

Return of Organization Exempt From Income Tax

2012

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 2012 calendar year, or tax year beginning JUL 1, 2012 and ending JUN 30, 2013

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization		D Employer identification number
	COMMUNITY FOUNDATION OF THE NAPA VALLEY		68-0349777
	Doing Business As NAPA VALLEY COMMUNITY FOUNDATI		
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number
3299 CLAREMONT WAY		2	(707) 254-9565
City, town, or post office, state, and ZIP code		G Gross receipts \$ 8,167,943.	
NAPA, CA 94558		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: TERENCE MULLIGAN		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SAME AS C ABOVE		If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	
J Website: WWW.NAPAVALLEYCF.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1994 M State of legal domicile: CA	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO MOBILIZE RESOURCES, PROMOTE PHILANTHROPY AND PROVIDE LEADERSHIP ON VITAL ISSUES IN NAPA COUNTY.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	8
	6 Total number of volunteers (estimate if necessary)	6	19
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,665,428.	2,363,346.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	52,154.	42,839.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	388,348.	435,255.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,105,930.	2,841,440.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	2,689,857.	2,313,434.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	595,458.	641,182.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 183,780.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	321,880.	300,285.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,607,195.	3,254,901.
19 Revenue less expenses. Subtract line 18 from line 12	-501,265.	-413,461.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	18,547,283.	18,296,692.
	22 Net assets or fund balances. Subtract line 21 from line 20	4,392,115.	4,125,749.
		14,155,168.	14,170,943.

Part II Signature Block

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

Sign Here	▶ Signature of officer		Date
	TERENCE MULLIGAN, PRESIDENT		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	LYNN HENLEY		
Paid Preparer Use Only	Firm's name ▶ ARMANINO LLP	Firm's EIN ▶ 94-6214841	Check if self-employed <input type="checkbox"/> PTIN P00356034
	Firm's address ▶ 12667 ALCOSTA BOULEVARD, SUITE 500 SAN RAMON, CA 94583-4427	Phone no. 925-790-2600	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: 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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 2,777,904. including grants of \$ 2,313,434.) (Revenue \$ 42,839.) PROVIDED GRANTS TO OVER 100 ORGANIZATIONS COVERING A VARIETY OF CHARITABLE PURPOSES INCLUDING YOUTH, HEALTH, FAMILY SERVICES, LEGAL IMMIGRATION SERVICES, FOOD, SHELTER, AND OTHER HUMANITARIAN EFFORTS, EDUCATION, RELIGION, AND THE ARTS. ENGAGED IN COMMUNITY LEADERSHIP ACTIVITIES, INCLUDING CONVENING STAKEHOLDERS, NON-PROFIT AND LOCAL LEADERS ON IMPORTANT ISSUES FOR NAPA COUNTY.

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 2,777,904.

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 <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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, for escrow or custodial account liability; 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	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
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</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, Parts II and IV</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, Parts III and IV</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
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, 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	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24b			
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d			
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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
25b			X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28a			X
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
28b			X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c			X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
29		X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
30			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
31			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
32			X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
33			X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
34		X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
35a		X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
35b			X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36			X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
37			X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	
38		X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O response

Main table with columns for question ID, question text, and Yes/No response boxes. Includes questions 1a through 14b regarding Form 1096, Form W-2G, backup withholding, Form W-3, foreign accounts, prohibited transactions, and charitable trusts.

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

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (14), 1b (14), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVE GAW CHAIR	1.00	X		X				0.	0.	0.
(2) MELISSA RODEZNO CO-VICE CHAIR	1.00	X		X				0.	0.	0.
(3) PATRICK GLEESON CO-VICE CHAIR	1.00	X		X				0.	0.	0.
(4) RICHARD MEESE TREASURER	1.00	X		X				0.	0.	0.
(5) MARIA CISNEROS SECRETARY	1.00	X		X				0.	0.	0.
(6) KRIS JAEGER DIRECTOR	1.00	X						0.	0.	0.
(7) JOE CARRILLO, MD DIRECTOR	1.00	X						0.	0.	0.
(8) RICK JONES DIRECTOR	1.00	X						0.	0.	0.
(9) CARRY THACHER DIRECTOR	1.00	X						0.	0.	0.
(10) MARY ANNE CLEARY DIRECTOR	1.00	X						0.	0.	0.
(11) DELL COATS DIRECTOR	1.00	X						0.	0.	0.
(12) KENT IMRIE DIRECTOR	1.00	X						0.	0.	0.
(13) BLAIR LAMBERT DIRECTOR	1.00	X						0.	0.	0.
(14) IAIN SILVERTHORNE DIRECTOR	1.00	X						0.	0.	0.
(15) TERENCE MULLIGAN PRESIDENT	40.00			X				202,720.	0.	20,860.
(16) MARIA TOFLE VP OF PHILANTHROPIC SERVIC	40.00				X			105,616.	0.	5,136.

Part VIII Statement of Revenue

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

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	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	180,784.			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,182,562.			
	g Noncash contributions included in lines 1a-1f: \$		115,066.			
	h Total. Add lines 1a-1f		2,363,346.			
	Program Service Revenue	2 a ADMINISTRATIVE FEE INCOME	Business Code 525920	42,839.	42,839.	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			42,839.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		339,736.		339,736.	
	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	5,422,022.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	5,326,503.			
		c Gain or (loss)	95,519.			
	d Net gain or (loss)		95,519.		95,519.	
	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				
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a						
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions.		2,841,440.	42,839.	0.	435,255.	

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).

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

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 United States. See Part IV, line 21	2,313,434.	2,313,434.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	201,545.	80,619.	60,463.	60,463.
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	338,643.	164,181.	134,824.	39,638.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	15,983.	7,310.	5,804.	2,869.
9 Other employee benefits	45,852.	21,271.	12,812.	11,769.
10 Payroll taxes	39,159.	17,746.	14,157.	7,256.
11 Fees for services (non-employees):				
a Management				
b Legal	4,836.		444.	4,392.
c Accounting	26,050.		26,050.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	45,925.	45,925.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	24,886.	24,886.		
12 Advertising and promotion				
13 Office expenses	23,240.	10,452.	8,310.	4,478.
14 Information technology	50,166.	22,575.	17,976.	9,615.
15 Royalties				
16 Occupancy	44,449.	44,449.		
17 Travel	1,831.	1,387.		444.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	41,393.	13,238.	5,210.	22,945.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	923.	419.	328.	176.
23 Insurance	2,667.	1,200.	956.	511.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MARKETING	17,350.			17,350.
b DUES & SUBSCRIPTIONS	9,778.	4,400.	3,504.	1,874.
c STAFF TRAINING & RCTMNT	6,712.	4,333.	2,379.	
d OTHER	79.	79.		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	3,254,901.	2,777,904.	293,217.	183,780.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	0.	1	1.	1
	2 Savings and temporary cash investments	403,017.	2	300,581.	
	3 Pledges and grants receivable, net	1,584,183.	3	134,306.	
	4 Accounts receivable, net	65,666.	4	14,129.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	73,333.	5	66,666.	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net	0.	7	0.	
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 45,618.			
	b Less: accumulated depreciation	10b 39,556.	6,985.	10c	6,062.
	11 Investments - publicly traded securities	15,185,666.	11	17,079,366.	
	12 Investments - other securities. See Part IV, line 11	786,337.	12	494,093.	
	13 Investments - program-related. See Part IV, line 11	179,400.	13	23,920.	
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	262,696.	15	177,568.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	18,547,283.	16	18,296,692.		
Liabilities	17 Accounts payable and accrued expenses	35,557.	17	58,866.	
	18 Grants payable	664,070.	18	334,372.	
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	3,692,488.	21	3,732,511.	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25		
	26 Total liabilities. Add lines 17 through 25	4,392,115.	26	4,125,749.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	8,836,781.	27	8,335,406.	
	28 Temporarily restricted net assets	382,800.	28	733,282.	
	29 Permanently restricted net assets	4,935,587.	29	5,102,255.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	14,155,168.	33	14,170,943.		
34 Total liabilities and net assets/fund balances	18,547,283.	34	18,296,692.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,841,440.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,254,901.
3	Revenue less expenses. Subtract line 2 from line 1	3	-413,461.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14,155,168.
5	Net unrealized gains (losses) on investments	5	429,236.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	14,170,943.

Part XII Financial Statements and Reporting

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

		Yes	No
1	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.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? 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		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2594284.	1917817.	4704537.	2665428.	2363346.	14245412.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2594284.	1917817.	4704537.	2665428.	2363346.	14245412.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2688681.
6 Public support. Subtract line 5 from line 4.						11556731.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	2594284.	1917817.	4704537.	2665428.	2363346.	14245412.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	236,922.	269,796.	339,033.	331,545.	339,736.	1517032.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						15762444.
12 Gross receipts from related activities, etc. (see instructions)					12	257,052.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	73.32	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	76.59	%
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. 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 - 2011. 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 C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2012

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

Open to Public Inspection

▶ **See separate instructions.**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2012

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	11,480.													
c	Total lobbying expenditures (add lines 1a and 1b)	11,480.													
d	Other exempt purpose expenditures	2,766,424.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	2,777,904.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	288,895.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	72,224.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount				288,895.	288,895.
b Lobbying ceiling amount (150% of line 2a, column(e))					433,343.
c Total lobbying expenditures				11,480.	11,480.
d Grassroots nontaxable amount				72,224.	72,224.
e Grassroots ceiling amount (150% of line 2d, column (e))					108,336.
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2012

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	47	14
2 Aggregate contributions to (during year)	1,605,669.	7,755.
3 Aggregate grants from (during year)	1,386,300.	59,450.
4 Aggregate value at end of year	6,996,708.	2,160,327.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____

- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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	5,158,988.	4,023,894.	2,659,042.	2,870,698.	3,084,037.
b Contributions	236,516.	1,182,451.	1,061,436.	-563,808.	156,274.
c Net investment earnings, gains, and losses	244,562.	67,511.	363,106.	396,098.	-297,369.
d Grants or scholarships					
e Other expenditures for facilities and programs	227,422.	114,868.	59,690.	43,946.	72,244.
f Administrative expenses					
g End of year balance	5,412,644.	5,158,988.	4,023,894.	2,659,042.	2,870,698.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment %
 - b Permanent endowment 94.27 %
 - c Temporarily restricted endowment 5.73 %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

- 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

Description of property	(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		18,362.	12,300.	6,062.
e Other		27,256.	27,256.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				6,062.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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 XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

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

1	Total expenses and losses per audited financial statements		1	
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 XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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 XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII 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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 2B: AS OF JUNE 30, 2013, THE FOUNDATION MAINTAINED A TOTAL OF \$3,732,511 FOR OTHER NONPROFIT ORGANIZATIONS IN WHICH THE ORGANIZATIONS TRANSFERRED ASSETS TO THE FOUNDATION AND NAMED THEMSELVES AS BENEFICIARIES.

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

Part XIII Supplemental Information (continued)

NEEDS THROUGHOUT NAPA COUNTY.

PART X, LINE 2: THE FOUNDATION IS A TAX-EXEMPT FOUNDATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE FOUNDATION IS ALSO EXEMPT FROM STATE INCOME TAXES UNDER PROVISIONS OF THE CALIFORNIA REVENUE AND TAXATION CODE. ACCORDINGLY, THE CONSOLIDATED FINANCIAL STATEMENTS CONTAIN NO PROVISION FOR INCOME TAXES.

THE FOUNDATION EVALUATES ITS TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN TO DETERMINE WHETHER THE TAX POSITIONS ARE "MORE-LIKELY-THAN-NOT" OF BEING SUSTAINED BY THE APPLICABLE TAX AUTHORITY. TAX POSITIONS NOT DEEMED TO MEET THE "MORE-LIKELY-THAN-NOT" THRESHOLD ARE RECORDED AS AN EXPENSE IN THE APPLICABLE YEAR. AS OF JUNE 30, 2013, THE FOUNDATION 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" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.**

OMB No. 1545-0047

2012

**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. Part II can be duplicated if additional space is needed.

1 (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
AG4YOUTH - UPVALLEY RANCHERS INC. P. O. BOX 2494 YOUNTVILLE, CA 94599	36-4716996	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
AG4YOUTH - UPVALLEY RANCHERS INC. P. O. BOX 2494 YOUNTVILLE, CA 94599	36-4716996	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT AND SUPPORT OF THE MEAT PROGRAM
AGSAFE P.O. BOX 1011 MODESTO, CA 95353	68-0259724	501(C)(3)	10,000.	0.			FOR THE NVG FARMWORKER FOUNDATION, A FISCAL SPONSEE OF AGSAFE
ALDEA, INC. P.O. BOX 841 NAPA, CA 94559	94-2159248	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
AMERICAN CANYON HIGH SCHOOL 3000 NEWELL DRIVE AMERICAN CANYON, CA 94503		03 - PUBLI	9,375.	0.			FOR THE PURCHASE OF SHEET MUSIC FOR THE CHORAL PROGRAM
AMERICAN CANYON HIGH SCHOOL 3000 NEWELL DRIVE AMERICAN CANYON, CA 94503		03 - PUBLI	9,375.	0.			FOR THE PURCHASE OF AN EQUIPMENT TRAILER FOR INSTRUMENTS FOR THE INSTRUMENTAL MUSIC

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **60.**

3 Enter total number of other organizations listed in the line 1 table **9.**

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

Schedule I (Form 990) (2012)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II 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
AMERICAN CANYON MIDDLE SCHOOL 300 BENTON WAY AMERICAN CANYON, CA 94503		03 - PUBLI	8,770.	0.			FOR THE PURCHASE OF INSTRUMENTS, CASES AND SHEET MUSIC FOR THE 6TH, 7TH AND 8TH GRADE BAND,
BLUE OAK SCHOOL 1436 POLK STREET NAPA, CA 94559	95-4803542	501(C)(3)	5,000.	0.			FOR THE 2012/2013 HEAD OF SCHOOL DISCRETIONARY FUND
BLUE OAK SCHOOL 1436 POLK STREET NAPA, CA 94559	95-4803542	501(C)(3)	10,000.	0.			TO UNDERWRITE THE 2013 AUCTION
BLUE OAK SCHOOL 1436 POLK STREET NAPA, CA 94559	95-4803542	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT FOR THE 2012/2013 SCHOOL YEAR
BLUE OAK SCHOOL 1436 POLK STREET NAPA, CA 94559	95-4803542	501(C)(3)	25,000.	0.			FOR THE 2012/2013 ANNUAL FUND/GENERAL OPERATING FUND, PLUS AN ADDITIONAL \$10,000.00 IF THE SCHOOL
BOYS & GIRLS CLUBS OF ST. HELENA AND CALISTOGA - 1420 TAINTER STREET - ST. HELENA, CA 94574	68-0226714	501(C)(3)	7,000.	0.			FOR THE ST. HELENA YOUTH DIVERSION/INTERVENTION PROGRAM
BOYS & GIRLS CLUBS OF ST. HELENA AND CALISTOGA - 1420 TAINTER STREET - ST. HELENA, CA 94574	68-0226714	501(C)(3)	8,000.	0.			FOR THE CALISTOGA YOUTH DIVERSION/INTERVENTION PROGRAM
BOYS AND GIRLS CLUBS OF NAPA VALLEY - 1515 PUEBLO AVENUE - NAPA, CA 94558	94-6033413	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
CALISTOGA FAMILY CENTER INC. 1500 CEDAR ST. CALISTOGA, CA 94515	80-0023012	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT

Schedule I (Form 990)

Part II 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 INC. 1500 CEDAR ST. CALISTOGA, CA 94515	80-0023012	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
CALISTOGA FAMILY CENTER INC. 1500 CEDAR ST. CALISTOGA, CA 94515	80-0023012	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
CALISTOGA FAMILY CENTER INC. 1500 CEDAR ST. CALISTOGA, CA 94515	80-0023012	501(C)(3)	8,000.	0.			FOR THE CALISTOGA STUDENT ASSISTANCE PROGRAM
CALISTOGA FAMILY CENTER INC. 1500 CEDAR ST. CALISTOGA, CA 94515	80-0023012	501(C)(3)	15,500.	0.			FOR GENERAL SUPPORT
CALISTOGA JOINT UNIFIED SCHOOL DISTRICT - 1520 LAKE STREET - CALISTOGA, CA 94515		03 - PUBLI	9,979.	0.			FOR THE PURCHASE OF A TUBA, TROMBONE AND PLASTIC TROMBONES FOR USE BY THE 4TH GRADE, 5TH
CALISTOGA JUNIOR & SENIOR HIGH SCHOOL - 1608 LAKE STREET - CALISTOGA, CA 94515		03 - PUBLI	10,000.	0.			FOR THE 2012 KENT AND FRANCES INGALLS SCHOLARSHIP AWARD AT CALISTOGA JUNIOR & SENIOR
CALISTOGA JUNIOR & SENIOR HIGH SCHOOL - 1608 LAKE STREET - CALISTOGA, CA 94515		03 - PUBLI	10,000.	0.			FOR THE 2013 KENT AND FRANCES INGALLS SCHOLARSHIP AWARD AT AT CALISTOGA JUNIOR & SENIOR
CALISTOGA VITALITY GROUP, INC. P.O. BOX 890 CALISTOGA, CA 94515	33-1154562	501(C)(3)	40,000.	0.			FOR FISCAL SPONSORSHIP OF FRIENDS OF PIONEER PARK (FPP), FOR SUPPORT OF FPP'S GAZEBO PROJECT
CASA, A VOICE FOR CHILDREN 1804 SOSCOL AVENUE, SUITE 203 NAPA, CA 94559	20-3594007	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT

Schedule I (Form 990)

Part II 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
CHALLENGED ATHLETES INC. 9591 WAPLES ST. SAN DIEGO, CA 92121	33-0739596	501(C)(3)	5,000.	0.			FOR SUPPORT OF "OPERATION REBOUND"
CHILD START, INC. 439 DEVLIN ROAD NAPA, CA 94558	68-0442009	501(C)(3)	5,000.	0.			FOR SUPPORT OF THE RAISING A READER PROGRAM IN NAPA COUNTY, TO BE COUNTED AS FUTURE
CHILD START, INC. 439 DEVLIN ROAD NAPA, CA 94558	68-0442009	501(C)(3)	5,000.	0.			FOR SUPPORT OF THE RAISING A READER PROGRAM IN NAPA COUNTY, TO BE COUNTED AS FUTURE
CHILD START, INC. 439 DEVLIN ROAD NAPA, CA 94558	68-0442009	501(C)(3)	22,000.	0.			FOR SUPPORT OF THE RASING A READER PROGRAM IN NAPA COUNTY
CINEMA NAPA VALLEY DBA NAPA VALLEY FILM FESTIVAL - PO BOX 10994 - NAPA, CA 94581	27-1064967	501(C)(3)	5,000.	0.			FOR SUPPORT OF PROGRAMS IN THE AREAS OF EDUCATION AND OUTREACH FOR THE 2013-2014 FESTIVAL YEAR
CINEMA NAPA VALLEY DBA NAPA VALLEY FILM FESTIVAL - PO BOX 10994 - NAPA, CA 94581	27-1064967	501(C)(3)	7,200.	0.			FOR PRODUCER FEES, TRAVEL AND MATERIALS FOR THE "RISING FROM ASHES" STUDENT SCREENINGS
CITY OF NAPA PARKS AND RECREATION SERVICES DEPARTMENT - 1100 WEST STREET - NAPA, CA 94559		02 - GOVER	17,700.	0.			FOR THE PURCHASE OF MATERIALS TO INSTALL NEW TRAILS AND ACQUIRE TEN PARK BENCHES
COMMUNITY ACTION OF 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, TO BE USED AS A MATCHING GRANT TO ATTRACT OTHER DONORS
COMMUNITY ACTION OF NAPA VALLEY 2310 LAUREL STREET, SUITE 1 NAPA, CA 94559	94-1610851	501(C)(3)	10,000.	0.			FOR THE SENIOR NUTRITION PROGRAM

Part II 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 HEALTH CLINIC OLE 1141 PEAR TREE LANE, SUITE 100 NAPA, CA 94558	23-7221695	501(C)(3)	5,000.	0.			FOR THE PEDIATRIC INITIATIVE IN FURTHERANCE OF THE CONTINUING WORK OF DR. RICHARD PASTCAN
COMMUNITY HEALTH CLINIC OLE 1141 PEAR TREE LANE, SUITE 100 NAPA, CA 94558	23-7221695	501(C)(3)	5,000.	0.			FOR GENERAL SUPPPORT
CONGREGATION BETH SHALOM 1455 ELM STREET NAPA, CA 94559	23-7296339	01 - CHURC	5,000.	0.			FOR THE YOUNG MENSCH SCHOLARSHIP FUND
CONGREGATION BETH SHALOM 1455 ELM STREET NAPA, CA 94559	23-7296339	01 - CHURC	5,000.	0.			FOR THE YOUNG MENSCH SCHOLARSHIP FUND
CONGREGATION BETH SHALOM 1455 ELM STREET NAPA, CA 94559	23-7296339	01 - CHURC	5,000.	0.			FOR THE RABBINIC SERVICES FUND
COPE FAMILY CENTER 1340 FOURTH STREET NAPA, CA 94559	94-2322399	501(C)(3)	15,000.	0.			FOR THE BANK ON NAPA VALLEY (BONV) COLLABORATIVE, A FISCAL SPONSEE OF COPE FAMILY
COPE FAMILY CENTER 1340 FOURTH STREET NAPA, CA 94559	94-2322399	501(C)(3)	20,000.	0.			FOR THE BANK ON NAPA VALLEY (BONV) COLLABORATIVE, A FISCAL SPONSEE OF COPE FAMILY
CYBERMILL, INC. 3299 CLAREMONT WAY, SUITE 4 NAPA, CA 94558	94-3337533	501(C)(3)	14,000.	0.			FOR GENERAL SUPPORT
CYBERMILL, INC. 3299 CLAREMONT WAY, SUITE 4 NAPA, CA 94558	94-3337533	501(C)(3)	14,000.	0.			FOR GENERAL SUPPORT

Part II 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
CYBERMILL, INC. 3299 CLAREMONT WAY, SUITE 4 NAPA, CA 94558	94-3337533	501(C)(3)	14,000.	0.			FOR GENERAL SUPPORT
DEVELOPING COMMUNITIES INCORPORATED - 1156 MAIN ST. - ST. HELENA, CA 94574	20-0764127	501(C)(3)	5,000.	0.			FOR SUPPORT OF EDUCATION PROGRAMS
FAMILY SERVICE OF THE NORTH BAY DBA FAMILY SERVICE OF NAPA VALLEY - 709 FRANKLIN STREET - NAPA, CA 94559	94-1236934	501(C)(3)	6,900.	0.			FOR GENERAL SUPPORT
FAMILY SERVICE OF THE NORTH BAY DBA FAMILY SERVICE OF NAPA VALLEY - 709 FRANKLIN STREET - NAPA, CA 94559	94-1236934	501(C)(3)	8,000.	0.			FOR MENTAL HEALTH COUNSELING FOR STUDENTS AT CALISTOGA JUNIOR AND SENIOR HIGH SCHOOL AND
FAMILY SERVICE OF THE NORTH BAY DBA FAMILY SERVICE OF NAPA VALLEY - 709 FRANKLIN STREET - NAPA, CA 94559	94-1236934	501(C)(3)	10,000.	0.			FOR MENTAL HEALTH SERVICES FOR STUDENTS AT CALISTOGA JR./SR. HIGH AND PALISADES
FAMILY SERVICE OF THE NORTH BAY DBA FAMILY SERVICE OF NAPA VALLEY - 709 FRANKLIN STREET - NAPA, CA 94559	94-1236934	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH OF NAPA 1333 THIRD STREET NAPA, CA 94559		01 - CHURC	5,000.	0.			FOR THE TABLE PROGRAM, A FISCAL SPONSEE OF THE FIRST PRESBYTERIAN CHURCH OF NAPA
FRIENDS OF NEW TECHNOLOGY HIGH SCHOOL - 920 YOUNT STREET - NAPA, CA 94559	27-0979431	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
FRIENDS OF THE CAMEO 1340 MAIN ST. ST. HELENA, CA 94574	46-1415228	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT

Part II 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
FRIENDS OF THE CAMEO 1340 MAIN ST. ST. HELENA, CA 94574	46-1415228	501(C)(3)	5,000.	0.			FOR SUPPORT OF THE CAPITAL CAMPAIGN TO REMODEL THE THEATER
GRACE ACADEMY 3765 SOLANO AVE. NAPA, CA 94558	23-7169732	501(C)(3)	50,000.	0.			FOR GENERAL SUPPORT
GRACE CHURCH OF NAPA VALLEY 3765 SOLANO AVE NAPA, CA 94558	23-7169732	01 - CHURC	5,000.	0.			FOR SUPPORT OF HELP IN UGANDA
GRACE CHURCH OF NAPA VALLEY 3765 SOLANO AVE NAPA, CA 94558	23-7169732	01 - CHURC	20,000.	0.			FOR THE BENEVOLENCE FUND
GRACE CHURCH OF NAPA VALLEY 3765 SOLANO AVE NAPA, CA 94558	23-7169732	01 - CHURC	30,000.	0.			FOR THE GENERAL FUND
GRACE CHURCH OF NAPA VALLEY 3765 SOLANO AVE NAPA, CA 94558	23-7169732	01 - CHURC	100,000.	0.			FOR SUPPORT OF THE MINISTRY CENTER
GRACE CHURCH OF NAPA VALLEY 3765 SOLANO AVE NAPA, CA 94558	23-7169732	01 - CHURC	100,000.	0.			FOR SUPPORT OF THE GRACE ACADEMY PRESCHOOL
GUNILDA RIANDA SENIOR CENTER 1475 MAIN STREET ST. HELENA, CA 94574	20-2411077	501(C)(3)	10,000.	0.			FOR SUPPORT OF THE RIANDA HOUSE'S HEALTHY MINDS, HEALTHY BODIES PROGRAM
HARVEST MIDDLE SCHOOL 2449 OLD SONOMA RD. NAPA, CA 94558		03 - PUBLI	5,050.	0.			FOR THE PURCHASE OF INSTRUMENTS AND MUSIC STANDS

Part II 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
HOUSING AND ECONOMIC RIGHTS ADVOCATES - P.O. BOX 29435 - OAKLAND, CA 94604	20-2573758	501(C)(3)	20,000.	0.			FOR FORECLOSURE INTERVENTION AND PREVENTION SERVICES IN NAPA COUNTY
HOUSING AND ECONOMIC RIGHTS ADVOCATES - P.O. BOX 29435 - OAKLAND, CA 94604	20-2573758	501(C)(3)	35,000.	0.			FOR FORECLOSURE INTERVENTION AND PREVENTION SERVICES IN NAPA COUNTY
HUMANE SOCIETY OF NAPA COUNTY P.O. BOX 695 NAPA, CA 94559	23-7315010	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT
INTERNATIONAL INSTITUTE OF THE BAY AREA - 657 MISSION ST., STE. 301 - SAN FRANCISCO, CA 94105	94-1156554	501(C)(3)	25,500.	0.			FOR SUPPORT OF THE NAPA VALLEY DACA COLLABORATIVE (LED BY LEGAL AID OF NAPA VALLEY) TO PROVIDE DACA
INTERNATIONAL INSTITUTE OF THE BAY AREA - 657 MISSION ST., STE. 301 - SAN FRANCISCO, CA 94105	94-1156554	501(C)(3)	160,462.	0.			FOR PARTICIPATION IN THE NAPA VALLEY NATURALIZATION COLLABORATIVE
LEGAL AID OF NAPA VALLEY 1001 SECOND ST., SUITE 225 NAPA, CA 94559	94-1649624	501(C)(3)	25,000.	0.			FOR PARTICIPATION IN THE NAPA VALLEY NATURALIZATION COLLABORATIVE
LEGAL AID OF NAPA VALLEY 1001 SECOND ST., SUITE 225 NAPA, CA 94559	94-1649624	501(C)(3)	35,000.	0.			FOR SUPPORT OF THE NAPA VALLEY DACA COLLABORATIVE, A FISCAL SPONSOR OF LEGAL AID OF
LUCKY PENNY PRODUCTIONS 1357 FOSTER ROAD NAPA, CA 94558	45-4298545	501(C)(3)	5,500.	0.			FOR SUPPORT OF THE "FUNNY GIRL" PRODUCTION IN MAY 2013
NAPA BAND BOOSTERS CLUB PO BOX 2133 NAPA, CA 94558	94-6102864	501(C)(3)	8,000.	0.			FOR THE PURCHASE OF INSTRUMENTS AND MUSIC CASES

Part II 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 HISPANIC NETWORK P.O. BOX 6227 NAPA, CA 94581	68-0220885	501(C)(3)	5,000.	0.			FOR TWO \$2,500.00 SCHOLARSHIPS FOR 2012 RECIPIENTS
NAPA COUNTY HISPANIC NETWORK P.O. BOX 6227 NAPA, CA 94581	68-0220885	501(C)(3)	5,000.	0.			FOR THE SCHOLARSHIP PROGRAM
NAPA COUNTY LAND TRUST DBA LAND TRUST OF NAPA COUNTY - 1700 SOSCOL AVENUE, SUITE 20 - NAPA, CA 94559	94-2315096	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
NAPA COUNTY PROBATION DEPARTMENT 1125 THIRD STREET, 2ND FLOOR NAPA, CA 94559		02 - GOVER	5,000.	0.			FOR SUPPORT OF THE EVENING REPORTING CENTER (ERC)
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
NAPA EMERGENCY WOMEN'S SERVICES 1141 PEAR TREE LANE, SUITE 220 NAPA, CA 94559	94-2745889	501(C)(3)	35,000.	0.			FOR GENERAL SUPPORT
NAPA HIGH ATHLETIC BOOSTERS PO BOX 844 NAPA, CA 94559	68-0209702	501(C)(3)	5,000.	0.			FOR THE "BLEACHER BUMS" CAMPAIGN FOR RENOVATIONS TO THE NAPA HIGH SCHOOL BASEBALL FIELD
NAPA VALLEY COMMUNITY HOUSING 5 FINANCIAL PLAZA, SUITE 200 NAPA, CA 94558	94-2442233	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
NAPA VALLEY FESTIVAL ASSOCIATION 1556 FIRST STREET, SUITE 103A NAPA, CA 94559	26-4008029	501(C)(3)	50,000.	0.			FOR SUPPORT OF THE 2013 FESTIVAL DEL SOLE

Part II 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 HOSPICE & ADULT DAY SERVICES - 414 SOUTH JEFFERSON STREET - NAPA, CA 94559	68-0393144	501(C)(3)	5,000.	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 SUPPORT OF THE ADULT DAY SERVICES PROGRAM
NAPA VALLEY HOSPICE & ADULT DAY SERVICES - 414 SOUTH JEFFERSON STREET - NAPA, CA 94559	68-0393144	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT
NAPA VALLEY LANGUAGE ACADEMY 2700 KILBURN AVE. NAPA, CA 94559	94-3314527	03 - PUBLI	6,000.	0.			FOR SUPPORT OF THE PACENT MATH PROGRAM
NAPA VALLEY LANGUAGE ACADEMY 2700 KILBURN AVE. NAPA, CA 94559	94-3314527	03 - PUBLI	10,000.	0.			FOR THE PURCHASE OF INSTRUMENTS, MUSIC STANDS, MUSIC BOOKS AND INSTRUMENT SUPPLIES
NAPA VALLEY UNIFIED EDUCATIONAL FOUNDATION - 2425 JEFFERSON STREET - NAPA, CA 94558	68-0005743	501(C)(3)	5,000.	0.			FOR SUPPORT OF 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 PURCHASE OF INSTRUMENTS FOR THE MUSIC CONNECTION PROGRAM
NAPA VALLEY VINE TRAIL COALITION P.O. BOX 93 ST. HELENA, CA 94574	26-3426758	501(C)(3)	187,593.	0.			FOR THE CALISTOGA SECTION OF THE VINE TRAIL
NAPA VALLEY YOUTH ADVOCACY CENTER PO BOX 268 ANGWIN, CA 94508	13-4293407	501(C)(3)	5,000.	0.			FOR THE CULINARY PROGRAM FOR 7-9 TEENS TO COOK AND DELIVER MONTHLY MEALS TO THE PATHWAY HOME (TPH)

Schedule I (Form 990)

Part II 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
NAPALEARNS THE NAPA VALLEY PARTNERSHIP FOR 21ST CENTURY EDUCATION - P.O. BOX 7057 - NAPA, CA 94558	27-2705006	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT
ON THE MOVE 780 LINCOLN AVE. NAPA, CA 94558	75-3149095	501(C)(3)	5,000.	0.			FOR THE MCPHERSON NEIGHBORHOOD INITIATIVE
ON THE MOVE 780 LINCOLN AVE. NAPA, CA 94558	75-3149095	501(C)(3)	5,000.	0.			FOR SUPPORT OF THE V.O.I.C.E.S. PROGRAM, TO BE USED AS A MATCHING GRANT TO ATTRACT OTHER
ON THE MOVE 780 LINCOLN AVE. NAPA, CA 94558	75-3149095	501(C)(3)	8,000.	0.			FOR EMPLOYMENT OPPORTUNITIES FOR LOW-INCOME, HIGH-RISK YOUTH IN ST. HELENA
ON THE MOVE 780 LINCOLN AVE. NAPA, CA 94558	75-3149095	501(C)(3)	8,000.	0.			FOR EMPLOYMENT OPPORTUNITIES FOR LOW-INCOME, HIGH-RISK YOUTH IN CALISTOGA
ON THE MOVE 780 LINCOLN AVE. NAPA, CA 94558	75-3149095	501(C)(3)	10,000.	0.			FOR THE SCHOLARSHIP PROGRAM OPEN TO VOICES AND MCPHERSON NEIGHBORHOOD YOUTH
ON THE MOVE 780 LINCOLN AVE. NAPA, CA 94558	75-3149095	501(C)(3)	15,000.	0.			FOR FISCAL SPONSORSHIP OF THE NAPA VALLEY LGBTQ PROJECT
ON THE MOVE 780 LINCOLN AVE. NAPA, CA 94558	75-3149095	501(C)(3)	19,500.	0.			FOR SUPPORT OF THE YOUTH LEADERSHIP ACADEMIES PROGRAM THROUGH SEPTEMBER 2013
ON THE MOVE 780 LINCOLN AVE. NAPA, CA 94558	75-3149095	501(C)(3)	64,538.	0.			FOR PARTICIPATION IN THE NAPA VALLEY NATURALIZATION COLLABORATIVE

Schedule I (Form 990)

Part II 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, THE 530 THIRD STREET NAPA, CA 94559	94-3265708	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
PITZER COLLEGE OFFICE OF COLLEGE ADVANCEMENT CLAREMONT, CA 91711	95-2261113	501(C)(3)	5,000.	0.			FOR SUPPORT OF THE FERRE/MARQUET VACCINE RESEARCH CENTER
PLANNED PARENTHOOD SHASTA-DIABLO DBA PLANNED PARENTHOOD SHASTA PACIFIC - 2185 PACHECO ST. - CONCORD, CA 94520	94-1575233	501(C)(3)	25,000.	0.			FOR SUPPORT OF PLANNED PARENTHOOD'S NAPA COUNTY CLINICS AND PROGRAMS
REGENTS OF THE UNIVERSITY OF CALIFORNIA - GRADUATE SCHOOL OF MANAGEMENT - DAVIS, CA 95616	94-6036494	501(C)(3)	5,000.	0.			FOR SUPPORT OF THE CALIFORNIA WINE INDUSTRY MANAGEMENT EDUCATION AWARD
SALVADOR ELEMENTARY SCHOOL 1850 SALVADOR AVE NAPA, CA 94558		03 - PUBLI	5,000.	0.			FOR THE PURCHASE OF UKULELES, WORLD MUSIC DRUMS AND MUSICAL SCORE FOR THE SCHOOL-WIDE
SHEARER CHARTER SCHOOL 1590 ELM ST. NAPA, CA 94559		03 - PUBLI	5,200.	0.			FOR THE PURCHASE OF INSTRUMENTS FOR RENTAL BY STUDENTS, AS WELL AS INSTRUMENT SUPPLIES AND
SOUTHERN WESLEYAN UNIVERSITY PO BOX 1020, BOX 1925 CENTRAL, SC 29630-1020	57-0324936	501(C)(3)	7,000.	0.			FOR SUPPORT OF THE DIGITAL PROGRAM AT THE FAITH CLAYTON GENEALOGY ROOM IN THE CLAUDE R.
SPIRIT OF UNITY IN NAPA DBA PUERTAS ABIERTAS COMMUNITY RESOURCE CENTER - P.O. BOX 3009 - NAPA, CA 94558	20-3126333	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
SPIRIT OF UNITY IN NAPA DBA PUERTAS ABIERTAS COMMUNITY RESOURCE CENTER - P.O. BOX 3009 - NAPA, CA 94558	20-3126333	501(C)(3)	25,000.	0.			FOR PARTICIPATION IN THE NAPA VALLEY NATURALIZATION COLLABORATIVE

Part II 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)	5,000.	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
ST. HELENA FAMILY CENTER 1440 SPRING STREET ST. HELENA, CA 94574	68-0362076	501(C)(3)	8,000.	0.			FOR THE CLARA (CHALLENGING LATINAS THROUGH AWARENESS, RESOURCES AND ACTIONS)
ST. HELENA FAMILY CENTER 1440 SPRING STREET ST. HELENA, CA 94574	68-0362076	501(C)(3)	10,000.	0.			FOR FISCAL SPONSORSHIP OF OUR TOWN ST. HELENA, TO SUPPORT AFFORDABLE HOUSING
ST. HELENA FAMILY CENTER 1440 SPRING STREET ST. HELENA, CA 94574	68-0362076	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT
ST. HELENA HOSPITAL FOUNDATION 10 WOODLAND ROAD ST. HELENA, CA 94574	20-1384250	501(C)(3)	5,000.	0.			FOR SUPPORT OF THE PRESIDENT'S FORUM
ST. HELENA HOSPITAL FOUNDATION 10 WOODLAND ROAD ST. HELENA, CA 94574	20-1384250	501(C)(3)	50,000.	0.			FOR SUPPORT OF THE MARTIN-O'NEIL CANCER CENTER
ST. JOHN THE BAPTIST CATHOLIC CHURCH - 960 CAYMUS STREET - NAPA, CA 94559	94-1002748	01 - CHURC	5,000.	0.			FOR GENERAL SUPPORT
ST. JOHN THE BAPTIST CATHOLIC SCHOOL - 983 NAPA STREET - NAPA, CA 94559	68-0078036	01 - CHURC	5,000.	0.			FOR GENERAL SUPPORT

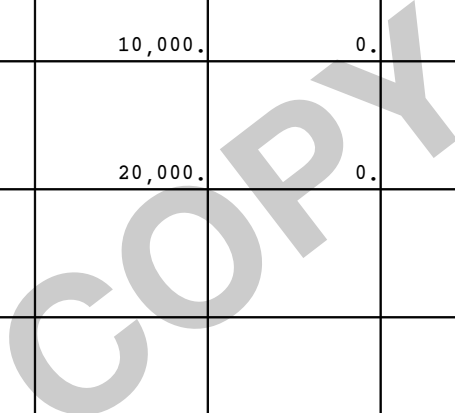
Schedule I (Form 990)

Part II 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)	6,000.	0.			FOR SUPPORT OF THE 2013 "WHERE CHANGE BEGINS" DINNER ON MAY 2, 2013
SUMMER SEARCH FOUNDATION NAPA-SONOMA - 159 H STREET - PETALUMA, CA 94952	68-0200138	501(C)(3)	6,350.	0.			TO PROVIDE STUDENTS FROM CALISTOGA HIGH SCHOOL WITH LONG-TERM MENTORING, PARTICIPATION IN TWO
SUMMER SEARCH FOUNDATION NAPA-SONOMA - 159 H STREET - PETALUMA, CA 94952	68-0200138	501(C)(3)	8,000.	0.			TO PROVIDE STUDENTS FROM ST. HELENA HIGH SCHOOL WITH LONG-TERM MENTORING, PARTICIPATION IN TWO
SUMMER SEARCH FOUNDATION NAPA-SONOMA - 159 H STREET - PETALUMA, CA 94952	68-0200138	501(C)(3)	15,000.	0.			FOR A CHALLENGE GRANT, TO SUPPORT SUMMER SEARCH'S NAPA COUNTY PROGRAMS
THE LIGHTHOUSE FOR THE BLIND AND VISUALLY IMPAIRED - 214 VAN NESS AVE - SAN FRANCISCO, CA 94102	94-1415317	501(C)(3)	15,000.	0.			FOR A FAMILY CAMP FOR 15 NAPA COUNTY BLIND OR LOW-SIGHTED YOUTH AND THEIR FAMILIES (60
TIDES CENTER P.O. BOX 29907 SAN FRANCISCO, CA 94129-0907	94-3213100	501(C)(3)	5,000.	0.			FOR THE PATHWAY HOME PROGRAM, A FISCAL SPONSEE OF TIDES CENTER
TIDES CENTER P.O. BOX 29907 SAN FRANCISCO, CA 94129-0907	94-3213100	501(C)(3)	25,000.	0.			FOR THE PATHWAY HOME PROGRAM, A FISCAL SPONSEE OF TIDES CENTER
VALLEY OAK HIGH SCHOOL 1600 MYRTLE STREET NAPA, CA 94558		03 - PUBLI	8,149.	0.			FOR THE PURCHASE OF DRUMS AND INSTRUCTION CDS FOR THE ONE WORLD PERCUSSION PROGRAM
VINTAGE HIGH SCHOOL 1375 TROWER AVENUE NAPA, CA 94558		03 - PUBLI	9,375.	0.			FOR THE PURCHASE OF EQUIPMENT FOR A KEYBOARD LAB FOR THE CHORAL PROGRAM

Part II 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
VINTAGE HIGH SCHOOL 1375 TROWER AVENUE NAPA, CA 94558		03 - PUBLI	9,375.	0.			FOR THE PURCHASE OF INSTRUMENTS FOR THE INSTRUMENTAL MUSIC PROGRAM
VINTAGE HIGH SCHOOL 1375 TROWER AVENUE NAPA, CA 94558		03 - PUBLI	10,000.	0.			FOR TECHNOLOGY CAPITAL EXPENDITURES
VISUAL UNDERSTANDING IN EDUCATION INC. DBA VISUAL THINKING STRATEGIES - 109 SOUTH FIFTH STREET, SUITE 603 - BROOKLYN, NY	04-3299055	501(C)(3)	20,000.	0.			TO LAUNCH VTS AT EL CENTRO ELEMENTARY SCHOOL, SUPPORT FURTHER IMPLEMENTATION OF VTS AT



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.
Part III can be duplicated 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, Part III, column (b), 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 WRITTEN

Part IV Supplemental Information

GRANT REPORT WITHIN A YEAR OF RECEIVING FUNDS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN CANYON HIGH SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE PURCHASE OF AN EQUIPMENT
TRAILER FOR INSTRUMENTS FOR THE INSTRUMENTAL MUSIC PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN CANYON MIDDLE SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE PURCHASE OF INSTRUMENTS,
CASES AND SHEET MUSIC FOR THE 6TH, 7TH AND 8TH GRADE BAND, STRINGS AND
CHOIR

NAME OF ORGANIZATION OR GOVERNMENT: BLUE OAK SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE 2012/2013 ANNUAL
FUND/GENERAL OPERATING FUND, PLUS AN ADDITIONAL \$10,000.00 IF THE SCHOOL
MEETS THE 2012/2013 ANNUAL FUNDRAISING GOAL OF \$420,000.00 BY JUNE 30,
2013

NAME OF ORGANIZATION OR GOVERNMENT:

CALISTOGA JOINT UNIFIED SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE PURCHASE OF A TUBA, TROMBONE
AND PLASTIC TROMBONES FOR USE BY THE 4TH GRADE, 5TH GRADE, JUNIOR HIGH
AND HIGH SCHOOL BANDS

NAME OF ORGANIZATION OR GOVERNMENT: CALISTOGA JUNIOR & SENIOR HIGH SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE 2012 KENT AND FRANCES
INGALLS SCHOLARSHIP AWARD AT CALISTOGA JUNIOR & SENIOR HIGH SCHOOL

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CALISTOGA JUNIOR & SENIOR HIGH SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE 2013 KENT AND FRANCES

INGALLS SCHOLARSHIP AWARD AT AT CALISTOGA JUNIOR & SENIOR HIGH SCHOOL

NAME OF ORGANIZATION OR GOVERNMENT: CHILD START, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF THE RAISING A READER

PROGRAM IN NAPA COUNTY, TO BE COUNTED AS FUTURE MATCHING FUNDS FOR

POSSIBLE 2013 AUCTION NAPA VALLEY GRANTS

NAME OF ORGANIZATION OR GOVERNMENT: CHILD START, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF THE RAISING A READER

PROGRAM IN NAPA COUNTY, TO BE COUNTED AS FUTURE MATCHING FUNDS FOR

POSSIBLE 2013 AUCTION NAPA VALLEY GRANTS

NAME OF ORGANIZATION OR GOVERNMENT:

CINEMA NAPA VALLEY DBA NAPA VALLEY FILM FESTIVAL

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR PRODUCER FEES, TRAVEL AND

MATERIALS FOR THE "RISING FROM ASHES" STUDENT SCREENINGS NOVEMBER 7-11,

2012

NAME OF ORGANIZATION OR GOVERNMENT: COPE FAMILY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE BANK ON NAPA VALLEY (BONV)

COLLABORATIVE, A FISCAL SPONSEE OF COPE FAMILY CENTER

NAME OF ORGANIZATION OR GOVERNMENT: COPE FAMILY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE BANK ON NAPA VALLEY (BONV)

COLLABORATIVE, A FISCAL SPONSEE OF COPE FAMILY CENTER

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

FAMILY SERVICE OF THE NORTH BAY DBA FAMILY SERVICE OF NAPA VALLEY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR MENTAL HEALTH COUNSELING FOR

STUDENTS AT CALISTOGA JUNIOR AND SENIOR HIGH SCHOOL AND PALISADES

CONTINUATION HIGH SCHOOL

NAME OF ORGANIZATION OR GOVERNMENT:

FAMILY SERVICE OF THE NORTH BAY DBA FAMILY SERVICE OF NAPA VALLEY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR MENTAL HEALTH SERVICES FOR

STUDENTS AT CALISTOGA JR./SR. HIGH AND PALISADES CONTINUATION HIGH

SCHOOL, FOR THE 2012-13 SCHOOL YEAR

NAME OF ORGANIZATION OR GOVERNMENT:

INTERNATIONAL INSTITUTE OF THE BAY AREA

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF THE NAPA VALLEY DACA

COLLABORATIVE (LED BY LEGAL AID OF NAPA VALLEY) TO PROVIDE DACA SERVICES

THROUGH DECEMBER 31, 2013

NAME OF ORGANIZATION OR GOVERNMENT:

INTERNATIONAL INSTITUTE OF THE BAY AREA

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR PARTICIPATION IN THE NAPA VALLEY

NATURALIZATION COLLABORATIVE ("COLLABORATIVE") THAT IS PART OF THE

FOUNDATION'S THREE-YEAR ONE NAPA VALLEY INITIATIVE. THIS GRANT COVERS THE

PERIOD FROM JULY 1, 2013 THROUGH JUNE 30, 2014

NAME OF ORGANIZATION OR GOVERNMENT: LEGAL AID OF NAPA VALLEY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR PARTICIPATION IN THE NAPA VALLEY

NATURALIZATION COLLABORATIVE ("COLLABORATIVE") THAT IS PART OF THE

Part IV Supplemental Information

FOUNDATION'S THREE-YEAR ONE NAPA VALLEY INITIATIVE. THIS GRANT COVERS THE PERIOD FROM JULY 1, 2013 THROUGH JUNE 30, 2014.

NAME OF ORGANIZATION OR GOVERNMENT: LEGAL AID OF NAPA VALLEY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF THE NAPA VALLEY DACA COLLABORATIVE, A FISCAL SPONSEE OF LEGAL AID OF NAPA VALLEY, TO PILOT DACA WORK THROUGH EARLY NOVEMBER 2012

NAME OF ORGANIZATION OR GOVERNMENT: NAPA VALLEY YOUTH ADVOCACY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE CULINARY PROGRAM FOR 7-9 TEENS TO COOK AND DELIVER MONTHLY MEALS TO THE PATHWAY HOME (TPH) RESIDENTS, AND ATTEND TPH GRADUATIONS AND OTHER SOCIAL EVENTS

NAME OF ORGANIZATION OR GOVERNMENT: ON THE MOVE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF THE V.O.I.C.E.S. PROGRAM, TO BE USED AS A MATCHING GRANT TO ATTRACT OTHER DONORS

NAME OF ORGANIZATION OR GOVERNMENT: ON THE MOVE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR PARTICIPATION IN THE NAPA VALLEY NATURALIZATION COLLABORATIVE ("COLLABORATIVE") THAT IS PART OF THE FOUNDATION'S THREE-YEAR ONE NAPA VALLEY INITIATIVE. THIS GRANT COVERS THE PERIOD FROM JULY 1, 2013 THROUGH JUNE 30, 2014.

NAME OF ORGANIZATION OR GOVERNMENT: SALVADOR ELEMENTARY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE PURCHASE OF UKULELES, WORLD MUSIC DRUMS AND MUSICAL SCORE FOR THE SCHOOL-WIDE PRODUCTION OF "THE JUNGLE BOOK"

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: SHEARER CHARTER SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE PURCHASE OF INSTRUMENTS FOR RENTAL BY STUDENTS, AS WELL AS INSTRUMENT SUPPLIES AND MUSIC INSTRUCTION BOOKS FOR 4TH AND 5TH GRADE BAND AND 5TH GRADE STRINGS CLASSES

NAME OF ORGANIZATION OR GOVERNMENT: SOUTHERN WESLEYAN UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF THE DIGITAL PROGRAM AT THE FAITH CLAYTON GENEALOGY ROOM IN THE CLAUDE R. RICKMAN LIBRARY

NAME OF ORGANIZATION OR GOVERNMENT:

SPIRIT OF UNITY IN NAPA DBA PUERTAS ABIERTAS COMMUNITY RESOURCE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR PARTICIPATION IN THE NAPA VALLEY NATURALIZATION COLLABORATIVE ("COLLABORATIVE") THAT IS PART OF THE FOUNDATION'S THREE-YEAR ONE NAPA VALLEY INITIATIVE. THIS GRANT COVERS THE PERIOD FROM JULY 1, 2013 THROUGH JUNE 30, 2014.

NAME OF ORGANIZATION OR GOVERNMENT: ST. HELENA FAMILY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE CLARA (CHALLENGING LATINAS THROUGH AWARENESS, RESOURCES AND ACTIONS) YOUTH MENTORING PROGRAM FOR LATINA GIRLS IN ST. HELENA

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

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE STUDENTS FROM CALISTOGA HIGH SCHOOL WITH LONG-TERM MENTORING, PARTICIPATION IN TWO SUMMER EXPERIENTIAL EDUCATION PROGRAMS, COLLEGE ACCESS RESOURCES AND ALUMNI PROGRAM

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

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE STUDENTS FROM ST. HELENA HIGH SCHOOL WITH LONG-TERM MENTORING, PARTICIPATION IN TWO SUMMER EXPERIENTIAL EDUCATION PROGRAMS, COLLEGE ACCESS RESOURCES AND ALUMNI PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

THE LIGHTHOUSE FOR THE BLIND AND VISUALLY IMPAIRED

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR A FAMILY CAMP FOR 15 NAPA COUNTY BLIND OR LOW-SIGHTED YOUTH AND THEIR FAMILIES (60 PEOPLE) AT ENCHANTED HILLS CAMP

NAME OF ORGANIZATION OR GOVERNMENT:

VISUAL UNDERSTANDING IN EDUCATION INC. DBA VISUAL THINKING STRATEGIES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO LAUNCH VTS AT EL CENTRO ELEMENTARY SCHOOL, SUPPORT FURTHER IMPLEMENTATION OF VTS AT FIVE SCHOOLS, AND TRAIN NVUSD STAFF TO BE LEAD TEACHERS IN THE VTS METHOD, ALL FOR THE 2012-2013 SCHOOL YEAR

**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

2012

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>1a 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 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>	1b									
<p>2 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>	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 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>a Receive a severance payment or change-of-control payment?</p>	4a	X								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	X								
<p>c 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>	4c	X								
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p>										
<p>5 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>a The organization?</p>	5a	X								
<p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	5b	X								
<p>6 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>a The organization?</p>	6a	X								
<p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	6b	X								
<p>7 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>	7	X								
<p>8 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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	X								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) TERENCE MULLIGAN PRESIDENT	(i)	166,053.	36,667.	0.	6,000.	14,860.	223,580.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2012

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	3	115,066.	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 Acknowledgement **29**

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2012

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. A DRAFT OF THE FORM 990 SHOULD BE READY FOR REVIEW BY THE AC NO
LATER THAN TWO WEEKS PRIOR TO THE FILING DEADLINE. AFTER THE DRAFT OF THE
FORM 990 HAS BEEN OBTAINED BY THE AC, THEY WILL HAVE 7-10 DAYS 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. 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

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

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 FORM 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: MONITORING / ENFORCING THE CONFLICT OF INTEREST POLICY:

ONCE A YEAR OR AS NEEDED, BOARD AND ADVISORY COMMITTEE MEMBERS, FOUNDATION STAFF, VOLUNTEERS AND CONTRACTORS WILL COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT 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

Name of the organization COMMUNITY FOUNDATION OF THE NAPA VALLEY	Employer identification number 68-0349777
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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: PROCESS FOR REVIEWING COMPENSATION:

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 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.

Name of the organization COMMUNITY FOUNDATION OF THE NAPA VALLEY	Employer identification number 68-0349777
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* AT THIS BOARD MEETING, THE EC MAKES RECOMMENDATIONS FOR SALARY ADJUSTMENTS, 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.

* 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 19: AS A COMMUNITY CORPORATION, WE ARE ACCOUNTABLE TO THE PUBLIC. THE FOLLOWING ORGANIZATIONAL AND FINANCIAL

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

* AUDITED FINANCIAL STATEMENTS

* FORM 990'S - 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.

THE PUBLIC INSPECTION COPY OF THE FORM 990 WILL NOT INCLUDE THE SCHEDULE OF CONTRIBUTORS (SCHEDULE B).

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.

Name of the organization

COMMUNITY FOUNDATION OF THE NAPA VALLEY

Employer identification number
68-0349777

FORM 990, PART XII, LINE 2C: THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

COPY

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 (if applicable) 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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
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		X

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, 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
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related 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	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

2012 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT														
1	OFFICE EQUIPMENT	VARIOUS	SL	5.00		16	18,362.				18,362.	11,376.		923.	12,299.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						18,362.				18,362.	11,376.		923.	12,299.
	OTHER														
2	SOFTWARE	VARIOUS	SL	3.00		16	27,256.				27,256.	27,256.		0.	27,256.
	* 990 PAGE 10 TOTAL OTHER						27,256.				27,256.	27,256.		0.	27,256.
	* GRAND TOTAL 990 PAGE 10 DEPR						45,618.				45,618.	38,632.		923.	39,555.