

Return of Organization Exempt From Income Tax

2009

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.

Open to Public Inspection

For the **2009** calendar year, or tax year beginning **7/01**, **2009**, and ending **6/30**, **2010**

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	C 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	E Telephone number 707-252-3687	G Gross receipts \$ 1,461,268.	F Name and address of principal officer: TRACY LAMB SAME AS C ABOVE	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 <small>If 'No,' attach a list. (see instructions)</small>
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.NAPANews.ORG		H(c) Group exemption number ▶		
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: 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. NEWS OPERATES AN EMERGENCY SHELTER AND PROVIDES A VARIETY OF SERVICES.</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	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of employees (Part V, line 2a)	5	20
	6 Total number of volunteers (estimate if necessary)	6	52
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	948,728.	1,224,849.
	9 Program service revenue (Part VIII, line 2g)	13,020.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-10,141.	20,307.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-7,214.	
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	944,393.	1,245,156.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,000.	52,197.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	718,688.	653,802.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 52,822.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	263,408.	270,611.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	987,096.	976,610.	
19 Revenue less expenses. Subtract line 18 from line 12	-42,703.	268,546.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	929,167.	1,249,390.
	21 Total liabilities (Part X, line 26)	136,178.	141,939.
	22 Net assets or fund balances. Subtract line 21 from line 20	792,989.	1,107,451.

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 <u>RANDALL GNAGY</u> <small>Type or print name and title.</small>	Date TREASURER	
Paid Preparer's Use Only	Preparer's signature ▶	Date	Check if self-employed <input checked="" type="checkbox"/> Preparer's identifying number (see instructions) P01292161
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	EIN ▶	Phone no. ▶
	BROTEMARKLE, DAVIS & CO., LLP 899 ADAMS ST STE H SAINT HELENA, CA 94574-1160	68-0219846	(707) 963-4466

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

Part III Statement of Program Service Accomplishments

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

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:) (Expenses \$ 358,256. 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 36 WOMEN AND 40 CHILDREN WERE PROVIDED SAFE, CONFIDENTIAL SHELTER AND SUPPORTIVE SERVICES AT THE EMERGENCY SHELTER FOR A TOTAL OF 2,710 SHELTER DAYS. 576 CRISIS LINE CALLS WERE RECEIVED AT THE SHELTER BY OUR DOMESTIC VIOLENCE COUNSELORS. 328 WOMEN AND CHILDREN ATTENDED 49 PEER SUPPORT COUNSELING SESSIONS.

4b (Code:) (Expenses \$ 159,567. including grants of \$ 52,197.) (Revenue \$)

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 21 CLIENTS WITH FINDING PERMANENT, AFFORDABLE HOUSING AND CASE MANAGEMENT FOR UP TO 18 MONTHS. THERE WERE 521 SERVICES PROVIDED TO CLIENTS TO HELP THEM WITH HOUSEHOLD ESTABLISHMENT.

4c (Code:) (Expenses \$ 96,283. 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, 32 VICTIMS OF DOMESTIC VIOLENCE RECEIVED IMMEDIATE IN-PERSON RESPONSE BY MEMBERS OF OUR DOMESTIC VIOLENCE RESPONSE TEAM AT THE REQUEST OF LAW ENFORCEMENT.

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

(Expenses \$ 193,694. including grants of \$) (Revenue \$)

4e Total program service expenses 807,800.

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)? <i>If 'Yes,' complete Schedule A.</i>	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? <i>If 'Yes,' complete Schedule C, Part I.</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If 'Yes,' complete Schedule C, Part II.</i>		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? <i>If 'Yes,' complete Schedule C, Part III.</i>		
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? <i>If 'Yes,' complete Schedule D, Part I.</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? <i>If 'Yes,' complete Schedule D, Part II.</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>		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? <i>If 'Yes,' complete Schedule D, Part IV.</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>		X
11	Is the organization's answer to any of the following questions 'Yes'? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i>	X	
	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i>		
	• 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? <i>If 'Yes,' complete Schedule D, Part VII.</i>		
	• 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? <i>If 'Yes,' complete Schedule D, Part VIII.</i>		
	• 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? <i>If 'Yes,' complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i>		
	• 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? <i>If 'Yes,' complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statement for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? <i>If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional.</i>		
		Yes	No
12 A			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	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? <i>If 'Yes,' complete Schedule F, Part I.</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? <i>If 'Yes,' complete Schedule F, Part II.</i>		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? <i>If 'Yes,' complete Schedule F, Part III.</i>		X
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? <i>If 'Yes,' complete Schedule G, Part I.</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i>		X
20	Did the organization operate one or more hospitals? <i>If 'Yes,' complete Schedule H.</i>		X

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>		X
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>	X	
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>		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? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d 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? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
25b 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>		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? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
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>		X
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):		
28a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>	X	
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
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>		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? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
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>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
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>		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? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
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.	X	

BAA

Form 990 (2009)

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 12		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
	1b 0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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 20		
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
4b	If 'Yes,' enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		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 line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
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?		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 receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		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.		
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?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	X	
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?		
9	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		
10b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from other members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.		

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

Section A. Governing Body and Management

		Yes	No
1 a	Enter the number of voting members of the governing body.....		
1 b	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
7 a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?.....		X
7 b	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:		
8 a	The governing body?.....	X	
8 b	Each committee with authority to act on behalf of the governing body?.....	X	
9	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 (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10 a	Does the organization have local chapters, branches, or affiliates?.....		X
10 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?.....		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?.....	X	
11 A	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12 a	Does the organization have a written conflict of interest policy? If 'No,' go to line 13.....	X	
12 b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?.....	X	
12 c	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?		
15 a	The organization's CEO, Executive Director, or top management official.....	X	
15 b	Other officers of key employees of the organization... SEE SCHEDULE O If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)	X	
16 a	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
16 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?.....		

Section C. Disclosures

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ 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:
 ▶ 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. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

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

(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 DIRECTOR	0	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	2	X		X				0.	0.	0.
DIANE BISHOFBERGER DIRECTOR	0	X						0.	0.	0.
DOUG ERNST DIRECTOR	0	X						0.	0.	0.
KATHRYN NUDELMAN DIRECTOR	0	X						0.	0.	0.
DOUG KOFORD DIRECTOR	0	X						0.	0.	0.
HOLLY KOFORD PRESIDENT	1	X		X				0.	0.	0.
NANCY MOTT DIRECTOR	1	X						0.	0.	0.
RICHARD 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.
MECHELE SMALL HAGGARD DIRECTOR	0	X						0.	0.	0.
KATIE SOMPLE DIRECTOR	0	X						0.	0.	0.
TRACY LAMB DIRECTOR	40				X			75,581.	0.	7,826.

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	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c 10,933.				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e 624,827.				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 589,089.				
	g Noncash contribns included in lns 1a-1f: \$	64,673.				
	h Total. Add lines 1a-1f.	▶ 1,224,849.				
PROGRAM SERVICE REVENUE	Business Code					
	2 a _____					
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
g Total. Add lines 2a-2f.	▶					
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)	▶ 10,552.			10,552.	
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
	6 a Gross Rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)	▶				
	7 a Gross amount from sales of assets other than inventory	(i) Securities	224,191.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	211,385.	3,051.		
		c Gain or (loss)	12,806.	-3,051.		
	d Net gain or (loss)	▶ 9,755.	-3,051.		12,806.	
	8 a Gross income from fundraising events (not including \$ 10,933. of contributions reported on line 1c). See Part IV, line 18	a	1,676.			
		b Less: direct expenses	1,676.			
c Net income or (loss) from fundraising events		▶				
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities	▶				
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory	▶				
Miscellaneous Revenue		Business Code				
11 a _____						
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d.	▶					
12 Total revenue. See instructions	▶	1,245,156.	-3,051.	0.	23,358.	

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.				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22.	52,197.	52,197.		
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.	83,407.	70,562.	7,473.	5,372.
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.	473,235.	400,363.	42,396.	30,476.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions).	4,494.	3,802.	403.	289.
9 Other employee benefits.	43,406.	36,309.	4,302.	2,795.
10 Payroll taxes.	49,260.	41,675.	4,413.	3,172.
11 Fees for services (non-employees).				
a Management.				
b Legal.				
c Accounting.	23,485.	12,055.	10,680.	750.
d Lobbying.				
e Prof fundraising svcs. See Part IV, ln 17.				
f Investment management fees.	3,851.		3,851.	
g Other.				
12 Advertising and promotion.	862.		862.	
13 Office expenses.	10,795.	6,829.	3,089.	877.
14 Information technology.				
15 Royalties.				
16 Occupancy.	59,427.	51,237.	5,615.	2,575.
17 Travel.	4,964.	2,802.	2,162.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	1,233.		1,233.	
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	18,352.	14,079.	4,273.	
23 Insurance.	26,124.	16,092.	8,800.	1,232.
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 SHELTER SUPPLIES	47,583.	47,583.		
b DIRECT PROGRAM EXPENSES	25,950.	25,950.		
c COMMUNICATIONS	18,468.	10,465.	7,290.	713.
d PRINTING AND PUBLICATIONS	10,822.	4,971.	1,753.	4,098.
e REPAIRS AND MAINTENANCE	10,707.	9,572.	1,135.	
f All other expenses.	7,988.	1,257.	6,258.	473.
25 Total functional expenses. Add lines 1 through 24f.	976,610.	807,800.	115,988.	52,822.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
ASSETS	1 Cash — non-interest-bearing	906.	1	753.	
	2 Savings and temporary cash investments	238,211.	2	638,140.	
	3 Pledges and grants receivable, net	80,986.	3	153,453.	
	4 Accounts receivable, net	12,938.	4	9,419.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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	2,563.	9	2,953.	
	10a Land, buildings, and equipment: cost or other basis.. Complete Part VI of Schedule D	10a 459,981.			
	b Less: accumulated depreciation.....	10b 217,731.	242,455.	10c	242,250.
	11 Investments — publicly-traded securities	351,108.	11	202,422.	
	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)		929,167.	16	1,249,390.	
LIABILITIES	17 Accounts payable and accrued expenses	22,164.	17	27,925.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial 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 to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D		25		
	26 Total liabilities. Add lines 17 through 25		136,178.	26	141,939.
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	731,376.	27	1,058,451.	
	28 Temporarily restricted net assets	61,613.	28	49,000.	
	29 Permanently restricted net assets		29		
	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, and equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances		792,989.	33	1,107,451.	
34 Total liabilities and net assets/fund balances		929,167.	34	1,249,390.	

BAA

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual Other

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

BAA

Form 990 (2009)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') . . .	811,187.	762,643.	906,718.	948,728.	1,223,334.	4,652,610.
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-through 3.	811,187.	762,643.	906,718.	948,728.	1,223,334.	4,652,610.
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).						2,154.
6 Public support. Subtract line 5 from line 4.						4,650,456.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4.	811,187.	762,643.	906,718.	948,728.	1,223,334.	4,652,610.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	18,667.	33,642.	26,176.	10,946.	10,552.	99,983.
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 IV.	58,711.	47,840.	40,347.	-7,214.		139,684.
11 Total support. Add lines 7 through 10.						4,892,277.
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. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)).	14	95.1 %
15 Public support percentage from 2008 Schedule A, Part II, line 14.	15	92.8 %
16a 33-1/3 support test – 2009. 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. ▶ <input checked="" type="checkbox"/>		
b 33-1/3 support test – 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include '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 through 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 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 yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (add 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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17.	18	%

19a 33-1/3 support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33-1/3 support tests – 2008. 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.

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

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2009	2008	2007	2006	2005
SPECIAL EVENTS		-7,214.	40,347.	47,840.	58,711.
TOTAL	\$ 0.	\$ -7,214.	\$ 40,347.	\$ 47,840.	\$ 58,711.

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, lines 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

NAPA EMERGENCY WOMEN'S SERVICES

Employer identification number

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 questions about donor informed consent.

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

Table with 3 columns: Question, Held at the End of the Year (2a-2d), and Yes/No. Rows include purpose of easements, total number, acreage, modified easements, monitoring policy, and hours/expenses.

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 3 columns: Question, Amount, and Yes/No. 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 acquisition 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 organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If 'Yes,' explain the arrangement in Part XIV.

Part V Endowment Funds Complete if 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					
b Contributions					
c Net Investment earnings, gains, and 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 _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

3a 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) Accumulated Depreciation	(d) Book Value
1a Land		50,336.		50,336.
b Buildings		336,393.	168,949.	167,444.
c Leasehold improvements				
d Equipment		73,252.	48,782.	24,470.
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 242,250.

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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)		1,245,156.
2	Total expenses (Form 990, Part IX, column (A), line 25)		976,610.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		268,546.
4	Net unrealized gains (losses) on investments		45,916.
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 through 8		45,916.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		314,462.

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	1,297,398.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains on investments	2a	45,916.
	b Donated services and use of facilities	2b	5,450.
	c Recoveries of prior year grants	2c	
	d Other (Describe in Part XIV) SEE PART XIV	2d	4,727.
	e Add lines 2a through 2d	2e	56,093.
3	Subtract line 2e from line 1	3	1,241,305.
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	3,851.
	b Other (Describe in Part XIV)	4b	
	c Add lines 4a and 4b	4c	3,851.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,245,156.

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

1	Total expenses and losses per audited financial statements	1	982,936.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2a	5,450.
	b Prior year adjustments	2b	
	c Other losses	2c	
	d Other (Describe in Part XIV) SEE PART XIV	2d	4,727.
	e Add lines 2a through 2d	2e	10,177.
3	Subtract line 2e from line 1	3	972,759.
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	3,851.
	b Other (Describe in Part XIV)	4b	
	c Add lines 4a and 4b	4c	3,851.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	976,610.

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.

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

EXPENSES OF SPECIAL EVENTS.....	\$	1,676.
LOSS - ABANDONMENT OF DEPRECIABLE ASSETS.....		<u>3,051.</u>
TOTAL	\$	<u><u>4,727.</u></u>

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

EXPENSES OF SPECIAL EVENTS.....	\$	1,676.
LOSS - ABANDONMENT OF DEPRECIABLE ASSET.....		<u>3,051.</u>
TOTAL	\$	<u><u>4,727.</u></u>

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
					RENT AND UTILITIES PAID TO THIRD
HOUSING ASSISTANCE	21		50,682.	OTHER	PARTIES
					PROVIDED VEHICLE TO CLIENT THAT
VEHICLE	1		1,515.	ESTIMATED VALUE	WAS DONATED TO NEWS

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART I, LINE 2 - GRANTMAKER'S DESCRIPTION OF HOW GRANTS ARE USED

PROGRAM STAFF ARE INFORMED OF GRANT GUIDELINES AND MEET WEEKLY TO REVIEW CASES AND MAKE ELIGIBILITY DETERMINATIONS. IN ADDITION, THE PROGRAM IS AUDITED BY THE GRANT FUNDER.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ **Complete if the organizations answered 'Yes'**
on Form 990, Part IV, lines 29 or 30.
▶ **Attach to Form 990.**

OMB No. 1545-0047

2009

**Open To Public
Inspection**

Name of the organization

NAPA EMERGENCY WOMEN'S SERVICES

Employer identification number

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		52,225.	DONOR VALUE
6 Cars and other vehicles	X	1	1,515.	DONOR VALUE
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 ▶ (<u>CLOTHNG/JEWELRY</u>)	X	130	10,933.	RESALE VALUE
26 Other ▶ (_____)				
27 Other ▶ (_____)				
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

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

	Yes	No
30a		X
31		X
32a		X
33		

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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 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 102 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 752 OCCASIONS.

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 114 PRESENTATIONS TO THE COMMUNITY ON VARIOUS ASPECTS OF DOMESTIC VIOLENCE, INCLUDING PREVENTION, EDUCATION AND SERVICES AVAILABLE. THESE PRESENTATIONS WERE ATTENDED BY 5,210 ATTENDEES.

Name of the organization

NAPA EMERGENCY WOMEN'S SERVICES

Employer identification number

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 52 VOLUNTEER DOMESTIC VIOLENCE COUNSELORS DURING OUR FISCAL YEAR. VOLUNTEERS PROVIDED OUR ORGANIZATION WITH AN AVERAGE OF 680 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 11 - FORM 990 REVIEW PROCESS

THE EXECUTIVE COMMITTEE CONDUCTS A REVIEW OF THE ORGANIZATION'S FORM 990 (INCLUDING ALL RELATED SCHEDULES). ONCE THE EXECUTIVE 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 EXECUTIVE 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 EXECUTIVE 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 EXECUTIVE 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, EACH BOARD MEMBER IS PROVIDED WITH A FINAL COPY. THE FORM IS THEN 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 EXECUTIVE DIRECTOR 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

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

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

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

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

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

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

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

Type or print	Name of Exempt Organization 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 ▶ TRACY LAMB -----

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

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 11, to file the exempt organization return for the organization named above.
The extension is for the organization's return for:

- ▶ calendar year 20__ or
- ▶ tax year beginning 7/01, 20 09, and ending 6/30, 20 10.

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.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 4-2009)

