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Form **990-EZ****Short Form**
Return of Organization Exempt From Income TaxUnder 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 the 2009 calendar year, or tax year beginning **03/01/09**, and ending **02/28/10****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**EMERGENCY FOOD BANK**

Number and street (or P.O. box, if mail is not delivered to street address)

PO BOX 4373

Room/suite

City or town, state or country, and ZIP + 4

CHARLOTTESVILLE**VA 22905-4373****D** Employer identification number**51-0137371****E** Telephone number**434-979-9180****F** Group Exemption Number

▶

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

G Accounting method ☒ Cash ☐ Accrual
Other (specify) ▶**I** Website: ▶ **http://avenue.org/efb/****J** Tax-exempt status (check only one) — ☒ 501(c) (**3**) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**H** Check ☐ if the organization is not required to attach Schedule 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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ **\$ 283,156****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)**

1	Contributions, gifts, grants, and similar amounts received	1	281,062
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	2,094
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less cost or other basis and sales expenses	5b	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b	Less direct expenses other than fundraising expenses	6b	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less cost of goods sold	7b	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe ▶)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	283,156
10	Grants and similar amounts paid (attach schedule)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	2,612
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe ▶ See Statement 1)	16	224,281
17	Total expenses. Add lines 10 through 16	17	226,893
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	56,263
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	283,926
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	340,189

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

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	283,926	340,189
23 Land and buildings		
24 Other assets (describe ▶)		
25 Total assets	283,926	340,189
26 Total liabilities (describe ▶)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	283,926	340,189

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

Form **990-EZ** (2009)

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

PROVIDING FOOD TO NEEDY PEOPLE

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28 See Statement 2

(Grants \$) If this amount includes foreign grants, check here

28a	213,187
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29 See Statement 3

(Grants \$) If this amount includes foreign grants, check here

29a	6,014
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30 See Statement 4

(Grants \$) If this amount includes foreign grants, check here

30a	497
-----	-----

31 Other program services (attach schedule) **See Statement 5**

(Grants \$) If this amount includes foreign grants, check here

31a	173
-----	-----

32 Total program service expenses (add lines 28a through 31a)

32	219,871
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Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

[illegible]

Form 990-EZ (2009)

EMERGENCY FOOD BANK**51-0137371**Page **3****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," attached 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?		
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 instr 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 40a , section 4912 40a , section 4955 40a		
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 40b		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 40c		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d		
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 40e		X
41 List the states with which a copy of this return is filed 41 <u>None</u>		
42a The organization's books are in care of 42a <u>KEVIN LEIBL</u> Telephone no 42a <u>434-220-8642</u>		
<u>PO BOX 4373</u>		
Located at 42a <u>CHARLOTTESVILLE, VA</u> ZIP + 4 42a <u>22905-4373</u>		
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)? 42b		X
If "Yes," enter the name of the foreign country 42b <u></u>		
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 ? 42c		X
If "Yes," enter the name of the foreign country 42c <u></u>		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here 43 <input type="checkbox"/>		
and enter the amount of tax-exempt interest received or accrued during the tax year 43 <u></u>		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44		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 45		X

Form **990-EZ** (2009)

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		<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		<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 checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?		<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?		

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"

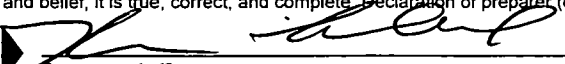
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

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 ▶

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.						
	 Signature of officer KEVIN LEIBL Type or print name and title		Date 6/21/10 TREASURER				
Paid Preparer's Use Only	Preparer's signature	Thomas C Stott	Date	06/21/10	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instr.)	P00044905
	Firm's name (or yours if self-employed), address, and ZIP + 4	THOMAS C. STOTT, C.P.A., P.C.				EIN	54-1773869
	P.O. BOX 4487				Phone	434-979-5514	
May the IRS discuss this return with the preparer shown above? See instructions				<input type="checkbox"/> Yes <input type="checkbox"/> No			

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.")	89,364	106,333	165,529	195,516	281,062	837,804
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	89,364	106,333	165,529	195,516	281,062	837,804
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)						68,985
6 Public support. Subtract line 5 from line 4						768,819

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	89,364	106,333	165,529	195,516	281,062	837,804
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,201	2,132	2,113	3,924	2,094	12,464
9 Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						850,268
12 Gross receipts from related activities, etc. (see instructions)					12	2,094
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	90.42 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	92.94 %
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"/>		

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

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

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.")						
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 through 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 \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 June 30, 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 section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
19a 33 1/3 % support tests—2009. 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 <input type="checkbox"/>		
b 33 1/3 % support tests—2008. 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

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

51-0137371

Federal Statements

FYE: 2/28/2010

Statement 1 - Form 990-EZ, Part I, Line 16 - Other Expenses

<u>Description</u>	<u>Amount</u>
Expenses	\$
OFFICE EXPENSES	796
INSURANCE	948
FOOD PURCHASES	128,903
FOOD PURCHASES GIFT CARD	5,690
FOOD DONATIONS	83,778
PERSONAL CARE ITEMS	1,133
DUES AND FEES	953
EQUIPMENT PURCHASE/MAINT	92
POSTAGE AND MAILING	447
PRINTING	569
TELEPHONE	891
MISCELLANEOUS	81
Total	\$ <u>224,281</u>

Federal Statements**Statement 2 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments****Description**

THE EMERGENCY FOOD BANK IS AN ALL VOLUNTEER (APPROXIMATELY 100 VOLUNTEERS) ORGANIZATION THAT PROVIDED A 3-DAY SUPPLY OF NUTRITIONALLY BALANCED FOOD TO 15,949 NEEDY PEOPLE LAST FISCAL YEAR.

Statement 3 - Form 990-EZ, Part III, Line 29 - Statement of Program Service Accomplishments**Description**

DURING THE WINTER, FOR EIGHTEEN WEEKS BEGINNING IN NOVEMBER, WE PROVIDED NON-PERISHABLE LUNCHES FOR 6,400 MEALS FOR THE PACEM MEN'S AND WOMEN'S SHELTERS. PACEM IS A COMMUNITY PROJECT TO HOUSE AND FEED HOMELESS MEN AND WOMEN.

Statement 4 - Form 990-EZ, Part III, Line 30 - Statement of Program Service Accomplishments**Description**

WE DELIVERED BAGS OF FOOD FOR 756 INDIVIDUAL CLIENTS OF ON OUR OWN, A RESOURCE AND DROP-IN CENTER FOR THOSE WITH MENTAL HEALTH ISSUES. IN ADDITION, A VOLUNTEER SHOPS FOR AND DELIVERS GROCERIES FOR A MONTHLY SPAGHETTI DINNER AND A SPECIAL THANKSGIVING MEAL.

Statement 5 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments**Description**

WE PROVIDED SNACKS FOR ALBEMARLE COUNTY SOCIAL WORKERS TO DISTRIBUTE TO "AT RISK" PRE-SCHOOL AND EARLY ELEMENTARY STUDENTS AT SCHOOL ALL DAY WHO ARE UNABLE TO BRING SNACKS FROM HOME. THESE WERE PROVIDED FOR 230 STUDENTS THROUGHOUT THE SCHOOL YEAR.

Federal Statements

Statement 6 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key

Employees

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
DIANE BISGAIR	WAYS MEANS	2.00	0	0	0
NANCY BERMAN	DIRECTOR	1.00	0	0	0
KRISTIN BREEN	DRIVER CHAIR	2.00	0	0	0
BARBARA DEEVER	OFFICE	3.00	0	0	0
ERIN PERRY	PR CHAIR	1.00	0	0	0
JULIE FISHER	FOOD	4.00	0	0	0
MELINDA FRIERSON	SECRETARY	2.00	0	0	0
BETTY HAAS	MILK CHAIR	5.00	0	0	0
RITA SMITH	DIRECTOR	1.00	0	0	0
RICH KEFFERT	FOOD DRIVE	3.00	0	0	0
KEVIN LIEBL	TREASURER	6.00	0	0	0
MARGARET OLIN	BREAD CHAIR	6.00	0	0	0
GEORGE PAYNE	RECORD	2.00	0	0	0
SUSAN PATRICK	SPECIAL PROJ	4.00	0	0	0
GENEVA RICHARDSON	DIRECTOR	1.00	0	0	0
JEANETTE ROSENBERG	BAGGER	1.00	0	0	0
ANNE RIBBLE	VICE CHAIR	7.00	0	0	0
PAM SMITH	DIRECTOR	1.00	0	0	0

Federal Statements

Statement 6 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
MARCIA STRIETER	CHAIR	25.00	0	0	0
MARSHA TRIMBLE	DISTRIBUTION	3.00	0	0	0
PATTI WILSON	VICE CHAIR	7.00	0	0	0
JOE WYNNE	DIRECTOR	1.00	0	0	0