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Return of Organization Exempt From Income Tax

OMB No 1545-0047

2010**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 2010 calendar year, or tax year beginning July 1 , 2010, and ending June 30 , 20 11	
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
	F Name and address of principal officer TERRY BENJAMIN 621 GAY ST., LONGMONT, CO 80501
D Employer identification number 84-0454115	
E Telephone number 303-442-3042	
G Gross receipts \$ 3,605,617	
H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
H(c) Group exemption number ▶	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (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/or transitional shelter for clients.		
	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 individuals employed in calendar year 2010 (Part V, line 2a)	5	27
	6 Total number of volunteers (estimate if necessary)	6	719
	7a Total 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	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	3,087,421	3,488,736
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	107,920	104,959
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,983	(2,802)
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	(40,868)	(59,151)
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,159,456	3,531,742
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,129,934	1,182,587
	b Total fundraising expenses (Part IX, column (D), line 25)	0	0
	17 Other expenses (Part IX, column (A), lines 11f–11h, 11f–24f)	318,228	0
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,175,826	2,453,770
Net Assets or Fund Balances	19 Revenue less expenses Subtract line 18 from line 12	3,305,760	3,636,357
	20 Total assets (Part X, line 16)	(146,304)	(104,615)
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances Subtract line 21 from line 20	6,185,269	6,199,608
		202,491	321,445
		5,982,778	5,878,163

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

TERRY BENJAMIN, EXECUTIVE DIRECTOR

Date

2-14-12

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no

May the IRS discuss this return with the preparer shown above? (see instructions)

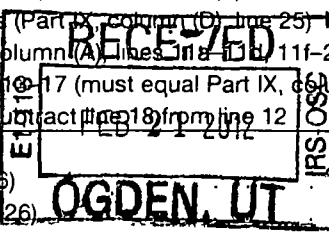
☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2010)

SCANNED MAR 08 2012



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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III



- 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 and 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 \$ 2,239,623 including grants of \$ 0) (Revenue \$ 514)
BASIC NEEDS PROGRAM - Providing assistance to families in Boulder and Broomfield Counties in need of financial help for food, rent, utilities, transportation, emergency shelter, medical expenses, mortgage payments, or miscellaneous. We served 4,451 families in FY 11. Clients meet with a caseworker, who evaluates the need(s) and attempts to solve the need(s) via referrals, direct payments to vendors, visit(s) to our food bank, or financial advice and budget planning assistance. Our BASIC NEEDS PROGRAM includes our food bank in Boulder, our furniture donations/dispersal program, and basic needs offices in Boulder, Lafayette, and Broomfield. EFAA provided \$ 581,510 in direct financial assistance for rent, utilities, transportation, emergency motel shelter, minor medical needs, and miscellaneous in FY 11. Our food bank distributed 659,777 pounds of food to over 2,775 unduplicated households, we that food at \$ 1.69 per pound, so food assistance in FY 11 amounted to \$ 1,115,023!

4b (Code na) (Expenses \$ 863,599 including grants of \$ 0) (Revenue \$ 104,445)
SHELTER PROGRAMS - Providing emergency and transitional shelter to families of Boulder and Broomfield Counties who are at risk of homelessness.
EMERGENCY SHELTER PROGRAM - 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 for the family, and hold all the client's income for them, so when they leave, they have cash on hand to arrange housing. Some of our emergency client families 'graduate' into our transitional program. Emergency shelter clients meet with a caseworker at least weekly.
TRANSITIONAL SHELTER PROGRAM - Families are put up in one of our transitional shelter units, where they can live for up to 2 years. During that stay, they put up a deposit and pay below-market rent. Ideally, when they leave, they have saved up enough to find a more permanent housing solution, and now have experience at being good tenants.
 We have 43 units of shelter in Longmont, Lafayette, and Boulder, in FY 11 we served 155 client households, including 254 children 94 % of our shelter clients moved at the end of their stay into permanent affordable housing, considered a successful outcome.

4c (Code na) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4d Other program services. (Describe in Schedule O)
 (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses **▶** 3,103,221

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? (see instructions)	<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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	<input type="checkbox"/>	<input checked="" 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 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b 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 checked="" type="checkbox"/>
c 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 checked="" type="checkbox"/>
d 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 checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f 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 (ASC 740)? If "Yes," complete Schedule D, Part X	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12 a 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"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then 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"/>
14 a 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, Parts I and IV	<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, Parts II and IV	<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, Parts III and IV	<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 (see instructions)	<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 a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	<input type="checkbox"/>	<input 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 (or a family member thereof) 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)?	35	✓
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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 ComplianceCheck if Schedule O contains a response to any question in this Part V ☒

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a 14		
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 27		
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. (see instructions)	2b	✓	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	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 instructions for 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?	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 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 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	✓	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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.

Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	16
b Enter the number of voting members included in line 1a, above, who 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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	<input checked="" type="checkbox"/>
6 Does the organization have members or stockholders?	6	<input checked="" type="checkbox"/>
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	<input checked="" type="checkbox"/>
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	<input checked="" type="checkbox"/>
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	8a	<input checked="" type="checkbox"/>
b Each committee with authority to act on behalf of the governing body?	8b	<input checked="" type="checkbox"/>
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	9	<input checked="" type="checkbox"/>

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	<input checked="" type="checkbox"/>
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	
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	<input checked="" type="checkbox"/>
b 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	<input checked="" type="checkbox"/>
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
13 Does the organization have a written whistleblower policy?	13	<input checked="" type="checkbox"/>
14 Does the organization have a written document retention and destruction policy?	14	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
b Other officers or key employees of the organization	15b	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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. ► the company, 1575 Yarmouth Ave., Boulder, CO 80304 303-442-3042

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☒**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.

- 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, if any. 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Terry Benjamin Chief Executive Officer	40			✓		✓		117,844	0	12,294
(2) Elizabeth Freedman Director of Operations	40			✓				68,946	0	11,064
(3) Rick Buckman Director of Development	40			✓				48,981	0	7,808
(4) Raymond Davis Director of Finance	35			✓				67,222	0	9,926
(5) Board of Directors	2	✓						0	0	0
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total								302,993	0	41,091
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								302,993	0	41,091

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**

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		✓
4		✓
5		✓

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 Healthcare, Dept CH 10151, Palatine, IL 60055-0151	medical and dental insurance	\$ 162,451

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 **▶ 1**

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 76,830				
	b	Membership dues	1b				
	c	Fundraising events	1c 359,593				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 338,533				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 2,713,780				
	g	Noncash contributions included in lines 1a-1f: \$	1,201,548				
	h	Total. Add lines 1a-1f	▶	3,488,736			
Program Service Revenue	2a	rents from transitional clients	Business Code 531110	104,445	104,445	0	104,445
	b	loan repayments	900099	514	514	0	514
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f	▶	104,959			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	▶	9,812	9,812	0
4		Income from investment of tax-exempt bond proceeds	▶				
5		Royalties	▶				
			(i) Real (ii) Personal				
6a		Gross Rents					
b		Less: rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)	▶	0	0	0	0
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
				52,399			
b		Less: cost or other basis and sales expenses			65,013		
c		Gain or (loss)			(12,614)		
d		Net gain or (loss)	▶	(12,614)	0	0	0
8a		Gross income from fundraising events (not including \$ 359,593 of contributions reported on line 1c) See Part IV, line 18	a	27,338			
b		Less: direct expenses	b	(86,489)			
c		Net income or (loss) from fundraising events	▶	(59,151)		0	0
9a		Gross income from gaming activities See Part IV, line 19	a				
b		Less: direct expenses	b				
c	Net income or (loss) from gaming activities	▶	0	0	0	0	
10a	Gross sales of inventory, less returns and allowances	a					
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory	▶	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.	▶	3,531,742	114,771	0	114,771	

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	309,747	98,408	112,002	99,337
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	594,060	508,658	28,035	57,367
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	17,057	11,386	2,655	3,016
9	Other employee benefits	178,386	134,790	23,370	20,226
10	Payroll taxes	83,337	62,322	9,833	11,182
11	Fees for services (non-employees).				
a	Management	0	0	0	0
b	Legal	0	0	0	0
c	Accounting	7,950	0	7,950	0
d	Lobbying	0	0	0	0
e	Professional fundraising services See Part IV, line 17	0			0
f	Investment management fees	747	0	747	0
g	Other	30,526	27,775	1,709	1,042
12	Advertising and promotion	12,078	0	0	12,078
13	Office expenses	53,436	29,088	3,912	20,436
14	Information technology	12,368	3,495	2,607	6,266
15	Royalties	0	0	0	0
16	Occupancy	232,590	232,590	0	0
17	Travel	13,137	11,943	1,033	161
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	2,596	150	2,003	443
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	237,235	229,671	6,409	1,155
23	Insurance	35,324	31,447	2,667	1,210
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a	Direct Client Aid - donated	1,129,114	1,127,454	0	1,660
b	Direct Client Aid - purchased	581,510	0	0	581,510
c	Staff/volunteer Development/recognition	9,831	7,341	1,994	496
d	Loss on Disposition of Equipment	0	0	0	0
e	Print/Mail/Design Services	94,861	5,193	7,540	82,128
f	All other expenses Miscellaneous	467	0	442	25
25	Total functional expenses. Add lines 1 through 24f	3,636,357	3,103,221	214,908	318,228
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). 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	744,085	1	1,047,044
	2 Savings and temporary cash investments	250,221	2	249,994
	3 Pledges and grants receivable, net	252,284	3	100,000
	4 Accounts receivable, net	20,845	4	58,121
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	60,746	8	50,847
	9 Prepaid expenses and deferred charges	42,326	9	45,537
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,030,273		
	b Less: accumulated depreciation	10b (1,438,204)	10c	4,592,069
	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	46,434	13	54,296
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	1,700
16 Total assets. Add lines 1 through 15 (must equal line 34)	6,185,269	16	6,199,608	
Liabilities	17 Accounts payable and accrued expenses	69,124	17	89,896
	18 Grants payable	0	18	0
	19 Deferred revenue	125,541	19	217,265
	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	7,826	25	14,284
	26 Total liabilities. Add lines 17 through 25	202,491	26	321,445
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	5,887,733	27	5,799,133
	28 Temporarily restricted net assets	72,330	28	56,415
	29 Permanently restricted net assets	22,615	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		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances.	5,982,778	33	5,878,163
	34 Total liabilities and net assets/fund balances.	6,185,269	34	6,199,608

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,531,742
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,636,357
3	Revenue less expenses. Subtract line 2 from line 1	3	(104,615)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,982,778
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	5,878,163

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

- 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 separate basis, consolidated 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		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

EMERGENCY FAMILY ASSISTANCE ASSOCIATION, INC.

Employer identification number

84-0454115

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

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

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

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

h Provide the following information about the supported organization(s).

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	2,313,287	2,357,523	2,815,792	2,961,280	3,346,219	13,794,101
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	2,385,287	2,429,523	2,887,792	3,033,280	3,418,219	14,154,101
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)						600,000
6 Public support. Subtract line 5 from line 4						13,554,101

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	2,385,287	2,429,523	2,887,792	3,033,280	3,418,219	14,154,101
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	153,603	138,306	105,838	110,705	106,879	615,331
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)	0	0	0	3,810	13	3,823
11 Total support. Add lines 7 through 10						14,773,255
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 2010 (line 6, column (f) divided by line 11, column (f))	14	91.75 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	95.29 %
16a 33 1/3% support test—2010. 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—2009. 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—2010. 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—2009. 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 or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2010. 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—2009. 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. Also complete this part for any additional information. (See instructions).

EMERGENCY FAMILY ASSISTANCE ASSOCIATION, INC. 84-0454115

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.

UNUSUAL GRANTS - EFAA has had an ongoing capital campaign, mostly to raise funds for 10 shelter units, a food bank, and offices, all in north Boulder. That income is excluded above, but listed below:

2006 - \$ 27,110

2007 - \$ 789,330 - including income from sale of real estate at 900 Arapahoe Ave., Boulder, CO

2008 - \$ 506,149

2009 - \$ 13,263

2010 - \$ 11,359

total - \$ 1,347,201 for the five years ending June 30, 2011

PART II, LINE 5 and 14 - Two long time supporters of EFAA reached \$ 300,000 each for the last five years, triggering a deduction on line 5.

If not for that, our public support for 2010 on line 14 would be 95.81 %, compared to 95.11% for 2009 on last year's return.

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

2010

Open to Public Inspection

Name of the organization

Employer identification number

EMERGENCY FAMILY ASSISTANCE ASSOCIATION, INC.

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		
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).
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ 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, and not on a historic structure listed in the National Register	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 (ASC 958), 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 (ASC 958), 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 (ASC 958) 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

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

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

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

Part IV 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:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
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	22,615	21,615	20,515		
b Contributions	0	1,000	1,100		
c Net investment earnings, gains, and losses	75	148	294		
d Grants or scholarships	0	0	0		
e Other expenditures for facilities and programs	75	148	294		
f Administrative expenses	0	0	0		
g End of year balance	22,615	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 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		4,909,630	1,153,952	3,755,678
c Leasehold improvements		187,911	92,655	95,257
d Equipment		214,277	106,747	107,530
e Other		139,281	84,850	54,431
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				4,592,069

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

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
(1) COMMUNITY FOUNDATION ENDOWMENT	54,296	END OF YEAR MARKET VALUE
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	54,296	

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

(a) Description	(b) Book value
(1) Deposits on rented real estate - at cash value	1,700
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	1,700

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	0
(2) Tenant deposits (including savings)	14,284
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	14,284

2. FIN 48 (ASC 740) 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 (ASC 740).

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	3,531,742
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,636,357
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	(104,615)
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	(104,615)

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	3,630,845
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	86,489
e	Add lines 2a through 2d	2e	86,489
3	Subtract line 2e from line 1	3	3,544,356
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	(12,614)
c	Add lines 4a and 4b	4c	(12,614)
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,531,742

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

1	Total expenses and losses per audited financial statements	1	3,735,460
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	86,489
e	Add lines 2a through 2d	2e	86,489
3	Subtract line 2e from line 1	3	3,648,971
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	(12,614)
c	Add lines 4a and 4b	4c	(12,614)
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,636,357

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

PART VIII - INVESTMENTS - We have an agency endowment with Community Foundation of Boulder. Gains in value in FY 11 are

which is shown

PART X - OTHER LIABILITIES - Our transitional clients are required to put down a damage deposit approximately equal to 1 month's rent.

Clients are permitted and encouraged to add to their deposits as a savings account (we pay them minimal interest).

Part XIV Supplemental Information *(continued)*

EMERGENCY FAMILY ASSISTANCE ASSOCIATION, INC. 84-0454115

PART XII, LINE 2d - Audited statements consider fund-raising event expenses as an expense, whereas Form 990 includes them in netted together with the non-deductible part of the ticket sales in PART VIII, Line 8b in income.

PART XII, LINE 4b - Audited statements considers losses on disposition of obsolete assets as an other adjustment, after expenses, but treated like an expense, whereas Form 990 includes on PART VIII, Line 7d in income.

PART XIII, LINES 2d & 4b - as just above in PART XII explanation.



SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

EMERGENCY FAMILY ASSISTANCE ASSOCIATION, INC.

Employer identification number

84-0454115

Part I

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

- 3** List all states in which the organization is registered or licensed to solicit contributions 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. 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	401,012			401,012
2 Less. Charitable contributions	14,082			14,082
3 Gross income (line 1 minus line 2)	386,930			386,930
Direct Expenses				
4 Cash prizes	0			0
5 Noncash prizes	0			0
6 Rent/facility costs	8,561			8,561
7 Food and beverages	34,242			34,242
8 Entertainment	1,195			1,195
9 Other direct expenses	42,491			42,491
10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(86,489)
11 Net income summary. Combine line 3, column (d), and line 10 ▶				300,441

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 _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 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? ☐ 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? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party.
- Name ▶ _____
- Address ▶ _____
- 16** Gaming manager information:
- Name ▶ _____
- Gaming manager compensation ▶ \$ _____
- Description of services provided ▶ _____
- ☐ Director/officer ☐ Employee ☐ Independent contractor
- 17** Mandatory distributions:
- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- 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 ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

PART II, LINES 6&7 - Facility and food mostly on 1 large bill, so assumed that 20% of total was for rent/facility/parking breakout.

**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

2010

**Open To Public
Inspection**

Name of the organization

Employer identification number

EMERGENCY FAMILY ASSISTANCE ASSOCIATION, INC.

84-0454115

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	✓		22,215	Garage-sale prices
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	✓	1	10,099	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	✓	647,202 pounds	1,093,771	\$ 1.69 per pound
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (RTD bus tokens)	✓	2	1,803	\$0.15 discount (60%)
26 Other ► ()				
27 Other ► (rent-free facility)	✓	1 (all year)	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?		✓
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?	✓	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		✓
b If "Yes," describe in Part II.		
33 If the organization did not report an amount 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 ASSOCIATION, INC. 84-0454115

LINE 5 - EFAA accepts furniture donations, which we either use in our shelter units, or pass on to our basic needs or exiting shelter clients.

EFAA has established a fair market garage sale price for all used items that we accept, so each dresser, desk, mattress, etc. is valued at a standard price on the day received. We leave it up to the donor to value their donation for their purposes.

LINE 9 - EFAA receives donated publicly traded stock as a donation, usually around the Christmas holidays. We value the donation at the average price (high & low) on the date the stock is transferred into our brokerage account. Our policy is to immediately sell all donated securities. Above value does not include commission costs of sale, or gains or losses upon liquidation.

LINE 19 - We receive about 67% of our donated food (and food-like items like toilet paper and diapers) from Community Food Share. We receive the rest from a constant stream of donors and food drives. We tend to lump all anonymous donors together for each day; a fair estimate of the number of donors might be 1,500.

LINE 25 - EFAA buys bus tokens from RTD for 10 cents each; they are worth 25 cents in fare. We show the 15 cents as an in-kind donation. We hand out tokens to clients, as well as provide tokens to several satellite agencies, for use for various restricted transportation purposes, such as day care, work, judicial appointments, etc.

LINE 27 - Rent-free facility - EFAA leases a house and 4 apartments from the City of Boulder for \$ 1 per year; we use this property for our ECHO House emergency shelter office and apartments. Our auditors found the valuation of this donation as reasonable, compared to other properties for lease. We show this donation here, even though not required, due to the significance of the savings to EFAA.

NOTE - Fund-raising event donations - EFAA does not report the value of donated items that we solicit for our annual fund-raising event, as we do not value them upon receipt, but rather we 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 a 'donation' at the night of the event. We do not keep any items after the event; all items are sold or disbursed. We raised \$ 82,923 in auction (live, silent, and M&Ms) bids at our event in FY 11. No donated auction items for the event are shown on Schedule M. We properly receipt auction payments.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

EMERGENCY FAMILY ASSISTANCE ASSOCIATION, INC.

Employer identification number

84-0454115

Form 990, intro, box G - Gross Receipts - EFAA did NOT include information from PART VIII, lines 7, as that section was a booked loss from disposal of obsolete assets, and did not contribute to gross receipts in any way.

Form 990, Part 1, line 6 - EFAA relies heavily on volunteers, who worked 16,487 hours in FY11. Most of this labor was food bank walkers and stockers, as well as intake interviewers, translators, and helpers, as well as our event guild and many others.

Form 990, Part 1, line 16b - EFAA raises a vast majority of our operating income from donations, contributions, local area grants, and other public support. To make this happen, we have a full time Director of Development, and full time fund-raising database coordinator, and a half-time event and social media coordinator. We also spend quite a bit on mailing, postage, printing, and outreach each year.

Form 990, Part 1, line 19 - EFAA does not budget to cover major asset depreciation with annual operations. FY11 is a typical year, where we budget to have a booked loss of about \$ 150,000. To purchase or replace major assets, EFAA would undoubtedly have a major capital campaign to raise those funds.

Form 990, Part III, lines 4 - All of EFAA's program activity is included in these 2 listed programs. Our furniture program and food bank are included in BASIC NEEDS, and our children's shelter program is included in SHELTER.

Form 990, Part IV, line 10 - EFAA holds a small quasi-endowment in the name of Abigail Greer. We treat those funds as permanently restricted in our net assets, although technically, they are Board-designated. See also Schedule D, Part V.

Form 990, Part IV, line 11e - EFAA holds damage deposits, savings, and prepaid rents for our transitional clients. See also Sch. D, Part X.

Form 990, Part IV, line 18 - EFAA holds an annual Celebration of Boulder, planned, organized, and implemented by our GUILD. We budget to net about \$ 300,000 annually from this event. See also Schedule G, Part II.

Form 990, Part IV, line 29 - EFAA depends greatly on in-kind food donations to stock our food bank. In FY11, we recognized receipt of over 650,000 pounds of food and food-like items. See also Schedule M.

Form 990, Part V, line 2a - EFAA normal staffing is 22 employees, 17 full-time.

Form 990, Part V, lines 7a&b - EFAA has Celebration of Boulder fund-raising event every year; a portion of the ticket price is non-deductible.

Form 990, Part V, lines 7g&h - No such receipts.

Form 990, Part VI, line 11b - Management and the Finance Committee members review the 990 prior to submission. The full 990 is provided to all Board members.

Form 990, Part VI, line 12c - EFAA has a conflict of interest policy both in the bylaws and in the employee handbook. The CEO monitors compliance; actual and perceived conflicts are documented, and abstentions in voting for such reasons are recorded.

Name of the organization

EMERGENCY FAMILY ASSISTANCE ASSOCIATION, INC.

Employer identification number

84-0454115

Form 990, Part VI, lines 15a&b - Annually, a volunteer HR professional compiles comparable salary information for EFAA positions. For all employees except the CEO, the management 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 terms of the CEO's contract for the upcoming year, using comparable data and performance measures. The full Board approves this package in Executive Session.

Form 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 a request to the CEO. Like most true charities, our information is mostly public.

Form 990, Part VII, column D - Compensation is gross pay, prior to any deductions for Section 125 cafeteria plan or retirement contributions.

Form 990, Part VII, column F - Includes EFAA's costs for employee health, life, AD&D, long-term disability, vision, and dental insurance, as well as the 2% contribution EFAA provides for all employee's retirement.

Form 990, Part VIII, line 1a - This includes our annual operating grant from Foothills United Way, as well as CCC, CFC, and other United Way support, as well as pass-through UW contributions from businesses.

Form 990, Part VIII, line 1c - Our annual fund-raising event, Celebration of Boulder, raised a net of \$ 314,524 this year. See also Sch. G.

Form 990, Part VIII, line 7 - EFAA used this section to report on booked losses due disposal of obsolete assets - the 'sales' figure is the accumulated depreciation at time of disposal; subtracting the cost gives us the net loss.

Form 990, Part XI, line 11g - EFAA uses TEKDOCS for our computer support. This line is 97% labor, and is presented here rather than on line 19 - Information Technology - below.

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

Form 990, Part XI, line 17 - This line includes mileage reimbursement to staff, and gas and repairs for 5 EFAA vehicles.

Form 990, Part XI, line 24a - Primarily donated food disbursed through our food bank.

Form 990, Part XI, line 24b - This line is comprised of restricted and unrestricted EFAA funds spent to pay for client rents, utilities, mortgage payments, medical, transportation, emergency shelter, food and miscellaneous, primarily via our BASIC NEEDS PROGRAM.

Form 990, Part XI, line 24d - Losses on disposition of obsolete assets are shown in Part VIII, line 7.

Form 990, Part XI, line 24e - Includes mailing, mail house, printing, etc primarily for fund-raising purposes. As you can see in Part VIII, we are very successful, and depend, on public support. See Schedule A to see that EFAA gets 95 % of income from the public!

Form 990, Part X, line 3 - This represents receivables still outstanding from our successful capital campaign, which resulted in our move into new offices in North Boulder, along with 7 transitional apartments and a new food bank. All pledges were subsequently paid in full.

Name of the organization

EMERGENCY FAMILY ASSISTANCE ASSOCIATION, INC.

Employer identification number

84-0454115

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

Form 990, Part X, line 15 - This is money on deposit for possible damages, for rent of our furniture warehouse and other space.

Form 990, Part X, line 29 - This is the Abigail Greer quasi-Endowment. See also Schedule D, Part V.

LIST OF ATTACHMENTS

Schedule A - Public Charity Status and Public Support.

Note that this year, 2 of our substantial donors have reached a 5 year contribution level of \$ 300,000, which triggers the deduction in Section A, Line 5. Without this deduction, our public support percentage on line 14 is 95.81 %.

Schedule B - Schedule of Contributors.

Schedule D - Supplemental Financial Statements.

The only real differences in our audited financial statements, and the presentation on the Form 990, are:

- 1 - Treatment of fund-raising event expenses as an expense, vs. a negative income item.
- 2 - Treatment of losses due to disposal of obsolete assets as an expense, vs. a negative income item.

Schedule G - Supplemental Information Regarding Fundraising.

Including \$ 14,082 of event donations, we netted \$ 314,524 at our event in the fall of 2010.

Schedule M - Noncash Contributions.

EFAA relies substantially on donations of food to stock our food bank, which is our most cost-effective method of helping our clients.

EFAA leases offices space and 2 duplexes from the City of Boulder for \$ 1 a year; this is a big part of our SHELTER PROGRAM, so the value of this rent-free space is reflected here.

Schedule O - Supplemental Information.

Board of Directors List.

EFAA Board Members

FY 11

Name, Home Address Phone, Fax & Email	Work Address, Phone, Fax and Email	Committee Assignments	Where to Send Mail
Paul Gross, President 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 Email: paul@grosshartman.com	<ul style="list-style-type: none"> Executive/Leadership, Chair 	Work
Scott Bergquist, President-Elect Treasurer 851 14 th 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 Email: sbergquist@svb.com	<ul style="list-style-type: none"> Finance, Chair Executive/Leadership 	Work
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 Email: ed@giveo.com	<ul style="list-style-type: none"> Executive/Leadership Program 	Mail: Home Phone, email: Work
Lew Visscher, Past President 283 Antelope Pt. Lafayette, CO 80026 303-666-6473 Cell: 720-635-8560	Catalyst Repository Systems, Inc. Chief Financial Officer 1860 Blake St., Suite 700 Denver, CO 80202 303-824-0824 Email: lvisscher@catalystsecure.com	<ul style="list-style-type: none"> Executive/Leadership 	Mail: Home Phone: Work or home
Ann Cooper 885 Rain Lily Lane Boulder, CO 80304 303-449-9509 Fax: 303-449-2578 Email: anncooper@comcast.net	Ann Cooper & Associates 2500 30 th St., Suite 303 Boulder, CO 80304 303-996-6401 Fax: 303-996-1112 Email: anncooper@comcast.net	<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	Director, HR Ball Aerospace 1600 Commerce St Boulder, CO 80301 303-939-4123 Email: tdeany@ball.com	<ul style="list-style-type: none"> Leadership Personnel, Chair 	Home
Jon Gordon 3840 Spring Valley Road Boulder, CO 80304	Executive Vice President JobPlex, Inc. 1200 17th Street - Suite 2175 Denver, CO 80202 303-443-1620 Fax: 303-402-9202 Email: jgordon@jobplex.com	<ul style="list-style-type: none"> Fundraising 	
Kevin Luff 850 6 th Street Boulder, CO 80302 303-449-6206 Email: kdluff@yahoo.com	850 6 th Street Boulder, CO 80302 Email: kdluff@yahoo.com	<ul style="list-style-type: none"> Finance 	Mail, Email: Home Phone: Business

<p>Jann Oldham 153 Cherrywood lane Louisville, Co. 80027 Cell – 303-919-1329 Home – 303-661-9574 jannsclan@comcast.net</p>		<ul style="list-style-type: none"> • Program, Chair 	
<p>Jorge Oteo 255 Kiowa Place Boulder, CO 80303 303-442-6921 Fax: 303-862-7375 Email: joteo@comcast.net</p>	<p>President The Denver Capital Group 410 17th Street, Suite 1670 Denver, CO 80202 303-573-0490 Fax: 303-573-0949 Email: joteo@denvercg.com</p>	<ul style="list-style-type: none"> • Fundraising 	<p>Phone: Home, Business Mail, Email, Fax: Business</p>
<p>Zan Powell 5589 Steeple Chase Drive Longmont, CO 80503 303-774-9205</p>	<p>Fresca Foods 2011 Cherry St, Ste 206 Louisville, CO 80027 303-645-4888 Fax: 303-645-4884 E-mail: zan@frescafoodsinc.com</p>	<ul style="list-style-type: none"> • Fundraising, Chair 	
<p>Susan Purdy 2405 Jasper Ct. Boulder, CO 80304 303-449-8365 Fax: 303-449-9396 Email: susan@susansheapurdy.org</p>		<ul style="list-style-type: none"> • Program 	Home
<p>Nancy Sanders 3208 4th St Boulder, CO 80304 303-447-9114 Cell: 303-229-0715 Email: iamsands@aol.com</p>		<ul style="list-style-type: none"> • Fundraising • Marketing 	Home
<p>Luci Sheehan 1630A 30th St., #290 Boulder, CO 80301 303 449.5889 Cell: 203-912-8666 Email: lucisheehan@att.net</p>		<ul style="list-style-type: none"> • Fundraising • Marketing 	Home
<p>Ken Von Wald 826 Bluefield Court Longmont, CO 80504 303-209-4228 KenVW@DencoSales.com</p>	<p>President Denco Sales 55 South Yuma St Denver, CO 80223 303-209-4228 Fax 303-733-2348 Email: KenVW@DencoSales.com</p>		Phone, Mail, Fax, Email: Work
<p>Rich Wildau 710 Inca Parkway Boulder, CO 80303 303-449-9381 Cell: 303-818-5314 Email: rwildau@earthlink.net</p>	<p>HOP System Supervisor Special Transit 4880 Pearl Street Boulder, CO 80301 303-447-2848, Ext. 131 Fax 303-417-0331 Email: rwildau@specialtransit.org</p>	<ul style="list-style-type: none"> • Program 	Home