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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

2009

Open to Public Inspection

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 \$500,000 and total assets less than \$1,250,000 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

A For 2009 calendar year, or tax year beginning, 2009, and ending, 20

Form header section including B (Check if applicable), C (Name of organization: EMERGENCY FOOD BANK), D (Employer identification number: 68-0002165), E (Telephone number: (209) 464-7369), F (Group Exemption Number), and G (Accounting Method: Cash).

Form header section including H (Check if organization is not required to attach Sch B), I (Website: N/A), J (Tax-exempt status: 501(c)(3)), K (Check if the organization is not a section 509(a)(3) supporting organization), and L (Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ: \$695,215).

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

Table with 21 rows for revenue and expenses, and 3 rows for net assets. Includes a 'RECEIVED' stamp from OGDEN, UT dated DEC 18 2010.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

Table with 7 rows for balance sheet items, including 22 (Cash, savings, and investments), 23 (Land and buildings), 24 (Other assets), 25 (Total assets), 26 (Total liabilities), and 27 (Net assets or fund balances).

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2009)

Handwritten initials 'GA' and a checkmark.

SCANNED JAN 05 2011

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

| | | 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? 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 why the organization did not report the income on Form 990-T. | | |
| a | Did the organization have unrelated business gross income of \$1,000 or more or was it subject to 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 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets 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 _____ | | |
| 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 outstanding at the end 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 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | | X |
| c | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____ | | |
| d | Section 501(c)(3) and 501(c)(4) organizations 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 ▶ <u>NONE</u> | | |
| 42a | The organization's books are in care of ▶ <u>See attachment #6</u> 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 and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b 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 | 46 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. | 48 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes," was the related organization a section 527 organization? | 49b | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

50 Complete this table for the organization's 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 | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's 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 | | |
| | | |
| | | |
| | | |
| | | |

d 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 11-17-10 Date

▶ TIM VIALL EXEC DIR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ *William E Hartley* Date 11-17-10 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

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

| | |
|--|---|
| 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 (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III-Functionally integrated
 - d Type III-Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

| | Yes | No |
|-----------------|-----|----|
| 11g(i) | | X |
| 11g(ii) | | X |
| 11g(iii) | | X |

| (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 | | | | | | | | | |

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2009

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") | 430721 | 381102 | 493190 | 468667 | | 1773680 |
| 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 through 3. | 430721 | 381102 | 493190 | 468667 | | 1773680 |
| 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 | | | | | | 1773680 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4 | 430721 | 381102 | 493190 | 468667 | | 1773680 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 801 | 5921 | 7197 | 9084 | | 23003 |
| 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) | 7860 | 10369 | 5950 | | | 24179 |
| 11 Total support. Add lines 7 through 10 | | | | | | 1820862 |
| 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 ▶ <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | | |
|---|----|-------|---|
| 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) | 14 | 97.41 | % |
| 15 Public support percentage from 2008 Schedule A, Part II, line 14 | 15 | | % |
| 16a 33 1/3 % support test -- 2009. 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 ▶ <input checked="" type="checkbox"/> | | | |
| b 33 1/3 % support test -- 2008. 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 ▶ <input type="checkbox"/> | | | |
| 17a 10%-facts-and-circumstances test -- 2009. 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 ▶ <input type="checkbox"/> | | | |
| b 10%-facts-and-circumstances test -- 2008. 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 ▶ <input type="checkbox"/> | | | |
| 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 ▶ <input type="checkbox"/> | | | |

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization
EMERGENCY FOOD BANK

Employer identification number
68-0002165

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part

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

- a** Mail solicitations
- b** Internet and 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 services? 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

| (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 | | | |
| 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

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 income (line 1 minus line 2) | | | | |
| DIRECT EXPENSES | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Food and beverages | | | | |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | | | | |
| | 10 Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | | () |
| | 11 Net income summary Combine line 3, column (d), and line 10 ▶ | | | | |

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 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No _____ % | <input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No _____ % | <input 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 line 1, column d, and line 7 ▶ | | | | | |

| | 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 |

13 Indicate the percentage of gaming activity operated in:

| | | |
|--|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

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

Name ▶ _____

Address ▶ _____

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

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

| | Yes | No |
|------------|-----|----|
| 15a | | X |
| 17a | | X |

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Attachment
Sequence No **67**

| | | |
|---|---|---|
| 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 |
|---|---|---|

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 | |
| 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 2008 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 2010 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 2009 | 17 | 14,743 |
| 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 2009 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 | | | | | | |
| 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 | |
| i Nonresidential real property | | | 27 5 yrs | MM | S/L | |
| | | | 39 yrs | MM | S/L | |

Section C -- Assets Placed in Service During 2009 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 | 14,743 |
| 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 2009 or tax period beginning | , and ending |
| Name of Organization EMERGENCY FOOD BANK | | Employer Identification Number 68-0002165 |

| Description of Other Revenue | Amount |
|------------------------------|--------|
| MISCELLANEOUS INCOME | 6,707 |
| Total | 6,707 |

SCHEDULE OF OTHER ASSETS

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

| | |
|---|--|
| Open to Public Inspection | For calendar year 2009 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 TRADE | 207,394 | 285,687 | |
| PREPAID EXPENSES | 450 | 1,450 | |
| CONSTRUCTION | | 49,948 | |
| Totals | 207,844 | 337,085 | |

SCHEDULE OF OTHER LIABILITIES

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

| | | |
|---|--|--|
| Open to Public Inspection | For calendar year 2009 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 | 262,250 | 279,971 |
| ACCOUNTS PAYABLE | 21,458 | 11,418 |
| ACCRUED EXPENSES | 14,731 | 270 |
| Totals | 298,439 | 291,659 |

SCHEDULE OF OTHER EXPENSES

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

| | | |
|---|--|--|
| Open to Public Inspection | For calendar year 2009 or tax period beginning | , and ending |
| Name of Organization EMERGENCY FOOD BANK | | Employer Identification Number 68-0002165 |

| Description of Other Expenses | Amount |
|-------------------------------|----------------|
| BUILDING EXP | 3,898 |
| CONTRACT LABOR | 375 |
| EQUIPMENT EXP | 4,694 |
| FOOD PURCHASES | 47,019 |
| FREIGHT | 19 |
| INSURANCE | 14,599 |
| MISC | 339 |
| OFFICE EXPENSE | 9,638 |
| PANTRY EXPENSE | 6,146 |
| PROMOTION EXP | 49,257 |
| STAFF EXPENSE | 690 |
| TAX EXPENSE | 12,768 |
| VEHICLE EXPENSE | 35,682 |
| WAREHOUSE SUPPLIES | 198 |
| BUS EXPENSE | 212 |
| Depreciation | 14,743 |
| Total | 200,277 |

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

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

| Open to Public Inspection | For calendar year 2009 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 | 0 | 0 | 0 |
| , ANNA MARTIN | DIRECTOR | 0 | 0 | 0 |
| , CAPTAIN PAOLETTI | DIRECTOR | 0 | 0 | 0 |
| , DENA RUPERT | DIRECTOR | 0 | 0 | 0 |
| , ANTHONY VIGNOLO | DIRECTOR | 0 | 0 | 0 |
| , TIM ULMER | DIRECTOR | 0 | 0 | 0 |
| , BRUCE GIUDICI | DIRECTOR | 0 | 0 | 0 |
| , TIM VIALI | EXEC DIRECTOR | 0 | 0 | 0 |
| , RALPH WOMACH | CHAIRMAN | 0 | 0 | 0 |
| , DOUG CLARK | VICE CHAIR | 0 | 0 | 0 |
| , TOM WILSON | TREASURER | 0 | 0 | 0 |
| , JOHN MEEK | PAST CHAIRMAN | 0 | 0 | 0 |
| , | | 0 | 0 | 0 |

BOOKS ARE IN CARE OF

Attachment 6 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection For calendar year 2009 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

2009 DETAIL STATEMENTS

EMERGENCY FOOD BANK
68-0002165

STATEMENT #1 - Printing, publication, postage (990 EZ PG 1 Line 15)

| | |
|-------------------------------|--------|
| PRINTING AND PUBLICATION..... | 22,773 |
| POSTAGE & SHIPPING..... | 8,526 |

TOTAL CARRIED TO 990 EZ PG 1 Line 15..... 31,299

STATEMENT #2 - Contributions, gifts, grants (EZ1 PF1 Line 1)

| | |
|--------------------|---------|
| CONTRIBUTIONS..... | 290,530 |
| | 23,531 |
| GRANTS..... | 240,362 |

TOTAL CARRIED TO EZ1 PF1 Line 1..... 554,423

STATEMENT #3 - Occupancy, Rent, Utilities (990-EZ PG 1 Line 14)

| | |
|--------------------|--------|
| UTILITIES EXP..... | 25,988 |
| TELEPHONE..... | 3,926 |

TOTAL CARRIED TO 990-EZ PG 1 Line 14..... 29,914

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

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

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

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

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

| | |
|--|---|
| State Charity Registration Number _____ Name of Organization <u>EMERGENCY FOOD BANK</u> Address (Number and Street) <u>7 W SCOTTS AVE</u> City or Town, State and ZIP Code <u>Stockton CA 95203-3431</u> | Check If: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>0901352</u> Federal Employer I.D. No. <u>68-0002165</u> |
|--|---|

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

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

PART A -- ACTIVITIES

For your most recent full accounting period (beginning 01-01-2009 ending 12-31-2010) list:
 Gross annual revenue \$ 695,215 Total assets \$ 1,115,384

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

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

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

Organization's area code and telephone number (209) 464-7369
 Organization's e-mail address _____

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

 EXEC DIR

Signature of authorized officer _____ Printed Name _____ Title _____ Date _____

2009 California Depreciation Schedule

EMERGENCY FOOD BANK
68-0002165

11-17-2010

| 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 | 9 | 6 |
| BUILDING | 01-01-99 | S/LMM | 39 | 135,734 | 0 | 0 | 0 | 135,734 | 34,104 | 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 | 1,565 | 101 |
| EQUIPMENT | 06-24-04 | 200DBHY | 7 | 842 | 0 | 0 | 0 | 842 | 411 | 75 |
| EQUIPMENT | 06-30-06 | 200DBHY | 7 | 9,146 | 0 | 0 | 0 | 9,146 | 2,972 | 1,142 |
| EQUIPMENT | 12-10-01 | 200DBHY | 7 | 6,802 | 0 | 0 | 0 | 6,802 | 5,063 | 0 |
| EQUIPMENT | 06-30-05 | 200DBHY | 7 | 22,398 | 0 | 0 | 0 | 22,398 | 8,398 | 2,000 |
| 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 | 837 | 496 |
| EQUIPMENT | 06-30-08 | 200DBHY | 7 | 18,873 | 0 | 0 | 0 | 18,873 | 2,697 | 4,622 |
| EQUIPMENT | 12-23-03 | 200DBHY | 7 | 2,059 | 0 | 0 | 0 | 2,059 | 1,214 | 184 |
| FREEZER BLDG | 06-30-06 | S/LMM | 39 | 19,298 | 0 | 0 | 0 | 19,298 | 1,231 | 495 |
| FREEZER BLDG | 06-30-05 | S/LMM | 39 | 83,538 | 0 | 0 | 0 | 83,538 | 6,372 | 2,142 |
| 15 Assets | | | Totals | 338,720 | 0 | 0 | 0 | 338,720 | 95,588 | 14,743 |
| 15 Assets | | | Grand Totals | 338,720 | 0 | 0 | 0 | 338,720 | 95,588 | 14,743 |

* Asset disposed this year

-C Carryover basis in like-kind exchange transaction

-B Excess basis in like-kind exchange transaction

FUNDED GOVERNMENT AGENCY

| | | |
|---|--|--|
| | For calendar year 2008 or tax period beginning _____, and ending _____ | |
| Name of Organization EMERGENCY FOOD BANK | | Employer Identification Number 68-0002165 |
| Name and Address of Government Agency FEMA | Contact Person | Telephone no. |
| | | |

Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

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

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

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

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

| | | |
|---|--|--|
| Type or print | Name of Exempt Organization EMERGENCY FOOD BANK | Employer identification number 68-0002165 |
| File by the due date for filing your return. See instructions | Number, street, and room or suite no. If a P O box, see instructions 7 W SCOTTS AVE | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions 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-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► See attachment #6

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 will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- calendar year 2009 or
- tax year beginning _____, 20____, and ending _____, 20____

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

| | | | |
|---|-----------|----|---|
| 3a 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. | 3a | \$ | 0 |
| b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 0 |
| c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0 |

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

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.