PROGRAM (EFAP) PROVIDES COMMODITIES RECEIVED FROM THE UNITED STATES DEPARTMENT OF AGRICULTURE (USDA) TO AGENCIES SERVING LOW-INCOME FAMILIES AND INDIVIDUALS EFAP IS PARTIALLY FUNDED BY USDA AND IS ADMINISTERED BY THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES "GRANTS" RELATE TO FOOD DISTRIBUTIONS TO CHARITABLE ORGANIZATIONS

(Code) (Expenses \$ 4,817,938 including grants of \$ 3,196,179) (Revenue \$)




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

4e Total program service expenses \$ 45,256,121 Must equal Part IX, Line 25, column (B).

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors? <input checked="" type="checkbox"/>	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		No
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/>		No
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/>		No
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/>	Yes	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> <input checked="" type="checkbox"/>	Yes	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> <input checked="" type="checkbox"/>	Yes	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the U S ?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? <i>If "Yes," complete Schedule F, Part I</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		No
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i> <input checked="" type="checkbox"/>	Yes	
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> <input checked="" type="checkbox"/>	Yes	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> <input checked="" type="checkbox"/>		No
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		No
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> <input checked="" type="checkbox"/>		No
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> <input checked="" type="checkbox"/>	Yes	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i> <input checked="" type="checkbox"/>	Yes	
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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		No
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? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		No

Part IV Checklist of Required Schedules *(Continued)*

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		No
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> 	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> 		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> 		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
36	501(c)(3) organizations: Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable		
	1a 84		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
	1c		
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return		
	2a 73		
b	If at least one is reported in 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 this return.	Yes	
2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		No
3a			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
3b			
4a	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)?		No
4a			
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5a			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5b			
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?		
5c			
6a	Did the organization solicit any contributions that were not tax deductible?		No
6a			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
6b			
7	<i>Organizations that may receive deductible contributions under section 170(c).</i>		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?		No
7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7f			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		No
7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		No
7h			
8	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
8			
9	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>		
a	Did the organization make any taxable distributions under section 4966?		
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
9b			
10	<i>Section 501(c)(7) organizations.</i> Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12		
	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
11	<i>Section 501(c)(12) organizations.</i> Enter		
a	Gross income from members or shareholders		
	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
	11b		
12a	<i>Section 4947(a)(1) non-exempt charitable trusts.</i> Is the organization filing Form 990 in lieu of Form 1041?		
12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	12b		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
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?		No
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?		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		No
6	Does the organization have members or stockholders?		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		No
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	the governing body?	Yes	
8b	each committee with authority to act on behalf of the governing body?	Yes	
9a	Does the organization have local chapters, branches, or affiliates?		No
9b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	Yes	
11	Is there any officer, director or 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		No

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	Yes	
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		
15a	The organization's CEO, Executive Director, or top management official?	Yes	
15b	Other officers or key employees of the organization? Describe the process in Schedule O		No
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?		No
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed CA
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 own website another's website upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization.
 USHA MURTHY
 1734 EAST 41ST STREET
 LOS ANGELES, CA 900581502
 (323) 234-3030

Part VIII Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a					
	b	Membership dues					
		1b					
	c	Fundraising events 109,492					
		1c					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e 10,238,905					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 33,845,852					
g	Noncash contributions included in lines 1a-1f \$ 36,079,171						
h	Total (Add lines 1a-1f)	44,194,249					
Program Service Revenue	2a	SHARED MAINTENANCE FEE	1,335,804	1,335,804			
	b	SHOP SMART AND SAVE	1,171,308	1,171,308			
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f \$ 2,507,112					
Other Revenue	3	Investment income (including dividends, interest other similar amounts)	69,759			69,759	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross Rents	(i) Real				
			(ii) Personal				
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
b	Less cost or other basis and sales expenses						
c	Gain or (loss)						
d	Net gain or (loss)						
8a	Gross income from fundraising events (not including \$ 109,492 of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 a		113,483				
		b	Less direct expenses b	113,483			
		c	Net income or (loss) from fundraising events				
9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 a						
		b	Less direct expenses b				
		c	Net income or (loss) from gaming activities				
10a	Gross sales of inventory, less returns and allowances a						
		b	Less cost of goods sold b				
		c	Net income or (loss) from sales of inventory				
	Miscellaneous Revenue	Business Code					
11a	DELIVERY FEES		23,375	23,375			
b	RECYCLING REVENUES		14,397	14,397			
c	REGISTRATION FEES		8,700	8,700			
d	All other revenue _____		51,781	51,781			
e	Total. Add lines 11a-11d \$ 98,253						
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		46,869,373	2,605,365	0	69,759	

Part IX Statement of Functional Expenses

**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	35,903,810	35,903,810		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	2,407,903	2,407,903		
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	365,926	180,587	65,515	119,824
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	3,359,301	2,876,658		254,587
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	24,819	22,055		2,764
9	Other employee benefits	300,438	262,524	26,289	11,625
10	Payroll taxes	227,623	182,152	16,912	28,559
11	Fees for services (non-employees)				
a	Management	199,982	173,682	13,435	12,865
b	Legal				
c	Accounting	57,086	46,810	5,709	4,567
d	Lobbying				
e	Professional fundraising See Part IV, line 17	391,125			391,125
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	120,733	106,476	14,257	
14	Information technology				
15	Royalties				
16	Occupancy	604,850	559,824	41,196	3,830
17	Travel	16,244	13,840	1,606	798
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	41,412	34,657	4,475	2,280
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	446,516	446,516		
23	Insurance	312,624	284,385	28,239	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	POSTAGE AND DELIVERY	590,513	572,464	18,049	
b	REPAIRS AND MAINTENANCE	364,220	347,861	12,188	4,171
c	UTILITIES	304,139	269,554	29,037	5,548
d	AUTO AND TRUCK	148,077	135,833	11,635	609
e	TELEPHONE	59,038	48,744	9,794	500
f	All other expenses	408,183	379,786	20,224	8,173
25	Total functional expenses. Add lines 1 through 24f	46,654,562	45,256,121	546,616	851,825
26	Joint Costs. Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	94,341	1	150,496
	2 Savings and temporary cash investments	3,148,183	2	2,678,093
	3 Pledges and grants receivable, net	548,945	3	728,197
	4 Accounts receivable, net	252,668	4	279,787
	5 Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	3,170,160	8	3,304,212
	9 Prepaid expenses and deferred charges	235,958	9	282,881
	10a Land, buildings, and equipment cost basis			
		10a 9,040,247		
	b Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b 4,363,305	4,753,327	10c 4,676,942
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>		12	
	13 Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>		13	
	14 Intangible assets		14	
15 Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	12,203,582	16	12,100,608	
Liabilities	17 Accounts payable and accrued expenses	503,642	17	201,736
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability <i>Complete Part IV of Schedule D</i>		21	
	22 Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities <i>Complete Part X of Schedule D</i>	300,583	25	284,704
	26 Total liabilities. Add lines 17 through 25	804,225	26	486,440
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	10,208,579	27	10,431,825
	28 Temporarily restricted net assets	1,090,778	28	1,072,343
	29 Permanently restricted net assets	100,000	29	110,000
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	11,399,357	33	11,614,168	
34 Total liabilities and net assets/fund balances	12,203,582	34	12,100,608	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
2b	Were the organization's financial statements audited by an independent accountant?	Yes	
2c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
3b	If "Yes," did the organization undergo the required audit or audits?	Yes	

SCHEDULE A (Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2008

Open to Public Inspection

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization LOS ANGELES REGIONAL FOODBANK

Employer identification number

95-3135649

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only one organization)

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

- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
(ii) a family member of a person described in (i) above?
(iii) a 35% controlled entity of a person described in (i) or (ii) above?

Table with 2 columns: Yes, No. Rows 11g(i), 11g(ii), 11g(iii)

h Provide the following information about the organizations the organization supports

Table with 7 columns: (i) Name of Supported Organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col (i) listed in your governing document?, (v) Did you notify the organization in col (i) of your support?, (vi) Is the organization in col (i) organized in the U S ?, (vii) Amount of support? Includes a Total row.

Part II Support Schedule for Organizations Described in IRC 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.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	56,136,162	42,822,404	42,749,926	42,330,847	44,059,077	228,098,416
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add line 1-3	56,136,162	42,822,404	42,749,926	42,330,847	44,059,077	228,098,416
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						36,762,694
6 Public Support subtract line 5 from line 4						191,335,722

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	56,136,162	45,204	42,749,926	42,330,847	44,059,077	228,098,416
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	35,029	45,204	36,884	60,087	69,759	246,963
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)	30,758	122,115	71,118	57,193	98,253	379,437
11 Total Support (Add lines 7 through 10)						228,724,816
12 Gross receipts from related activities, etc (See instructions)					12	13,904,188
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	83.650%
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	78.810%

- 16a 33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10% Facts and Circumstances Test - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization
- b 10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization
- 18 Private Foundation.** If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Total of lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total Support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Computation of Public Support Percentage

15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	
16 Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16	

Computation of Investment Income Percentage

17 Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h	18	

- 19a 33 1/3% Tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization

LOS ANGELES REGIONAL FOODBANK

Employer identification number

95-3135649

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)
2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

Table with 2 columns: Line number, Held at the End of the Year. Rows 2a-2d.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?
6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain why in Part XIV and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	169,303				
b Contributions	10,000				
c Investment earnings or losses	3,086				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	3,086				
g End of year balance	179,303				

2 Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment
- b** Permanent endowment
- c** Term endowment

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

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

Description of investment	(a) Cost or other basis (Investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		2,260,008		2,260,008
b Buildings		3,342,842	1,723,689	1,619,153
c Leasehold improvements				
d Equipment		1,501,178	1,182,325	318,853
e Other		1,936,219	1,457,291	478,928
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				4,676,942

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	46,869,373
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	46,654,562
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	214,811
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	0
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	214,811

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

1	Total revenue, gains, and other support per audited financial statements	1	46,908,775
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	39,402
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	39,402
3	Subtract line 2e from line 1	3	46,869,373
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	46,869,373

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

1	Total expenses and losses per audited financial statements	1	46,693,964
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	39,402
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	39,402
3	Subtract line 2e from line 1	3	46,654,562
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	46,654,562

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation

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

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2008

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue
Service

▶ **Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.**

Name of the organization
LOS ANGELES REGIONAL FOODBANK

Employer identification number
95-3135649

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? **Yes** **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
RUSS REID COMPANY	DIRECT MAIL SERVICE		No	894,470	530,817	363,653
Total						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.
CA

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>special events</u> (event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	222,975			222,975
	2 Less Charitable contributions	109,491			109,491
	3 Gross revenue (line 1 minus line 2)	113,484			113,484
Direct Expenses	4 Cash Prizes				
	5 Non-cash Prizes				
	6 Rent/Facility costs	11,702			11,702
	7 Other direct expenses	101,782			101,782
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				113,484
9 Net income summary Combine lines 3 and 8 in column (d) ▶				0	

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

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

		Yes	No
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?	9a	
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers?	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

13 Indicate the percentage of gaming activity operated in

- a** The organization's facility **13a**
- b** An outside facility **13b**

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

Name ▶ _____

Address ▶ _____

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

- 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

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions

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

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

	Yes	No
13a		
13b		
14		
15a		
16		
17a		

Schedule I (Form 990)

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Name of the organization LOS ANGELES REGIONAL FOODBANK

Employer identification number 95-3135649

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1: VARIOUS CHARITABLE ORGANIZATIONS, 99-9999999, 35,903,810, see schedule o, GROCERY PRODUCTS, see mission statement.

2 Enter total number of section 501(c)(3) and government organizations 515
3 Enter total number of other organizations 0

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

Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
GROCERY PRODUCTS	100916	0	2,407,903	see schedule o	GROCERY PRODUCTS

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Identifier	Return Reference	Explanation
Other Information	Part IV	THE FOODBANK DISTRIBUTES GROCERY PRODUCTS AND OTHER RESOURCES BASED ON THE NUMBER OF PEOPLE SERVED BY AGENCIES AND AN ESTIMATION OF THE DEMAND FOR FOOD ASSISTANCE IN GEOGRAPHIC AREAS THROUGHOUT LOS ANGELES COUNTY

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2008

Open to Public Inspection

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

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.**

Department of the Treasury
Internal Revenue Service

Name of the organization
LOS ANGELES REGIONAL FOODBANK

Employer identification number

95-3135649

Part I Questions Regarding Compensation

	Yes	No								
<p>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</p> <table border="0"> <tr> <td><input type="checkbox"/> First class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
<input type="checkbox"/> First class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)									
<p>1b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain</p>										
<p>2 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?</p>										
<p>3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a</p> <p>a Receive a severance payment or change of control payment?</p>		No								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>		No								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>		No								
<p>501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.</p>										
<p>5 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</p> <p>a The organization?</p>		No								
<p>b Any related organization?</p> <p>If "Yes," to line 5a or 5b, describe in Part III</p>		No								
<p>6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p> <p>a The organization?</p>		No								
<p>b Any related organization?</p> <p>If "Yes," to line 6a or 6b, describe in Part III</p>		No								
<p>7 For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>		No								
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>		No								

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
MICHAEL FLOOD	(i)	130,950				22,272	153,222	149,751
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE M (Form 990)

Non-Cash Contributions

OMB No 1545-0047

2008

Open to Public Inspection

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Department of the Treasury Internal Revenue Service

Name of the organization LOS ANGELES REGIONAL FOODBANK

Employer identification number

95-3135649

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of Contributions, (c) Revenues reported on Form 990, Part VIII, line 1g, (d) Method of determining revenues. Rows include Art, Books, Cars, Real estate, etc.

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

29

Table with 3 columns: Question, Yes, No. Contains questions 30a, 31, 32a, 33 regarding contribution policies and reporting.

**SCHEDULE O
(Form 990)**
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization
LOS ANGELES REGIONAL FOODBANK

Employer identification number
95-3135649

Identifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	<p>COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP) PROVIDES USDA COMMODITIES TO SENIORS AGE 60 AND OLDER, PREGNANT WOMEN, MOTHERS POSTPARTUM FOR UP TO ONE YEAR AND CHILDREN AGES ONE TO SIX BECAUSE OTHER GOVERNMENT PROGRAMS SERVE THE SAME POPULATION OF CHILDREN AND WOMEN, THE FOODBANK'S CSFP CLIENTELE IS 99% SENIORS THE VAST MAJORITY OF CSFP PRODUCT IS DISTRIBUTED BY FOODBANK STAFF TO RECIPIENTS AT SITES LOCATED THROUGHOUT LOS ANGELES COUNTY AN ANNUAL "CASELOAD" OF THE TOTAL NUMBER OF PEOPLE THE FOODBANK CAN SERVE IS DETERMINED BY THE PROGRAM'S ADMINISTRATOR, THE CALIFORNIA DEPARTMENT OF EDUCATION "GRANTS" RELATE TO DIRECT FOOD DISTRIBUTION TO INDIVIDUALS EXPENSES \$2,876,477 GRANTS \$2,240,225 REVENUE \$0 BROWN BAG PROGRAM PROVIDES GROCERY PRODUCTS TO AGENCIES SERVING PREDOMINANTLY SENIORS AGENCY REPRESENTATIVES PICK UP GROCERY PRODUCTS AT THE FOODBANK'S DISTRIBUTION CENTER ON FRIDAYS AND ASSEMBLE GROCERY BAGS AT THEIR DISTRIBUTION SITES "GRANTS" RELATE TO FOOD DISTRIBUTIONS TO CHARITABLE AGENCIES "GRANTS" INCLUDES \$1,518,814 WORTH OF FOOD DISTRIBUTION TO CHARITABLE AGENCIES, THAT IS PART OF THE GENERAL FOOD DISTRIBUTION "GRANT" NUMBER OF \$18,914,877 EXPENSES \$211,484 GRANTS \$0 REVENUE \$0 EMERGENCY FOOD AND SHELTER PROGRAM ADMINISTERED BY THE FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA) PROVIDES FUNDS FOR THE PURCHASE OF FOOD ITEMS BY THE FOODBANK FOR DISTRIBUTION TO AGENCIES AND THROUGH FOODBANK PROGRAMS "GRANTS" RELATE TO FOOD DISTRIBUTIONS TO CHARITABLE AGENCIES EXPENSES \$337,761 GRANTS \$337,761 REVENUE \$0 FOOD RESCUE PROGRAM IS DESIGNED TO UTILIZE VOLUNTEERS TO SORT SALVAGE AND OTHER PRODUCT DONATIONS FROM RETAILERS TO ENSURE THAT ONLY WHOLESOME PRODUCTS ARE DISTRIBUTED TO AGENCIES SERVED BY THE FOODBANK "GRANTS" RELATE TO FOOD DISTRIBUTIONS TO CHARITABLE AGENCIES "GRANTS" INCLUDES \$2,343,788 WORTH OF FOOD DISTRIBUTION TO CHARITABLE AGENCIES, THAT IS PART OF THE GENERAL FOOD DISTRIBUTION "GRANT" NUMBER OF \$18,914,877 EXPENSES \$453,657 GRANTS \$0 REVENUE \$0 PRODUCT DONATIONS IS THE FOODBANK'S SOLICITATION EFFORTS OF FOOD COMPANIES THROUGHOUT LOS ANGELES COUNTY EXTRA HELPINGS IS THE FOODBANK'S PROGRAM THAT LINKS AGENCIES DIRECTLY WITH DONORS IN ORDER TO QUICKLY PICK-UP AND DISTRIBUTE PREPARED AND PERISHABLE FOODS "GRANTS" RELATE TO FOOD DISTRIBUTIONS TO CHARITABLE AGENCIES "GRANTS" INCLUDES \$2,359,592 WORTH OF FOOD DISTRIBUTION TO CHARITABLE AGENCIES, THAT IS PART OF THE GENERAL FOOD DISTRIBUTION "GRANT" NUMBER OF \$18,914,877 EXPENSES \$211,408 GRANTS \$0 REVENUE \$0 KIDS CAFE (TM), USDA SUMMER FOOD SERVICE PROGRAM (SFSP) AND USDA CHILD AND ADULT FOOD PROGRAM (CAFP) PROVIDE NUTRITIOUS MEALS (SFSP) AND SNACKS (CAFP) TO LOW-INCOME CHILDREN AT AGENCY SITES LOCATED THROUGHOUT LOS ANGELES COUNTY KIDS CAFE (TM) IS A NATIONAL PROGRAM DEVELOPED BY FEEDING AMERICA SFSP FUNDING OFFSETS SOME OF THE FOOD AND OTHER COSTS ASSOCIATED WITH PROVIDING A MEAL TO CHILDREN DURING THE SUMMER CAFSP FUNDING OFFSETS SOME OF THE FOOD AND OTHER COSTS ASSOCIATED WITH PROVIDING A SNACK TO CHILDREN IN AFTER-SCHOOL PROGRAMS BOTH PROGRAMS ARE ADMINISTERED BY THE CALIFORNIA DEPARTMENT OF EDUCATION "GRANTS" RELATE TO FOOD DISTRIBUTIONS TO CHARITABLE AGENCIES EXPENSES \$478,272 GRANTS \$450,515 REVENUE \$0 BACKPACK PROGRAM PROVIDES FOOD TO CHILDREN TO CONSUME OVER THE COURSE OF THE WEEKEND PRINCIPALS, ADMINSTRATORS AND TEACHERS RECOMMEND WHICH CHILDREN ARE TO BE SERVED BY THE BACKPACK PROGRAM, AND FOODBANK STAFF AIDES IN THE DISTRIBUTION OF THE BACKPACKS OF FOOD AT SCHOOL SITES "GRANTS" RELATE TO DIRECT FOOD DISTRIBUTION TO INDIVIDUALS EXPENSES \$227,216 GRANTS \$167,678 REVENUE \$0 FOOD STAMP OUTREACH AND THE NUTRITION EDUCATION PROGRAM ARE PARTIALLY FUNDED BY THE USDA THROUGH THE CALIFORNIA DEPARTMENT OF HEALTH SERVICES AND THROUGH ITS AGENT, THE CALIFORNIA ASSOCIATION OF FOOD BANKS THE FOODBANK'S FOOD STAMP OUTREACH EFFORTS FOCUS ON LINKING AGENCY RECIPIENTS WHO ARE ELIGIBLE FOR THE FOOD STAMP PROGRAM (NOW CALLED THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM) WITH LOCAL LOS ANGELES COUNTY DEPARTMENT OF PUBLIC SOCIAL SERVICES' OFFICES NUTRITION EDUCATION EFFORTS FOCUS ON THE EDUCATION OF AGENCY REPRESENTATIVES AND THE RECIPIENTS OF FOODBANK PROGRAMS "GRANTS" RELATE TO FOOD DISTRIBUTIONS TO CHARITABLE AGENCIES EXPENSES \$21,663 GRANTS \$0 REVENUE \$0 TOTAL FOR ALL OTHER PROGRAMS (AS EXPLAINED ABOVE) Expenses \$ 4817938 including grants of \$ 3196179 Revenue \$ 0</p>
Form 990, Part VI, Section A, line 10		FORM 990 WAS PREPARED BY SINGER LEWAK LLP AND PRESENTED TO THE AUDIT COMMITTEE FOR REVIEW AT ITS APRIL 2009 MEETING
Form 990, Part VI, Section B, line 12c		ANNUALLY THE ORGANIZATION REQUIRES THE OFFICERS TO INFORM THEM IF THERE ARE ANY NEW OR EXISTING CONFLICTS OF INTEREST
Form 990, Part VI, Section B, line 15		For the president's salary, the Board relies on comparative salary information of other large food banks from around the country and of other Los Angeles-based social service organizations His performance review was conducted by the Board Chairman and the Immediate Past Chairman, and the full Board reviewed the salary information and passed a resolution setting his new salary The Calif Nonprofit Integrity Act requires the Board to review the salary and benefits of the CEO and CFO annually, which the Board reviews at the October meeting No changes have been made by the Board during this annual review of salary and benefits The Board then approves the overall budget that includes staff salary increases, and the increase is merit based on the annual performance review (as with all other employees), and the president approves the increase with all other staff increases during the February-March period when the annual performance reviews of the Foodbank staff is conducted
Form 990, Part VI, Section C, line 18		THE ORGANIZATION MAKES THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENT AVAILABLE FOR PUBLIC INSPECTION BY KEEPING "PUBLIC INSPECTION" COPIES AVAILABLE IN ORGANIZATION'S MAIN OFFICE
Form 990, Part VI, Section C, line 19		THE ORGANIZATION MAKES THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENT AVAILABLE FOR PUBLIC INSPECTION BY KEEPING "PUBLIC INSPECTION" COPIES AVAILABLE IN THE ORGANIZATION'S MAIN OFFICE
FORM 990 PART VII, COMPENSATION TO OFFICERS COLUMN F	AND FORM 990 SCHEDULE J PART II COLUMNS C AND D	AMOUNTS SHOWN IN ABOVE MENTIONED COLUMNS ARE FOR SECTION 403(b) EMPLOYER CONTRIBUTIONS AND SECTION 125 CAFETERIA PLAN CONTRIBUTIONS
FORM 990 SCHEDULE J LINE 1A	COMPENSATION INFORMATION - FOODBANK POLICIES	The following are the Foodbank's policies regarding travel, allowances and payments for personal expenses, the Foodbank does not authorize nor reimburse any of the following expenses for Foodbank staff members or anyone affiliated with the Foodbank * First-class or charter travel * Travel for companions * Tax indemnification and gross-up payments * Discretionary spending accounts * Housing allowance or residence for personal use * Payments for business use of personal residence * Health or social club dues or initiation fees * Personal services (maid, chauffeur, chef)
FORM 990 SCHEDULE I PAGE 1 COLUMN F	METHOD OF VALUATION	For Food industry donated food, the Foodbank uses a weighted average price per pound determined using studies commissioned by Feeding America, the nation's largest nongovernmental food distribution program For food received from the United States Department of Agriculture (USDA), food items are valued at actual food product prices provided by the USDA
FORM 990 SCHEDULE I PAGE 2 COLUMN E	METHOD OF VALUATION	For food received from the United States Department of Agriculture (USDA), food items are valued at actual food product prices provided by the USDA

Additional Data

Software ID:

Software Version:

EIN: 95-3135649

Name: LOS ANGELES REGIONAL FOODBANK

Form 990, Part I, Line 1 - Briefly describe the Organization's mission or most significant activities:

THE ORGANIZATION'S MISSION IS TO MOBILIZE RESOURCES TO FIGHT HUNGER IN OUR COMMUNITY. TO FULFILL ITS MISSION, THE FOODBANK:* Sources and acquires food and other products and distributes to needy people through charitable agencies or directly through programs; * Energizes the community to get involved and support hunger relief; * Conducts hunger education and awareness campaigns and advocates for public policies that alleviate hunger.

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

THE ORGANIZATION'S MISSION IS TO MOBILIZE RESOURCES TO FIGHT HUNGER IN OUR COMMUNITY. TO FULFILL ITS MISSION, THE FOODBANK: * Sources and acquires food and other products and distributes to needy people through charitable agencies or directly through programs; * Energizes the community to get involved and support hunger relief; * Conducts hunger education and awareness campaigns and advocates for public policies that alleviate hunger.

Software ID:
Software Version:
EIN: 95-3135649
Name: LOS ANGELES REGIONAL FOODBANK

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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