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Form 990-EZ

Short Form 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. 1545-1150

2008

Department of the Treasury Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

Open to Public Inspection

A For 2008 calendar year, or tax year beginning 2008, and ending 20

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: EMERGENCY FOOD BANK. D Employer identification number: 68-0002165. E Telephone number: (209) 464-7369. F Group Exemption Number.

G Accounting method: [X] Cash [] Accrual. Other (specify)

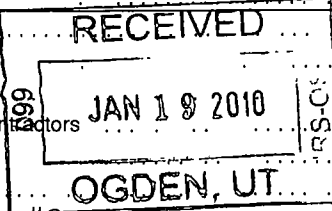
I Website: N/A. J Organization type (check only one) -- [X] 501(c)(3) (insert no) 4947(a)(1) or 527. H Check [] if organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF).

K Check [] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. \$ 595,225

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Table with 21 rows for Revenue, Expenses, and Assets. Revenue total: 595,225. Expenses total: 488,233. Net assets at end of year: 678,103.



Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

Table with 7 rows for Balance Sheets. (A) Beginning of year, (B) End of year. Total assets: 883,133. Total liabilities: 205,032. Net assets: 678,103.

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

Handwritten numbers 67 and 20.

SCANNED JAN 22 2010

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		X
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved. 38b		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____, section 4912 ▶ _____; section 4955 ▶ _____		
b	Section 501(c)(3) and (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," complete Schedule L, Part I		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. ▶ CA		
42a	The books are in care of ▶ See attachment #8 Telephone no. ▶ _____ Located at ▶ _____ ZIP + 4 ▶ _____		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	No
	If "Yes," enter the name of the foreign country ▶ _____		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
	If "Yes," enter the name of the foreign country: ▶ _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," was the related organization(s) a section 527 organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(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
NONE				
Total number of other employees paid over \$100,000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over \$100,000 . . . ▶		

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

Sign Here ▶ T. J. Viall Signature of officer 11-05-10 Date
 ▶ TIM VIALL EXEC DIR Type or print name and title.

Paid Preparer's Use Only Preparer's signature ▶ William E Hartley Date 12-30-2009 Check if self-employed Preparer's Identifying No. (See instr)
 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ WILLIAM E HARTLEY CPA EIN ▶
5250 CLAREMONT AVE STE 233 Phone no. ▶
Stockton, CA 95207- 209- 472-3650

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

Name of the organization: **EMERGENCY FOOD BANK** Employer identification number: **68-0002165**

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

The organization is not a private foundation because it is: (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 supported organization? N/A
 - (ii) A family member of a person described in (i) above? N/A
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above? N/A

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the organizations the organization supports

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

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

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

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")	327,201	430,721	381,102	493,190	888,667	2,520,881
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 lines 1-3	327,201	430,721	381,102	493,190	888,667	2,520,881
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						2,520,881

Section B. 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	327,201	430,721	381,102	493,190	888,667	2,520,881
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	243	801	5,921	7,197	9,084	23,246
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.)	14,412	7,860	10,369	5,950		38,591
11 Total support. Add lines 7 through 10						2,582,718
12 Gross receipts from related activities, etc (see instructions)					12	

13 **First five years:** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)).	14	97.61 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%

16a **33 1/3 % support 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 % support test -- 2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test -- 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 a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

REVENUE		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
		(event type)	(event type)	(total number)	(Add col (a) through col. (c))	
REVENUE	1	Gross receipts				
	2	Less. Charitable contributions				
	3	Gross revenue (line 1 minus line 2)				
DIRECT EXPENSES	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs				
	7	Other direct expenses				
	8	Direct expense summary. Add lines 4 through 7 in column (d)				()
	9	Net income summary. Combine lines 3 and 8 in column (d)				()

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.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) thru 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 checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____ % <input checked="" 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	X
b If "No," Explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____	10a	X
b If "Yes," Explain: _____		
11 Does the organization operate gaming activities with nonmembers? _____	11	X
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	X

			Yes	No
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?	15a		X
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 ▶ _____			
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17	Mandatory distributions:			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		X
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 ▶ \$ _____			

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return EMERGENCY FOOD BANK	Business or activity to which this form relates FOR FORM 990-EZ LINE 16	Identifying number 68-0002165
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	5	250,000
6 (a) Description of property	(b) Cost (busn use only)	(c) Elected cost
7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7.	8	
9 Tentative deduction Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	250,000
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2008	17	11,981
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B -- Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr (business/investment use only -- see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property		18,873	07	HY	200 DB	2,697
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C -- Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations -- see instructions	22	14,678
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

SCHEDULE OF OTHER REVENUE

Attachment 1: page 1 - 990-EZ Page 1, Part I, Line 8

Open to Public Inspection	For calendar year 2008 or tax period beginning	, and ending
Name of Organization EMERGENCY FOOD BANK		Employer Identification Number 68-0002165

Description of Other Revenue	Amount
MISC INCOME	22,527
Total	22,527

SCHEDULE OF OTHER EXPENSES

Attachment 2: page 1 - 990-EZ Page 1, Part I, Line 16

Open to Public Inspection	For calendar year 2008 or tax period beginning	, and ending
Name of Organization EMERGENCY FOOD BANK		Employer Identification Number 68-0002165

Description of Other Expenses	Amount
PROMOTIONAL	34,658
FOOD CASH	10,678
TELEPHONE	3,975
MISC EXP	3,250
CONFERENCES & MEETINGS	2,181
EQUIP RENTAL & REPAIR	1,324
BUILDING INSURANCE	15,347
MEDICAL INSURANCE	10,031
PAYROLL TAXES	25,975
PENSION	889
SUPPLIES/EQUIP	1,474
TRAVEL	40,489
DEPRECIATION 14678	
OTHER	67
RECAP	
DEPRECIATION 14678	
DETAIL ABOVE 150338	
TOTAL MISC 165016	
Total	150,338

SCHEDULE OF OTHER ASSETS

Attachment 3: page 1 - 990-EZ Page 1, Part I, Line 24

Open to Public Inspection	For calendar year 2008 or tax period beginning _____, and ending _____		
Name of Organization EMERGENCY FOOD BANK		Employer Identification Number 68-0002165	

Description of Other Assets	Beginning of Year	End of Year	EOY FMV (990-PF Only)
ACCOUNTS RECEIVABLE	217,979	207,394	
PREPAID EXP	3,597	450	
Totals	221,576	207,844	

SCHEDULE OF OTHER LIABILITIES

Attachment 4: page 1 - 990-EZ Page 1, Part II, Line 26

Open to Public Inspection	For calendar year 2008 or tax period beginning	, and ending
Name of Organization EMERGENCY FOOD BANK		Employer Identification Number 68-0002165

Description of Liability	Beginning of Year	End of Year
SECURED MORTGAGES	281,000	262,250
ACCOUNTS PAYABLE & ACCRUED EXPENSES	31,022	36,189
Totals	312,022	298,439

PRIMARY EXEMPT PURPOSE

Attachment 5: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2008 or tax period beginning	, and ending
Name of Organization	Employer Identification Number	
EMERGENCY FOOD BANK	68-0002165	

Primary Purpose

PROVIDING IMMEDIATE AND BASIC FOOD REQUIREMENTS FOR MORE THAN 100,000 NEEDY FAMILIES

PROGRAM SERVICE ACCOMPLISHMENT

Attachment 6: page 1 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2008 or tax period beginning	, and ending
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Name of Organization EMERGENCY FOOD BANK	Employer Identification Number 68-0002165
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Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	488,233
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Exempt Purpose Achievements

PROVIDING IMMEDIATE AND BASIC FOOD REQUIREMENTS FOR MORE THAN 100,000 NEEDY FAMILIES

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 7: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2008 or tax period beginning , and ending			
Name of Organization				Employer Identification Number
EMERGENCY FOOD BANK				68-0002165
(A) Name and Address	(B) Title and Average Hrs per Week	(C) Compensation (If not paid, enter 0)	(D) Cont to Employee Ben Plans & Def Comp.	(E) Expense Account & Other Allowances
JOHN CHRISTIAN	DIRECTOR 2.00	0	0	0
ANNA MARTIN	DIRECTOR 2.00	0	0	0
CAPTAIN PAOLETTI	DIRECTOR 2.00	0	0	0
DENA RUPERT	DIRECTOR 2.00	0	0	0
ANTHONY VIGNOLO	DIRECTOR 2.00	0	0	0
TIM ULMER	DIRECTOR 2.00	0	0	0
BRUCE GIUDICI	DIRECTOR 4.00	0	0	0
TIM VIALI	EXEC DIRECTOR 40.00	0	0	0
RALPH WOMACH	CHAIRMAN 4.00	0	0	0
DOUG CLARK	VICE CHAIR 4.00	0	0	0
TOM WILSON	TREASURER 4.00	0	0	0
JOHN MEEK	PAST CHAIRMAN 4.00	0	0	0
		0	0	0

BOOKS ARE IN CARE OF

Attachment 8 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection For calendar year 2008 or tax period beginning , and ending

Name of Organization EMERGENCY FOOD BANK Employer Identification Number 68-0002165

Part V - Line 42a

Individual Name or Business Name TIM VIALL

Street Address 7 W SCOTTS AVE

U S Address Zip code 95203-3431 City Stockton State CA

Foreign Address City Province or State Country Postal code Phone Number (209) 464-7369 Fax Number

2008 DETAIL STATEMENTS

EMERGENCY FOOD BANK
68-0002165

STATEMENT #1 - Printing, publication, postage (990 EZ PG 1 Line 15)		
PRINTING AND PUBLICATION.....	19,182	
POSTAGE & SHIPPING.....	12,025	
TOTAL CARRIED TO 990 EZ PG 1 Line 15.....		31,207

2008 Federal Depreciation Schedule

EMERGENCY FOOD BANK
68-0002165

12-30-2009

Description	Date	Method	Year	Cost	Land/ Other	§179	Spec Allow	Basis	Prior	Current
Form 990-EZ Line 16										
BUILDING	06-30-07	S/LMM	39	221	0	0	0	221	3	6
BUILDING	01-01-99	S/LMM	39	135,734	0	0	0	135,734	30,624	3,480
EQUIPMENT	01-01-99	200DBHY	7	29,437	0	0	0	29,437	26,496	0
EQUIPMENT	06-20-99	200DBHY	7	31	0	0	0	31	27	0
EQUIPMENT	07-25-02	200DBHY	7	2,269	0	0	0	2,269	1,362	203
EQUIPMENT	06-24-04	200DBHY	7	842	0	0	0	842	336	75
EQUIPMENT	06-30-06	200DBHY	7	9,146	0	0	0	9,146	1,372	1,600
EQUIPMENT	12-10-01	200DBHY	7	6,802	0	0	0	6,802	4,760	303
EQUIPMENT	06-30-05	200DBHY	7	22,398	0	0	0	22,398	5,600	2,798
EQUIPMENT	02-24-00	200DBHY	7	5,235	0	0	0	5,235	4,192	0
EQUIPMENT	06-30-07	200DBHY	7	2,837	0	0	0	2,837	142	695
EQUIPMENT	06-30-08	200DBHY	7	18,873	0	0	0	18,873	0	2,697
EQUIPMENT	12-23-03	200DBHY	7	2,059	0	0	0	2,059	1,030	184
FREEZER BLDG	06-30-06	S/LMM	39	19,298	0	0	0	19,298	736	495
FREEZER BLDG	06-30-05	S/LMM	39	83,538	0	0	0	83,538	4,230	2,142
15 Assets			Totals	338,720	0	0	0	338,720	80,910	14,678
15 Assets			Grand Totals	338,720	0	0	0	338,720	80,910	14,678

* Asset disposed this year
 ~C Carryover basis in like-kind exchange transaction
 ~B Excess basis in like-kind exchange transaction

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.

Type or print File by the extended due date for filing the return See instructions.	Name of Exempt Organization EMERGENCY FOOD BANK	Employer Identification number 68-0002165
	Number, street, and room or suite no. If a P.O. box, see instructions 7 W SCOTTS AVE	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see inst. Stockton CA 95203-3431	

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

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

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

- The books are in the care of ▶ See attachment #8
Telephone No. ▶ _____ FAX No ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

- I request an additional 3-month extension of time until NOVEMBER 16, 2009.
- For calendar year 2008, or other tax year beginning _____, 20____, and ending _____, 20____
- If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period
- State in detail why you need the extension Additional time is needed to gather data needed for a true and correct tax return.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$	0
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$	0

Signature and Verification

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

Signature ▶ _____ Title ▶ CPA Date ▶ 12-30-2009

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