

**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)

Open to Public Inspection

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

**A** For the **2009** calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type.  See Specific Instructions.	<b>C</b> Name of organization <b>COMMUNITY FOUNDATION OF THE NAPA VALLEY</b> Doing Business As <b>NAPA VALLEY COMMUNITY FOUNDATI</b>		<b>D</b> Employer identification number <b>68-0349777</b>
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>3299 CLAREMONT WAY 2</b>	<b>E</b> Telephone number <b>(707) 254-9565</b>	
		City or town, state or country, and ZIP + 4 <b>NAPA, CA 94558</b>		<b>G</b> Gross receipts \$ <b>10,344,548.</b>
		<b>F</b> Name and address of principal officer: <b>TERENCE MULLIGAN</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J</b> Website: ▶ <b>WWW.NAPAVALLEYCF.ORG</b>				
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <b>1994</b>	
<b>M</b> State of legal domicile: <b>CA</b>				

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO MOBILIZE RESOURCES, PROMOTE PHILANTHROPY AND PROVIDE LEADERSHIP ON VITAL ISSUES IN NAPA COUNTY.</b>
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <b>14</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <b>14</b>
	<b>5</b> Total number of employees (Part V, line 2a) ..... <b>5</b> <b>7</b>
	<b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <b>5</b>
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <b>0.</b> <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 ..... <b>7b</b> <b>0.</b>
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) ..... <b>2,594,284.</b> <b>1,917,817.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) ..... <b>0.</b> <b>55,476.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>236,815.</b> <b>-21,585.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>54,647.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>2,885,746.</b> <b>1,951,708.</b>
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... <b>2,056,092.</b> <b>3,087,149.</b>
<b>Expenses</b>	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>535,899.</b> <b>536,929.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>160,055.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) ..... <b>233,875.</b> <b>180,596.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>2,825,866.</b> <b>3,804,674.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 ..... <b>59,880.</b> <b>-1,852,966.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) ..... <b>17,761,950.</b> <b>15,469,505.</b>
	<b>21</b> Total liabilities (Part X, line 26) ..... <b>5,407,691.</b> <b>3,943,369.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 ..... <b>12,354,259.</b> <b>11,526,136.</b>

**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.

<b>Sign Here</b>	Signature of officer _____ Date _____
	<b>TERENCE MULLIGAN, PRESIDENT</b> Type or print name and title
<b>Paid Preparer's Use Only</b>	Preparer's signature ▶ _____ 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 ▶ <b>ARMANINO MCKENNA LLP</b> <b>12667 ALCOSTA BOULEVARD, SUITE 500</b> <b>SAN RAMON, CA 94583-4427</b>
EIN ▶ _____ Phone no. ▶ <b>(925) 790-2600</b>	

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 FOR CONTINUATION TO MOBILIZE RESOURCES, PROMOTE PHILANTHROPY AND PROVIDE LEADERSHIP ON VITAL COMMUNITY ISSUES IN NAPA COUNTY. WE LOOK FOR CHARITABLE PROJECTS THAT MAKE A LASTING DIFFERENCE. WE COMMIT OUR RESOURCES TO THESE PROJECTS, AND INSPIRE OTHERS TO DO SO, AS WELL. WE BELIEVE THERE IS

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 [X]
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 [X]
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 \$ 3,404,792. including grants of \$ 3,087,149. ) (Revenue \$ 55,476. ) PROVIDED GRANTS TO OVER 100 ORGANIZATIONS COVERING A VARIETY OF CHARITABLE PURPOSES INCLUDING YOUTH, HEALTH, FAMILY SERVICES, FOOD, SHELTER, AND OTHER HUMANITARIAN EFFORTS, EDUCATION, RELIGION, AND THE ARTS.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

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

4e Total program service expenses \$ 3,404,792.

**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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> 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	
	<ul style="list-style-type: none"> <li>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></li> <li>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></li> <li>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></li> <li>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></li> <li>Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i></li> <li>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></li> </ul>		
12	Did the organization obtain separate, independent audited financial statements 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 statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes	No
			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
<b>21</b> 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	
<b>22</b> 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
<b>23</b> 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	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> 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
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> 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	
<b>27</b> 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
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> 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
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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	
<b>35</b> 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	
<b>36 Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. ....	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body		
1a			14
b	Enter the number of voting members that are independent		
1b			14
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?		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:		
a	The governing body?	X	
8a			
b	Each committee with authority to act on behalf of the governing body?	X	
8b			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

**Section C. Disclosure**

17	List the states with which a copy of this Form 990 is required to be filed	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. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization:	
	SANDY FASOLD, CFO - (707) 254-9565	
	3299 CLAREMONT WAY, NO. 2, NAPA, CA 94558	

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

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

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

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

- List all of the organization's **current** key employees. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(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			
TERENCE MULLIGAN PRESIDENT	40.00	X		X	X			201,000.	0.	21,809.
JANET PAGANO CHAIR	1.00	X		X				0.	0.	0.
DAVID FREED VICE CHAIR	1.00	X		X				0.	0.	0.
MARK FARLEY TREASURER	1.00	X		X				0.	0.	0.
KRIS JAEGER SECRETARY	1.00	X		X				0.	0.	0.
TOM RIMERMAN DIRECTOR	1.00	X						0.	0.	0.
KATHERINE OHLANDT DIRECTOR	1.00	X						0.	0.	0.
ANNIE BENNET DIRECTOR	1.00	X						0.	0.	0.
JOE CARRILLO, MD DIRECTOR	1.00	X						0.	0.	0.
MARIA CISNEROS DIRECTOR	1.00	X						0.	0.	0.
DAVE GAW DIRECTOR	1.00	X						0.	0.	0.
RICK JONES DIRECTOR	1.00	X						0.	0.	0.
ANNE CARVER DIRECTOR	1.00	X						0.	0.	0.
MELISSA RODEZNO DIRECTOR	1.00	X						0.	0.	0.
DOROTHY LIND-SALMON DIRECTOR	1.00	X						0.	0.	0.





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	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	53,317.			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,864,500.			
	g Noncash contributions included in lines 1a-1f: \$		126,479.			
	h Total. Add lines 1a-1f		1,917,817.			
	Program Service Revenue	2 a ADMINISTRATIVE FEE INC	Business Code 525920	55,476.	55,476.	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			55,476.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		269,796.		269,796.	
	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	8101459.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	8392840.			
		c Gain or (loss)	-291381.			
	d Net gain or (loss)		-291,381.		-291,381.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b			
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	b				
	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	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a	a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions.		1,951,708.	55,476.	0.	-21,585.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....	3,087,149.	3,087,149.		
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 .....	205,601.	71,960.	51,400.	82,241.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	250,120.	114,556.	117,733.	17,831.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....	14,045.	5,828.	5,387.	2,830.
9 Other employee benefits .....	36,357.	16,152.	12,037.	8,168.
10 Payroll taxes .....	30,806.	12,608.	11,433.	6,765.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....	2,459.		615.	1,844.
c Accounting .....	13,500.		13,500.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....	35,884.	35,884.		
g Other .....	2,917.	1,203.	1,331.	383.
12 Advertising and promotion .....	2,641.			2,641.
13 Office expenses .....	20,877.	8,566.	9,585.	2,726.
14 Information technology .....	11,954.	4,931.	5,454.	1,569.
15 Royalties .....				
16 Occupancy .....	30,480.	30,480.		
17 Travel .....	1,984.	1,510.	180.	294.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings .....	29,769.	6,632.	3,627.	19,510.
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	1,534.	633.	700.	201.
23 Insurance .....	2,432.	1,003.	1,110.	319.
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 <b>MARKETING</b> .....	11,084.			11,084.
b <b>STAFF TRAINING &amp; RECRUI</b> .....	8,513.	3,512.	3,884.	1,117.
c <b>DUES &amp; SUBSCRIPTIONS</b> .....	4,056.	1,673.	1,851.	532.
d <b>OTHER</b> .....	512.	512.		
e .....				
f All other expenses .....				
25 <b>Total functional expenses.</b> Add lines 1 through 24f	3,804,674.	3,404,792.	239,827.	160,055.
26 <b>Joint costs.</b> 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)		(B)	
		Beginning of year		End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>		
	<b>2</b> Savings and temporary cash investments .....	1,933,114.	<b>2</b>	1,903,960.	
	<b>3</b> Pledges and grants receivable, net .....	235,837.	<b>3</b>	197,303.	
	<b>4</b> Accounts receivable, net .....		<b>4</b>	86,825.	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....	120,000.	<b>5</b>	100,000.	
	<b>6</b> 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 .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>		
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 67,620.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 66,149.	3,006.	<b>10c</b> 1,471.	
	<b>11</b> Investments - publicly traded securities .....	14,744,222.	<b>11</b>	12,582,221.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	574,081.	<b>13</b>	466,441.	
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	151,690.	<b>15</b>	131,284.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	17,761,950.	<b>16</b>	15,469,505.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	36,438.	<b>17</b>	47,314.	
	<b>18</b> Grants payable .....	311,565.	<b>18</b>	446,845.	
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities. Complete Part X of Schedule D .....	5,059,688.	<b>25</b>	3,449,210.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	5,407,691.	<b>26</b>	3,943,369.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	8,446,439.	<b>27</b>	8,074,344.	
	<b>28</b> Temporarily restricted net assets .....	640,212.	<b>28</b>	747,992.	
	<b>29</b> Permanently restricted net assets .....	3,267,608.	<b>29</b>	2,703,800.	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
	<b>33</b> Total net assets or fund balances .....	12,354,259.	<b>33</b>	11,526,136.	
<b>34</b> Total liabilities and net assets/fund balances .....	17,761,950.	<b>34</b>	15,469,505.		

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? .....		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? .....	X	
<b>2c</b>	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? .....	X	
<b>d</b>	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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b>	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
<b>3b</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. ....		

Form 990 (2009)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2009**

Open to Public Inspection

Name of the organization

COMMUNITY FOUNDATION OF THE NAPA VALLEY

Employer identification number

68-0349777

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

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

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

	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? .....	11g(i)	
(ii) A family member of a person described in (i) above? .....	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11g(iii)	
- h Provide the following information about the supported organization(s).

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

**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	3838884.	8028805.	5497108.	2594284.	1917817.	21876898.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	3838884.	8028805.	5497108.	2594284.	1917817.	21876898.
<b>5</b> 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) .....						2419418.
<b>6 Public support.</b> Subtract line 5 from line 4.						19457480.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4 .....	3838884.	8028805.	5497108.	2594284.	1917817.	21876898.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	306,340.	353,411.	365,566.	236,922.	269,796.	1532035.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						23408933.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	202,320.

**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** .....

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	83.12	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14 .....	<b>15</b>	62.01	%

**16a 33 1/3% support test - 2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization .....

**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 .....

**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 .....

**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 .....

**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 .....

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

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

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....

**Section C. Computation of Public Support Percentage**

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

**Section D. Computation of Investment Income Percentage**

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

**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 line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

COMMUNITY FOUNDATION OF THE NAPA VALLEY

Employer identification number

68-0349777

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: Line number, (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 advisement.

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

Form for Part II Conservation Easements. Includes checkboxes for various purposes (land for public use, natural habitat, etc.), a table for 'Held at the End of the Tax Year' with rows 2a-2d, and several numbered questions regarding monitoring and reporting.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a and 1b regarding reporting requirements, and question 2 regarding financial gain reporting.



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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

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

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

**Part IV Escrow and Custodial Arrangements.** Complete if 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	<b>1c</b>
d Additions during the year	<b>1d</b>
e Distributions during the year	<b>1e</b>
f Ending balance	<b>1f</b>

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,870,698.	3,084,037.			
b Contributions	-563,808.	156,274.			
c Net investment earnings, gains, and losses	396,098.	-297,369.			
d Grants or scholarships					
e Other expenditures for facilities and programs	43,946.	72,244.			
f Administrative expenses					
g End of year balance	2,659,042.	2,870,698.			

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

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  100.00 %
- 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		X
(ii) related organizations		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		

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

**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				
b Buildings				
c Leasehold improvements				
d Equipment		12,482.	11,011.	1,471.
e Other		55,138.	55,138.	0.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,471.



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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,951,708.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,804,674.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-1,852,966.
4	Net unrealized gains (losses) on investments	4	1,045,249.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-20,406.
9	Total adjustments (net). Add lines 4 through 8	9	1,024,843.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-828,123.

**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	2,976,551.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	1,045,249.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	-20,406.
e	Add lines 2a through 2d	2e	1,024,843.
3	Subtract line 2e from line 1	3	1,951,708.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,951,708.

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

1	Total expenses and losses per audited financial statements	1	3,804,674.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	3,804,674.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,804,674.

**Part XIV Supplemental Information**

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

**PART V, LINE 4: THE ANNUAL SPENDING POLICY IS INTENDED TO ENABLE THE NAPA VALLEY COMMUNITY FOUNDATION'S ENDOWMENT FUNDS TO PROVIDE PERMANENT SUPPORT TO A VARIETY OF EDUCATIONAL, ENVIRONMENTAL, SOCIAL, AND CULTURAL NEEDS THROUGHOUT NAPA COUNTY.**

**PART X: AS OF JUNE 30, 2010, THE COMPANY DOES NOT HAVE ANY SIGNIFICANT UNCERTAIN TAX POSITIONS FOR WHICH A RESERVE WOULD BE NECESSARY.**



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization **COMMUNITY FOUNDATION OF THE NAPA VALLEY** Employer identification number **68-0349777**

**Part I** General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II** Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ALTERNATIVE FOR BETTER LIVING P.O. BOX 566, 701 SCHOOL STREET NAPA, CA 94558	94-3306094	501(C)3	897.	0.			TO PAY COSTS TO SET UP A WIRELESS COMPUTER NETWORK
ALTERNATIVE FOR BETTER LIVING P.O. BOX 566, 701 SCHOOL STREET NAPA, CA 94558	94-3306094	501(C)3	5,000.	0.			FOR ANGER MANAGEMENT WORKSHOPS AT ST. HELENA HIGH SCHOOL
AMERICAN CANCER SOCIETY - SAN LUIS OBISPO UNIT - 1540 W. BRANCH ST. - ARROYO GRANDE, CA 93420	94-1170350	501(C)3	5,000.	0.			FOR SUPPORT OF THE SAN LUIS OBISPO UNIT. THIS GRANT IS A RESULT OF FUNDRAISING AT EDNA
AMERICAN CANYON FAMILY RESOURCE CENTER - 3431 BROADWAY, SUITE A-5 - AMERICAN CANYON, CA 94503	36-4612853	501(C)3	5,000.	0.			FOR GENERAL SUPPORT, IN RECOGNITION OF YOUR ORGANIZATION'S ROLE IN PROVIDING SAFETY NET
AMERICAN CANYON FAMILY RESOURCE CENTER - 3431 BROADWAY, SUITE A-5 - AMERICAN CANYON, CA 94503	36-4612853	501(C)3	8,750.	0.			FOR THE SPARKPOINT CENTER PROGRAM
AMERICAN CANYON FAMILY RESOURCE CENTER - 3431 BROADWAY, SUITE A-5 - AMERICAN CANYON, CA 94503	36-4612853	501(C)3	7,500.	0.			FOR GENERAL SUPPORT, IN RECOGNITION OF YOUR ORGANIZATION'S ROLE IN PROVIDING SAFETY NET

- 2** Enter total number of section 501(c)(3) and government organizations ..... ▶ **219.**
- 3** Enter total number of other organizations ..... ▶ **219.**

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) 2009  
**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

**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

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

SCHEDULE I, PART I, LINE 2: NAPA VALLEY COMMUNITY FOUNDATION IS COMMITTED TO ENSURING THAT ALL GRANT FUNDS ARE USED SOLELY FOR THE CHARITABLE PURPOSES INTENDED. NVCF CONDUCTS MORE THAN 200 SITE VISITS EACH YEAR WITH NONPROFIT ORGANIZATIONS IN NAPA COUNTY, ANALYZES FINANCIAL INFORMATION ABOUT PROSPECTIVE GRANTEEES, INCLUDING TAX RETURNS AND AUDITED FINANCIALS (WHERE AVAILABLE), AND REQUIRES ALL ORGANIZATIONS RECEIVING GRANT DISTRIBUTIONS TO AGREE THAT SUCH DISTRIBUTIONS SHALL BE USED ONLY FOR THE CHARITABLE PURPOSES OUTLINED IN A GRANT LETTER THAT ACCOMPANIES PAYMENT. IN MANY CASES, NVCF ALSO REQUIRES GRANTEE ORGANIZATIONS TO COMPLETE A

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
▶ Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**COMMUNITY FOUNDATION OF THE NAPA VALLEY**

Employer identification number

**68-0349777**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANGWIN COMMUNITY TEEN CENTER PO BOX 268 ANGWIN, CA 94508	13-4293407	501(C)3	1,180.	0.			TO HIRE CONSULTANTS TO WRITE GRANTS AND DEVELOP ACCOUNTING POLICIES AND PROCEDURES
ANGWIN COMMUNITY TEEN CENTER PO BOX 268 ANGWIN, CA 94508	13-4293407	501(C)3	5,000.	0.			FOR GENERAL SUPPORT
ANGWIN COMMUNITY TEEN CENTER PO BOX 268 ANGWIN, CA 94508	13-4293407	501(C)3	5,000.	0.			FOR GENERAL SUPPORT
ANGWIN COMMUNITY TEEN CENTER PO BOX 268 ANGWIN, CA 94508	13-4293407	501(C)3	18,500.	0.			FOR GENERAL SUPPORT AND CAPACITY BUILDING
ANGWIN COMMUNITY TEEN CENTER PO BOX 268 ANGWIN, CA 94508	13-4293407	501(C)3	2,500.	0.			TO CREATE A DOCUMENTARY FILM ABOUT THE NEEDS OF YOUTH IN ANGWIN AND ST. HELENA, AND FOR YOUTH-LED
AREA AGENCY ON AGING - SERVING NAPA AND SOLANO - P.O. BOX 3069 - VALLEJO, CA 94590	94-2742309	501(C)3	10,000.	0.			FOR FALL PREVENTION AND HOME MODIFICATION PROGRAMS FOR NAPA COUNTY SENIORS
ARTS COUNCIL OF NAPA VALLEY 1041 JEFFERSON STREET SUITE 4 NAPA, CA 94559	94-2710866	501(C)3	35,000.	0.			FOR GENERAL SUPPORT
ARTS COUNCIL OF NAPA VALLEY 1041 JEFFERSON STREET SUITE 4 NAPA, CA 94559	94-2710866	501(C)3	25,000.	0.			FOR THE ARTS IN EDUCATION PROGRAM

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
▶ Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**COMMUNITY FOUNDATION OF THE NAPA VALLEY**

Employer identification number

**68-0349777**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTS COUNCIL OF NAPA VALLEY 1041 JEFFERSON STREET SUITE 4 NAPA, CA 94559	94-2710866	501(C)3	500.	0.			FOR GENERAL SUPPORT
ARTS COUNCIL OF NAPA VALLEY 1041 JEFFERSON STREET SUITE 4 NAPA, CA 94559	94-2710866	501(C)3	2,000.	0.			FOR FISCAL SPONSORSHIP OF WANDERING ROSE'S INDIYPENDENT CULTURE FAIRE IN MAY 2010
ARTS COUNCIL OF NAPA VALLEY 1041 JEFFERSON STREET SUITE 4 NAPA, CA 94559	94-2710866	501(C)3	2,500.	0.			FOR FISCAL SPONSORSHIP OF WANDERING ROSE, TO BE USED AT THEIR DISCRETION
ARTS COUNCIL OF NAPA VALLEY 1041 JEFFERSON STREET SUITE 4 NAPA, CA 94559	94-2710866	501(C)3	25,000.	0.			FOR A CHALLENGE GRANT TO SUPPORT NVARTS 2010
BIG BROTHERS BIG SISTERS OF THE NORTH BAY, INC - 190 CAMINO ORUGA, SUITE 4 - NAPA, CA 94558	94-2502278	501(C)3	7,500.	0.			FOR THE YOUTH4YOUTH MENTORING PROGRAM IN AMERICAN CANYON
BIG BROTHERS BIG SISTERS OF THE NORTH BAY, INC - 190 CAMINO ORUGA, SUITE 4 - NAPA, CA 94558	94-2502278	501(C)3	5,000.	0.			FOR PROGRAMS IN NAPA COUNTY
BIG BROTHERS BIG SISTERS OF THE NORTH BAY, INC - 190 CAMINO ORUGA, SUITE 4 - NAPA, CA 94558	94-2502278	501(C)3	5,000.	0.			FOR PEER MENTORING AFTERSCHOOL PROGRAMS IN NAPA COUNTY
BIG BROTHERS BIG SISTERS OF THE NORTH BAY, INC - 190 CAMINO ORUGA, SUITE 4 - NAPA, CA 94558	94-2502278	501(C)3	5,000.	0.			FOR THE YOUTH4YOUTH MENTORING PROGRAM IN ST. HELENA

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009



**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
▶ Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**COMMUNITY FOUNDATION OF THE NAPA VALLEY**

**Employer identification number**

**68-0349777**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLUE OAK SCHOOL 1436 POLK STREET NAPA, CA 94559	95-4803542	501(C)3	5,000.	0.			FOR AN ANNUAL FUND DONATION FOR THE 2009-2010 SCHOOL YEAR
BLUE OAK SCHOOL 1436 POLK STREET NAPA, CA 94559	95-4803542	501(C)3	10,000.	0.			FOR UNDERWRITING "BENEATH THE CANOPY 2010" BLUE OAK SCHOOL AUCTION
BLUE OAK SCHOOL 1436 POLK STREET NAPA, CA 94559	95-4803542	501(C)3	2,500.	0.			FOR "FUND-A-NEED" FOCUSED ON DIVERSITY FINANCIAL AID
BOYS & GIRLS CLUBS OF ST. HELENA AND CALISTOGA - 1420 TAINTER STREET - ST. HELENA, CA 94574	68-0226714	501(C)3	4,000.	0.			FOR THE DIVERSION/INTERVENTION PROGRAM FOR CALISTOGA YOUTH AGES 14-24
BOYS & GIRLS CLUBS OF ST. HELENA AND CALISTOGA - 1420 TAINTER STREET - ST. HELENA, CA 94574	68-0226714	501(C)3	5,000.	0.			FOR THE DIVERSION/INTERVENTION PROGRAM FOR ST. HELENA YOUTH AGES 14-24
BOYS AND GIRLS CLUBS OF NAPA VALLEY - 1515 PUEBLO AVENUE - NAPA, CA 94558	94-6033413	501(C)3	5,000.	0.			FOR SPECIAL EVENTS AT THE SPOT 6T TEEN PROGRAM AT THE AMERICAN CANYON CLUBHOUSE
BOYS AND GIRLS CLUBS OF NAPA VALLEY - 1515 PUEBLO AVENUE - NAPA, CA 94558	94-6033413	501(C)3	500.	0.			FOR GENERAL SUPPORT, IN MEMORY OF JANE CLARK
CALISTOGA COMMUNITY CENTER & POOL PROJECT - P.O. BOX 946 - CALISTOGA, CA 94515	68-0346236	501(C)3	5,000.	0.			FOR THE VAMOS LIFEGUARD TRAINING AND WATER SAFETY INSTRUCTION PROGRAM FOR CALISTOGA YOUTH AGES

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)  
▶ Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**COMMUNITY FOUNDATION OF THE NAPA VALLEY**

Employer identification number

**68-0349777**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALISTOGA FAMILY CENTER 1500 CEDAR ST. CALISTOGA, CA 94515	80-0023012	501(C)3	7,500.	0.			FOR GENERAL SUPPORT, IN RECOGNITION OF YOUR ORGANIZATION'S ROLE IN PROVIDING SAFETY NET
CALISTOGA FAMILY CENTER 1500 CEDAR ST. CALISTOGA, CA 94515	80-0023012	501(C)3	10,000.	0.			FOR GENERAL SUPPORT
CALISTOGA FAMILY CENTER 1500 CEDAR ST. CALISTOGA, CA 94515	80-0023012	501(C)3	10,000.	0.			FOR GENERAL SUPPORT
CALISTOGA FAMILY CENTER 1500 CEDAR ST. CALISTOGA, CA 94515	80-0023012	501(C)3	2,500.	0.			FOR GENERAL SUPPORT
CALISTOGA FAMILY CENTER 1500 CEDAR ST. CALISTOGA, CA 94515	80-0023012	501(C)3	500.	0.			FOR GENERAL SUPPORT
CALISTOGA FAMILY CENTER 1500 CEDAR ST. CALISTOGA, CA 94515	80-0023012	501(C)3	15,000.	0.			FOR GENERAL SUPPORT, IN RECOGNITION OF YOUR ORGANIZATION'S ROLE IN PROVIDING SAFETY NET
CALISTOGA FAMILY CENTER 1500 CEDAR ST. CALISTOGA, CA 94515	80-0023012	501(C)3	5,000.	0.			FOR THE CALISTOGA STUDENT ASSISTANCE PROGRAM
CASA, A VOICE FOR CHILDREN 1804 SOSCOL AVENUE, SUITE 203 NAPA, CA 94559	20-3594007	501(C)3	12,800.	0.			FOR GENERAL SUPPORT

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**  
**▶ Attach to Form 990 to list additional information for  
 Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**COMMUNITY FOUNDATION OF THE NAPA VALLEY**

Employer identification number

**68-0349777**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASA, A VOICE FOR CHILDREN 1804 SOSCOL AVENUE, SUITE 203 NAPA, CA 94559	20-3594007	501(C)3	1,500.	0.			FOR PROMOTIONAL BOOKMARKS
CASA, A VOICE FOR CHILDREN 1804 SOSCOL AVENUE, SUITE 203 NAPA, CA 94559	20-3594007	501(C)3	5,000.	0.			FOR GENERAL SUPPORT
CASA, A VOICE FOR CHILDREN 1804 SOSCOL AVENUE, SUITE 203 NAPA, CA 94559	20-3594007	501(C)3	5,000.	0.			FOR GENERAL SUPPORT
CASA, A VOICE FOR CHILDREN 1804 SOSCOL AVENUE, SUITE 203 NAPA, CA 94559	20-3594007	501(C)3	5,000.	0.			FOR CLOTHING AND OTHER ESSENTIAL ITEMS FOR CASA'S CHILDREN CLIENTS
CASA, A VOICE FOR CHILDREN 1804 SOSCOL AVENUE, SUITE 203 NAPA, CA 94559	20-3594007	501(C)3	250.	0.			FOR GENERAL SUPPORT
CENTER FOR LAND-BASED LEARNING 5265 PUTAH CREEK ROAD WINTERS, CA 95694	68-0472121	501(C)3	5,000.	0.			FOR THE SLEWS PROGRAM IN NAPA COUNTY
CFNV CHARITABLE REAL ESTATE FUND 3299 CLAREMONT WAY, SUITE 2 NAPA, CA 94558	01-0816065	501(C)3	374,500.	0.			FOR SOLAR ENERGY CONVERSION.
CLINIC OLE FOUNDATION 1141 PEAR TREE LANE, STE 260 NAPA, CA 94558	68-0149424	501(C)3	400.	0.			FOR GENERAL SUPPORT IN MEMORY OF LORRAIN KONGSGAARD

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

Name of the organization

**COMMUNITY FOUNDATION OF THE NAPA VALLEY**

Employer identification number

**68-0349777**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLINIC OLE FOUNDATION 1141 PEAR TREE LANE, STE 260 NAPA, CA 94558	68-0149424	501(C)3	5,000.	0.			FOR GENERAL SUPPORT
COMMUNITY ACTION NAPA VALLEY 2310 LAUREL STREET, SUITE 1 NAPA, CA 94559	94-1610851	501(C)3	5,000.	0.			FOR THE NAPA VALLEY FOOD BANK PROGRAM, IN RECOGNITION OF ITS ROLE IN PROVIDING SAFETY NET
COMMUNITY ACTION NAPA VALLEY 2310 LAUREL STREET, SUITE 1 NAPA, CA 94559	94-1610851	501(C)3	2,500.	0.			TO PAY MOVING COSTS FOR THE NAPA VALLEY FOOD BANK PROGRAM
COMMUNITY ACTION NAPA VALLEY 2310 LAUREL STREET, SUITE 1 NAPA, CA 94559	94-1610851	501(C)3	2,500.	0.			NEW REFRIGERATION EQUIPMENT FOR THE NAPA VALLEY FOOD BANK PROGRAM
COMMUNITY ACTION NAPA VALLEY 2310 LAUREL STREET, SUITE 1 NAPA, CA 94559	94-1610851	501(C)3	250.	0.			FOR PROJECT HOMELESS CONNECT EVENT
COMMUNITY ACTION NAPA VALLEY 2310 LAUREL STREET, SUITE 1 NAPA, CA 94559	94-1610851	501(C)3	5,000.	0.			FOR THE SENIOR NUTRITION PROGRAM
COMMUNITY ACTION NAPA VALLEY 2310 LAUREL STREET, SUITE 1 NAPA, CA 94559	94-1610851	501(C)3	250.	0.			FOR THE NAPA VALLEY FOOD BANK PROGRAM AND THE SENIOR NUTRITION PROGRAM
COMMUNITY ACTION NAPA VALLEY 2310 LAUREL STREET, SUITE 1 NAPA, CA 94559	94-1610851	501(C)3	500.	0.			FOR THE NAPA VALLEY FOOD BANK PROGRAM

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**  
**▶ Attach to Form 990 to list additional information for  
 Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**COMMUNITY FOUNDATION OF THE NAPA VALLEY**

Employer identification number

**68-0349777**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY ACTION NAPA VALLEY 2310 LAUREL STREET, SUITE 1 NAPA, CA 94559	94-1610851	501(C)3	15,000.	0.			FOR SENIOR NUTRITION'S SENIOR AND NON-SENIOR MEALS ON WHEELS PROGRAMS, IN RECOGNITION OF YOUR
COMMUNITY ACTION NAPA VALLEY 2310 LAUREL STREET, SUITE 1 NAPA, CA 94559	94-1610851	501(C)3	500.	0.			FOR THE NAPA VALLEY FOOD BANK PROGRAM
COMMUNITY HEALTH CLINIC OLE 1141 PEAR TREE LANE, SUITE 100 NAPA, CA 94558	23-7221695	501(C)3	2,549.	0.			TO PURCHASE A NEW AUTOCLAVE FOR THE NAPA SISTER ANN COMMUNITY DENTAL CLINIC SITE
COMMUNITY HEALTH CLINIC OLE 1141 PEAR TREE LANE, SUITE 100 NAPA, CA 94558	23-7221695	501(C)3	1,652.	0.			TO PURCHASE A FLEXIBLE SIGMOIDOSCOPE
COMMUNITY HEALTH CLINIC OLE 1141 PEAR TREE LANE, SUITE 100 NAPA, CA 94558	23-7221695	501(C)3	500.	0.			FOR GENERAL SUPPORT
COMMUNITY HEALTH CLINIC OLE 1141 PEAR TREE LANE, SUITE 100 NAPA, CA 94558	23-7221695	501(C)3	500.	0.			FOR GENERAL SUPPORT
COMMUNITY HEALTH CLINIC OLE 1141 PEAR TREE LANE, SUITE 100 NAPA, CA 94558	23-7221695	501(C)3	25,000.	0.			FOR GENERAL SUPPORT
COMMUNITY RESOURCES FOR CHILDREN 3299 CLAREMONT WAY, SUITE 1 NAPA, CA 94558	94-2524785	501(C)3	7,500.	0.			FOR THE EMERGENCY CHILDCARE OR TOY LIBRARY/EARLY LEARNING CENTER PROGRAMS, IN

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

Name of the organization

**COMMUNITY FOUNDATION OF THE NAPA VALLEY**

Employer identification number

**68-0349777**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY RESOURCES FOR CHILDREN 3299 CLAREMONT WAY, SUITE 1 NAPA, CA 94558	94-2524785	501(C)3	1,527.	0.			TO PURCHASE A LAPTOP COMPUTER, PROJECTOR AND PRINTER
COMMUNITY RESOURCES FOR CHILDREN 3299 CLAREMONT WAY, SUITE 1 NAPA, CA 94558	94-2524785	501(C)3	1,500.	0.			FOR ART PROGRAM FOR YOUNGER CHILDREN IN TOY LIBRARY
COMMUNITY RESOURCES FOR CHILDREN 3299 CLAREMONT WAY, SUITE 1 NAPA, CA 94558	94-2524785	501(C)3	2,500.	0.			FOR THE EMERGENCY CHILDCARE PROGRAM, IN RECOGNITION OF YOUR ORGANIZATION'S ROLE IN
CONNOLLY RANCH EDUCATION CENTER 3141 BROWN'S VALLEY ROAD NAPA, CA 94558	80-0493340	501(C)3	5,000.	0.			FOR A CHALLENGE GRANT FOR CONNOLLY RANCH'S GENERAL FUND
CONNOLLY RANCH EDUCATION CENTER 3141 BROWN'S VALLEY ROAD NAPA, CA 94558	80-0493340	501(C)3	1,000.	0.			FOR GENERAL SUPPORT
COPE FAMILY CENTER 1340 FOURTH STREET NAPA, CA 94559	94-2322399	501(C)3	10,000.	0.			FOR GENERAL SUPPORT, IN RECOGNITION OF YOUR ORGANIZATION'S ROLE IN PROVIDING SAFETY NET
COPE FAMILY CENTER 1340 FOURTH STREET NAPA, CA 94559	94-2322399	501(C)3	4,720.	0.			FOR THE SECOND PHASE OF COPE'S TALENT MANAGEMENT PROJECT
COPE FAMILY CENTER 1340 FOURTH STREET NAPA, CA 94559	94-2322399	501(C)3	500.	0.			IN MEMORY OF JAMES SCHWAB

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
▶ Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**COMMUNITY FOUNDATION OF THE NAPA VALLEY**

Employer identification number

**68-0349777**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COPE FAMILY CENTER 1340 FOURTH STREET NAPA, CA 94559	94-2322399	501(C)3	2,500.	0.			FOR GENERAL SUPPORT
COPE FAMILY CENTER 1340 FOURTH STREET NAPA, CA 94559	94-2322399	501(C)3	250.	0.			FOR GENERAL SUPPORT
COPE FAMILY CENTER 1340 FOURTH STREET NAPA, CA 94559	94-2322399	501(C)3	500.	0.			FOR GENERAL SUPPORT
COPE FAMILY CENTER 1340 FOURTH STREET NAPA, CA 94559	94-2322399	501(C)3	20,000.	0.			FOR GENERAL SUPPORT, IN RECOGNITION OF YOUR ORGANIZATION'S ROLE IN PROVIDING SAFETY NET
COPE FAMILY CENTER 1340 FOURTH STREET NAPA, CA 94559	94-2322399	501(C)3	500.	0.			FOR PARENT CLASSES AND WORKSHOPS
CYBERMILL, INC. 3299 CLAREMONT WAY, SUITE 4 NAPA, CA 94558	94-3337533	501(C)3	12,000.	0.			FOR THE PC 2 HOME PROGRAM
CYBERMILL, INC. 3299 CLAREMONT WAY, SUITE 4 NAPA, CA 94558	94-3337533	501(C)3	20,000.	0.			FOR GENERAL SUPPORT
CYBERMILL, INC. 3299 CLAREMONT WAY, SUITE 4 NAPA, CA 94558	94-3337533	501(C)3	54,571.	0.			FOR GENERAL SUPPORT

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
▶ Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**COMMUNITY FOUNDATION OF THE NAPA VALLEY**

Employer identification number

**68-0349777**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DREAMCATCHERS EMPOWERMENT NETWORK 1320 2ND STREET NAPA, CA 94559	71-0877008	501(C)3	10,000.	0.			FOR SUPPORTED EDUCATION AND EMPLOYMENT-RELATED SUPPORT SERVICES FOR YOUTH IN AMERICAN CANYON
FAMILY SERVICE OF NAPA VALLEY 709 FRANKLIN STREET NAPA, CA 94559	94-1236934	501(C)3	7,500.	0.			FOR GENERAL SUPPORT, IN RECOGNITION OF YOUR ORGANIZATION'S ROLE IN PROVIDING SAFETY NET
FAMILY SERVICE OF NAPA VALLEY 709 FRANKLIN STREET NAPA, CA 94559	94-1236934	501(C)3	4,720.	0.			TO HIRE A CONSULTANT TO IMPLEMENT CHANGES TO CLIENT SERVICES DATABASE, TO CONVERT CLIENT PAPER
FAMILY SERVICE OF NAPA VALLEY 709 FRANKLIN STREET NAPA, CA 94559	94-1236934	501(C)3	5,000.	0.			FOR GENERAL SUPPORT
FAMILY SERVICE OF NAPA VALLEY 709 FRANKLIN STREET NAPA, CA 94559	94-1236934	501(C)3	12,500.	0.			FOR GENERAL SUPPORT, IN RECOGNITION OF YOUR ORGANIZATION'S ROLE IN PROVIDING SAFETY NET
FAMILY SERVICE OF NAPA VALLEY 709 FRANKLIN STREET NAPA, CA 94559	94-1236934	501(C)3	5,000.	0.			FOR THE SCHOOL BRIDGES PROGRAM THAT PROVIDES MENTAL HEALTH SERVICES TO STUDENTS AT CALISTOGA
FAMILY SERVICE OF NAPA VALLEY 709 FRANKLIN STREET NAPA, CA 94559	94-1236934	501(C)3	10,000.	0.			FOR ASSISTANCE TO QUALIFIED NAPA COUNTY RESIDENTS AS REFERRED AND COORDINATED BY JIM
FESTIVAL ASSOCIATION NAPA VALLEY 233 SANSOME ST., SUITE 960 SAN FRANCISCO, CA 94104	26-4008029	501(C)3	150,000.	0.			FOR A THREE-YEAR GRANT OF \$50,000 PER YEAR TO SUPPORT THE NAPA VALLEY FESTIVAL DEL SOLE

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009



**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
▶ Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**COMMUNITY FOUNDATION OF THE NAPA VALLEY**

**Employer identification number**

**68-0349777**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST PRESBYTERIAN CHURCH OF NAPA 1333 THIRD STREET NAPA, CA 94559		CHURCH	3,000.	0.			FOR THE TABLE PROGRAM, IN RECOGNITION OF ITS ROLE IN PROVIDING SAFETY NET SERVICES TO VULNERABLE
FIRST PRESBYTERIAN CHURCH OF NAPA 1333 THIRD STREET NAPA, CA 94559		CHURCH	7,500.	0.			FOR THE TABLE PROGRAM, IN RECOGNITION OF YOUR ORGANIZATION'S ROLE IN PROVIDING SAFETY NET
FIRST PRESBYTERIAN CHURCH OF NAPA 1333 THIRD STREET NAPA, CA 94559		CHURCH	1,000.	0.			FOR GENERAL SUPPORT
FOUNDATION FOR THE PERFORMING ARTS CENTER - P.O. BOX 1137 - SAN LUIS OBISPO, CA 93406	77-0129605	501(C)3	5,000.	0.			FOR GENERAL SUPPORT
GIRLS ON THE RUN NAPA VALLEY PO BOX 2002 ST. HELENA, CA 94574	55-0906534	501(C)3	7,500.	0.			FOR GENERAL SUPPORT
GIRLS ON THE RUN NAPA VALLEY PO BOX 2002 ST. HELENA, CA 94574	55-0906534	501(C)3	3,000.	0.			FOR GENERAL SUPPORT
GIRLS ON THE RUN NAPA VALLEY PO BOX 2002 ST. HELENA, CA 94574	55-0906534	501(C)3	500.	0.			FOR GENERAL SUPPORT
GREATER NAPA VALLEY FAIR HOUSING CENTER - 603 CABOT WAY - NAPA, CA 94559	42-1576121	501(C)3	5,000.	0.			FOR GENERAL SUPPORT, IN RECOGNITION OF YOUR ORGANIZATION'S ROLE IN PROVIDING SAFETY NET

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**  
**▶ Attach to Form 990 to list additional information for  
 Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**COMMUNITY FOUNDATION OF THE NAPA VALLEY**

Employer identification number

**68-0349777**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER NAPA VALLEY FAIR HOUSING CENTER - 603 CABOT WAY - NAPA, CA 94559	42-1576121	501(C)3	1,173.	0.			TO PURCHASE A LAPTOP COMPUTER, A DESKTOP COMPUTER AND A PORTABLE TRIPOD SCREEN
GREATER NAPA VALLEY FAIR HOUSING CENTER - 603 CABOT WAY - NAPA, CA 94559	42-1576121	501(C)3	10,000.	0.			FOR GENERAL SUPPORT, IN RECOGNITION OF YOUR ORGANIZATION'S ROLE IN HELPING PEOPLE AFFECTED
HOUSING AND ECONOMIC RIGHTS ADVOCATES - PO BOX 29435 - OAKLAND, CA 94604	20-2573758	501(C)3	150,000.	0.			FOR FORECLOSURE INTERVENTION AND PREVENTION SERVICES IN NAPA COUNTY
HUMAN TRANSLATION 1241 ADAMS STREET, STE. 1096 ST. HELENA, CA 94574	73-1724556	501(C)3	20,000.	0.			FOR DISASTER RELIEF AND DEVELOPMENT AID IN RESPONSE TO TYPHOON KETSANA, IN BALANG, SIEM
IF GIVEN A CHANCE P.O. BOX 2607 NAPA, CA 94558	91-1852336	501(C)3	5,000.	0.			FOR GENERAL SUPPORT
IF GIVEN A CHANCE P.O. BOX 2607 NAPA, CA 94558	91-1852336	501(C)3	1,000.	0.			FOR THE IF GIVEN A CHANCE SCHOLARSHIP FUND
IF GIVEN A CHANCE P.O. BOX 2607 NAPA, CA 94558	91-1852336	501(C)3	7,500.	0.			FOR GENERAL SUPPORT
KNOWLEDGEWORKS FOUNDATION C/O NEW TECHNOLOGY NETWORK/SC21NAPA - 1229 HAYES STREET - NAPA, CA 94559	31-1321973	501(C)3	501.	0.			FOR GENERAL SUPPORT OF THE NEW TECHNOLOGY NETWORK/SC21 NAPA PROGRAM

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

Name of the organization

**COMMUNITY FOUNDATION OF THE NAPA VALLEY**

Employer identification number

**68-0349777**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KNOWLEDGEWORKS FOUNDATION C/O NEW TECHNOLOGY NETWORK/SC21NAPA - 1229 HAYES STREET - NAPA, CA 94559	31-1321973	501(C)3	25,000.	0.			FOR GENERAL SUPPORT OF THE NEW TECHNOLOGY NETWORK/SC21 NAPA PROGRAM
LEGAL AID OF NAPA VALLEY 1001 SECOND ST., SUITE 225 NAPA, CA 94559	94-1649624	501(C)3	5,000.	0.			FOR THE HOUSING SERVICES PROGRAM, IN RECOGNITION OF ITS ROLE IN PROVIDING SAFETY NET SERVICES TO
LEGAL AID OF NAPA VALLEY 1001 SECOND ST., SUITE 225 NAPA, CA 94559	94-1649624	501(C)3	1,482.	0.			FOR THE EXECUTIVE DIRECTOR AND DEVELOPMENT DIRECTOR TO ATTEND A FOUR-DAY TRAINING ON
LEGAL AID OF NAPA VALLEY 1001 SECOND ST., SUITE 225 NAPA, CA 94559	94-1649624	501(C)3	5,000.	0.			FOR GENERAL SUPPORT
LEGAL AID OF NAPA VALLEY 1001 SECOND ST., SUITE 225 NAPA, CA 94559	94-1649624	501(C)3	250.	0.			FOR GENERAL SUPPORT
LEGAL AID OF NAPA VALLEY 1001 SECOND ST., SUITE 225 NAPA, CA 94559	94-1649624	501(C)3	15,000.	0.			FOR THE HOUSING SERVICES PROGRAM, IN RECOGNITION OF YOUR ORGANIZATION'S ROLE IN HELPING PEOPLE
LEGAL AID OF NAPA VALLEY 1001 SECOND ST., SUITE 225 NAPA, CA 94559	94-1649624	501(C)3	2,500.	0.			FOR THE PRO BONO RECOGNITION EVENT
LEGAL AID OF NAPA VALLEY 1001 SECOND ST., SUITE 225 NAPA, CA 94559	94-1649624	501(C)3	7,500.	0.			FOR GENERAL SUPPORT

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**  
**▶ Attach to Form 990 to list additional information for  
 Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**COMMUNITY FOUNDATION OF THE NAPA VALLEY**

Employer identification number

**68-0349777**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOYD WOLFE JUVENILE JUSTICE NETWORK - 2310 FIRST STREET - NAPA, CA 94559	68-0345721	501(C)3	4,248.	0.			TO HIRE A CONSULTANT TO DEVELOP AND IMPLEMENT A FUND DEVELOPMENT COMMUNICATION AND
LOYD WOLFE JUVENILE JUSTICE NETWORK - 2310 FIRST STREET - NAPA, CA 94559	68-0345721	501(C)3	1,000.	0.			FOR SUPPORT OF THE OCTOBER 18TH EVENT
LOYD WOLFE JUVENILE JUSTICE NETWORK - 2310 FIRST STREET - NAPA, CA 94559	68-0345721	501(C)3	2,000.	0.			FOR TRANSPORTATION FOR AMERICAN CANYON TEENS IN SUBSTANCE ABUSE TREATMENT PROGRAMS
LOYD WOLFE JUVENILE JUSTICE NETWORK - 2310 FIRST STREET - NAPA, CA 94559	68-0345721	501(C)3	10,000.	0.			FOR GENERAL SUPPORT
LOYD WOLFE JUVENILE JUSTICE NETWORK - 2310 FIRST STREET - NAPA, CA 94559	68-0345721	501(C)3	10,000.	0.			FOR WOLFE CENTER'S ANTI-DRUG AND ANTI-GANG EDUCATION PROGRAMS
LOYD WOLFE JUVENILE JUSTICE NETWORK - 2310 FIRST STREET - NAPA, CA 94559	68-0345721	501(C)3	7,500.	0.			FOR GENERAL SUPPORT OF WOLFE CENTER
LOYD WOLFE JUVENILE JUSTICE NETWORK - 2310 FIRST STREET - NAPA, CA 94559	68-0345721	501(C)3	1,000.	0.			FOR AN INCENTIVE AND NUTRITIONAL SNACK PROGRAM FOR THE STUDENTS IN WOLFE CENTER PREVENTION AND
LOYD WOLFE JUVENILE JUSTICE NETWORK - 2310 FIRST STREET - NAPA, CA 94559	68-0345721	501(C)3	2,000.	0.			FOR AN INCENTIVE AND NUTRITIONAL SNACK PROGRAM FOR THE STUDENTS IN WOLFE CENTER PREVENTION AND

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
▶ Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**COMMUNITY FOUNDATION OF THE NAPA VALLEY**

**Employer identification number**

**68-0349777**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAPA COUNTY FAMILY AND FOSTER CARE ASSOCIATION - 1025 BANBURY CT - NAPA, CA 94558	68-0414371	501(C)3	10,000.	0.			TO SUPPORT THE 2010 EDUCATIONAL TRIPS
NAPA COUNTY HISPANIC NETWORK P.O. BOX 6227 NAPA, CA 94581	68-0220885	501(C)3	1,000.	0.			FOR SPONSORSHIP OF A STUDENT SCHOLARSHIP
NAPA COUNTY HISPANIC NETWORK P.O. BOX 6227 NAPA, CA 94581	68-0220885	501(C)3	7,500.	0.			2010 NAPA POLICE ACADEMY SCHOLARSHIP PROGRAM
NAPA EMERGENCY WOMEN'S SERVICES 1141 PEAR TREE LANE, SUITE 220 NAPA, CA 94559	94-2745889	501(C)3	5,000.	0.			FOR GENERAL SUPPORT, IN RECOGNITION OF YOUR ORGANIZATION'S ROLE IN PROVIDING SAFETY NET
NAPA EMERGENCY WOMEN'S SERVICES 1141 PEAR TREE LANE, SUITE 220 NAPA, CA 94559	94-2745889	501(C)3	3,129.	0.			TO PURCHASE AND INSTALL NEW CLIENT TRACKING DATABASE SOFTWARE
NAPA EMERGENCY WOMEN'S SERVICES 1141 PEAR TREE LANE, SUITE 220 NAPA, CA 94559	94-2745889	501(C)3	15,000.	0.			FOR GENERAL SUPPORT
NAPA EMERGENCY WOMEN'S SERVICES 1141 PEAR TREE LANE, SUITE 220 NAPA, CA 94559	94-2745889	501(C)3	100,000.	0.			FOR GENERAL SUPPORT
NAPA EMERGENCY WOMEN'S SERVICES 1141 PEAR TREE LANE, SUITE 220 NAPA, CA 94559	94-2745889	501(C)3	2,000.	0.			FOR GENERAL SUPPORT

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**  
**▶ Attach to Form 990 to list additional information for  
 Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**COMMUNITY FOUNDATION OF THE NAPA VALLEY**

**Employer identification number  
68-0349777**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAPA EMERGENCY WOMEN'S SERVICES 1141 PEAR TREE LANE, SUITE 220 NAPA, CA 94559	94-2745889	501(C)3	500.	0.			FOR GENERAL SUPPORT
NAPA EMERGENCY WOMEN'S SERVICES 1141 PEAR TREE LANE, SUITE 220 NAPA, CA 94559	94-2745889	501(C)3	5,000.	0.			FOR GENERAL SUPPORT, IN RECOGNITION OF YOUR ORGANIZATION'S ROLE IN PROVIDING SAFETY NET
NAPA EMERGENCY WOMEN'S SERVICES 1141 PEAR TREE LANE, SUITE 220 NAPA, CA 94559	94-2745889	501(C)3	500.	0.			FOR DOMESTIC VIOLENCE PREVENTION AND EDUCATION WORKSHOPS AT CALISTOGA JR./SR. HIGH AND
NAPA HIGH SCHOOL SPIRIT LEADER BOOSTERS, INC. - 2475 JEFFERSON STREET - NAPA, CA 94558	26-4319451	501(C)3	5,000.	0.			FOR TRAVEL COSTS TO NATIONAL COMPETITION
NAPA VALLEY CINCO DE MAYO, INC. PO BOX 1036 CALISTOGA, CA 94515	74-3063428	501(C)3	5,000.	0.			FOR GENERAL SUPPORT
NAPA VALLEY COLLEGE FOUNDATION 2277 NAPA-VALLEJO HIGHWAY NAPA, CA 94558	23-7003565	501(C)3	5,000.	0.			FOR GENERAL SUPPORT IN MEMORY OF CHRIS MCCARTHY
NAPA VALLEY COMMUNITY HOUSING 5 FINANCIAL PLAZA, SUITE 200 NAPA, CA 94558	94-2442233	501(C)3	4,720.	0.			TO UPGRADE BACKUP SYSTEM, PURCHASE SEVEN DESKTOP COMPUTERS, MAKE UPGRADES TO NETWORK HUB AND DSL
NAPA VALLEY COMMUNITY HOUSING 5 FINANCIAL PLAZA, SUITE 200 NAPA, CA 94558	94-2442233	501(C)3	250.	0.			FOR GENERAL SUPPORT

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**  
**▶ Attach to Form 990 to list additional information for  
 Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**COMMUNITY FOUNDATION OF THE NAPA VALLEY**

Employer identification number

**68-0349777**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAPA VALLEY COMMUNITY HOUSING 5 FINANCIAL PLAZA, SUITE 200 NAPA, CA 94558	94-2442233	501(C)3	1,500.	0.			FOR THIRD ANNUAL GOLF TOURNAMENT
NAPA VALLEY HOSPICE & ADULT DAY SERVICES - 414 SOUTH JEFFERSON STREET - NAPA, CA 94559	68-0393144	501(C)3	15,000.	0.			FOR THE ADULT DAY SERVICES PROGRAM
NAPA VALLEY HOSPICE & ADULT DAY SERVICES - 414 SOUTH JEFFERSON STREET - NAPA, CA 94559	68-0393144	501(C)3	500.	0.			FOR GENERAL SUPPORT
NAPA VALLEY HOSPICE & ADULT DAY SERVICES - 414 SOUTH JEFFERSON STREET - NAPA, CA 94559	68-0393144	501(C)3	20,000.	0.			FOR THE ADULT DAY SERVICES PROGRAM
NAPA VALLEY OPERA HOUSE 433 SOSCOL AVENUE, SUITE A-100 NAPA, CA 94559	68-0051718	501(C)3	25,000.	0.			FOR GENERAL SUPPORT
NAPA VALLEY OPERA HOUSE 433 SOSCOL AVENUE, SUITE A-100 NAPA, CA 94559	68-0051718	501(C)3	500.	0.			FOR GENERAL SUPPORT
NAPA VALLEY OPERA HOUSE 433 SOSCOL AVENUE, SUITE A-100 NAPA, CA 94559	68-0051718	501(C)3	250.	0.			FOR GENERAL SUPPORT
NAPA VALLEY OPERA HOUSE 433 SOSCOL AVENUE, SUITE A-100 NAPA, CA 94559	68-0051718	501(C)3	1,500.	0.			TO OFFSET RENTAL COSTS FOR WANDERING ROSE'S "BATTLE OF THE BANDS" PRODUCTION IN 40391

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**  
**▶ Attach to Form 990 to list additional information for  
 Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**COMMUNITY FOUNDATION OF THE NAPA VALLEY**

Employer identification number

**68-0349777**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAPA VALLEY SUPPORT SERVICES 650 IMPERIAL WAY, SUITE 202 NAPA, CA 94559	51-0186054	501(C)3	20,000.	0.			FOR GENERAL SUPPORT
NAPA VALLEY SUPPORT SERVICES 650 IMPERIAL WAY, SUITE 202 NAPA, CA 94559	51-0186054	501(C)3	3,068.	0.			TO PURCHASE A NEW PHONE SYSTEM, INSTALLATION AND TRAINING
NAPA VALLEY SYMPHONY ASSOCIATION INC. - 1100 LINCOLN AVE, SUITE 108 - NAPA, CA 94558	94-6102867	501(C)3	5,000.	0.			FOR GENERAL SUPPORT
NAPA VALLEY UNIFIED EDUCATIONAL FOUNDATION - 2425 JEFFERSON STREET - NAPA, CA 94558	68-0005743	501(C)3	2,872.	0.			FOR THE MUSIC CONNECTION TO PURCHASE NEW COMPUTER EQUIPMENT AND UPGRADE ITS QUICKBOOKS SOFTWARE
NAPA VALLEY UNIFIED EDUCATIONAL FOUNDATION - 2425 JEFFERSON STREET - NAPA, CA 94558	68-0005743	501(C)3	3,000.	0.			FOR THE MUSIC CONNECTION PROGRAM
NAPA VALLEY UNIFIED EDUCATIONAL FOUNDATION - 2425 JEFFERSON STREET - NAPA, CA 94558	68-0005743	501(C)3	10,000.	0.			FOR THE MUSIC CONNECTION'S WORKSHOPS, CLINICS AND INSTRUMENT RENTAL
NAPA VALLEY UNIFIED SCHOOL DISTRICT - 2425 JEFFERSON STREET - NAPA, CA 94558		PUBLIC SCHOOL	25,000.	0.			TO STRENGTHEN THE AVID PROGRAM AT NAPA VALLEY UNIFIED SCHOOL DISTRICT'S FOUR MIDDLE SCHOOLS AND
NAPA VALLEY UNIFIED SCHOOL DISTRICT - 2425 JEFFERSON STREET - NAPA, CA 94558		PUBLIC SCHOOL	5,000.	0.			FOR THE AVID PROGRAM

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009



**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)  
**▶ Attach to Form 990 to list additional information for  
 Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**COMMUNITY FOUNDATION OF THE NAPA VALLEY**

Employer identification number

**68-0349777**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAPA VALLEY YOUTH SYMPHONY INC. PO BOX 6594 NAPA, CA 94581	14-1843988	501(C)3	5,000.	0.			FOR GENERAL SUPPORT
NAPA VALLEY YOUTH SYMPHONY INC. PO BOX 6594 NAPA, CA 94581	14-1843988	501(C)3	2,000.	0.			FOR GENERAL SUPPORT
NAPA VALLEY YOUTH SYMPHONY INC. PO BOX 6594 NAPA, CA 94581	14-1843988	501(C)3	40,000.	0.			FOR GENERAL SUPPORT
ON THE MOVE 2301 YAJOME STREET NAPA, CA 94558	75-3149095	501(C)3	3,304.	0.			TO HIRE TWO CONSULTANTS TO HELP BUILD A DONOR DEVELOPMENT FUNDRAISING PLAN AND TO HELP
ON THE MOVE 2301 YAJOME STREET NAPA, CA 94558	75-3149095	501(C)3	250.	0.			FOR THE V.O.I.C.E.S PROGRAM
ON THE MOVE 2301 YAJOME STREET NAPA, CA 94558	75-3149095	501(C)3	300.	0.			FOR A NEW BASKETBALL HOOP AT V.O.I.C.E.S.
ON THE MOVE 2301 YAJOME STREET NAPA, CA 94558	75-3149095	501(C)3	100,000.	0.			FOR THE V.O.I.C.E.S. PROGRAM IN NAPA COUNTY
OXBOW SCHOOL 530 THIRD STREET NAPA, CA 94559	94-3265708	501(C)3	30,000.	0.			FOR SCHOLARSHIP FUNDS

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
▶ Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**COMMUNITY FOUNDATION OF THE NAPA VALLEY**

Employer identification number

**68-0349777**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OXBOW SCHOOL 530 THIRD STREET NAPA, CA 94559	94-3265708	501(C)3	1,000.	0.			FOR THE FUNDRAISER, "CELEBRATING ARCHITECTURE: A TRIBUTE TO STANLEY SAITOWITZ"
OXBOW SCHOOL 530 THIRD STREET NAPA, CA 94559	94-3265708	501(C)3	3,000.	0.			FOR GENERAL SUPPORT
PARENTSCAN, INC. 1909 JEFFERSON STREET NAPA, CA 94558	56-2498308	501(C)3	5,000.	0.			FOR GENERAL SUPPORT, IN RECOGNITION OF YOUR ORGANIZATION'S ROLE IN PROVIDING SAFETY NET
PARENTSCAN, INC. 1909 JEFFERSON STREET NAPA, CA 94558	56-2498308	501(C)3	2,500.	0.			FOR SUPPORT OF THE SEPTEMBER 25, 2009 EVENT, TO BE USED AT THE DISCRETION OF THE
PARENTSCAN, INC. 1909 JEFFERSON STREET NAPA, CA 94558	56-2498308	501(C)3	10,000.	0.			FOR TRAINING SERVICES AND SUPPORT GROUPS FOR PARENTS/CAREGIVERS OF CHILDREN THAT HAVE MENTAL
PARENTSCAN, INC. 1909 JEFFERSON STREET NAPA, CA 94558	56-2498308	501(C)3	7,500.	0.			FOR GENERAL SUPPORT, IN RECOGNITION OF YOUR ORGANIZATION'S ROLE IN PROVIDING SAFETY NET
PARENTSCAN, INC. 1909 JEFFERSON STREET NAPA, CA 94558	56-2498308	501(C)3	2,500.	0.			FOR THE OCTOBER 1, 2010 'GRAND TRADITIONS GALA,' TO BE USED AT THE DISCRETION OF THE
PAWS FOR HEALING 1370 TRANCAS STREET, PMB #127 NAPA, CA 94558	680437315	501(C)3	5,000.	0.			FOR A CHALLENGE GRANT

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**  
**▶ Attach to Form 990 to list additional information for  
 Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**COMMUNITY FOUNDATION OF THE NAPA VALLEY**

Employer identification number

**68-0349777**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PAWS FOR HEALING 1370 TRANCAS STREET, PMB #127 NAPA, CA 94558	680437315	501(C)3	1,500.	0.			FOR THE R.E.A.D. PROGRAM IN NAPA COUNTY
PAWS FOR HEALING 1370 TRANCAS STREET, PMB #127 NAPA, CA 94558	680437315	501(C)3	500.	0.			FOR TRAINING EXPENSES AND PRIZES FOR CHILDREN FOR THE PAWS FOR READING PROGRAM IN NAPA COUNTY
PLANNED PARENTHOOD SHASTA-DIABLO 2185 PACHECO ST CONCORD, CA 94520	94-1575233	501(C)3	4,720.	0.			TO SUPPORT THE PARTIAL REPLACEMENT AND UPGRADE OF AN OUTDATED NETWORK SYSTEM THE NAPA HEALTH
PLANNED PARENTHOOD SHASTA-DIABLO 2185 PACHECO ST CONCORD, CA 94520	94-1575233	501(C)3	25,000.	0.			FOR EDUCATION PROGRAMS AND MEDICAL SERVICES PROVIDED TO CLIENTS IN NAPA COUNTY
PLANNED PARENTHOOD SHASTA-DIABLO 2185 PACHECO ST CONCORD, CA 94520	94-1575233	501(C)3	3,900.	0.			FOR THE SHUSH TEEN PEER EDUCATION PROGRAM IN ST. HELENA
PUERTAS ABIERTAS COMMUNITY RESOURCE CENTER - PO BOX 3009, 952 NAPA STREET - NAPA, CA 94558	20-3126333	501(C)3	5,000.	0.			FOR PUERTAS ABIERTAS COMMUNITY RESOURCE CENTER, IN RECOGNITION OF ITS ROLE IN PROVIDING
PUERTAS ABIERTAS COMMUNITY RESOURCE CENTER - PO BOX 3009, 952 NAPA STREET - NAPA, CA 94558	20-3126333	501(C)3	2,571.	0.			TO PURCHASE THE RESOURCEACE DATA MANAGEMENT SYSTEM AND SOFTWARE, AND TO PAY FOR
PUERTAS ABIERTAS COMMUNITY RESOURCE CENTER - PO BOX 3009, 952 NAPA STREET - NAPA, CA 94558	20-3126333	501(C)3	5,000.	0.			FOR GENERAL SUPPORT TO PUERTAS ABIERTAS (OPEN DOORS) IN NAPA

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**  
**▶ Attach to Form 990 to list additional information for  
 Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**COMMUNITY FOUNDATION OF THE NAPA VALLEY**

**Employer identification number  
68-0349777**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PUERTAS ABIERTAS COMMUNITY RESOURCE CENTER - PO BOX 3009, 952 NAPA STREET - NAPA, CA 94558	20-3126333	501(C)3	3,000.	0.			FOR THE PUERTAS ABIERTAS COMMUNITY RESOURCE CENTER, IN RECOGNITION OF THE CENTER'S ROLE IN
PUERTAS ABIERTAS COMMUNITY RESOURCE CENTER - PO BOX 3009, 952 NAPA STREET - NAPA, CA 94558	20-3126333	501(C)3	1,000.	0.			FOR GENERAL SUPPORT
PUERTAS ABIERTAS COMMUNITY RESOURCE CENTER - PO BOX 3009, 952 NAPA STREET - NAPA, CA 94558	20-3126333	501(C)3	5,000.	0.			FOR GENERAL SUPPORT
SALVATION ARMY - NAPA CORPS PO BOX 2250 NAPA, CA 94558-2250	94-1156347	501(C)3	1,500.	0.			FOR THE FEEDING PROGRAM, IN RECOGNITION OF ITS ROLE IN PROVIDING SAFETY NET SERVICES TO
SALVATION ARMY - NAPA CORPS PO BOX 2250 NAPA, CA 94558-2250	94-1156347	501(C)3	500.	0.			FOR GENERAL SUPPORT
SALVATION ARMY - NAPA CORPS PO BOX 2250 NAPA, CA 94558-2250	94-1156347	501(C)3	7,500.	0.			FOR THE FEEDING PROGRAM, IN RECOGNITION OF YOUR ORGANIZATION'S ROLE IN PROVIDING SAFETY NET
SAPTA FOUNDATION C/O DORI KIRK, ASST. TREASURER - 1040 MAIN STREET, SUITE 103 - NAPA, CA 94559	20-0840027	501(C)3	100,000.	0.			FOR GENERAL SUPPORT
SCHWAB FUND FOR CHARITABLE GIVING 101 MONTGOMERY STREET SAN FRANCISCO, CA 94104	31-1640316	501(C)3	444,428.	0.			FOR TIKKUN ENDOWMENT SCHWAB # 6454-5180

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
▶ Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**COMMUNITY FOUNDATION OF THE NAPA VALLEY**

**Employer identification number**

**68-0349777**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEBASTOPOL ROTARY EDUCATION FOUNDATION - P.O. BOX 213 - SEBASTOPOL, CA 95473	68-0238967	501(C)3	5,000.	0.			FOR GENERAL SUPPORT
SOLANO COMMUNITY FOUNDATION 1261 TRAVIS BOULEVARD, SUITE 320 FAIRFIELD, CA 94533	68-0354961	501(C)3	15,000.	0.			FOR GENERAL SUPPORT TO HELP VULNERABLE PEOPLE IN SOLANO COUNTY
ST. HELENA CATHOLIC CHURCH 1340 TAINTER STREET ST. HELENA, CA 94574		CHURCH	5,000.	0.			FOR OPERATING EXPENSES FOR DAY-LABOR CENTER
ST. HELENA CATHOLIC CHURCH 1340 TAINTER STREET ST. HELENA, CA 94574		CHURCH	1,400.	0.			FOR COMPUTER SYSTEM AND PHONE SET UP FOR THE WORK CONNECTION PROGRAM
ST. HELENA COMMUNITY FOOD PANTRY 1777 MAIN STREET, PO BOX 108 ST. HELENA, CA 94574	68-0317752	501(C)3	3,000.	0.			FOR GENERAL SUPPORT, IN RECOGNITION OF YOUR ORGANIZATION'S ROLE IN PROVIDING SAFETY NET
ST. HELENA COMMUNITY FOOD PANTRY 1777 MAIN STREET, PO BOX 108 ST. HELENA, CA 94574	68-0317752	501(C)3	3,000.	0.			FOR GENERAL SUPPORT, IN RECOGNITION OF YOUR ORGANIZATION'S ROLE IN PROVIDING SAFETY NET
ST. HELENA FAMILY CENTER 1440 SPRING STREET ST. HELENA, CA 94574	68-0362076	501(C)3	5,000.	0.			FOR GENERAL SUPPORT, IN RECOGNITION OF YOUR ORGANIZATION'S ROLE IN PROVIDING SAFETY NET
ST. HELENA FAMILY CENTER 1440 SPRING STREET ST. HELENA, CA 94574	68-0362076	501(C)3	3,191.	0.			TO PAY FOR: DIRECT MAIL CAMPAIGN MATERIALS DESIGN; PRINTING, POSTAGE, SHIPPING AND

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
▶ Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**COMMUNITY FOUNDATION OF THE NAPA VALLEY**

Employer identification number

**68-0349777**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. HELENA FAMILY CENTER 1440 SPRING STREET ST. HELENA, CA 94574	68-0362076	501(C)3	10,000.	0.			FOR GENERAL SUPPORT
ST. HELENA FAMILY CENTER 1440 SPRING STREET ST. HELENA, CA 94574	68-0362076	501(C)3	3,000.	0.			FOR THE CLARO AND MARIPOSA PROGRAMS
ST. HELENA FAMILY CENTER 1440 SPRING STREET ST. HELENA, CA 94574	68-0362076	501(C)3	10,000.	0.			FOR GENERAL SUPPORT
ST. HELENA FAMILY CENTER 1440 SPRING STREET ST. HELENA, CA 94574	68-0362076	501(C)3	250.	0.			FOR GENERAL SUPPORT
ST. HELENA FAMILY CENTER 1440 SPRING STREET ST. HELENA, CA 94574	68-0362076	501(C)3	5,000.	0.			FOR GENERAL SUPPORT, IN RECOGNITION OF YOUR ORGANIZATION'S ROLE IN PROVIDING SAFETY NET
ST. HELENA FAMILY CENTER 1440 SPRING STREET ST. HELENA, CA 94574	68-0362076	501(C)3	9,000.	0.			FOR THE CLARO AND MARIPOSA AFTERSCHOOL PROGRAMS IN ST. HELENA
ST. HELENA HIGH SCHOOL 1401 GRAYSON AVENUE ST. HELENA, CA 94574		PUBLIC SCHOOL	2,500.	0.			FOR THE AVID PROGRAM AT ST. HELENA HIGH SCHOOL
ST. HELENA HIGH SCHOOL 1401 GRAYSON AVENUE ST. HELENA, CA 94574		PUBLIC SCHOOL	64,350.	0.			FOR SCHOLARSHIPS FOR THE CLASS OF 2010

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
▶ Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**COMMUNITY FOUNDATION OF THE NAPA VALLEY**

Employer identification number

**68-0349777**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. HELENA HOSPITAL FOUNDATION 10 WOODLAND ROAD ST. HELENA, CA 94574	20-1384250	501(C)3	500.	0.			FOR GENERAL SUPPORT
ST. HELENA HOSPITAL FOUNDATION 10 WOODLAND ROAD ST. HELENA, CA 94574	20-1384250	501(C)3	50,000.	0.			FOR THE CAPITAL CAMPAIGN
ST. JOHN THE BAPTIST CATHOLIC CHURCH - 960 CAYMUS STREET - NAPA, CA 94559	94-1002748	501(C)3	7,500.	0.			FOR GENERAL SUPPORT
ST. JOHN THE BAPTIST CATHOLIC CHURCH - 960 CAYMUS STREET - NAPA, CA 94559	94-1002748	501(C)3	2,500.	0.			TO SUPPORT OF THE FIVE YEAR PLAN
ST. JOHN THE BAPTIST CATHOLIC CHURCH - 960 CAYMUS STREET - NAPA, CA 94559	94-1002748	501(C)3	2,500.	0.			FOR THE LEGACY FUND
ST. JOHN THE BAPTIST CATHOLIC CHURCH - 960 CAYMUS STREET - NAPA, CA 94559	94-1002748	501(C)3	1,000.	0.			FOR THE YOUTH PROGRAM
SUMMER SEARCH FOUNDATION NAPA-SONOMA - 159 H STREET - PETALUMA, CA 94952	68-0200138	501(C)3	20,000.	0.			FOR A CHALLENGE GRANT FOR SUMMER SEARCH NAPA COUNTY PROGRAMS AND OPERATIONS
SUMMER SEARCH FOUNDATION NAPA-SONOMA - 159 H STREET - PETALUMA, CA 94952	68-0200138	501(C)3	10,000.	0.			FOR NAPA SERVICES AND STUDENTS

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
▶ Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**COMMUNITY FOUNDATION OF THE NAPA VALLEY**

Employer identification number

**68-0349777**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUMMER SEARCH FOUNDATION NAPA-SONOMA - 159 H STREET - PETALUMA, CA 94952	68-0200138	501(C)3	500.	0.			FOR GENERAL SUPPORT
SUMMER SEARCH FOUNDATION NAPA-SONOMA - 159 H STREET - PETALUMA, CA 94952	68-0200138	501(C)3	5,000.	0.			SPONSORSHIP FOR THE SUMMER SEARCH "2010 NORTH BAY LEADER" LUNCHEON
SUMMER SEARCH FOUNDATION NAPA-SONOMA - 159 H STREET - PETALUMA, CA 94952	68-0200138	501(C)3	2,500.	0.			FOR ST. HELENA HIGH SCHOOL STUDENTS TO RECEIVE SUMMER SEARCH'S MENTORING, SUMMER
THE FRENCH-AMERICAN CULTURAL FOUNDATION - 540 BUSH STREET, THIRD FLOOR - SAN FRANCISCO, CA 94108	94-3343354	501(C)3	5,000.	0.			FOR THE PATHWAY HOME FILM PROJECT BY LAURENT BECUE-RENARD
TURQUOISE MOUNTAIN FOUNDATION 4504 MACOMB ST., N.W. WASHINGTON, DC 90016	75-3256903	501(C)3	6,000.	0.			FOR THE SCHOOLS FOR KABUL PROJECT
UNIVERSITY OF MISSISSIPPI FOUNDATION, THE - PO BOX 249 - UNIVERSITY, MS 38677	23-7310293	501(C)3	15,400.	0.			FOR SUPPORT OF THE SOUTHERN FOODWAYS ALLIANCE AT THE UNIVERSITY OF
VANGUARD CHARITABLE ENDOWMENT PROGRAM - PO BOX 55766 - BOSTON, MA 02205-5766	23-2888152	501(C)3	18,273.	0.			FOR THE PURPOSE OF CLOSING THE DOROTHY GUNDLING FUND FOR MUSIC AND THE ARTS
VINE VILLAGE 4059 OLD SONOMA ROAD NAPA, CA 94559	23-7296716	501(C)3	1,580.	0.			TO PRODUCE A NEW MARKETING BROCHURE

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009



**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
▶ Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**COMMUNITY FOUNDATION OF THE NAPA VALLEY**

Employer identification number

**68-0349777**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VINE VILLAGE 4059 OLD SONOMA ROAD NAPA, CA 94559	23-7296716	501(C)3	5,000.	0.			FOR GENERAL SUPPORT
VINE VILLAGE 4059 OLD SONOMA ROAD NAPA, CA 94559	23-7296716	501(C)3	15,000.	0.			FOR GENERAL SUPPORT
VINE VILLAGE 4059 OLD SONOMA ROAD NAPA, CA 94559	23-7296716	501(C)3	250.	0.			FOR GENERAL SUPPORT
VINE VILLAGE 4059 OLD SONOMA ROAD NAPA, CA 94559	23-7296716	501(C)3	250.	0.			FOR GENERAL SUPPORT, IN HONOR OF CAROLINE SIMMONS AND MIKE PRICE
WOMEN'S INITIATIVE 1398 VALENCIA ST. SAN FRANCISCO, CA 94110	94-3081525	501(C)3	100,000.	0.			FOR THE LAUNCH OF THE WOMEN'S INITIATIVE PROGRAM IN SANTA ROSA TO SERVE NAPA, SONOMA,

**Part IV** Supplemental Information

WRITTEN GRANT REPORT WITHIN A YEAR OF RECEIVING FUNDS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

AMERICAN CANCER SOCIETY - SAN LUIS OBISPO UNIT

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF THE SAN LUIS OBISPO UNIT. THIS GRANT IS A RESULT OF FUNDRAISING AT EDNA VALLEY VINEYARD.

NAME OF ORGANIZATION OR GOVERNMENT:

AMERICAN CANYON FAMILY RESOURCE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT, IN RECOGNITION OF YOUR ORGANIZATION'S ROLE IN PROVIDING SAFETY NET SERVICES TO VULNERABLE RESIDENTS

NAME OF ORGANIZATION OR GOVERNMENT:

AMERICAN CANYON FAMILY RESOURCE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT, IN RECOGNITION OF YOUR ORGANIZATION'S ROLE IN PROVIDING SAFETY NET SERVICES TO VULNERABLE RESIDENTS

NAME OF ORGANIZATION OR GOVERNMENT: ANGWIN COMMUNITY TEEN CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CREATE A DOCUMENTARY FILM ABOUT THE NEEDS OF YOUTH IN ANGWIN AND ST. HELENA, AND FOR YOUTH-LED PRESENTATIONS OF "CALL AND RESPONSE"

NAME OF ORGANIZATION OR GOVERNMENT:

CALISTOGA COMMUNITY CENTER & POOL PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE VAMOS LIFEGUARD TRAINING AND

**Part IV Supplemental Information**

WATER SAFETY INSTRUCTION PROGRAM FOR CALISTOGA YOUTH AGES 14-24

NAME OF ORGANIZATION OR GOVERNMENT: CALISTOGA FAMILY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT, IN RECOGNITION OF YOUR ORGANIZATION'S ROLE IN PROVIDING SAFETY NET SERVICES TO VULNERABLE RESIDENTS

NAME OF ORGANIZATION OR GOVERNMENT: CALISTOGA FAMILY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT, IN RECOGNITION OF YOUR ORGANIZATION'S ROLE IN PROVIDING SAFETY NET SERVICES TO VULNERABLE RESIDENTS

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY ACTION NAPA VALLEY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE NAPA VALLEY FOOD BANK PROGRAM, IN RECOGNITION OF ITS ROLE IN PROVIDING SAFETY NET SERVICES TO VULNERABLE RESIDENTS

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY ACTION NAPA VALLEY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SENIOR NUTRITION'S SENIOR AND NON-SENIOR MEALS ON WHEELS PROGRAMS, IN RECOGNITION OF YOUR ORGANIZATION'S ROLE IN PROVIDING SAFETY NET SERVICES TO VULNERABLE RESIDENTS

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY RESOURCES FOR CHILDREN

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE EMERGENCY CHILDCARE OR TOY LIBRARY/EARLY LEARNING CENTER PROGRAMS, IN RECOGNITION OF YOUR ROLE IN PROVIDING SAFETY NET SERVICES TO VULNERABLE RESIDENTS

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY RESOURCES FOR CHILDREN

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE EMERGENCY CHILDCARE PROGRAM,  
IN RECOGNITION OF YOUR ORGANIZATION'S ROLE IN PROVIDING SAFETY NET  
SERVICES TO VULNERABLE RESIDENTS

NAME OF ORGANIZATION OR GOVERNMENT: COPE FAMILY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT, IN RECOGNITION  
OF YOUR ORGANIZATION'S ROLE IN PROVIDING SAFETY NET SERVICES TO  
VULNERABLE RESIDENTS

NAME OF ORGANIZATION OR GOVERNMENT: COPE FAMILY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT, IN RECOGNITION  
OF YOUR ORGANIZATION'S ROLE IN PROVIDING SAFETY NET SERVICES TO  
VULNERABLE RESIDENTS

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY SERVICE OF NAPA VALLEY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT, IN RECOGNITION  
OF YOUR ORGANIZATION'S ROLE IN PROVIDING SAFETY NET SERVICES TO  
VULNERABLE RESIDENTS

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY SERVICE OF NAPA VALLEY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HIRE A CONSULTANT TO IMPLEMENT  
CHANGES TO CLIENT SERVICES DATABASE, TO CONVERT CLIENT PAPER FILES TO  
ELECTRONIC FORMAT, AND TO PURCHASE NEW COMPUTER EQUIPMENT

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY SERVICE OF NAPA VALLEY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT, IN RECOGNITION  
OF YOUR ORGANIZATION'S ROLE IN PROVIDING SAFETY NET SERVICES TO

**Part IV** Supplemental Information

## VULNERABLE RESIDENTS

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY SERVICE OF NAPA VALLEY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE SCHOOL BRIDGES PROGRAM THAT PROVIDES MENTAL HEALTH SERVICES TO STUDENTS AT CALISTOGA JR./SR. HIGH SCHOOL AND PALISADES CONTINUATION HIGH SCHOOL

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY SERVICE OF NAPA VALLEY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR ASSISTANCE TO QUALIFIED NAPA COUNTY RESIDENTS AS REFERRED AND COORDINATED BY JIM FEATHERSTONE AT COUNTY OF NAPA HEALTH AND HUMAN SERVICES AGENCY

NAME OF ORGANIZATION OR GOVERNMENT: FIRST PRESBYTERIAN CHURCH OF NAPA

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE TABLE PROGRAM, IN RECOGNITION OF ITS ROLE IN PROVIDING SAFETY NET SERVICES TO VULNERABLE RESIDENTS

NAME OF ORGANIZATION OR GOVERNMENT: FIRST PRESBYTERIAN CHURCH OF NAPA

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE TABLE PROGRAM, IN RECOGNITION OF YOUR ORGANIZATION'S ROLE IN PROVIDING SAFETY NET SERVICES TO VULNERABLE RESIDENTS

NAME OF ORGANIZATION OR GOVERNMENT:

GREATER NAPA VALLEY FAIR HOUSING CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT, IN RECOGNITION OF YOUR ORGANIZATION'S ROLE IN PROVIDING SAFETY NET SERVICES TO VULNERABLE RESIDENTS

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

GREATER NAPA VALLEY FAIR HOUSING CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT, IN RECOGNITION OF YOUR ORGANIZATION'S ROLE IN HELPING PEOPLE AFFECTED BY THE FORECLOSURE CRISIS

NAME OF ORGANIZATION OR GOVERNMENT: HUMAN TRANSLATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR DISASTER RELIEF AND DEVELOPMENT AID IN RESPONSE TO TYPHOON KETSANA, IN BALANG, SIEM REAP PROVINCE, CAMBODIA

NAME OF ORGANIZATION OR GOVERNMENT: LEGAL AID OF NAPA VALLEY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE HOUSING SERVICES PROGRAM, IN RECOGNITION OF ITS ROLE IN PROVIDING SAFETY NET SERVICES TO VULNERABLE RESIDENTS

NAME OF ORGANIZATION OR GOVERNMENT: LEGAL AID OF NAPA VALLEY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE EXECUTIVE DIRECTOR AND DEVELOPMENT DIRECTOR TO ATTEND A FOUR-DAY TRAINING ON KEMPS CASE WORKS, LEGAL AID'S CLIENT CASE MANAGEMENT DATABASE SYSTEM

NAME OF ORGANIZATION OR GOVERNMENT: LEGAL AID OF NAPA VALLEY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE HOUSING SERVICES PROGRAM, IN RECOGNITION OF YOUR ORGANIZATION'S ROLE IN HELPING PEOPLE AFFECTED BY THE FORECLOSURE CRISIS

NAME OF ORGANIZATION OR GOVERNMENT: LOYD WOLFE JUVENILE JUSTICE NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HIRE A CONSULTANT TO DEVELOP AND

**Part IV Supplemental Information**

IMPLEMENT A FUND DEVELOPMENT COMMUNICATION AND OUTREACH PLAN, DESIGN AND PRINT MARKETING MATERIALS AND IMPLEMENT A DONOR DATABASE SYSTEM

NAME OF ORGANIZATION OR GOVERNMENT: LOYD WOLFE JUVENILE JUSTICE NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR AN INCENTIVE AND NUTRITIONAL SNACK PROGRAM FOR THE STUDENTS IN WOLFE CENTER PREVENTION AND TREATMENT PROGRAMS AT CALISTOGA JR./SR. HIGH SCHOOL

NAME OF ORGANIZATION OR GOVERNMENT: LOYD WOLFE JUVENILE JUSTICE NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR AN INCENTIVE AND NUTRITIONAL SNACK PROGRAM FOR THE STUDENTS IN WOLFE CENTER PREVENTION AND TREATMENT PROGRAMS AT ST. HELENA HIGH SCHOOL AND RLS MIDDLE SCHOOL

NAME OF ORGANIZATION OR GOVERNMENT: NAPA EMERGENCY WOMEN'S SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT, IN RECOGNITION OF YOUR ORGANIZATION'S ROLE IN PROVIDING SAFETY NET SERVICES TO VULNERABLE RESIDENTS

NAME OF ORGANIZATION OR GOVERNMENT: NAPA EMERGENCY WOMEN'S SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT, IN RECOGNITION OF YOUR ORGANIZATION'S ROLE IN PROVIDING SAFETY NET SERVICES TO VULNERABLE RESIDENTS

NAME OF ORGANIZATION OR GOVERNMENT: NAPA EMERGENCY WOMEN'S SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR DOMESTIC VIOLENCE PREVENTION AND EDUCATION WORKSHOPS AT CALISTOGA JR./SR. HIGH AND PALISADES CONTINUATION HIGH SCHOOLS

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT: NAPA VALLEY COMMUNITY HOUSING

(H) PURPOSE OF GRANT OR ASSISTANCE: TO UPGRADE BACKUP SYSTEM, PURCHASE SEVEN DESKTOP COMPUTERS, MAKE UPGRADES TO NETWORK HUB AND DSL ROUTER, AND TO SEND TWO STAFF TO SOFTWARE TRAINING CONFERENCE

NAME OF ORGANIZATION OR GOVERNMENT: NAPA VALLEY UNIFIED SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO STRENGTHEN THE AVID PROGRAM AT NAPA VALLEY UNIFIED SCHOOL DISTRICT'S FOUR MIDDLE SCHOOLS AND TWO HIGH SCHOOLS FOR THE 2009-2010 ACADEMIC YEAR

NAME OF ORGANIZATION OR GOVERNMENT: ON THE MOVE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HIRE TWO CONSULTANTS TO HELP BUILD A DONOR DEVELOPMENT FUNDRAISING PLAN AND TO HELP ESTABLISH ON THE MOVE AS A MEDI-CAL CONTRACTOR

NAME OF ORGANIZATION OR GOVERNMENT: PARENTSCAN, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT, IN RECOGNITION OF YOUR ORGANIZATION'S ROLE IN PROVIDING SAFETY NET SERVICES TO VULNERABLE RESIDENTS

NAME OF ORGANIZATION OR GOVERNMENT: PARENTSCAN, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF THE SEPTEMBER 25, 2009 EVENT, TO BE USED AT THE DISCRETION OF THE EXECUTIVE DIRECTOR

NAME OF ORGANIZATION OR GOVERNMENT: PARENTSCAN, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR TRAINING SERVICES AND SUPPORT GROUPS FOR PARENTS/CAREGIVERS OF CHILDREN THAT HAVE MENTAL ILLNESS, BEHAVIORAL CHALLENGES OR OTHER SIMILAR DISABILITIES THAT IMPAIR LEARNING



**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: PARENTSCAN, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT, IN RECOGNITION OF YOUR ORGANIZATION'S ROLE IN PROVIDING SAFETY NET SERVICES TO VULNERABLE RESIDENTS

NAME OF ORGANIZATION OR GOVERNMENT: PARENTSCAN, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE OCTOBER 1, 2010 'GRAND TRADITIONS GALA,' TO BE USED AT THE DISCRETION OF THE EXECUTIVE DIRECTOR

NAME OF ORGANIZATION OR GOVERNMENT: PLANNED PARENTHOOD SHASTA-DIABLO

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE PARTIAL REPLACEMENT AND UPGRADE OF AN OUTDATED NETWORK SYSTEM THE NAPA HEALTH CENTER, REPLACEMENT OF AN AUTOCLAVE FOR THE NAPA HEALTH CENTER AND A NEW PC FOR THE HEALTH EDUCATORS AT THE NAPA EDUCATION OFFICE

NAME OF ORGANIZATION OR GOVERNMENT:

PUERTAS ABIERTAS COMMUNITY RESOURCE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR PUERTAS ABIERTAS COMMUNITY RESOURCE CENTER, IN RECOGNITION OF ITS ROLE IN PROVIDING SAFETY NET SERVICES TO VULNERABLE RESIDENTS

NAME OF ORGANIZATION OR GOVERNMENT:

PUERTAS ABIERTAS COMMUNITY RESOURCE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PURCHASE THE RESOURCEACE DATA MANAGEMENT SYSTEM AND SOFTWARE, AND TO PAY FOR INSTALLATION AND TRAINING COSTS

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

PUERTAS ABIERTAS COMMUNITY RESOURCE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE PUERTAS ABIERTAS COMMUNITY RESOURCE CENTER, IN RECOGNITION OF THE CENTER'S ROLE IN PROVIDING SAFETY NET SERVICES TO VULNERABLE RESIDENTS

NAME OF ORGANIZATION OR GOVERNMENT: SALVATION ARMY - NAPA CORPS

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE FEEDING PROGRAM, IN RECOGNITION OF ITS ROLE IN PROVIDING SAFETY NET SERVICES TO VULNERABLE RESIDENTS

NAME OF ORGANIZATION OR GOVERNMENT: SALVATION ARMY - NAPA CORPS

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE FEEDING PROGRAM, IN RECOGNITION OF YOUR ORGANIZATION'S ROLE IN PROVIDING SAFETY NET SERVICES TO VULNERABLE RESIDENTS

NAME OF ORGANIZATION OR GOVERNMENT: ST. HELENA COMMUNITY FOOD PANTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT, IN RECOGNITION OF YOUR ORGANIZATION'S ROLE IN PROVIDING SAFETY NET SERVICES TO VULNERABLE RESIDENTS

NAME OF ORGANIZATION OR GOVERNMENT: ST. HELENA COMMUNITY FOOD PANTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT, IN RECOGNITION OF YOUR ORGANIZATION'S ROLE IN PROVIDING SAFETY NET SERVICES TO VULNERABLE RESIDENTS

NAME OF ORGANIZATION OR GOVERNMENT: ST. HELENA FAMILY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT, IN RECOGNITION

**Part IV** Supplemental Information

OF YOUR ORGANIZATION'S ROLE IN PROVIDING SAFETY NET SERVICES TO  
VULNERABLE RESIDENTS

NAME OF ORGANIZATION OR GOVERNMENT: ST. HELENA FAMILY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PAY FOR: DIRECT MAIL CAMPAIGN  
MATERIALS DESIGN; PRINTING, POSTAGE, SHIPPING AND DELIVERY COSTS; AND  
SUPPLIES AND MATERIALS

NAME OF ORGANIZATION OR GOVERNMENT: ST. HELENA FAMILY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT, IN RECOGNITION  
OF YOUR ORGANIZATION'S ROLE IN PROVIDING SAFETY NET SERVICES TO  
VULNERABLE RESIDENTS

NAME OF ORGANIZATION OR GOVERNMENT: SUMMER SEARCH FOUNDATION NAPA-SONOMA

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR ST. HELENA HIGH SCHOOL STUDENTS  
TO RECEIVE SUMMER SEARCH'S MENTORING, SUMMER EXPERIENCE AND  
COLLEGE-RESOURCE SERVICES

NAME OF ORGANIZATION OR GOVERNMENT:

UNIVERSITY OF MISSISSIPPI FOUNDATION, THE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF THE SOUTHERN FOODWAYS  
ALLIANCE AT THE UNIVERSITY OF MISSISSIPPI'S CENTER FOR THE STUDY OF  
SOUTHERN CULTURE

NAME OF ORGANIZATION OR GOVERNMENT: WOMEN'S INITIATIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE LAUNCH OF THE WOMEN'S  
INITIATIVE PROGRAM IN SANTA ROSA TO SERVE NAPA, SONOMA, MENDOCINO CLIENTS

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public Inspection

Name of the organization

COMMUNITY FOUNDATION OF THE NAPA VALLEY

Employer identification number

68-0349777

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....</p>	<b>1b</b>									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .....</p>	<b>2</b>									
<p><b>3</b> Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment? .....</p>	<b>4a</b>	X								
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....</p>	<b>4b</b>	X								
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4c</b>	X								
<p><b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b></p>										
<p><b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization? .....</p>	<b>5a</b>	X								
<p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	<b>5b</b>	X								
<p><b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization? .....</p>	<b>6a</b>	X								
<p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	<b>6b</b>	X								
<p><b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....</p>	<b>7</b>	X								
<p><b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III .....</p>	<b>8</b>	X								
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....</p>	<b>9</b>									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
TERENCE MULLIGAN	(i)	130,000.	62,000.	9,000.	6,000.	15,809.	222,809.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

**2009**

**Open To Public Inspection**

Name of the organization **COMMUNITY FOUNDATION OF THE NAPA VALLEY** Employer identification number **68-0349777**

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ \_\_\_\_\_  
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
	TERENCE MULLIGAN				X	200,000.	100,000.		X	X
<b>Total</b>				▶ \$ 100,000.						

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2009**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **COMMUNITY FOUNDATION OF THE NAPA VALLEY** Employer identification number **68-0349777**

**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				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	8	126,479.	FMV
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 ( )				
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 Acknowledgment **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
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.		

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

COMMUNITY FOUNDATION OF THE NAPA VALLEY

Employer identification number

68-0349777

FORM 990, PART I, DOING BUSINESS AS:

NAPA VALLEY COMMUNITY FOUNDATION

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

STRENGTH IN NUMBERS-THAT BY WORKING TOGETHER, WE CAN HELP MORE PEOPLE

MORE QUICKLY THAN ANY ONE DONOR ACTING ALONE. WE MULTIPLY THE IMPACT

OF INDIVIDUAL GIVERS, POOLING RESOURCES FOR THE COMMON GOOD IN OUR

COMMUNITY IMPACT FUNDS. WE SERVE AS A CATALYST FOR POSITIVE CHANGE IN

NAPA COUNTY.

FORM 990, PART VI, SECTION B, LINE 11: THE AUDIT COMMITTEE (AC) SHALL HAVE

THE RESPONSIBILITY FOR REVIEWING THE FORM 990 TAX RETURN INCLUDING ALL

PERTINENT SCHEDULES, BEFORE THEY ARE FILED WITH THE INTERNAL REVENUE

SERVICE. THE AC SHALL CONDUCT A REVIEW OF THE FORM 990. ONCE THE AC HAS

COMPLETED ITS INITIAL REVIEW OF THE FORM 990, A MEETING OR CONFERENCE CALL

WILL BE SCHEDULED WITH THE PREPARER OF THE FORM 990, IF NECESSARY, TO

DISCUSS ANY QUESTIONS, COMMENTS, AND SUGGESTED REVISIONS IDENTIFIED BY THE

AC. AFTER THE FORM 990 HAS BEEN REVIEWED BY THE AC AND A FINAL COPY IS

PREPARED, STAFF WILL E-MAIL THE FINAL FORM 990 TO ALL NVCF BOARD MEMBERS

BEFORE THE 990 IS FILED AND WILL MAKE A PRESENTATION AT THE NEXT FULL BOARD

OF DIRECTORS MEETING TO UPDATE THE BOARD REGARDING THE REVIEW OF THE FORM

990 IF NECESSARY.

FORM 990, PART VI, SECTION B, LINE 12C: ONCE A YEAR OR AS NEEDED, BOARD

AND ADVISORY COMMITTEE MEMBERS, FOUNDATION STAFF, VOLUNTEERS AND

CONTRACTORS WILL COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT



**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

COMMUNITY FOUNDATION OF THE NAPA VALLEY

Employer identification number

68-0349777

IDENTIFYING ANY SIGNIFICANT AFFILIATION AND/OR POSITION HELD BY SELF OR ANY  
IMMEDIATE FAMILY MEMBER WITH ANY ORGANIZATION USING THE FOLLOWING

GUIDELINES:

A. ANY SIGNIFICANT AFFILIATION AND/OR POSITION HELD BY SELF OR ANY  
IMMEDIATE FAMILY MEMBER WITH ANY LOCAL CHARITABLE OR COMMUNITY  
ORGANIZATION(S).

B. ANY SIGNIFICANT AFFILIATION AND/OR POSITION HELD BY SELF OR ANY  
IMMEDIATE FAMILY MEMBER WITH LOCAL BUSINESS ENTERPRISE(S).

C. ANY OTHER SIGNIFICANT INVOLVEMENTS WITH ORGANIZATIONS THAT MAY CREATE AN  
INTEREST OR BIAS WITH RESPECT TO THE FOUNDATION'S ACTION.

ANY POSSIBLE CONFLICTS SHALL BE DISCLOSED BEFORE ANY BOARD OR COMMITTEE  
MEETING DISCUSSION BEGINS. THE MINUTES OF THE MEETING SHALL REFLECT THIS  
DISCLOSURE. AFTER ACKNOWLEDGING THE POTENTIAL CONFLICT, THE  
BOARD/COMMITTEE/STAFF MEMBER/VOLUNTEER/CONTRACTOR MAY BRIEFLY ADDRESS THE  
OTHER MEMBERS REGARDING THIS MATTER. THE  
BOARD/COMMITTEE/STAFF/MEMBER/VOLUNTEER/CONTRACTOR MAY ALSO ANSWER PERTINENT  
QUESTIONS SINCE PERSONAL KNOWLEDGE ON THE ISSUE MAY BE OF ASSISTANCE TO THE  
OTHER MEMBERS IN REACHING THEIR DECISIONS. THE BOARD/COMMITTEE/STAFF  
MEMBER, HOWEVER, WILL ABSTAIN FROM VOTING ON THIS ISSUE.

FORM 990, PART VI, SECTION B, LINE 15: NVCF PRESIDENT

\* THE EXECUTIVE COMMITTEE (EC) OF THE BOARD MEETS ANNUALLY TO REVIEW THE  
PRESIDENT'S PERFORMANCE.

\* IN PREPARATION FOR THIS MEETING, THEY REVIEW SALARY COMPS FOR PRESIDENTS  
AND CEOS OF MEDIUM-SIZED COMMUNITY FOUNDATIONS IN CALIFORNIA AND

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

COMMUNITY FOUNDATION OF THE NAPA VALLEY

Employer identification number

68-0349777

NATIONWIDE.

\* THE PRESIDENT PREPARES AN EXTENSIVE, WRITTEN SELF-ASSESSMENT OF HIS PERFORMANCE THAT IS BASED ON SPECIFIC, MEASURABLE, ATTAINABLE, RELEVANT AND TIMELY GOALS AGREED UPON DURING THE PRIOR YEAR'S PERFORMANCE REVIEW WITH THE EC.

\* THE SELF ASSESSMENT IS SENT TO THE EC AT LEAST ONE WEEK BEFORE THEIR REVIEW MEETING.

\* AT THE REVIEW MEETING, MEMBERS OF THE EC BRING COMMENTS AND SUGGESTED REVISIONS TO THE SELF ASSESSMENT DOCUMENT, AND ENGAGE THE PRESIDENT IN A CONVERSATION ABOUT PRIOR YEAR AND COMING YEAR GOALS FOR THE PRESIDENT AND NVCF.

\* THE COMMENTS AND SUGGESTED EDITS TO THE SELF ASSESSMENT ARE FOLDED INTO A REVISED DOCUMENT CALLED THE SUPERVISOR ASSESSMENT.

\* THE SUPERVISOR ASSESSMENT IS SHARED WITH THE BOARD OF DIRECTORS IN EXECUTIVE SESSION, WITHOUT STAFF PRESENT, AT THE NEXT MEETING OF THE BOARD.

\* AT THIS BOARD MEETING, THE EC MAKES RECOMMENDATIONS FOR SALARY ADJUSTMENT, IF ANY, BASED ON THE REVIEW OF COMPS, THE PERFORMANCE OF THE PRESIDENT, AND THE OVERALL PERFORMANCE OF NVCF.

\* THE FULL BOARD VOTES ON ANY CHANGES TO COMPENSATION RECOMMENDED BY THE EC.

OTHER NVCF OFFICERS AND KEY EMPLOYEES

\* THE PRESIDENT MEETS ANNUALLY WITH EACH OF HIS DIRECT REPORTS TO PRIVATELY REVIEW THEIR PERFORMANCE.

\* THIS MEETING IS CONDUCTED NO MORE THAN SIX WEEKS AFTER THE ANNIVERSARY OF THE DATE OF HIRE OF EACH DIRECT REPORT.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

COMMUNITY FOUNDATION OF THE NAPA VALLEY

Employer identification number

68-0349777

\* PRIOR TO THIS MEETING, EACH DIRECT REPORT PREPARES AN EXTENSIVE, WRITTEN SELF-ASSESSMENT OF HIS/HER PERFORMANCE THAT IS BASED ON SPECIFIC, MEASURABLE, ATTAINABLE, RELEVANT AND TIMELY GOALS AGREED UPON DURING THE PRIOR YEAR'S PERFORMANCE REVIEW WITH THE PRESIDENT.

\* THE SELF ASSESSMENT IS SENT TO THE PRESIDENT AT LEAST ONE WEEK BEFORE THEIR REVIEW MEETING; THE PRESIDENT THEN PREPARES A SUPERVISOR ASSESSMENT BASED ON THE SELF ASSESSMENT DOCUMENT.

\* IN PREPARATION FOR THE REVIEW MEETING, THE PRESIDENT REVIEWS SALARY COMPS FOR SIMILAR POSITIONS IN MEDIUM-SIZED COMMUNITY FOUNDATIONS IN CALIFORNIA AND NATIONWIDE.

\* SALARY ADJUSTMENTS, IF ANY, ARE BASED ON THE REVIEW OF SALARY COMPS AND PERFORMANCE.

\* ALL SALARY ADJUSTMENTS ARE CONTEMPLATED IN THE OPERATING BUDGET OF NVCF, WHICH IS APPROVED BY THE BOARD OF DIRECTORS ANNUALLY.

FORM 990, PART VI, SECTION C, LINE 18: REVIEW OF FORM 990

THE AUDIT COMMITTEE (AC) SHALL HAVE THE RESPONSIBILITY FOR REVIEWING THE FORM 990 TAX RETURN INCLUDING ALL PERTINENT SCHEDULES, BEFORE THEY ARE FILED WITH THE INTERNAL REVENUE SERVICE. A DRAFT OF THE FORM 990 SHOULD BE READY FOR REVIEW BY THE AC NO LATER THAN THREE WEEKS PRIOR TO THE FILING DEADLINE. AFTER THE DRAFT OF THE FORM 990 HAS BEEN OBTAINED BY THE AC, THEY WILL HAVE NO MORE THAN TWO WEEKS TO COMPLETE THEIR REVIEW. THE AC SHALL CONDUCT A REVIEW OF THE FORM 990. HOWEVER, IF THE AC DEEMS IT NECESSARY TO CONDUCT A MORE DETAILED REVIEW, THEY WILL CONTACT THE PREPARER OF THE FORM 990 TO REQUEST COPIES OF ANY RELEVANT DETAILED TAX RETURN WORKPAPERS.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

COMMUNITY FOUNDATION OF THE NAPA VALLEY

Employer identification number

68-0349777

ONCE THE AC HAS COMPLETED ITS INITIAL REVIEW OF THE FORM 990, A MEETING OR CONFERENCE CALL WILL BE SCHEDULED WITH THE PREPARER OF THE FORM 990 IF NECESSARY TO DISCUSS ANY QUESTIONS, COMMENTS, AND SUGGESTED REVISIONS IDENTIFIED BY THE AC. THE PREPARER OF THE FORM 990 SHALL MAKE 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 AC SHOULD BE DOCUMENTED, ALONG WITH ANY RESPONSES FROM THE PREPARER OF THE FORM 990, IF APPLICABLE.

AFTER THE FORM 990 HAS BEEN REVIEWED BY THE AC AND A FINAL COPY IS PREPARED, STAFF WILL E-MAIL THE FINAL FORM 990 TO ALL NVCF BOARD MEMBERS BEFORE THE 990 IS FILED AND WILL MAKE A PRESENTATION AT THE NEXT FULL BOARD OF DIRECTORS MEETING TO UPDATE THE BOARD REGARDING THE REVIEW OF THE FORM 990 IF NECESSARY.

FORM 990, PART VI, SECTION C, LINE 19: THE FOLLOWING ORGANIZATIONAL AND FINANCIAL DOCUMENTS OF NVCF WILL BE AVAILABLE (FOR INSPECTION OR COPYING) AT NVCF'S OFFICE DURING NORMAL BUSINESS HOURS AT NO CHARGE:

- \* IRS FORM 1023 - APPLICATION FOR RECOGNITION OF EXEMPTION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE
- \* ARTICLES OF INCORPORATION
- \* INTERNAL REVENUE SERVICE DETERMINATION LETTER
- \* CALIFORNIA TAX EXEMPT LETTER
- \* CONFLICT OF INTEREST POLICY

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

COMMUNITY FOUNDATION OF THE NAPA VALLEY

Employer identification number

68-0349777

\* AUDITED FINANCIAL STATEMENTS

\* FORM 990S - RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (PUBLIC  
INSPECTION COPY)

\* ANNUAL REPORTS

\* INVESTMENT POLICY

\* DETAILS OF FUNDS AND FEES

ALL OF THE AFOREMENTIONED ORGANIZATIONAL AND FINANCIAL DOCUMENTS WILL ALSO  
BE POSTED ON THE ORGANIZATION'S WEB SITE. NVCF WILL MAKE BEST EFFORTS TO  
ENSURE THAT THE DOCUMENTS POSTED ON THE WEB SITE ARE THE MOST UPDATED  
VERSIONS OF SUCH DOCUMENTS.

WHEN RESPONDING TO A PUBLIC INSPECTION REQUEST FOR ANY ORGANIZATIONAL OR  
FINANCIAL DOCUMENT BY ANYONE, NVCF SHALL FULFILL SUCH REQUEST IN A TIMELY  
FASHION WITHOUT INQUIRING AS TO THE REASON FOR THE PUBLIC INSPECTION  
REQUEST.

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: TERENCE MULLIGAN

(A) PURPOSE OF LOAN: RELOCATION

**Related Organizations and Unrelated Partnerships**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

**Name of the organization** **COMMUNITY FOUNDATION OF THE NAPA VALLEY** **Employer identification number** **68-0349777**

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
CFNV CHARITABLE REAL ESTATE FUND - 01-0816065, 3299 CLAREMONT STREET, SUITE 2, NAPA, CA 94558	CONDUCTS OR SUPPORTS ACTIVITIES FOR THE BENEFIT OF THE FOUNDATION.	CALIFORNIA	501(C)(3)	LINE 11A, I	COMMUNITY FOUNDATION OF THE NAPA VALLEY



**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity .....	X	
<b>b</b> Gift, grant, or capital contribution to other organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from other organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for other organization(s) .....	X	
<b>e</b> Loans or loan guarantees by other organization(s) .....		X
<b>f</b> Sale of assets to other organization(s) .....		X
<b>g</b> Purchase of assets from other organization(s) .....		X
<b>h</b> Exchange of assets .....		X
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s) .....	X	
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s) .....		X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets .....		X
<b>n</b> Sharing of paid employees .....		X
<b>o</b> Reimbursement paid to other organization for expenses .....		X
<b>p</b> Reimbursement paid by other organization for expenses .....		X
<b>q</b> Other transfer of cash or property to other organization(s) .....		X
<b>r</b> Other transfer of cash or property from other organization(s) .....	X	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1) CFNV CHARITABLE REAL ESTATE FUND	A	1,879.
(2) CFNV CHARITABLE REAL ESTATE FUND	B	374,500.
(3) CFNV CHARITABLE REAL ESTATE FUND	D	100,000.
(4) CFNV CHARITABLE REAL ESTATE FUND	J	30,480.
(5) CFNV CHARITABLE REAL ESTATE FUND	R	76,670.
(6)		





