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Form

990**Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2009**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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

▶ 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 JULY 1 , 2009, and ending JUNE 30 , 20 10	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization EMERGENCY FAMILY ASSISTANCE ASSOC. INC Doing Business As EFAA Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1575 Yarmouth Ave. City or town, state or country, and ZIP + 4 Boulder, CO 80304-0564
	D Employer identification number 84 0454115
	E Telephone number (303) 442-3042
	G Gross receipts \$ 3,229,586
	F Name and address of principal officer TERRY BENJAMIN 621 Gay St., Longmont, CO 80501
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: ▶ EFAA.ORG	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
L Year of formation 1962 M State of legal domicile: CO	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: EFAA helps those in Boulder and Broomfield Counties whose immediate needs for food, shelter, and other basic necessities cannot adequately be met by other means, and supports their efforts toward financial stability or self-sufficiency. EFAA has a food bank, 3 basic needs offices, and 43 apartments for emergency and transitional shelter.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of employees (Part V, line 2a)	5	31
	6 Total number of volunteers (estimate if necessary)	6	676
Revenue	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	3,443,953	3,087,421
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	96,409	107,920
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	(11,989)	4,983
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	(50,009)	(40,868)
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,478,364	3,159,456
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0
16a Professional fundraising fees (Part IX, column (A), line 11e)		1,052,508	1,129,934
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 298,813		0	0
17 Other expenses (Part IX, column (A), lines 11f–24f)		1,865,816	2,175,826
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		2,918,324	3,305,760
19 Revenue less expenses. Subtract line 18 from line 12		560,040	(146,304)
Net Assets or Fund Balances		20 Total assets (Part X, line 16)	Beginning of Current Year
	21 Total liabilities (Part X, line 26)	6,421,098	6,185,269
	22 Net assets or fund balances. Subtract line 21 from line 20	292,016	202,491
		6,129,082	5,982,778

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
Sign Here	Signature of officer	Date 12/9/10	
	TERRY BENJAMIN - EXECUTIVE DIRECTOR		
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Preparer's identifying number (see instructions)
	Phone no. ▶ ()		

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

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

Cat No. 11282Y

Form **990** (2009)

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Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission:

EFAA helps those in our community whose immediate needs for food, shelter, and other basic necessities cannot adequately be met by other means, and supports their efforts toward financial stability or self-sufficiency.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: na) (Expenses \$ 1,963,488 including grants of \$ 0) (Revenue \$ 783)

BASIC NEEDS PROGRAM - Providing assistance to families of Boulder and Broomfield Counties in need of financial help for food, rent, utilities, transportation, emergency shelter, medical expenses, mortgage payments, or miscellaneous. We served over 4,000 separate families in FY10. Clients meet with a caseworker, who evaluates the need(s), and attempts to solve the need(s) via referrals, direct payments to vendors, visits to our food bank, or financial advice. Our Basic Needs Program includes our food bank in Boulder, our furniture donation/dispersal program, and basic needs offices in Boulder, Lafayette, and Broomfield.

EFAA provided \$ 547,184 in direct financial assistance for rent, utilities, minor medical needs, emergency motel shelter, transportation, and miscellaneous in FY10. Our food bank distributed 503,715 pounds of food to over 2,500 unduplicated households; we value that food at \$ 1.69 per pound, so food assistance = \$ 851,278 !

4b (Code: na) (Expenses \$ 831,948 including grants of \$ 0) (Revenue \$ 107,137)

SHELTER PROGRAM - Providing emergency and transitional shelter to families of Boulder and Broomfield Counties who are at risk of homelessness.

EMERGENCY SHELTER - Families, who are homeless or virtually so when we encounter them, are put up in one of our shelter units for up to 3 months. During that stay, we provide all living expenses and hold all the client's income for them, so that when they leave, they have cash on hand to arrange housing. Some of our emergency clients 'graduate' to our transitional program.

TRANSITIONAL SHELTER - Families are put up in one of our transitional units, where they can live up to 2 years. During that stay, they put up a deposit and pay (below-market) rent. Ideally, when they leave, they've saved up enough for find a more permanent housing solution, and now have experience at being good tenants.

We have 43 shelter units in Longmont, Lafayette, and Boulder; in FY10 we served 121 households, including 193 children. 81% of our shelter clients moved out into affordable permanent housing.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services. (Describe in Schedule O.)(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)**4e** Total program service expenses **2,795,436**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 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"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	<input type="checkbox"/>	<input type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	<input type="checkbox"/>	<input type="checkbox"/>
• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	<input type="checkbox"/>	<input type="checkbox"/>
• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	<input type="checkbox"/>	<input type="checkbox"/>
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	<input type="checkbox"/>	<input type="checkbox"/>
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	<input type="checkbox"/>	<input type="checkbox"/>
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.	<input type="checkbox"/>	<input type="checkbox"/>
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	21	✓
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	22	✓
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23	✓
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>	24a	✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	✓
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	✓
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	✓
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>	25a	✓
b Is the organization 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? <i>If "Yes," complete Schedule L, Part I.</i>	25b	✓
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>	26	✓
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>	27	✓
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28a	✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28b	✓
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>	28c	✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29	✓
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30	✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>	32	✓
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33	✓
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>	34	✓
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	35	✓
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	36	✓
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37	✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	38	✓

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Yes	No
1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a 10	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c ✓	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 31	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b ✓	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	✓
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	✓
b If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	✓
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	✓
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	✓
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	—
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a ✓	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b ✓	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	✓
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	✓
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	✓
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g ✓	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h ✓	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?	9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	1a	16
b Enter the number of voting members that are independent	1b	16
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	✓
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	✓
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	✓
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	✓
6 Does the organization have members or stockholders?	6	✓
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	✓
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	✓
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	✓
b Each committee with authority to act on behalf of the governing body?	8b	✓
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a	✓

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	✓
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	✓
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	✓
13 Does the organization have a written whistleblower policy?	13	✓
14 Does the organization have a written document retention and destruction policy?	14	✓
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	✓
b Other officers or key employees of the organization	15b	✓
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	✓
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► none

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Raymond E. Davis, C.F.O., 1575 Yarmouth Ave., Boulder, CO 80304-0564 303-951-7671

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

[illegible]

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

[illegible]

1b Total	315,134	0	37,505
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► 1

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		✓
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		✓
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		✓

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
United Health Insurance, Dept CH10151, Palatine IL 60055	health/dental insurance	142,890
Xcel Energy, 550 15th St. # 101, Denver, CO 80202	Client Aid- Utilities	176,375

2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶	2
---	--	---

Part VIII Statement of Revenue				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a	60,215			
	b	Membership dues	1b	0			
	c	Fundraising events	1c	299,510			
	d	Related organizations	1d	0			
	e	Government grants (contributions)	1e	362,611			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,365,085			
	g	Noncash contributions included in lines 1a-1f \$		920,857			
	h	Total. Add lines 1a-1f		3,087,421			
Program Service Revenue	2a	Rents from Transitional Client	Business Code 531110	107,137	107,137	0	107,137
	b	Loan repayments	900099	783	783	0	783
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		107,920			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		6,595	0	0
4		Income from investment of tax-exempt bond proceeds		0	0	0	0
5		Royalties		0	0	0	0
6a		Gross Rents	(i) Real 0 (ii) Personal 0				
b		Less: rental expenses	0	0			
c		Rental income or (loss)	0	0			
d		Net rental income or (loss)		0	0	0	
7a		Gross amount from sales of assets other than inventory	(i) Securities 0 (ii) Other 1,250				
b		Less: cost or other basis and sales expenses	0	2,862			
c		Gain or (loss)	0	(1,612)			
d		Net gain or (loss)		(1,612)	0	0	0
8a		Gross income from fundraising events (not including \$299,510 of contributions reported on line 1c). See Part IV, line 18	a	26,400			
b		Less: direct expenses	b	67,268			
c		Net income or (loss) from fundraising events		(40,868)	0	0	0
9a		Gross income from gaming activities. See Part IV, line 19	a	0			
b		Less: direct expenses	b	0			
c		Net income or (loss) from gaming activities		0	0	0	0
10a		Gross sales of inventory, less returns and allowances	a	0			
b	Less: cost of goods sold	b	0				
c	Net income or (loss) from sales of inventory		0	0	0	0	
Miscellaneous Revenue			Business Code				
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		0				
12	Total revenue. See instructions.		3,159,456				

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0	0		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	315,134	96,673	111,210	107,251
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	570,569	490,426	23,399	56,744
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	15,716	10,705	2,240	2,771
9	Other employee benefits	162,039	122,532	23,442	16,065
10	Payroll taxes	66,476	43,868	10,104	12,504
11	Fees for services (non-employees):				
a	Management	0	0	0	0
b	Legal	0	0	0	0
c	Accounting	7,100	0	7,100	0
d	Lobbying	0	0	0	0
e	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	802	0	802	0
g	Other	32,448	28,707	2,289	1,452
12	Advertising and promotion	13,005	0	0	13,005
13	Office expenses	50,222	27,766	5,047	17,409
14	Information technology	12,032	3,177	2,174	6,681
15	Royalties	0	0	0	0
16	Occupancy	232,529	232,529	0	0
17	Travel	13,970	12,218	1,063	689
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	1,573	440	1,094	39
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	237,170	228,108	6,199	2,863
23	Insurance	44,423	37,706	3,873	2,844
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a	Direct Client Aid - donated	896,577	896,577	0	0
b	Direct Client Aid - purchased	547,184	547,184	0	0
c	Staff/Volunteer Development/Recog.	20,124	11,293	7,084	1,747
d	Loss of Disposition of Equipment	0	0	0	0
e	Print/Mail/Design Services	66,572	5,452	4,371	56,749
f	All other expenses Miscellaneous	95	75	20	0
25	Total functional expenses. Add lines 1 through 24f	3,305,760	2,795,436	211,511	298,813
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	805,395	1	744,058
	2 Savings and temporary cash investments	250,015	2	250,221
	3 Pledges and grants receivable, net	358,520	3	252,284
	4 Accounts receivable, net	36,342	4	20,845
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	52,854	8	60,746
	9 Prepaid expenses and deferred charges	35,830	9	42,326
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 6,021,945			
	b Less: accumulated depreciation 10b 1,253,370	4,837,369	10c	4,768,575
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	44,773	13	46,434
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	6,421,098	16	6,185,269	
Liabilities	17 Accounts payable and accrued expenses	66,898	17	69,124
	18 Grants payable	0	18	0
	19 Deferred revenue	214,349	19	125,541
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities. Complete Part X of Schedule D	10,769	25	7,826
	26 Total liabilities. Add lines 17 through 25	292,016	26	202,491
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	5,935,786	27	5,887,833
	28 Temporarily restricted net assets	171,681	28	72,330
	29 Permanently restricted net assets	21,615	29	22,615
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0	30	0
	31 Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
	32 Retained earnings, endowment, accumulated income, or other funds	0	32	0
	33 Total net assets or fund balances	6,129,082	33	5,982,778
34 Total liabilities and net assets/fund balances	6,421,098	34	6,185,269	

Part XI Financial Statements and Reporting

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
- b** Were the organization's financial statements audited by an independent accountant?
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		✓
2b	✓	
2c	✓	
3a		✓
3b		

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.")	2,329,626	2,313,287	2,357,523	2,815,792	2,961,280	12,777,508
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	72,000	72,000	72,000	72,000	72,000	360,000
4 Total. Add lines 1 through 3	2,401,626	2,385,287	2,429,523	2,887,792	3,033,280	13,137,508
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)						0
6 Public support. Subtract line 5 from line 4.						13,137,508

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	2,401,626	2,385,287	2,429,523	2,887,792	3,033,279	13,137,508
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	135,716	153,603	138,306	105,838	110,705	644,168
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	1,398	0	0	0	3,810	5,208
11 Total support. Add lines 7 through 10						13,786,884
12 Gross receipts from related activities, etc. (see instructions)					12	0
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	95.29 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	* 95.11 %
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.

EMERGENCY FAMILY ASSISTANCE ASSOC. Inc 84-0454115

OTHER INCOME (Part II, Line 1) - We have included net fund-raising event income in this line, as it is obviously public support in the nature of gifts and contributions. In previous returns, we included it on Line 10.

* PUBLIC SUPPORT % (Part II, Line 15) - On our return for FY09, this percentage was 84.06 %. As we now include fund-raising event net income in Line 1, we recomputed FY09's percentage (95.11%) for comparison purposes.

UNUSUAL GRANTS (excluded from Part II, Line 1) - We have had an ongoing capital campaign, mostly to raise funds for 10 shelter units, a food bank, and offices, all in North Boulder. That excluded income is listed below:

2005 - \$ 22,513

2006 - \$ 27,100

2007 - \$789,330

2008 - \$ 506,149

2009 - \$ 13,263

TOTAL - \$ 1,358,355 for the five years ending June 30, 2010.

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

EMERGENCY FAMILY ASSISTANCE ASSOC. Inc

Employer identification number

84 : 0454115

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	0	0
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a ☐ Public exhibition d ☐ Loan or exchange programs
- b ☐ Scholarly research e ☐ Other
- c ☐ Preservation for future generations
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☒ No
- b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	21,615	20,515			
b Contributions	1,000	1,100			
c Net investment earnings, gains, and losses	148	294			
d Grants or scholarships	0	0			
e Other expenditures for facilities and programs	148	294			
f Administrative expenses	0	0			
g End of year balance	22,615	21,615			

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

- a Board designated or quasi-endowment ▶ 100 %
- b Permanent endowment ▶ 0 %
- c Term endowment ▶ 0 %

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

(i) unrelated organizations

(ii) related organizations

- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

	Yes	No
3a(i)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3a(ii)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		579,174		579,174
b Buildings		4,893,571	1,000,758	3,892,813
c Leasehold improvements		196,104	89,289	106,815
d Equipment		212,396	90,618	121,778
e Other		140,700	72,705	67,995
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				4,768,575

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
.....		
.....		
.....		
.....		
.....		
.....		
.....		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.) ►	0	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Agency Endowment with the Boulder COMMUNITY FOUNDATION	46,434	year-end market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.) ▶	46,434	

Part IX **Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
none	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X **Other Liabilities.** See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Amount
	Federal income taxes	
	Rent Deposits - Transitional Clients	7,826
	Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	7,826

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,159,456
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,305,760
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	(146,304)
4	Net unrealized gains (losses) on investments	4	0
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV.)	8	0
9	Total adjustments (net). Add lines 4 through 8	9	0
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	(146,304)

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

1	Total revenue, gains, and other support per audited financial statements	1	3,228,336
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	0
b	Donated services and use of facilities	2b	0
c	Recoveries of prior year grants	2c	0
d	Other (Describe in Part XIV.)	2d	68,880
e	Add lines 2a through 2d	2e	68,880
3	Subtract line 2e from line 1	3	3,159,456
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0
b	Other (Describe in Part XIV.)	4b	0
c	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,159,456

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

1	Total expenses and losses per audited financial statements	1	3,374,640
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	0
b	Prior year adjustments	2b	0
c	Other losses	2c	0
d	Other (Describe in Part XIV.)	2d	68,880
e	Add lines 2a through 2d	2e	68,880
3	Subtract line 2e from line 1	3	3,305,760
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0
b	Other (Describe in Part XIV.)	4b	0
c	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,305,760

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V - We treat a Board-designated quasi-endowment as Permanently Restricted - See Form 990, Part X, line 29.

Part VIII - We have an agency endowment with Community Foundation. Gains in value in FY10 = \$ 3,810 which is shown along with interest income in Form 990, Part VIII, line 3.

Part X - We require our transitional clients to put down a rental deposit on their apartments.

Part XII, line 2d and Part XIII, line 2d - \$ 67,268 in fund-raising event expenses, \$ 1,612 in losses on disposal of equipment.

Department of the Treasury
Internal Revenue Service

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.

2009

Open To Public Inspection

84 : 0454115

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.

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.

		(a) Event #1 GALA/AUCTION (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	333,700			333,700
	2 Less: Charitable contributions	7,790			7,790
	3 Gross income (line 1 minus line 2)	325,910			325,910
Direct Expenses	4 Cash prizes	0			0
	5 Noncash prizes	0			0
	6 Rent/facility costs	9,800			9,800
	7 Food and beverages	29,401			29,401
	8 Entertainment	1,800			1,800
	9 Other direct expenses	26,267			26,267
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(67,268)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				258,642

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col (c))
Revenue	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 type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				()
	8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				

9 Enter the state(s) in which the organization operates gaming activities:	Yes	No
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," explain:		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," explain:		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		Yes	No
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?	15a	
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 ▶		
	<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	
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 ▶ \$		

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No 1545-0047

2009

**Open To Public
Inspection**

Name of the organization

EMERGENCY FAMILY ASSISTANCE ASSOC. Inc

Employer identification number

84 0454115

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods			29,300	Garage Sale Prices
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded		4	16,122	Market Value
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory		517,038	873,795	\$ 1.69 per pound
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (bus tokens)		1	1,639	buy at 10cents/worth 25
26 Other ► (.)				
27 Other ► (rent-free facility)		1 (all year use)	72,000	Market Value
28 Other ► (.)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29 0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		<input checked="" type="checkbox"/>
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	<input checked="" type="checkbox"/>	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		<input checked="" type="checkbox"/>
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

EMERGENCY FAMILY ASSISTANCE ASSOC. Inc

84-0454115

5 - Furniture - EFAA accepts furniture donations, which we either use in our shelter units, or pass on to our basic needs clients. We have established a fair garage sale price for all used items that we accept, so each table, chair, dresser, etc. is valued at a standard price when received. We leave it up to the donor to value their donation for their purposes.

7 - Stock - We received 4 donations of stock during the year. We value stock received at the average (low+high/2) market price on the day received. Our policy is to immediately liquidate all stock holdings. Value above is market value of the stocks on the day received, not considering commission expenses of sale, or minor speculation gain or loss.

19 - Food - We receive about 69% of our food and food-like (toilet paper, diapers, etc.) items for our food bank from Community Food Share (See Sch. B). We receive the other 31% from a constant stream of donors and food drives.

We tend to lump anonymous donations onto 1 receipt for any given day; an estimate of total donors might be 1,500.

25 - Bus Tokens - We buy bus tokens from RTD for 10 cents each; they are worth 25 cents each in fare. We recognize the 15 cents as an in-kind donation. We hand out tokens to our basic needs and shelter clients, as well as through several satellite agencies, for use for various restricted purposes such as work, judicial appointments, child-care, etc.

27 - Rent-free Facility - We lease a house and 4 apartments from the City of Boulder for \$ 1 per year; we use this property for our ECHO shelter office and 4 emergency shelter units. Our auditors have compared our estimate of the fair-market value of the use for this square footage, and find it reasonable, compared to other properties for lease. We show this donation here, even though not required, because of the significant savings to our organization.

NOTE - Event Auction items - EFAA does not report the value of donated items that we solicit for our fundraising event, as we do not value them upon receipt, but rather recognize the income generated by their sale. In essence, we ignore the temporary possession of the item, and act as if we receive the cash that the event participant pays for the item, as the 'donation' at the night of the event. We do not keep any items after the event; all items are disposed of the night of the event, or shortly thereafter. We raised \$ 62,295 in auction (silent and verbal) bids at our event in FY 10. No donated auction items for the event are shown on Sch. M.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.

► Attach to Form 990.

OMB No 1545-0047

2009

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Name of the organization

EMERGENCY FAMILY ASSISTANCE ASSOC. Inc.

Employer identification number

84 : 0454115

990, Part I, line 6. EFAA relies heavily on volunteers, who worked 14,722 hours in FY10. Mostly food bank stockers and walkers, interviewers, translators, and helpers; as well as our event guild and many others.

990, Part I, line 19. EFAA does not budget to annually cover the depreciation of major assets (buildings). FY10 is a typical year, which will result in a book loss of about \$ 150,000 if we match budget. FY09 income included \$ 506,149 of capital campaign donations restricted for capital purposes.

990, Part III, lines 4a & 4b. All of EFAA programs are included in these two programs. Our furniture program and Boulder food bank are included in BASIC NEEDS; our children's program at 3 sites in included in SHELTER.

990, Part V, line 2a. EFAA's usual employee count at any given time is 20-22.

990, Part VI, line 8b. The Executive Committee has the delegated authority to act for the Board, if necessary. In the event of any such action, the action is reported and minuted at the next full Board meeting.

990, Part VI, line 11a. The full 990 for FY10, with attachments, was reviewed at the Dec. 9, 2010 meeting of the Board. Management and the Finance Committee reviewed it prior to that Board meeting.

990, Part VI, line 12c. EFAA has a conflict of interest policy in the bylaws and again in the employee handbook. The CEO monitors possible or perceived conflicts of interest, especially at the Board level. Any actual or perceived conflicts at Board meetings are documented, and abstentions in voting on issues for such reasons are recorded.

990, Part VI, lines 15a & 15b. Annually, a volunteer HR professional compiles comparable salary information for EFAA positions. For all employees except the CEO, the leadership team meets and discusses, and the CEO decides if any movement is necessary in the pay ranges, or for any specific individual. For the CEO, the Personnel Committee of the Board collects key staff and Board input and then recommends compensation and the terms of the CEO's contract for the upcoming year, using comparable data and performance measures. The full Board approves this package.

990, Part VI, line 19. EFAA posts a copy of our annual report, which contains financial results, and other information on our website, EFAA.ORG. Governing documents, Forms 990, other financial statements, and all policies are available at the corporate offices, upon submission of request to the CEO. Like most true charities, our information is mostly public.

990, Part VII, A 1a (D). Reportable compensation includes GROSS PAY, prior to any deductions for Section 125 cafeteria plan, or any deductions for contributions to EFAA's retirement plan.

- continue -

Name of the organization

Employer identification number

EMERGENCY FAMILY ASSISTANCE ASSOC. Inc

84

0454115

990, Part VII, A 1a (F). Included in this column are EFAA's costs for employee's health, life, AD&D, long-term disability, vision, and dental insurance, as well as the 2% contribution EFAA provides for all employee's retirement.

990, Part VII, B 1. All vendors over \$ 100,000 are included here, even though they are not quite 'independent contractors'.

EFAA purchases our employee's health and dental insurance from United Healthcare; EFAA pays Xcel Energy utility bills on behalf of our clients (as well as for our own utilities, which are NOT included here).

990, Part VIII, line 1a. This includes Foothills United Way annual grant, as well as CCC, CFC, and support from other United Ways or passthroughs through businesses.

990, Part VIII, line 1c. Our annual fund-raising event, Celebration of Boulder, raised \$ 333,700 gross in FY 10. This total is listed on the 990 on line 1c (\$ 299,510), line 8a (\$ 26,400), and included in line 1f (\$ 7,790 of donations). Factoring out the expenses of \$ 67,268 on line 7b, the event netted EFAA \$ 266,432. See also 990, Sch G, Part II.

990, Part IX, line 11g. EFAA uses TEKDOCS for our computer service and support. This line is 96% labor, with small expenditures for mouses, keyboards, etc. This is NOT reflected on line 14, information technology.

990, Part IX, line 16. Occupancy includes utilities, repairs and maintenance, janitorial, rent, and donated rent expenses,

990, Part IX, line 17. This line is \$ 5,577 in mileage reimbursement to staff and volunteers, and \$ 8,192 in vehicle fuel and service for the 5 EFAA vehicles.

990, Part IX, line 24a. This line is primarily comprised of donated food disbursed through our food bank.

990, Part IX, line 24b. This line is comprised of unrestricted and restricted EFAA funds spent to pay for client rents, utilities, mortgages, medical, transportation, emergency shelter, and medical through our BASIC NEEDS program.

990, Part IX, line 24e. This is printing, mail house services, mailing, and associated services, 85% of which is for fund-raising purposes. As you can see by Part VIII, line 1e and 1f, we are very successful at fund-raising. See 990, Schedule A, Part II to see that EFAA gets 95% of it's support from the public.

990, Part X, line 3. This represents the receivables still outstanding from our successful capital campaign, which resulted in us moving into new offices with a food bank and 7 apartments in north Boulder in October of 2008. None of these pledges are considered at risk at this time; we expect full payment over time.

990, Part X, line 13. This is our endowment at Community Foundation. They manage it without any input from us, and we can request a 5% disbursement every spring. See also 990, Sch D, Part VIII.

- continue -

Name of the organization

Employer identification number

EMERGENCY FAMILY ASSISTANCE ASSOC. Inc

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990, Part X, line 29. This is the Abigail Greer Fund. It was created by a gift from a donor, and supplemented annually, and the Board has designated it to be treated as an endowment, with the annual interest funding our children's program.

See also 990, Sch D, Part V.

LIST OF SCHEDULES and ATTACHMENTS: with notes

SCH. A - Public Charity Status and Public Support.

This year, we listed our event income on line 1, as it fits better there under public support than on line 10 (other).

Sch A, line 15. We recomputed our public support percentage from 2008 (84 %) with the above change. See also Part IV.

SCH. B - Schedule of Contributors.

Sch B, lines 7&8. We receive a large amount of food from Community Food Share, some of it U.S.D.A.

SCH. D - Supplemental Financial Statements.

Sch D, part V - see also Form 990, Part X, line 29.

Sch D, part VIII - see also Form 990, Part X, line 13.

Sch D, part X - see also Form 990, Part X, line 25.

Sch D, part XIV - The two differences between Form 990 and our audited financial statements are:

a - we treat \$ 67,268 of fund-raising event direct expenses as a programmatic expense, not as a deduction from income.

b - we treated \$ 1,612 net loss on disposition of obsolete assets as an expense.

SCH. G - Supplemental Information Regarding Fundraising.

Sch G, Part II, lines 6&7. We estimated the 25% of the cost of the food and beverages at our fundraising event as the implicit cost of the facility, as the rent for the space was waived when we buy the food and beverages there.

SCH. M - Noncash Contributions.

Sch M, Part I, line 19. Rather the count the number of contributions (estimated at about 1,500), we used column (b) to show the number of pounds contributed.

Sch M, Part I, line 27. We get the use of an old house (office) and 4 apartments from the City of Boulder for \$ 1 per year.

SCH. O - Supplemental Information.

ATTACHMENT - Board of Directors list.

Name, Home Address Phone, Fax & Email	Work Address, Phone, Fax and Email	Committee Assignments	Where to Send Mail
Lew Visscher, President 283 Antelope Pt. Lafayette, CO 80026 303-666-6473 Cell: 720-635-8560	Chief Financial Officer Catalyst Repository Systems, Inc. 1860 Blake St., Suite 700 Denver, CO 80202 303-824-0824	<ul style="list-style-type: none"> Executive/Leadership, Chair 	Phone: Business or home Mail: Home
Paul Gross, President Elect 3010 10 th St. Boulder, CO 80304 303-938-0282 Cell: 303-817-3666	Gross Hartman LLC 4430 Arapahoe Avenue Suite 220 Boulder, CO 80303 (303) 546-0400	<ul style="list-style-type: none"> Executive/Leadership Fundraising, Co-Chair 	Work
Cris Aboussie, Past President 201 Ridge Road Boulder, CO 80303 Home: 303-494-5677 Cell: 720-841-7766	Human Resources Consultant H.R. Solutions, LLC 201 Ridge Road Boulder CO 80303 303-494-7383	<ul style="list-style-type: none"> Executive/Leadership 	Home
Scott Bergquist, Treasurer 851 14th Street Boulder, CO 80302 303-449-5630 Cell: 303-704-8439	Silicon Valley Bank 380 Interlocken Crescent, Suite 600 Broomfield, CO 80021 303-410-3440	<ul style="list-style-type: none"> Finance, Chair Executive/Leadership 	Business
Ed Messman, Secretary 1919 Breen Lane Superior, CO 80027 303-554-0527 Cell: 303-931-4700	HiveLive, Inc. 1731 15 th Street Boulder, CO 80302 303-931-4700	<ul style="list-style-type: none"> Executive/Leadership Program 	Mail: Home Phone, Email: Business
Ann Cooper 885 Rain Lily Lane Boulder, CO 80304 303-449-9509 Fax: 303-449-2578	Ann Cooper & Associates 2500 30 th St., Suite 303 Boulder, CO 80304 303-996-6401 Fax: 303-996-1112	<ul style="list-style-type: none"> Program 	Mail, phone, email, fax Business
Tom Deany 304 Diamond Circle Louisville, CO 80027 303-666-6835 Cell: 720-224-4552	Vice President, HR Ball Aerospace & Technologies 10 Longs Peak Dr. Broomfield, CO 80021 303-533-5380	<ul style="list-style-type: none"> Leadership Personnel, Chair 	Home
Rob Kaufman, Past President 1575 Blue Sage Court Boulder, CO 80305 303-499-6806 Fax (615) 523-4887 Cell: 303-506-5700	Partner Q Advisors LLC 1324 15 th Street Denver, CO 80202 303-996-3001 Fax 303-996-9661	<ul style="list-style-type: none"> Fundraising 	Home: mail, fax, email Business: phone calls
Kevin Luff 850 6 th Street Boulder, CO 80302 303-449-6206	850 6 th Street Boulder, CO 80302	<ul style="list-style-type: none"> Finance 	Mail, Email: Home Phone: Business

EMERGENCY FAMILY	ASSISTANCE ASSOC, INC.	84-0454115	Board list
Name, Home Address Phone, Fax & Email	Work Address, Phone, Fax and Email	Committee Assignments	Where to Send Mail
Jorge Oteo 255 Kiowa Place Boulder, CO 80303 303-442-6921 Fax: 303-862-7375	President The Denver Capital Group 410 17 th Street, Suite 1670 Denver, CO 80202 303-573-0490 Fax: 303-573-0949	<ul style="list-style-type: none"> Fundraising 	Phone: Home, Business Mail, Email, Fax: Business
Zan Powell 5589 Steeple Chase Drive Longmont, CO 80503 303-774-9205	Fresca Foods 2011 Cherry St, Ste 206 Louisville, CO 80027 303-645-4888 Fax: 303-645-4884	<ul style="list-style-type: none"> Fundraising 	
Susan Purdy 2405 Jasper Ct Boulder, CO 80304 303-449-8365 Fax. 303-449-9396		<ul style="list-style-type: none"> Program, Chair Leadership 	Home
Rudy Rudolph Cell: 720-493-8279	CBIZ Mayer, Hoffman, McCann 1801 13 th St., Ste. 210 Boulder, CO 80302 303-444-0471 Fax: 303-444-6831	<ul style="list-style-type: none"> Fundraising 	Business
Nancy Sanders 3208 4 th St. Boulder, CO 80304 303-447-9114 Cell. 303-229-0715		<ul style="list-style-type: none"> Fundraising, Co-chair Ad Hoc Marketing 	Home
Luci Sheehan 1630A 30 th St., #290 Boulder, CO 80301 303.449.5889 Cell: 203-912-8666		<ul style="list-style-type: none"> Fundraising Ad Hoc Marketing 	Home
Rich Wildau 710 Inca Parkway Boulder, CO 80303 303-449-9381 Cell: 303-818-5314	HOP System Supervisor Special Transit 4880 Pearl Street Boulder, CO 80301 303-447-2848, Ext. 131 Fax 303-417-0331	<ul style="list-style-type: none"> Program 	Home