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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 at the end of the year may use this form

▶ *The organization may have to use a copy of this return to satisfy state reporting requirements*

OMB No 1545-1150

2008

Open to Public Inspection

A **For the 2008 calendar year, or tax year beginning** JUL 1, 2008 **and ending** JUN 30, 2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization
NAPA VALLEY CONFERENCE AND VISITORS BUREAU

Number and street (or P O. box, if mail is not delivered to street address) | Room/suite
1310 NAPA TOWN CENTER

City or town, state or country, and ZIP + 4
NAPA, CA 94559

D Employer identification number
68-0217381

E Telephone number
707/226-3526

F Group Exemption Number ▶

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

G Accounting method: ☐ Cash ☒ Accrual
Other (specify) ▶

I **Website:** ▶ WWW.NAPAVALLEY.ORG

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J **Organization type** (check only one)— ☒ 501(c) (6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if $1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 445,707.

SCANNED JUL 01 2010

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	311,141.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	74,257.
	4	Investment income	4	59.
	5a	Gross amount from sale of assets other than inventory (5a)		
	b	Less cost or other basis and sales expenses (5b)		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from **gaming**, check here ▶ ☐		
	a	Gross revenue (not including $ _____ of contributions reported on line 1) (6a)		
	b	Less. direct expenses other than fundraising expenses (6b)		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a	Gross sales of inventory, less returns and allowances (7a)		
	b	Less. cost of goods sold (7b)		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ▶ SEE STATEMENT 4)	8	60,250.
	9	**Total revenue** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	445,707.
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	180,092.
	13	Professional fees and other payments to independent contractors	13	117,854.
	14	Occupancy, rent, utilities, and maintenance SEE STATEMENT 6	14	21,251.
	15	Printing, publications, postage, and shipping	15	13,269.
	16	Other expenses (describe ▶ SEE STATEMENT 1)	16	127,859.
	17	**Total expenses** Add lines 10 through 16 ▶	17	460,325.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-14,618.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	17,035.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 5	20	1,681.
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶	21	4,098.

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Part II Balance Sheets. If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II)		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	8,649.	22	26,398.
23	Land and buildings	16,245.	23	14,817.
24	Other assets (describe ▶ SEE STATEMENT 2)	76,808.	24	24,016.
25	**Total assets**	101,702.	25	65,231.
26	**Total liabilities** (describe ▶ SEE STATEMENT 3)	84,667.	26	61,133.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	17,035.	27	4,098.

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? SEE STATEMENT 9

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

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

28 SEE STATEMENT 8

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a

29

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (attach schedule)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

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

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JACK CAKEBREAD, 8300 ST HELENA HWY, ST HELENA, CA 94574	CHAIRMAN 0.00	0.	0.	0.
MICHAEL CHIARELLO, 6525 WASHINGTON STREET, YOUNTVILLE, CA 94599	VICE CHAIR 0.00	0.	0.	0.
GEORGE GOEGGEL, 180 RUTHERFORD HILL ROAD, RUTHERFORD, CA 94573	BOARD MEMBER 0.00	0.	0.	0.
NANCY LEVENBERG, 1010 MAIN STREET, SUITE A, ST HELENA, CA 94574	BOARD MEMBER 0.00	0.	0.	0.
ANN MARIE CONOVER, 900 MEADOWOOD LANE, ST HELENA, CA 94574	MARKETING CHAIR 0.00	0.	0.	0.
CHARLES HENNING 2555 MAIN STREET, ST HELENA, CA 94574	FINANCE CHAIR 0.00	0.	0.	0.
BRIAN KELLY 600 TRANCAS STREET, NAPA, CA 94558	PAST CHAIR 0.00	0.	0.	0.
TERRY HALL P O BOX 141, ST HELENA, CA 94574	MARKETING COMMITTEE 0.00	0.	0.	0.

Part V Other Information (Note the statement requirements in the instructions for Part VI)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b	N/A	
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.			
d	Enter amount of tax on line 40c reimbursed by the organization ▶ 0.			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed. ▶ CA			
42a	The books are in care of ▶ DAVID TURGEON Telephone no. ▶ 707-226-5813			
	Located at ▶ 1310 NAPA TOWN CENTER, NAPA, CA ZIP + 4 ▶ 94559			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country: ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A			

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51

			Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization(s) a section 527 organization?	49b		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
N/A				
Total number of other employees paid over $100,000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
N/A		
Total number of other independent contractors each receiving over $100,000 ▶		

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

▶ Signature of officer — Date 5.14.10

▶ CLAY GREGORY, CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ — Date 5/13/10 — Check if self-employed ▶ ☐ — Preparer's Identifying Number (See instr.)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ UBOLDI, HEINKE & VELLADAO, LLP
575 JEFFERSON ST.
NAPA, CA 94559

EIN ▶

Phone no. ▶ (707) 252-9225

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

Form 990-EZ (2008)

832174
12-17-08

FORM 990-EZ OTHER EXPENSES STATEMENT 1

DESCRIPTION	AMOUNT
ADVERTISING	26,248.
BANK CHARGES	1,878.
COMMUNICATIONS	448.
INSURANCE	6,365.
INTEREST & FINANCE CHARGES	1,937.
LICENCES AND PERMITS	70.
OFFICE EXPENSE	1,015.
PAYROLL SERVICE	1,542.
PAYROLL TAXES	13,641.
PROPERTY TAX	408.
REPAIRS & MAINTENANCE	988.
TELEPHONE	10,183.
TRAINING	150.
TRAVEL	581.
VOLUNTEER EXPENSE	64.
TRADE SHOW EXPENSES	58,270.
MEMBERS LUNCHEON	4,071.
TOTAL TO FORM 990-EZ, LINE 16	127,859.

FORM 990-EZ OTHER ASSETS STATEMENT 2

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	15,085.	15,085.
PLEDGES RECEIVABLE	59,280.	8,915.
PREPAID EXPENSE	2,443.	16.
TOTAL TO FORM 990-EZ, LINE 24	76,808.	24,016.

FORM 990-EZ OTHER LIABILITIES STATEMENT 3

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE	81,763.	58,604.
OTHER NOTES PAYABLE	2,904.	2,529.
TOTAL TO FORM 990-EZ, LINE 26	84,667.	61,133.

FORM 990-EZ OTHER REVENUE STATEMENT 4

DESCRIPTION	AMOUNT
RETAIL CONCESSION	16,080.
DESTINATION STRATEGY	3,220.
SALE OF VISTOR ITEMS	7,000.
VISITORS GUIDES	10,000.
MEMBERSHIP/MARKETING PROGRAMS	9,150.
SUB-RENTAL INCOME	14,800.
TOTAL TO FORM 990-EZ, LINE 8	60,250.

FORM 990-EZ OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 5

DESCRIPTION	AMOUNT
PRIOR YEAR ADJUSTMENT	1,681.
TOTAL TO FORM 990-EZ, LINE 20	1,681.

FORM 990-EZ OCCUPANCY, RENT, UTILITIES AND MAINTENANCE STATEMENT 6

DESCRIPTION	AMOUNT
DEPRECIATION	1,428.
OTHER EXPENSES	19,823.
TOTAL TO FORM 990-EZ, LINE 14	21,251.

FORM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS STATEMENT 7

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

THE NAPA VALLEY CONFERENCE AND VISITORS BUREAU IS A NOT-FOR-PROFIT ORGANIZATION THAT LEADS COUNTYWIDE TOURISM MANAGEMENT EFFORTS IN THE SOLICITATION AND SERVICING OF ALL TYPES OF TRAVELERS TO THE VALLEY, WHETHER THEY VISIT FOR BUSINESS, PLEASURE, OR BOTH.

URBAN AND RURAL TOURISM IS AN INCREASINGLY IMPORTANT SOURCE OF INCOME AND EMPLOYMENT TO BOTH CITY AND COUNTY AREAS AND THEREFORE WARRANTS A COORDINATED AND CONCENTRATED EFFORT TO MAKE IT GROW.

THE NAPA VALLEY CONFERENCE AND VISITORS BUREAU IS THE LIAISON BETWEEN VISITORS AND THE BUSINESSES THAT WILL HOST THEM. IT ACTS AS AN INFORMATION CLEARING HOUSE, CONFERENCE MANAGEMENT CONSULTATION AND PROMOTIONAL AGENCY FOR THE AREA.

IT IS THE SINGLE ENTITY THAT BRINGS TOGETHER THE INTEREST OF LOCAL GOVERNMENTS, TRADE AND CIVIC ASSOCIATIONS AND INDIVIDUAL "TRAVELER SUPPLIERS" -- HOTELS, MOTELS, BED AND BREAKFAST INNS, RESTAURANTS, ATTRACTIONS, LOCAL TRANSPORTATION -- IN BUILDING OUTSIDE VISITOR TRAFFIC TO THE AREA.

PROMOTION OF THE NAPA VALLEY BUSINESS COMMUNITY

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print	Name of Exempt Organization		Employer identification number
File by the extended due date for filing the return See instructions	NAPA VALLEY CONFERENCE AND VISITORS BUREAU		68-0217381
	Number, street, and room or suite no If a P O box, see instructions 1310 NAPA TOWN CENTER		For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions NAPA, CA 94559		

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

[X] Form 990 [ ] Form 990-EZ [ ] Form 990-T (sec. 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870
[ ] Form 990-BL [ ] Form 990-PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ DAVID TURGEON 1310 NAPA TOWN CENTER - NAPA, CA 94559
  Telephone No. ▶ 707-226-5813 FAX No ▶
- 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 is for

4 I request an additional 3-month extension of time until MAY 15, 2010.

5 For calendar year _____, or other tax year beginning JUL 1, 2008, and ending JUN 30, 2009.

6 If this tax year is for less than 12 months, check reason. [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a	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	8a	$	
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	$	
c	**Balance Due.** Subtract line 8b from line 8a 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	8c	$	N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Title ▶ CPA Date ▶

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

823832
05-26-09