

Return of Organization Exempt From Income Tax

2008

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

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

For the 2008 calendar year, or tax year beginning **7/01**, 2008, and ending **6/30**, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instructions.	NAPA EMERGENCY WOMEN' S SERVICES 1141 PEAR TREE LANE #220 NAPA, CA 94558	D Employer Identification Number 94-2745889
F Name and address of principal officer: SAME AS C ABOVE			E Telephone number 707-252-3687
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) H (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		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)	
J Website: G WWW.NAPANews.ORG		H(c) Group exemption number G	
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other G		L Year of Formation: 1981	M State of legal domicile: CA

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <u>THE ORGANIZATION'S MISSION IS TO PROVIDE A NURTURING REFUGE FOR WOMEN AND CHILDREN SUFFERING FROM DOMESTIC VIOLENCE, AND TO BE A CATALYST FOR CHANGE THROUGH PREVENTION, INTERVENTION AND ADVOCACY.</u>		
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of employees (Part V, line 2a)	5	19
	6 Total number of volunteers (estimate if necessary)	6	100
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	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)	827,640.	948,728.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	58,078.	13,020.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	26,176.	-10,141.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	61,347.	-7,214.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	973,241.	944,393.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		5,000.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	640,065.	718,688.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) G <u>50,300.</u>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	323,149.	263,408.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	963,214.	987,096.	
19 Revenue less expenses. Subtract line 18 from line 12.	10,027.	-42,703.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	1,038,753.	929,167.
	22 Net assets or fund balances. Subtract line 21 from line 20.	143,269.	136,178.
		895,484.	792,989.

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	G _____ Signature of officer	_____ Date	
	G RANDALL GNAGY Type or print name and title.	TREASURER	

Paid Preparer's Use Only	Preparer's signature: G NON-PAID PREPARER	Date: _____	Check if self-employed: <input type="checkbox"/>	Preparer's identifying number (see instructions): _____
	Firm's name (or yours if self-employed), address, and ZIP + 4: G _____	EIN: G _____	Phone no.: G _____	

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

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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:) (Expenses \$ 433,971. including grants of \$) (Revenue \$)

OUR EMERGENCY SHELTER IS A SAFE, CONFIDENTIAL HOUSE LOCATED IN A RESIDENTIAL NEIGHBORHOOD. IT IS A REAL HOME WITH A BEAUTIFUL KITCHEN, PRIVATE BEDROOMS AND BATHROOMS, INDOOR AND OUTDOOR PLAY AREAS FOR CHILDREN, AND A COZY FAMILY ROOM WHERE CLIENTS CAN RELAX OR HOLD FAMILY MEETINGS. OUR STAFF IS THERE AROUND THE CLOCK TO WORK WITH CLIENTS ON INDIVIDUALIZED PLANS TO FIND RESOURCES FOR A FUTURE FREE OF VIOLENCE. WE ALSO STAFF A 24-HOUR CRISIS LINE. DURING THE FISCAL YEAR 43 WOMEN AND 58 CHILDREN WERE PROVIDED SAFE, CONFIDENTIAL SHELTER AND SUPPORTIVE SERVICES AT THE EMERGENCY SHELTER FOR A TOTAL OF 2,219 SHELTER DAYS. 820 CRISIS LINE CALLS WERE RECEIVED AT THE SHELTER BY OUR DOMESTIC VIOLENCE COUNSELORS. 402 WOMEN AND CHILDREN ATTENDED 51 PEER SUPPORT COUNSELING SESSIONS.

4b (Code:) (Expenses \$ 96,250. including grants of \$) (Revenue \$)

OUR DOMESTIC VIOLENCE RESPONSE TEAM PROGRAM UTILIZES A TEAM OF TRAINED DOMESTIC VIOLENCE COUNSELOR VOLUNTEERS TO RESPOND IMMEDIATELY TO VICTIMS OF DOMESTIC VIOLENCE AT THE REQUEST OF LAW ENFORCEMENT. THEY GO EITHER DIRECTLY TO THE SCENE OF AN INCIDENT OR TO A DESIGNATED SAFE LOCATION. THE COUNSELORS PROVIDE EMOTIONAL SUPPORT, INFORMATION, SAFETY PLANNING, AND RESOURCES. THEY WORK WITH EACH CLIENT TO DEVELOP A PLAN FOR FOLLOW-UP SERVICES. DURING THE FISCAL YEAR, 47 VICTIMS OF DOMESTIC VIOLENCE RECEIVED IMMEDIATE IN-PERSON RESPONSE BY MEMBERS OF OUR DOMESTIC VIOLENCE RESPONSE TEAM AT THE REQUEST OF LAW ENFORCEMENT.

4c (Code:) (Expenses \$ 85,264. including grants of \$) (Revenue \$)

THE COURT ADVOCACY PROGRAM PROVIDES HELP WITH THE PROCESS OF FILING FOR PROTECTIVE ORDERS AND ADVOCACY TO VICTIMS OF DOMESTIC VIOLENCE. OUR COURT ADVOCATE WORKS TOGETHER WITH CLIENTS TO FIND RESOURCES PERTAINING TO CHILD CUSTODY, VISITATION, AND OTHER CIVIL ISSUES RELATED TO ABUSE. DURING THE FISCAL YEAR WE ASSISTED 113 VICTIMS OF DOMESTIC VIOLENCE WITH FILING RESTRAINING ORDERS. OUR ADVOCATE PROVIDED COURT RELATED SERVICES AND APPEARED IN COURT WITH CLIENTS TO PROVIDE SUPPORTIVE SERVICES ON 742 OCCASIONS.

4d Other program services. (Describe in Schedule O.) SEE SCHEDULE O

(Expenses \$ 234,449. including grants of \$ 5,000.) (Revenue \$ 13,020.)

4e Total program service expenses G \$ 849,934. (Must equal Part IX, Line 25, column (B).)

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any 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		X
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
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		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III		X
23 Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J		X
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, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,' go to question 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
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? If 'Yes,' complete Schedule L, Part I		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I		X
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? If 'Yes,' complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
	a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV.....	28a	X
	b Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV.....	28b	X
	c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV.....	28c	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.....	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.....	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.....	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.....	32	X
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? If 'Yes,' complete Schedule R, Part I.....	33	X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.....	34	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2.....	35	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.....	36	X
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? If 'Yes,' complete Schedule R, Part VI.....	37	X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.		
1a	8		
1b	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?	X	
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	19		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.		
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)?		X
b	If 'Yes,' enter the name of the foreign country: G _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
6b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
7b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If 'Yes,' indicate the number of Forms 8282 filed during the year.		
7d			
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	X	
7h	For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	X	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
8			
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make any distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10a			
10b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
10b			
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from other members or shareholders		
11a			
11b	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			

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Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

		Yes	No
For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
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? SEE SCHEDULE O	X	
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?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
9b	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?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990. SEE SCHEDULE O	X	
11	Is there any officer, director or 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.		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If 'No,' go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done.	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
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:		
15a	The organization's CEO, Executive Director, or top management official?	X	
15b	Other officers of key employees of the organization? SEE SCHEDULE O Describe the process in Schedule O. (see instructions)	X	
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?		X
16b	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?		

Section C. Disclosures

- 17 List the states with which a copy of this Form 990 is required to be filed G CA
- 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. **SEE SCHEDULE O**
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
G TRACY LAMB 1141 PEAR TREE LANE NAPA CA 94558 707-252-3687

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

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

1 a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

? List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

? 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) or more than \$100,000 from the organization and any related organizations.

? List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

? List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week	(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			
DONALD HITCHCOCK PRESIDENT	1	X		X				0.	0.	0.
CATHY D'ANGELO HOLMES VICE PRESIDENT	1	X		X				0.	0.	0.
SANDRA RE SECRETARY	1	X		X				0.	0.	0.
RANDALL GNAGY TREASURER	1	X		X				0.	0.	0.
KATY DUNLAP DIRECTOR	0	X						0.	0.	0.
DOUG ERNST DIRECTOR	1	X						0.	0.	0.
LUI SA COLL-PARDO HEYMANN DIRECTOR	2	X						0.	0.	0.
DOUG KOFORD DIRECTOR	0	X						0.	0.	0.
HOLLY KOFORD DIRECTOR	0	X						0.	0.	0.
MARY ANN MANCUSO DIRECTOR	0	X						0.	0.	0.
RI CHARD MELTON DIRECTOR	0	X						0.	0.	0.
TONI RENEE VIERRA DIRECTOR	1	X						0.	0.	0.
GAIL SILVERMAN DIRECTOR	1	X						0.	0.	0.
RACHEL PHILLIPS WYCKOFF DIRECTOR	0	X						0.	0.	0.
TRACY LAMB DIRECTOR	40				X			80,592.	0.	4,902.

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			
	b Membership dues	1b			
	c Fundraising events	1c	64,114.		
	d Related organizations	1d			
	e Government grants (contributions)	1e	563,400.		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	321,214.		
	g Noncash contribns included in lns 1a-1f: \$		69,780.		
	h Total. Add lines 1a-1f.	G	948,728.		
PROGRAM SERVICE REVENUE	2a FAMILY VIOLENCE SUMMIT	Business Code	13,020.	13,020.	
	b _____				
	c _____				
	d _____				
	e _____				
	f All other program service revenue				
	g Total. Add lines 2a-2f.	G	13,020.		
	OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)	G	10,946.	
4 Income from investment of tax-exempt bond proceeds		G			
5 Royalties		G			
6a Gross Rents		(i) Real (ii) Personal			
b Less: rental expenses					
c Rental income or (loss)					
d Net rental income or (loss)		G			
7a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other	50,158.		
b Less: cost or other basis and sales expenses			71,245.		
c Gain or (loss)			-21,087.		
d Net gain or (loss)		G	-21,087.		-21,087.
8a Gross income from fundraising events (not including \$ 64,114. of contributions reported on line 1c). See Part IV, line 18		a	19,137.		
b Less: direct expenses		b	26,351.		
c Net income or (loss) from fundraising events		G	-7,214.		-7,214.
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		G			
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	G				
Miscellaneous Revenue		Business Code			
11a _____					
b _____					
c _____					
d All other revenue					
e Total. Add lines 11a-11d.	G				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	G	944,393.	13,020.	0.	-17,355.

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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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.	5,000.	5,000.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22.				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	80,592.	70,520.	5,523.	4,549.
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.	518,064.	453,316.	35,504.	29,244.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions).	14,507.	12,694.	994.	819.
9 Other employee benefits.	52,362.	45,818.	3,588.	2,956.
10 Payroll taxes.	53,163.	46,519.	3,643.	3,001.
11 Fees for services (non-employees).				
a Management.				
b Legal.				
c Accounting.	27,059.	14,757.	8,535.	3,767.
d Lobbying.				
e Prof fundraising svcs. See Part IV, ln 17.				
f Investment management fees.	3,427.		3,427.	
g Other.				
12 Advertising and promotion.				
13 Office expenses.	8,141.	7,443.	319.	379.
14 Information technology.				
15 Royalties.				
16 Occupancy.	57,115.	52,192.	4,923.	
17 Travel.	4,840.	3,476.	1,364.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	1,045.		1,045.	
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	20,343.	18,360.	1,017.	966.
23 Insurance.	23,094.	20,360.	1,787.	947.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>DI RECT PROGRAM EXPENSES</u>	38,243.	38,243.		
b <u>SHELTER SUPPLI ES</u>	26,837.	26,837.		
c <u>COMMUNI CATI ONS</u>	25,803.	19,484.	6,319.	
d <u>PR I NTI NG AND PUBLI CATI ONS</u>	9,827.	6,004.	333.	3,490.
e <u>REPAI RS AND MAI NTENANCE</u>	7,141.	6,581.	560.	
f All other expenses.	10,493.	2,330.	7,981.	182.
25 Total functional expenses. Add lines 1 through 24f.	987,096.	849,934.	86,862.	50,300.
26 Joint Costs. Check here G <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash - non-interest-bearing	1,152.	1	906.
	2 Savings and temporary cash investments	448,773.	2	238,211.
	3 Pledges and grants receivable, net	84,607.	3	80,986.
	4 Accounts receivable, net	7,371.	4	12,938.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	5,638.	9	2,563.
	10a Land, buildings, and equipment: cost basis	10a 459,687.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 217,232.	261,117.	10c 242,455.
	11 Investments - publicly-traded securities	230,095.	11	351,108.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)		1,038,753.	16	929,167.
LIABILITIES	17 Accounts payable and accrued expenses	29,255.	17	22,164.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	114,014.	23	114,014.
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		143,269.	26
NET ASSETS OR FUND BALANCES	27 Organizations that follow SFAS 117, check here G <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.			
	27 Unrestricted net assets	828,430.	27	731,376.
	28 Temporarily restricted net assets	67,054.	28	61,613.
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117, check here G <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, and equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances		895,484.	33	792,989.
34 Total liabilities and net assets/fund balances		1,038,753.	34	929,167.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If 'Yes' to 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?	X	
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?	X	
3b	If 'Yes,' did the organization undergo the required audit or audits?	X	

Public Charity Status and Public Support

2008

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization NAPA EMERGENCY WOMEN' S SERVI CES	Employer identification number 94-2745889
--	---

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

The organization is not a private foundation because it is: (Please check only one organization.)

- 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions ' subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 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?

	Yes	No
(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?	11 g (i)	
(ii) a family member of a person described in (i) above?	11 g (ii)	
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11 g (iii)	

h Provide the following information about the organizations the organization supports.

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	751,636.	811,187.	762,643.	906,718.	948,728.	4,180,912.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
4 Total. Add lines 1-3.	751,636.	811,187.	762,643.	906,718.	948,728.	4,180,912.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
6 Public support. Subtract line 5 from line 4.						4,180,912.

Section B. Total Support

Calendar year (or fiscal year beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4.	751,636.	811,187.	762,643.	906,718.	948,728.	4,180,912.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	4,877.	18,667.	33,642.	26,176.	10,946.	94,308.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART I.V.	90,082.	58,711.	47,840.	40,347.	-7,214.	229,766.
11 Total support. Add lines 7 through 10.						4,504,986.
12 Gross receipts from related activities, etc. (see instructions).					12	13,020.
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.						G <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)).	14	92.8%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f.	15	90.0%
16a 33-1/3 support test ' 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	G <input checked="" type="checkbox"/>	
b 33-1/3 support test ' 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	G <input type="checkbox"/>	
17a 10%-facts-and-circumstances test ' 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	G <input type="checkbox"/>	
b 10%-facts-and-circumstances test ' 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	G <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.	G <input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal yr beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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 1-5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 lns 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. G

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33-1/3 support tests * 2008. 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. G

b 33-1/3 support tests * 2007. If the organization did not check a box on line 14 or 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. G

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. G

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2008	2007	2006	2005	2004
SPECIAL EVENTS	-7,214.	40,347.	47,840.	58,711.	90,082.
TOTAL	<u>\$ -7,214.</u>	<u>\$ 40,347.</u>	<u>\$ 47,840.</u>	<u>\$ 58,711.</u>	<u>\$ 90,082.</u>

Schedule of Contributors
G Attach to Form 990, 990-EZ and 990-PF
G See separate instructions.

2008

Name of the organization

NAPA EMERGENCY WOMEN' S SERVI CES

Employer identification number

94-2745889

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust not treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule '

- For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules '

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc, purpose. Do not complete any of the Parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year.) G \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they must answer 'No' on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

NAPA EMERGENCY WOMEN' S SERVICES

94-2745889

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CITY OF NAPA ----- PO BOX 660 ----- NAPA, CA 94559 -----	\$ 29,779.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	CALIF DEPT OF PUBLIC HEALTH ----- PO BOX 997420 ----- SACRAMENTO, CA 95899 -----	\$ 199,195.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	NAPA COUNTY ----- 2261 ELM STREET ----- NAPA, CA 94559 -----	\$ 132,757.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	SOLANO COUNTY ----- 475 UNION AVENUE ----- FAIRFIELD, CA 94533 -----	\$ 21,981.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	CALIF EMERGENCY MGT AGENCY ----- 3650 SCHRIEVER AVENUE ----- MATHER, CA 95655 -----	\$ 178,687.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	COMMUNITY FOUNDATION ----- 3299 CLAREMONT WAY ----- NAPA, CA 94558 -----	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

NAPA EMERGENCY WOMEN' S SERVICES

94-2745889

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	NAPA VALLEY WINE AUCTION ----- PO BOX 141 ----- ST. HELENA, CA 94574 -----	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

NAPA EMERGENCY WOMEN' S SERVICES

94-2745889

Part II Noncash Property (see instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	N/A		

Name of organization

Employer identification number

NAPA EMERGENCY WOMEN' S SERVICES

94-2745889

Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of exclusively religious, charitable, etc, contributions of \$1,000 or less for the year. (Enter this information once - see instructions.) G\$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2008

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Name of the organization

Employer identification number

NAPA EMERGENCY WOMEN' S SERVI CES

94-2745889

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two yes/no questions regarding donor informed status.

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

Table with 2 columns: Question, Held at the End of the Year. Rows include purpose(s) of conservation easements, number of easements, and monitoring/enforcement details.

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.

Table with 2 columns: Question, Amount. Rows include reporting requirements for art and historical treasures, and amounts for revenues and assets.

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

- 3 Using the organization's 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 Trust, Escrow and Custodial Arrangements Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If 'Yes,' explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2 a 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 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
1 a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment G _____ %
 - b Permanent endowment G _____ %
 - c Term endowment G _____ %
- 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value
1 a Land		50,336.		50,336.
b Buildings		335,013.	164,939.	170,074.
c Leasehold improvements				
d Equipment		74,338.	52,293.	22,045.
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) G				242,455.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	944,393.
2	Total expenses (Form 990, Part IX, column (A), line 25)	987,096.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	-42,703.
4	Net unrealized gains (losses) on investments	-59,792.
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4-8	-59,792.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	-102,495.

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	917,450.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-59,792.
b	Donated services and use of facilities	2b	7,925.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV) SEE PART XI.V	2d	28,351.
e	Add lines 2a through 2d	2e	-23,516.
3	Subtract line 2e from line 1	3	940,966.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	3,427.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	3,427.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	944,393.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	1,019,945.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	7,925.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV) SEE PART XI.V	2d	28,351.
e	Add lines 2a through 2d	2e	36,276.
3	Subtract line 2e from line 1	3	983,669.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	3,427.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	3,427.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	987,096.

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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

SCHEDULE D, PART XII, LINE 2D
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

EXPENSES OF SPECIAL EVENTS.....	\$	26,351.
FIDUCIARY FUNDS RECEIVED.....		<u>2,000.</u>
TOTAL	\$	<u><u>28,351.</u></u>

SCHEDULE D, PART XIII, LINE 2D
OTHER EXPENSES AND LOSSES PER AUDITED F/S

EXPENSES OF SPECIAL EVENTS.....	\$	26,351.
FIDUCIARY FUNDS DISBURSED.....		<u>2,000.</u>
TOTAL	\$	<u><u>28,351.</u></u>

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

REVENUE		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))	
		CHOC & WINE (event type)	TREASURE HUNT (event type)	1 (total number)		
REVENUE	1	Gross receipts	67,571.	9,961.	5,719.	83,251.
	2	Less: Charitable contributions	54,153.	9,961.		64,114.
	3	Gross revenue (line 1 minus line 2)	13,418.		5,719.	19,137.
DIRECT EXPENSES	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs	4,485.			4,485.
	7	Other direct expenses	17,703.	402.	3,761.	21,866.
	8	Direct expense summary. Add lines 4- through 7 in column (d)				G 26,351.
	9	Net income summary. Combine lines 3 and 8 in column (d)				G -7,214.

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

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))	
		1	Gross revenue			
DIRECT EXPENSES	2	Cash prizes				
	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input 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)				G
	8	Net gaming income summary. Combine lines 1 and 7 in column (d)				G

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

		YES	NO
13	Indicate the percentage of gaming activity operated in:		
a	The organization's facility..... 13 a %		
b	An outside facility..... 13 b %		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name: G -----		
	Address: G -----		
15a	Does the organization have a contact with a third party from whom the organization receives gaming revenue?..... 15 a		
b	If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____.		
c	If 'Yes,' enter name and address:		
	Name: G -----		
	Address: G -----		
16	Gaming manager information		
	Name: G -----		
	Gaming manager compensation G \$ _____		
	Description of services provided: G -----		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?..... 17 a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: G \$		

SCHEDULE M
(Form 990)

Non-Cash Contributions

OMB No. 1545-0047

2008

G To be completed by organizations that answered 'Yes'
on Form 990, Part IV, lines 29 or 30.

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

G Attach to Form 990.

Name of the organization

Employer identification number

NAPA EMERGENCY WOMEN' S SERVICES

94-2745889

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art' Works of art				
2 Art' Historical treasures				
3 Art' Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		26, 837.	DONOR VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities' Publicly traded				
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				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other G (AUCTION ITEMS)	X	120	32, 982.	RESALE VALUE
26 Other G (CLOTHNG/JEWELRY)	X	130	9, 961.	RESALE VALUE
27 Other G ()				
28 Other G ()				

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	
----	--

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?

	Yes	No
30a		X
31		X
32a		X

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 revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

Department of the Treasury
Internal Revenue Service

G Attach to Form 990. To be completed by organizations to provide
additional information for responses to specific questions for the
Form 990 or to provide any additional information.

Open to Public
Inspection

Name of the organization

NAPA EMERGENCY WOMEN'S SERVICES

Employer identification number

94-2745889

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

THE ORGANIZATION'S MISSION IS TO PROVIDE A NURTURING REFUGE FOR WOMEN AND CHILDREN
SUFFERING FROM DOMESTIC VIOLENCE, AND TO BE A CATALYST FOR CHANGE THROUGH
PREVENTION, INTERVENTION AND ADVOCACY. NEWS OPERATES AN EMERGENCY SHELTER AND
PROVIDES A VARIETY OF SERVICES, AMONG THEM A 24-HOUR CRISIS LINE, INDIVIDUAL AND
GROUP COUNSELING SERVICES, A CHILDREN'S CLUB, COURT ADVOCACY, A DOMESTIC VIOLENCE
RESPONSE TEAM, TRANSITIONAL HOUSING AND OUTREACH AND EDUCATION.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

THE TRANSITIONAL HOUSING PROGRAM ASSISTS CLIENTS IN FINDING SAFE, AFFORDABLE
HOUSING. CONTINUED SUPPORTIVE SERVICES ARE ALSO A PART OF THIS PROGRAM. THESE
SERVICES CAN LAST FOR UP TO TWO YEARS. MANY OF OUR CLIENTS WHO FIND SHELTER IN THE
SAFE HOUSE, TRANSITION INTO APARTMENTS OF THEIR OWN. DURING THE FISCAL YEAR OUR
TRANSITIONAL HOUSING CASE MANAGER ASSISTED 22 CLIENTS WITH FINDING PERMANENT,
AFFORDABLE HOUSING AND CASE MANAGEMENT FOR UP TO 18 MONTHS. THERE WERE 396 SERVICES
PROVIDED TO CLIENTS TO HELP THEM WITH HOUSEHOLD ESTABLISHMENT.

OUTREACH AND EDUCATION IS AN IMPORTANT PART OF ENDING DOMESTIC VIOLENCE IN OUR
COMMUNITY. WE PROVIDE DOMESTIC VIOLENCE PREVENTION AND EDUCATION PROGRAMS TO
SCHOOLS, UNDER-SERVED POPULATIONS, EMPLOYERS, SOCIAL SERVICE ORGANIZATIONS, AND THE
GENERAL PUBLIC IN AN EFFORT TO HELP THE COMMUNITY IDENTIFY AND UNDERSTAND THE
DYNAMICS OF DOMESTIC VIOLENCE, AND WHERE TO GET HELP IF THEY NEED IT. DURING THE
FISCAL YEAR WE PROVIDED 95 PRESENTATIONS TO THE COMMUNITY ON VARIOUS ASPECTS OF
DOMESTIC VIOLENCE, INCLUDING PREVENTION, EDUCATION AND SERVICES AVAILABLE. THESE
PRESENTATIONS WERE ATTENDED BY 4,508 ATTENDEES.

Name of the organization

Employer identification number

NAPA EMERGENCY WOMEN' S SERVICES

94-2745889

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION (CONTINUED)

OUR VOLUNTEER PROGRAM PROVIDES TWO 40-HOUR TRAINING SESSIONS PER YEAR, FREE OF COST, FOR THOSE INTERESTED IN BECOMING DOMESTIC VIOLENCE COUNSELORS. VOLUNTEER OPPORTUNITIES INCLUDE BECOMING A MEMBER OF THE DOMESTIC VIOLENCE RESPONSE TEAM, HELPING PROVIDE COURT ADVOCACY SERVICES, AND WORKING AT THE SAFE HOUSE ON THE 24-HOUR CRISIS LINE. WE TRAINED 31 VOLUNTEER DOMESTIC VIOLENCE COUNSELORS DURING DURING OUR FISCAL YEAR. VOLUNTEERS PROVIDED OUR ORGANIZATION WITH AN AVERAGE OF 400 HOURS OF SERVICE PER MONTH.

FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECT TWO MEMBERS OF THE BOARD OF DIRECTORS ARE HUSBAND AND WIFE.

FORM 990, PART VI, LINE 10 - FORM 990 REVIEW PROCESS

THE AUDIT COMMITTEE CONDUCTS A REVIEW OF THE ORGANIZATION'S FORM 990 (INCLUDING ALL RELATED SCHEDULES). ONCE THE AUDIT COMMITTEE HAS COMPLETED ITS INITIAL REVIEW OF THE FORM 990, A CONFERENCE IS CONDUCTED WITH THE PREPARER OF THE FORM 990 TO DISCUSS ANY QUESTIONS, COMMENTS, AND SUGGESTED REVISIONS IDENTIFIED BY THE AUDIT COMMITTEE. THE PREPARER OF THE FORM 990 MAKES ANY REVISIONS TO THE FORM 990 AS SOON AS FEASIBLY POSSIBLE TO ENSURE THAT THE FORM 990 IS FILED WITH THE INTERNAL REVENUE SERVICE ON A TIMELY BASIS. ALL OF THE QUESTIONS, COMMENTS, AND SUGGESTED REVISIONS SET FORTH BY THE AUDIT COMMITTEE ARE DOCUMENTED, ALONG WITH ANY RESPONSES FROM THE PREPARER OF THE FORM 990, IF APPLICABLE. AFTER THE FORM 990 HAS BEEN ACCEPTED BY THE AUDIT COMMITTEE, THE COMMITTEE MAKES A PRESENTATION AT THE NEXT FULL BOARD OF DIRECTORS MEETING TO DISCUSS ITS REVIEW OF THE FORM 990. AT THIS MEETING WITH THE BOARD OF DIRECTORS, THE BOARD IS ASKED TO GRANT APPROVAL FOR FILING THE FORM 990. AFTER SUCH APPROVAL IS OBTAINED, THE FORM IS FILED WITH THE INTERNAL REVENUE SERVICE.

Name of the organization

NAPA EMERGENCY WOMEN' S SERVICES

Employer identification number

94-2745889

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEES

THE ORGANIZATION'S EXECUTIVE COMMITTEE HAS GENERAL OVERSIGHT OF THE ORGANIZATION'S

HUMAN RESOURCE PLAN, INCLUDING ANNUAL EVALUATION OF THE EXECUTIVE DIRECTOR OF THE

ORGANIZATION. A SALARY SURVEY IS USED TO BENCHMARK COMPENSATION FOR THE POSITION

UTILIZING THE COMPENSATION & BENEFITS SURVEY NORTHERN CALIFORNIA PUBLISHED BY THE

CENTER FOR NONPROFIT MANAGEMENT. THE COMMITTEE MEETS INDEPENDENT OF THE EXECUTIVE

DIRECTOR TO DISCUSS PERFORMANCE RELATIVE TO THE POSITION DESCRIPTION. DURING THESE

MEETINGS, THE COMMITTEE ALSO CONSIDERS INPUT OBTAINED FROM OTHER BOARD MEMBERS,

STAFF, PROFESSIONAL ADVISORS, GRANT RECIPIENTS, AND OTHER INFORMED COMMUNITY

LEADERS. ONCE A CONSENSUS IS REACHED REGARDING PERFORMANCE, A SIMILAR DISCUSSION IS

HELD CONCERNING COMPENSATION RELATIVE TO ANNUAL BENCHMARK AND ESTABLISHED

OBJECTIVES. THE COMMITTEE PRESENTS ITS FINDINGS AND RECOMMENDATIONS, IN AN

EXECUTIVE SESSION WITHOUT THE EXECUTIVE DIRECTOR PRESENT, TO THE FULL BOARD FOR

REVIEW AND APPROVAL. THE COMMITTEE THEN MEETS WITH THE EXECUTIVE DIRECTOR TO

DISCUSS AND DOCUMENT STRENGTHS, WEAKNESSES, AND GOALS FOR THE UPCOMING YEAR.

COMPENSATION FOR THE UPCOMING YEAR IS ALSO DISCUSSED AND DOCUMENTED.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE FOLLOWING ORGANIZATION DOCUMENTS OF THE ORGANIZATION ARE AVAILABLE, FOR

INSPECTION OR COPYING, AT THE ORGANIZATION'S MAIN OFFICE DURING NORMAL BUSINESS

HOURS AT NO CHARGE: TAX EXEMPTION APPLICATION (FORM 1023), INTERNAL REVENUE SERVICE

DETERMINATION LETTER, ARTICLES OF INCORPORATION, AND BY-LAWS. ALL OF THE

AFOREMENTIONED ORGANIZATIONAL DOCUMENTS ARE ALSO POSTED ON THE ORGANIZATION'S WEB

SITE. THE PUBLIC INSPECTION COPY OF THE ORGANIZATION'S FORM 990 FOR THE PREVIOUS

THREE YEARS ARE AVAILABLE FOR INSPECTION OR COPYING AT THE ORGANIZATION'S MAIN

OFFICE DURING NORMAL BUSINESS HOURS AT NO CHARGE. ADDITIONALLY, THESE SAME FORMS

990 ARE ALSO BE POSTED ON THE ORGANIZATION'S WEB SITE. THE PUBLIC INSPECTION COPY

OF THE FORM 990 DO NOT INCLUDE THE SCHEDULE A EXCESS CONTRIBUTORS OR THE SCHEDULE B

Name of the organization

Employer identification number

NAPA EMERGENCY WOMEN'S SERVICES

94-2745889

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE (CONTINUED)

NAMES AND ADDRESSES OF CONTRIBUTORS. WHEN RESPONDING TO A PUBLIC INSPECTION REQUEST

FOR ANY ORGANIZATIONAL DOCUMENT OR FORM 990 BY ANYONE, THE ORGANIZATION WILL FULFILL

SUCH REQUEST IN A TIMELY FASHION WITHOUT INQUIRING AS TO THE REASON FOR THE PUBLIC

INSPECTION REQUEST. OTHER DOCUMENTS THAT ARE POSTED ON THE ORGANIZATION'S WEB SITE

INCLUDE THE MOST RECENT COPY OF THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS AND

ITS CONFLICT OF INTEREST POLICY.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

G File a separate application for each return.

? If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box G

? If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

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

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension ' check this box and complete Part I only G

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

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

Type or print	Name of Exempt Organization NAPA EMERGENCY WOMEN' S SERVICES	Employer identification number 94-2745889
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. 1141 PEAR TREE LANE #220	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NAPA, CA 94558	

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

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

? The books are in the care of G TRACY LAMB -----

Telephone No. G 707-252-3687 FAX No. G 707-224-1560

? If the organization does not have an office or place of business in the United States, check this box G

? If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box G . If it is for part of the group, check this box G and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 10, to file the exempt organization return for the organization named above.
The extension is for the organization's return for:

- G calendar year 20__ or
G tax year beginning 7/01, 20 08, and ending 6/30, 20 09.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	0.

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