

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2017
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

| | | |
|--|--|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization COMMUNITY FOUNDATION OF THE NAPA VALLEY Doing business as NAPA VALLEY COMMUNITY FOUNDATION Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3299 CLAREMONT WAY 2 City or town, state or province, country, and ZIP or foreign postal code NAPA, CA 94558 F Name and address of principal officer: TERENCE MULLIGAN SAME AS C ABOVE | D Employer identification number 68-0349777 E Telephone number (707) 254-9565 G Gross receipts \$ 40,709,351. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ |
| 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 | | |
| 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

| | | | | |
|------------------------------------|------------|--|---------------------------|--------------|
| | 1 | Briefly describe the organization's mission or most significant activities: TO MOBILIZE RESOURCES, PROMOTE PHILANTHROPY AND PROVIDE LEADERSHIP ON VITAL ISSUES IN NAPA COUNTY. | | |
| Activities & Governance | 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 | 18 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 18 |
| | 5 | Total number of individuals employed in calendar year 2017 (Part V, line 2a) | 5 | 12 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 23 |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| | 7b | 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) | 6,319,801. | 28,794,108. |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 23,487. | 26,070. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 337,486. | 443,244. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 20,000. | 25,000. |
| | 12 | | 6,700,774. | 29,288,422. |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 2,832,008. | 14,523,008. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 839,189. | 929,647. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | 16b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 143,974. | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 374,561. | 503,463. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 4,045,758. | 15,956,118. |
| Net Assets or Fund Balances | 19 | Revenue less expenses. Subtract line 18 from line 12 | 2,655,016. | 13,332,304. |
| | 20 | Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 | Total liabilities (Part X, line 26) | 21,833,284. | 36,100,693. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 2,381,243. | 2,761,283. |
| | | | 19,452,041. | 33,339,410. |

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 TERENCE MULLIGAN, PRESIDENT Type or print name and title | Date 3-19-19 |
| Paid Preparer Use Only | Print/Type preparer's name KATY BROWN Preparer's signature KATY BROWN Date 03/19/19 Check if self-employed <input type="checkbox"/> PTIN P00650274 Firm's name ▶ ARMANINO LLP Firm's EIN ▶ 94-6214841 Firm's address ▶ 12657 ALCOSTA BLVD, STE. 500 SAN RAMON, CA 94583-4600 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 or note to any line 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 If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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 \$ 15,383,080. including grants of \$ 14,523,008.) (Revenue \$ 51,070.) PROVIDED GRANTS TO MORE THAN 100 ORGANIZATIONS COVERING A VARIETY OF CHARITABLE PURPOSES INCLUDING YOUTH, HEALTH, FAMILY SERVICES, LEGAL IMMIGRATION SERVICES, FOOD, SHELTER, AND OTHER HUMANITARIAN EFFORTS, EDUCATION, RELIGION, THE ARTS AND DISASTER RELIEF AND RECOVERY. ENGAGED IN COMMUNITY LEADERSHIP ACTIVITIES, INCLUDING CONVENING STAKEHOLDERS, NONPROFIT AND LOCAL LEADERS ON IMPORTANT ISSUES FOR NAPA COUNTY. MANAGED A MULTI-YEAR CAMPAIGN TO CREATE NEW CITIZENS IN NAPA COUNTY CALLED THE ONE NAPA VALLEY INITIATIVE, WHICH IN THE FIVE-YEAR PERIOD ENDING 6/30/18 PROVIDED LEGAL CONSULTATIONS AND ESL CLASSES TO MORE

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 15,383,080.

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 other assistance to or for any foreign organization? <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 other assistance to or for foreign individuals? <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 |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|-----|----|
| 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? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals 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 25a</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <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 |
| 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 |
| 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 |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | X | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | X | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 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 |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question number, description, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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 or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 18; 1b Enter the number of voting members included in line 1a... 18; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13... X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done... X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official... X; b Other officers or key employees of the organization... X; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

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.
Own website [] Another's website [] Upon request [X] 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, address, and telephone number of the person who possesses the organization's books and records: 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 or note to any line 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) CARRY THACHER CHAIR | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (2) MANBIN MONTEVERDI CO-VICE CHAIR | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (3) LORAIN STUART CO-VICE CHAIR | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (4) DELL COATS TREASURER | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (5) JENNIFER BYRAM SECRETARY | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (6) MAIRA AYALA DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (7) MARY ANN CLEARY DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (8) DAWNINE DYER DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (9) ELBA GONZALES-MARES DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (10) HEIDI HOLZHAUER DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (11) KENT IMRIE DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (12) BLAIR LAMBERT DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (13) ED MATOVCIK DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (14) BRAD NICHINSON, MD DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (15) RICHARD PASTCAN, MD DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (16) OSCAR RENTERIA DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (17) IAIN SILVERTHORNE DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (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 | | | |
| (18) JAMIE WATSON DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (19) TERENCE MULLIGAN PRESIDENT | 40.00 3.00 | | | X | | | 234,999. | 0. | 24,099. | |
| (20) SANDY FASOLD CFO | 32.00 1.00 | | | X | | | 97,581. | 0. | 5,407. | |
| (21) ADRIENNE CAPPS VP OF DEVELOPMENT | 32.00 | | | | X | | 110,151. | 0. | 12,660. | |
| 1b Sub-total | | | | | | | 442,731. | 0. | 42,166. | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | 0. | 0. | 0. | |
| d Total (add lines 1b and 1c) | | | | | | | 442,731. | 0. | 42,166. | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **2**

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | X | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line 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 - 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 | 75,519. | | | | |
| | e Government grants (contributions) | 1e | 35,000. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 28,683,589. | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | 761,576. | | | | |
| | h Total. Add lines 1a-1f | | 28,794,108. | | | | |
| | Program Service Revenue | 2 a ADMINISTRATIVE FEES | Business Code 525920 | 26,070. | 26,070. | | |
| b | | | | | | | |
| c | | | | | | | |
| d | | | | | | | |
| e | | | | | | | |
| f All other program service revenue | | | | | | | |
| g Total. Add lines 2a-2f | | | 26,070. | | | | |
| Other Revenue | | 3 Investment income (including dividends, interest, and other similar amounts) | | 476,508. | | | 476,508. |
| | 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 | (ii) Other | | | | |
| | | 11,387,665. | | | | | |
| | | b Less: cost or other basis and sales expenses | | 11,420,929. | | | |
| | | c Gain or (loss) | | -33,264. | | | |
| | d Net gain or (loss) | | | -33,264. | | -33,264. | |
| | 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | a | | | | | |
| | | b Less: direct expenses | b | | | | |
| c Net income or (loss) from fundraising events | | | | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | | | |
| | b Less: direct expenses | b | | | | | |
| | c Net income or (loss) from gaming activities | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | a | | | | | | |
| | b Less: cost of goods sold | b | | | | | |
| | c Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11 a SUPPORT. ORG. MGMT FEE | | 900099 | 25,000. | 25,000. | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d All other revenue | | | | | | |
| | e Total. Add lines 11a-11d | | | 25,000. | | | |
| 12 Total revenue. See instructions. | | | 29,288,422. | 51,070. | 0. | 443,244. | |

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 or note to any line 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 domestic organizations and domestic governments. See Part IV, line 21 ... | 14,523,008. | 14,523,008. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 389,889. | 174,512. | 182,964. | 32,413. |
| 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 | 417,263. | 234,537. | 139,341. | 43,385. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 10,276. | 6,267. | 1,213. | 2,796. |
| 9 Other employee benefits | 55,849. | 37,902. | 8,285. | 9,662. |
| 10 Payroll taxes | 56,370. | 28,514. | 22,553. | 5,303. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 54,802. | 54,802. | | |
| c Accounting | 31,665. | | 31,665. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 52,990. | 52,990. | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | 121,903. | 121,903. | | |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 36,937. | 21,754. | 9,257. | 5,926. |
| 14 Information technology | 59,212. | 34,935. | 14,803. | 9,474. |
| 15 Royalties | | | | |
| 16 Occupancy | | | | |
| 17 Travel | 1,670. | 1,103. | 278. | 289. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 31,719. | 4,780. | 8,995. | 17,944. |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 510. | 301. | 127. | 82. |
| 23 Insurance | 2,846. | 1,679. | 712. | 455. |
| 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 OTHER | 60,576. | 60,576. | | |
| b STRATEGIC PLAN | 20,706. | 12,217. | 5,176. | 3,313. |
| c DUES & SUBSCRIPTIONS | 14,538. | 8,577. | 3,635. | 2,326. |
| d MARKETING | 10,606. | | | 10,606. |
| e All other expenses | 2,783. | 2,723. | 60. | |
| 25 Total functional expenses. Add lines 1 through 24e | 15,956,118. | 15,383,080. | 429,064. | 143,974. |
| 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 or note to any line in this Part X

| | | (A) Beginning of year | | (B) End of year |
|--|--|--------------------------|-------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 500. | 1 | |
| | 2 Savings and temporary cash investments | 441,445. | 2 | 7,161,884. |
| | 3 Pledges and grants receivable, net | 328,200. | 3 | 632,950. |
| | 4 Accounts receivable, net | 15. | 4 | 4,092. |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | 39,998. | 5 | 33,331. |
| | 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 | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 4,793. | 9 | |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 43,611. | | |
| | b Less: accumulated depreciation | 10b 39,459. | 4,662. | 10c 4,152. |
| | 11 Investments - publicly traded securities | | 11 | |
| | 12 Investments - other securities. See Part IV, line 11 | 20,875,232. | 12 | 28,140,781. |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 138,439. | 15 | 123,503. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 21,833,284. | 16 | 36,100,693. | |
| Liabilities | 17 Accounts payable and accrued expenses | 40,230. | 17 | 100,949. |
| | 18 Grants payable | 297,275. | 18 | 474,783. |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | 2,043,738. | 21 | 2,185,551. |
| | 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 | 2,381,243. | 26 | 2,761,283. |
| 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 | 13,098,143. | 27 | 14,464,547. |
| | 28 Temporarily restricted net assets | 882,545. | 28 | 13,403,510. |
| | 29 Permanently restricted net assets | 5,471,353. | 29 | 5,471,353. |
| | 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 | 19,452,041. | 33 | 33,339,410. |
| 34 Total liabilities and net assets/fund balances | 21,833,284. | 34 | 36,100,693. | |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

| | | | |
|-----------|--|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 29,288,422. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 15,956,118. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 13,332,304. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 19,452,041. |
| 5 | Net unrealized gains (losses) on investments | 5 | 555,065. |
| 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 | 33,339,410. |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
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:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 X A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions.
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s).
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|------------|-------------|------------|------------|-------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 2,573,159. | 11,604,871. | 3,665,416. | 6,189,225. | 28,794,108. | 52,826,779. |
| 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 | 2,573,159. | 11,604,871. | 3,665,416. | 6,189,225. | 28,794,108. | 52,826,779. |
| 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) | | | | | | 14,779,884. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 38,046,895. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|------------|-------------|------------|------------|-------------|--------------------------|
| 7 Amounts from line 4 | 2,573,159. | 11,604,871. | 3,665,416. | 6,189,225. | 28,794,108. | 52,826,779. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 324,977. | 329,095. | 335,023. | 334,053. | 476,508. | 1,799,656. |
| 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 VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 54,626,435. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 167,186. |
| 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 2017 (line 6, column (f) divided by line 11, column (f)) | 14 | 69.65 % |
| 15 Public support percentage from 2016 Schedule A, Part II, line 14 | 15 | 87.01 % |
| 16a 33 1/3% support test - 2017. 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 - 2016. 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 - 2017. 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 VI 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 - 2016. 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 VI 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 10 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) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (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) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (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 VI.) | | | | | | |
| 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 2017 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2016 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2016 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2017. 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 - 2016. 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 ►

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i> | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

| | Yes | No |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | |
| b A family member of a person described in (a) above? | | |
| c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i> | | |

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i> | | |

Section C. Type II Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> | | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |

Section E. Type III Functionally Integrated Supporting Organizations

| | | |
|---|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | |
| 2 Activities Test. Answer (a) and (b) below. | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | | |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| 3 Parent of Supported Organizations. Answer (a) and (b) below. | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | | Current Year |
|----------------------------------|---|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions | Current Year |
|---|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions. | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | |
| 9 Distributable amount for 2017 from Section C, line 6 | |
| 10 Line 8 amount divided by line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2017 | (iii) Distributable Amount for 2017 |
|--|-----------------------------|--|---|
| 1 Distributable amount for 2017 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2017 | | | |
| a | | | |
| b From 2013 | | | |
| c From 2014 | | | |
| d From 2015 | | | |
| e From 2016 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2017 distributable amount | | | |
| i Carryover from 2012 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2017 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2017 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions. | | | |
| 6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions. | | | |
| 7 Excess distributions carryover to 2018. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2013 | | | |
| b Excess from 2014 | | | |
| c Excess from 2015 | | | |
| d Excess from 2016 | | | |
| e Excess from 2017 | | | |

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Name of the organization

COMMUNITY FOUNDATION OF THE NAPA VALLEY

Employer identification number

68-0349777

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|-------------------|-----------------------------------|----------------------------|---|
| 1 | <hr/> <hr/> <hr/> | \$ 5,010,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | <hr/> <hr/> <hr/> | \$ 2,349,165. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | <hr/> <hr/> <hr/> | \$ 2,000,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | <hr/> <hr/> <hr/> | \$ 2,050,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|--|---|----------------------|
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

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

| | |
|--|---|
| Name of organization <p style="text-align: center;">COMMUNITY FOUNDATION OF THE NAPA VALLEY</p> | Employer identification number <p style="text-align: center;">68-0349777</p> |
|--|---|

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 campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

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-. |
|----------|-------------|---------|---|--|
| | | | | |
| | | | | |
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| | | | | |
| | | | | |
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| | | | | |
| | | | | |
| | | | | |
| | | | | |

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 | | | | | | | | | | | | |
|--|---|---|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a | Total lobbying expenditures to influence public opinion (grass roots lobbying) | | | | | | | | | | | | | | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1b) | 0. | | | | | | | | | | | | | |
| d | Other exempt purpose expenditures | 15,956,118. | | | | | | | | | | | | | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | 15,956,118. | | | | | | | | | | | | | |
| f | Lobbying nontaxable amount. Enter the amount from the following table in both columns. | 947,806. | | | | | | | | | | | | | |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">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) | 236,952. | | | | | | | | | | | | | |
| 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 separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|----------|----------|----------|----------|------------|
| Calendar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) Total |
| 2a Lobbying nontaxable amount | 624,254. | 395,565. | 352,288. | 947,806. | 2,319,913. |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 3,479,870. |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | 156,064. | 98,891. | 88,072. | 236,952. | 579,979. |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 869,969. |
| 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)).

| | (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 campaign activity 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

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, lines 1 and 2 (see instructions); 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" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2017
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" on Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|---|------------------------------|
| 1 Total number at end of year | 53 | 16 |
| 2 Aggregate value of contributions to (during year) | 2,814,641. | 2,119,616. |
| 3 Aggregate value of grants from (during year) | 1,738,777. | 184,005. |
| 4 Aggregate value at end of year | 8,912,114. | 4,456,929. |
| 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" on 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 a 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 7/25/06, 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?

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)?

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" on 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) Revenue included on 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 Revenue included on 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" on 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 | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on 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 | 5,909,462. | 5,483,250. | 5,597,047. | 5,810,643. | 5,412,644. |
| b Contributions | | 80,957. | 209,560. | 50,000. | 28,581. |
| c Net investment earnings, gains, and losses | 440,645. | 641,461. | -34,671. | 22,559. | 574,254. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 294,277. | 296,206. | 288,686. | 286,155. | 204,836. |
| f Administrative expenses | | | | | |
| g End of year balance | 6,055,830. | 5,909,462. | 5,483,250. | 5,597,047. | 5,810,643. |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment .00 %
- b Permanent endowment 91.60 %
- c Temporarily restricted endowment 8.40 %

The percentages on 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:

- (i) unrelated organizations
- (ii) related organizations

| | Yes | No |
|--------|-----|----|
| 3a(i) | | X |
| 3a(ii) | | X |
| 3b | | |

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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 | | 43,611. | 39,459. | 4,152. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 4,152. |

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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) INVESTMENTS - PUBLICLY TRADED | | |
| (B) SECURITIES | 28,140,781. | END-OF-YEAR MARKET VALUE |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | 28,140,781. | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. 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) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | |

2. Liability for uncertain tax positions. 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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | |
|----------|--|-----------|-----------|
| 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 (losses) 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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | |
|----------|---|-----------|-----------|
| 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.

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, 2018, THE FOUNDATION MAINTAINED A TOTAL OF \$2,185,551 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 NEEDS THROUGHOUT NAPA

COUNTY.

PART X, LINE 2:

Part XIII Supplemental Information *(continued)*

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, 2018, 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" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2017

**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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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 noncash assistance | (h) Purpose of grant or assistance |
|--|----------------|--|---------------------------------|--|--|--|---|
| 10,000 DEGREES 1650 LOS GAMOS DRIVE, SUITE 110 SAN RAFAEL, CA 94903 | 95-3667812 | 501(C)(3) | 55,000. | 0. | | | FOR SUPPORT OF 10,000 DEGREES' PROGRAMS AND SCHOLARSHIPS FOR SONOMA COUNTY S |
| ABODE SERVICES 40849 FREMONT BLVD. FREMONT, CA 94538 | 94-3087060 | 501(C)(3) | 253,000. | 0. | | | FOR RAPID REHOUSING SERVICES AND SUBSIDIES FROM JANUARY 2018 THROUGH JUNE 2018 FOR PEOPLE WHO |
| AIM HIGH FOR HIGH SCHOOL P.O. BOX 410715 SAN FRANCISCO, CA 94141-0715 | 94-3296338 | 501(C)(3) | 20,000. | 0. | | | TO SUPPORT EXPANSION OF THE NAPA AIM HIGH SUMMER PROGRAM |
| ALDEA, INC. P.O. BOX 841 NAPA, CA 94559 | 94-2159248 | 501(C)(3) | 60,336. | 0. | | | GENERAL SUPPORT, ALDEA BEHAVIOR HEALTH SERVICES AT WOLFE CENTER, DRUG PREVEN |
| ALPHA PREGNANCY CLINICS 3449 VALLE VERDE DRIVE, STE C NAPA, CA 94558 | 68-0114145 | 501(C)(3) | 5,000. | 0. | | | FOR GENERAL SUPPORT, IN MEMORY OF DIEDRE ECKLE |
| AMERICAN CANYON FIRE DISTRICT 4381 BROADWAY STREET, SUITE #201 AMERICAN CANYON, CA 94503 | 94-6024513 | | 52,500. | 0. | | | FOR GENERAL SUPPORT. THIS GRANT IS MADE POSSIBLE BY KAISER PERMANENTE NORTHERN |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 93.
- 3** Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2017)

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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| BAY AREA AIR QUALITY MANAGEMENT DISTRICT - 375 BEALE STREET, SUITE 600 - SAN FRANCISCO, CA 94105 | 94-1622746 | | 13,500. | 0. | | | FOR GENERAL SUPPORT. THIS GRANT IS MADE POSSIBLE BY KAISER PERMANENTE NORTHERN |
| BAY AREA LEGAL AID 1735 TELEGRAPH AVENUE OAKLAND, CA 94612 | 94-1631316 | 501(C)(3) | 25,000. | 0. | | | FOR DISASTER RELIEF SERVICES RELATED TO THE 2017 NAPA FIRE COMPLEX AND AS DETERMINED IN THE |
| BIRTHRIGHT OF NAPA 1447 4TH STREET NAPA, CA 94559 | 68-0151739 | 501(C)(3) | 10,000. | 0. | | | FOR GENERAL SUPPORT, IN HONOR OF BETTY SWEET |
| BOYS & GIRLS CLUBS OF ST. HELENA AND CALISTOGA - 1420 TAINTER STREET - ST. HELENA, CA 94574 | 68-0226714 | 501(C)(3) | 55,000. | 0. | | | FOR GENERAL SUPPORT |
| BOYS AND GIRLS CLUBS OF NAPA VALLEY - 1515 PUEBLO AVENUE - NAPA, CA 94558 | 94-6033413 | 501(C)(3) | 40,000. | 0. | | | FOR SUPPORT OF THE AMERICAN CANYON BUILDING CAMPAIGN |
| BURBANK HOUSING DEVELOPMENT CORPORATION - 790 SONOMA AVENUE - SANTA ROSA, CA 95404 | 94-2837785 | 501(C)(3) | 2,000,000. | 0. | | | FOR SUPPORT OF THE CONSTRUCTION AND DEVELOPMENT OF THE STODDARD WEST APARTMENTS, |
| CALISTOGA JOINT UNIFIED SCHOOL DISTRICT - 1520 LAKE STREET - CALISTOGA, CA 94515 | 52-1557245 | | 177,500. | 0. | | | FOR SUPPORT OF COLLEGE FIELD TRIPS AND TEACHER TRAINING FOR AVID PROGRAM |
| CALISTOGA JUNIOR & SENIOR HIGH SCHOOL - 1608 LAKE STREET - CALISTOGA, CA 94515 | | | 10,000. | 0. | | | FOR THE 2016 KENT AND FRANCES INGALLS SCHOLARSHIP AWARD |
| CANINE GUARDIANS ASSISTANCE DOGS 2300 ARTHUR STREET NAPA, CA 94559 | 38-3917740 | 501(C)(3) | 15,000. | 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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| CARMELITE HOUSE OF PRAYER P.O. BOX 347 OAKVILLE, CA 94562 | 94-1427050 | | 10,000. | 0. | | | FOR REPAIR OF THE CHAPEL |
| CENTER FOR VOLUNTEER AND NONPROFIT LEADERSHIP - 65 MITCHELL BLVD., SUITE 101 - SAN RAFAEL, CA 94903 | 68-0101012 | 501(C)(3) | 50,000. | 0. | | | FOR DISASTER RELIEF SERVICES RELATED TO THE 2017 NAPA FIRE COMPLEX AND AS DETERMINED IN THE |
| CHILD START, INC. 439 DEVLIN ROAD NAPA, CA 94558 | 68-0442009 | 501(C)(3) | 5,000. | 0. | | | FOR THE RAISING A READER |
| CHILDREN'S AIDS ART PROGRAMME 100 SOUTH STREET, SUITE 110 SAUSALITO, CA 94965 | 26-0118652 | 501(C)(3) | 10,000. | 0. | | | FOR GENERAL PURPOSES, AND UNRESTRICTED SUPPORT |
| CITY OF AMERICAN CANYON 4381 BROADWAY, SUITE 201 AMERICAN CANYON, CA 94503 | 68-0264744 | | 113,000. | 0. | | | FOR GENERAL SUPPORT |
| CITY OF CALISTOGA 1232 WASHINGTON STREET CALISTOGA, CA 94515 | 94-6000305 | | 45,500. | 0. | | | FOR GENERAL SUPPORT |
| CITY OF NAPA- OFFICE OF MAYOR PO BOX 660 NAPA, CA 94559-0660 | 94-6000380 | | 588,000. | 0. | | | FOR GENERAL SUPPORT. THIS GRANT IS MADE POSSIBLE BY KAISER PERMANENTE NORTHERN |
| CITY OF NAPA PARKS AND RECREATION SERVICES DEPT - 1850 SOSCOL AVE, SUITE 201 - NAPA, CA 94559 | | | 19,105. | 0. | | | TO PURCHASE MATERIALS TO IMPORVE DRAINAGE AND CULVERTS TO THE MAIN ENTRANCE |
| CITY OF NAPA SUCCESSOR AGENCY - PARKWAY PLAZA RDA - PO BOX 660 - NAPA, CA 94559-0660 | 94-6000380 | | 100,000. | 0. | | | FOR GENERAL SUPPORT. THIS GRANT IS MADE POSSIBLE BY KAISER PERMANENTE NORTHERN |

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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| CITY OF NAPA SUCCESSOR AGENCY - SOSCOL GATEWAY RDA TOTAL - PO BOX 660 - NAPA, CA 94559-0660 | 94-6000380 | | 17,500. | 0. | | | FOR GENERAL SUPPORT. THIS GRANT IS MADE POSSIBLE BY KAISER PERMANENTE NORTHERN |
| CITY OF ST. HELENA 1480 MAIN ST. ST. HELENA, CA 94574 | 94-6000411 | | 87,500. | 0. | | | FOR GENERAL SUPPORT. THIS GRANT IS MADE POSSIBLE BY KAISER PERMANENTE NORTHERN |
| COAST GUARD FOUNDATION, INC. 394 TAUGWONK ROAD STONINGTON, CT 06378 | 04-2899862 | 501(C)(3) | 5,000. | 0. | | | FOR GENERAL SUPPORT |
| COLLABRIA CARE 414 SOUTH JEFFERSON STREET NAPA, CA 94559 | 68-0393144 | 501(C)(3) | 5,000. | 0. | | | FOR SUPPORT OF HOSPICE, "LIGHT UP A LIFE" HOLIDAY GIFT TO HONOR BARBARA W. W |
| COMMUNITY ACTION OF NAPA 2310 LAUREL STREET, SUITE 1 NAPA, CA 94559 | 94-1610851 | 501(C)(3) | 75,000. | 0. | | | FOR SUPPORT OF THE SENIOR NUTRITION PROGRAM, UNRESTRICTED USE PER REQUEST OF |
| COMMUNITY FOUNDATION SONOMA COUNTY 120 STONY POINT ROAD, SUITE 220 SANTA ROSA, CA 95401 | 68-0003212 | 501(C)(3) | 29,000. | 0. | | | FOR SUPPORT OF THE SONOMA COUNTY RESILIENCE FUND |
| COMMUNITY HEALTH CLINIC OLE DBA OLE HEALTH - 1141 PEAR TREE LANE, SUITE 100 - NAPA, CA 94558 | 23-7221695 | 501(C)(3) | 85,000. | 0. | | | FOR GENERAL SUPPORT |
| COMMUNITY HEALTH INITIATIVE NAPA COUNTY INC. - 2140 JEFFERSON ST., SUITE D - NAPA, CA 94559 | 25-1924934 | 501(C)(3) | 15,000. | 0. | | | FOR GENERAL SUPPORT, SENIORS INSURANCE PROGRAM, GENERAL PROJECT ASSISTANCE |
| COMMUNITY RESOURCES FOR CHILDREN 3299 CLAREMONT WAY, SUITE 1 NAPA, CA 94558 | 94-2524785 | 501(C)(3) | 9,000. | 0. | | | TO SUPPORT THE ACTIVE MINDS SCHOOL READINESS PROGRAM FROM JULY 2018 THROUGH JUNE 2019 |

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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| COPE FAMILY CENTER 707 RANDOLPH STREET NAPA, CA 94559 | 94-2322399 | 501(C)(3) | 781,758. | 0. | | | FOR DISASTER RELIEF SERVICES RELATED TO THE 2017 NAPA FIRE COMPLEX AND AS DETERMINED IN THE |
| CORSTONE 8 MARKET PLACE, SUITE 300 BALTIMORE, MD 21202 | 94-2393629 | 501(C)(3) | 25,000. | 0. | | | FOR GENERAL SUPPORT |
| COUNTY OF NAPA 1195 THIRD STREET NAPA, CA 94559 | 94-6000525 | | 3,187,000. | 0. | | | FOR GENERAL SUPPORT. THIS GRANT IS MADE POSSIBLE BY KAISER PERMANENTE NORTHERN |
| DI ROSA PRESERVE 5200 SONOMA HWY 121 NAPA, CA 94559 | 94-3367956 | 501(C)(3) | 20,000. | 0. | | | FOR THE DI ROSA FUTURE'S FUND |
| DIOCESE OF SANTA ROSA P.O. BOX 1297 SANTA ROSA, CA 95402-1297 | 94-2509590 | 501(C)(3) | 25,000. | 0. | | | FOR SUPPORT OF THE MARION SISTERS OF SANTA ROSA, IN MEMORY OF CARL SCIAMBRA |
| E4E RELIEF, LLC 220 NORTH TRYON STREET CHARLOTTE, NC 28202 | 56-6047886 | 501(C)(3) | 1,070,000. | 0. | | | TO SUPPORT NAPA VALLEY COMMUNITY FOUNDATION'S RELIEF FUND PROGRAM TO PROVIDE SERVICES AND |
| FAMILY HOUSE INC 540 MISSION BAY BLVD., NORTH SAN FRANCISCO, CA 94158 | 94-2722663 | 501(C)(3) | 10,000. | 0. | | | FOR THE GENERAL OPERATING BUDGET |
| FIRST PRESBYTERIAN CHURCH OF ST. HELENA - 1428 SPRING STREET - ST. HELENA, CA 94574 | | | 17,000. | 0. | | | FOR GENERAL SUPPORT, AND VIOLET YOUNG SCHOLARSHIP PROGRAM |
| FRIENDS OF BERKELEY TUOLUMNE CAMP PO BOX 7931 BERKELEY, CA 94707 | 94-2976224 | 501(C)(3) | 10,000. | 0. | | | TO SUPPORT THE WORK OF FRIENDS OF BERKELEY TUOLUMNE CAMP |

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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| GREATER HOUSTON COMMUNITY FOUNDATION - 5120 WOODWAY DR., SUITE 6000 - HOUSTON, TX 77056 | 23-7160400 | 501(C)(3) | 7,767. | 0. | | | FOR THE HURRICANE HARVEY RELIEF FUND FROM A FUNDRAISER BY OXBOW PUBLIC MARKET VENDORS |
| GREATER NAPA VALLEY FAIR HOUSING CENTER - 1804 SOSCOL AVE., SUITE 203 - NAPA, CA 94559 | 42-1576121 | 501(C)(3) | 80,000. | 0. | | | FOR GENERAL SUPPORT, SUPOORT OF OPERATION AND HOUSING PROGRAMS IN COORDINATI |
| GUNILDA RIANDA SENIOR CENTER ASSOCIATION - 1475 MAIN STREET - ST. HELENA, CA 94574 | 20-2411077 | 501(C)(3) | 5,000. | 0. | | | FOR SUPPORT OF THE GENERAL OPERATING FUND, FOR GENERAL SUPPORT IN MEMORY OF |
| HEARTS & HANDS PRESCHOOL INC 1504 MYRTLE STREET CALISTOGA, CA 94515 | 45-2424700 | 501(C)(3) | 6,000. | 0. | | | TO SUPPORT PRESCHOOL PARTICIPATION FOR LOW-INCOME CHILDREN IN CALISTOGA FROM JULY 2018 |
| HOWELL MOUNTAIN ELEMENTARY SCHOOL DISTRICT - 525 WHITE COTTAGE ROAD N. - ANGIN, CA 94508 | 68-0314462 | | 18,000. | 0. | | | FOR GENERAL SUPPORT. THIS GRANT IS MADE POSSIBLE BY KAISER PERMANENTE NORTHERN |
| HUMANE SOCIETY OF NAPA P.O. BOX 695 NAPA, CA 94559 | 23-7315010 | 501(C)(3) | 71,000. | 0. | | | FOR GENERAL SUPPORT AND SUPOORT OF THE WELLNESS CLINIC |
| INTERNATIONAL INSTITUTE OF THE BAY AREA - 657 MISSION ST., STE. 301 - SAN FRANCISCO, CA 94105 | 94-1156554 | 501(C)(3) | 77,316. | 0. | | | FOR PARTICIPATION IN THE CITIZENSHIP LEGAL SERVICES COLLABORATIVE PART OF NA |
| KQED 2601 MARIPOSA STREET SAN FRANCISCO, CA 94110 | 94-1241309 | 501(C)(3) | 5,000. | 0. | | | FOR GENERAL SUPPORT, AND GENERAL SUPPORT REFERENCE TO MEMBER #7620300 |
| MENTIS 709 FRANKLIN STREET NAPA, CA 94559 | 94-1236934 | 501(C)(3) | 121,682. | 0. | | | FOR THE HEALTHY MINDS HEALTHY AGING PROGRAM, HEALTH MINDS HEALTH AGING (HMHA |

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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| MOVING FORWARD TOWARDS INDEPENDENCE - 68 COOMBS ST., BLDG. #B - NAPA, CA 94559 | 94-3359635 | 501(C)(3) | 5,000. | 0. | | | FOR GENERAL SUPPORT. THIS GRANT WAS MADE POSSIBLE BY THE GENEROSITY OF PAT |
| 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; GENERAL SUPPORT IN HONOR OF MARY NOVAK |
| NAPA COUNTY MOSQUITO ABATEMENT DISTRICT - 15 MELVIN ROAD - AMERICAN CANYON, CA 94503 | 94-6000965 | | 25,500. | 0. | | | FOR GENERAL SUPPORT. THIS GRANT IS MADE POSSIBLE BY KAISER PERMANENTE NORTHERN |
| NAPA COUNTY OFFICE OF EDUCATION 2121 IMOLA AVENUE NAPA, CA 94559 | 94-6002406 | | 166,500. | 0. | | | FOR GENERAL SUPPORT. THIS GRANT IS MADE POSSIBLE BY KAISER PERMANENTE NORTHERN |
| NAPA HIGH SCHOOL CHORAL BOOSTER 2475 JEFFERSON ST. NAPA, CA 94558 | 68-0039659 | 501(C)(3) | 7,500. | 0. | | | FOR SUPPORT OF THE CHORAL PROGRAM, GENERAL SUPPORT |
| NAPA VALLEY CANDO P.O. BOX 855 NAPA, CA 94559 | 46-2670379 | 501(C)(3) | 5,000. | 0. | | | FOR THE START-UP COSTS OF THE NEW CANDO CANGROW FOOD BANK GARDEN |
| NAPA VALLEY CHILD ADVOCACY NETWORK, INC DBA PARENTSCAN - 1909 JEFFERSON STREET - NAPA, CA 94558 | 56-2498308 | 501(C)(3) | 25,000. | 0. | | | FOR GENERAL SUPPORT |
| NAPA VALLEY COLLEGE 2277 NAPA VALLEJO HWY. NAPA, CA 94558 | 23-7003565 | | 11,000. | 0. | | | FOR STUDENT SUPPORT |
| NAPA VALLEY COMMUNITY COLLEGE DISTRICT AUXILIARY SERVICES ORGANIZATION - 2277 NAPA-VALLEJO HWY - NAPA, CA 94558 | 46-2918583 | 501(C)(3) | 15,000. | 0. | | | FOR SUPPORT OF THE NAPA VALLEY COLLEGE FOOD BANK, AND PUENTE PROGRAM |

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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| NAPA VALLEY FARMWORKER FOUNDATION 1795 THIRD STREET NAPA, CA 94559 | 36-4790851 | 501(C)(3) | 110,000. | 0. | | | TO BE RESTRICTED TO STAFF SALARY, AND FIELDS OF OPPORTUNITY SUMMER MENTOR PR |
| NAPA VALLEY UNIFIED EDUCATIONAL FOUNDATION - 2425 JEFFERSON STREET, ROOM 105 - NAPA, CA 94558 | 68-0005743 | 501(C)(3) | 20,000. | 0. | | | FOR THE MUSIC CONNECTION PROGRAM FOR INSTRUMENT PURCHASES, GENERAL SUPPORT, |
| NAPA VALLEY UNIFIED SCHOOL DISTRICT - 2425 JEFFERSON STREET - NAPA, CA 94558 | | | 20,000. | 0. | | | FOR SUPPORT OF COLLEGE FIELD TRIPS AND TEACHER TRAINING FOR AVID |
| NAPA VALLEY YOUTH SYMPHONY PO BOX 6594 NAPA, CA 94581 | 14-1843988 | 501(C)(3) | 25,000. | 0. | | | FOR SUPPORT OF THE PROFESSIONAL COACHING PROGRAM, GENERAL SUPPORT |
| NAPALEARNS THE NAPA VALLEY PARTNERSHIP FOR 21ST CENTURY EDUCATION - 2121 IMOLA AVENUE - NAPA, CA 94559 | 27-2705006 | 501(C)(3) | 15,000. | 0. | | | FOR GENERAL SUPPORT |
| NATIONAL INTERSCHOLASTIC CYCLING ASSOCIATION - 2414 6TH STREET - BERKELEY, CA 94710 | 13-4234305 | 501(C)(3) | 10,000. | 0. | | | FOR SUPPORT OF THE NORCAL HIGH SCHOOL CYCLING LEAGUE, FOR A MOUNTAIN BIKE CYCLING PROGRAM FOR |
| NEWS 1141 PEAR TREE LANE, SUITE 220 NAPA, CA 94558 | 94-2745889 | 501(C)(3) | 25,000. | 0. | | | FOR GENERAL SUPPORT, SUPPORT GROUP THERAPISTS, DOMESTIC VIOLENCE AND SEXUAL |
| NIMBUS ARTS 649 MAIN STREET ST. HELENA, CA 94574 | 27-1503762 | 501(C)(3) | 74,998. | 0. | | | FOR GENERAL SUPPORT, HUNDREDS OF HANDS PROGRAM |
| OLE HEALTH FOUNDATION 1141 PEAR TREE LANE, STE 100 NAPA, CA 94558 | 68-0149424 | 501(C)(3) | 85,000. | 0. | | | FOR SUPPORT OF THE NEW BUILDING FUND, 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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558 | 75-3149095 | 501(C)(3) | 1,777,401. | 0. | | | FOR GENERAL SUPPORT OF THE NAPA COUNTY VOICES PROGRAM, PARENT UNIVERSITY PRO |
| ONE PURPOSE SCHOOL 948 HOLLISTER AVE. SAN FRANCISCO, CA 94124 | 46-2936117 | 501(C)(3) | 15,000. | 0. | | | FOR SPONSORSHIP OF BENEFIT |
| PLANNED PARENTHOOD SHASTA-DIABLO DBA PLANNED PARENTHOOD NORTHERN CALIFORNIA - 2185 PACHECO ST. - CONCORD, CA 94520 | 94-1575233 | 501(C)(3) | 8,000. | 0. | | | FOR GENERAL SUPPORT, AND PROGRAMS |
| POPE VALLEY ELEMENTARY SCHOOL DISTRICT - P.O. BOX 167 - POPE VALLEY, CA 94567 | 68-0314468 | | 15,500. | 0. | | | FOR GENERAL SUPPORT. THIS GRANT IS MADE POSSIBLE BY KAISER PERMANENTE NORTHERN |
| QUEEN OF THE VALLEY HOSPITAL FOUNDATION - 1000 TRANCAS STREET - NAPA, CA 94558 | 23-7081153 | 501(C)(3) | 59,732. | 0. | | | FOR GENERAL SUPPORT |
| ROOM TO READ 465 CALIFORNIA STREET, SUITE 1000 SAN FRANCISCO, CA 94104 | 91-2003533 | 501(C)(3) | 5,000. | 0. | | | FOR GENERAL SUPPORT |
| SALVATION ARMY - GOLDEN STATE DIVISION - 832 FOLSOM ST. - SAN FRANCISCO, CA 94107 | 94-1170408 | | 5,000. | 0. | | | FOR SUPPORT OF THE SAN FRANCISCO CORPS- HOLIDAY |
| SALVATION ARMY - NAPA CORPS PO BOX 2250 NAPA, CA 94558-2250 | 94-1156347 | 501(C)(3) | 105,000. | 0. | | | FOR SUPPORT OF THE NAPA VALLEY CULINARY TRAINING ACADEMY PROGRAM |
| SODDY-DAISY HIGH SCHOOL 618 SEQUOYAH ROAD SODDY-DAISY, TN 37379 | | | 5,000. | 0. | | | FOR SCHOLARSHIPS |

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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| SONOMA ACADEMY 2500 FARMERS LANE SANTA ROSA, CA 95404 | 94-3343174 | 501(C)(3) | 15,000. | 0. | | | FOR A STUDY ROOM IN THE STUDENT SERVICES AREA GUILD |
| SPECTRUM HEALTH HOSPITALS 100 MICHIGAN STREET NE GRAND RAPIDS, MI 49503 | 38-1360529 | 501(C)(3) | 5,000. | 0. | | | TO PAY FOR THE TRAVEL EXPENSES OF THE GRAND RAPIDS INVEST HEALTH TEAM TO NAPA FOR A 3-DAY |
| SPIRIT OF UNITY IN NAPA DBAPUERTAS ABIERTAS COMMUNITY RESOURCE CENTER - P.O. BOX 3009 - NAPA, CA 94558 | 20-3126333 | 501(C)(3) | 31,500. | 0. | | | FOR PARTICIPATION IN THE CLS, IMMIGRATION SERVICES, GENERAL SUPPORT, VITA, |
| SPOKANE HOUSING AUTHORITY 55 W. MISSION AVENUE SPOKANE, WA 99201 | 91-0965156 | | 5,000. | 0. | | | TO PAY FOR THE TRAVEL EXPENSES OF THE SPOKANE INVEST HEALTH TEAM TO NAPA FOR A 3-DAY |
| ST. HELENA HOSPITAL FOUNDATION 10 WOODLAND ROAD ST. HELENA, CA 94574 | 20-1384250 | 501(C)(3) | 5,000. | 0. | | | FOR GENERAL SUPPORT, GALA FUND SUPPORT ENDOWMENT |
| ST. HELENA PRESCHOOL FOR ALL 465 MAIN STREET ST. HELENA, CA 94574 | 46-4214921 | 501(C)(3) | 5,000. | 0. | | | TO PROVIDE LOW-INCOME CHILDREN IN ST. HELENA OPPORTUNITIES TO PARTICIPATE IN PRESCHOOL |
| ST. HELENA UNIFIED SCHOOL DISTRICT 465 MAIN STREET ST. HELENA, CA 94574 | 68-0314470 | | 381,000. | 0. | | | FOR GENERAL SUPPORT. THIS GRANT IS MADE POSSIBLE BY KAISER PERMANENTE NORTHERN |
| ST. JOHN THE BAPTIST CATHOLIC SCHOOL - 983 NAPA STREET - NAPA, CA 94559 | 68-0078036 | | 10,000. | 0. | | | TO PURCHASE A NEW LANGUAGE ARTS CURRICULUM, THE HOUGHTON MIFFLIN HARCOURT JOURNEYS AND |
| SUMMER SEARCH 101 HOWARD STREET, SUITE 250 SAN FRANCISCO, CA 94105 | 68-0200138 | 501(C)(3) | 15,000. | 0. | | | FOR SUPPORT OF NAPA COUNTY PROGRAMS |

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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| THE ALPHEIOS PROJECT, LTD. P. O. BOX 4302 NAPA, CA 94558 | 27-2248757 | 501(C)(3) | 54,999. | 0. | | | FOR GENERAL SUPPORT |
| TMC DEVELOPMENT WORKING SOLUTIONS 930 MONTGOMERY STREET SAN FRANCISCO, CA 94133 | 91-1951777 | 501(C)(3) | 545,000. | 0. | | | FOR GRANT AWARDS TO APPROVED NAPA COUNTY SMALL BUSINESSES AFFECTED BY THE OCTOBER 2017 NAPA |
| TOWN OF YOUNTVILLE 6550 YOUNT STREET YOUNTVILLE, CA 94599-1271 | 94-1622942 | | 23,000. | 0. | | | FOR GENERAL SUPPORT. THIS GRANT IS MADE POSSIBLE BY KAISER PERMANENTE NORTHERN |
| UNITED POLICYHOLDERS 381 BUSH STREET, 8TH FLOOR SAN FRANCISCO, CA 94104 | 94-3162024 | 501(C)(3) | 20,000. | 0. | | | FOR SUPPORT OF THE ROADMAP TO RECOVERY PROGRAM TO ASSIST NAPA COUNTY RESIDENTS IN |
| UP VALLEY FAMILY CENTERS OF NAPA COUNTY - 1440 SPRING STREET - ST. HELENA, CA 94574 | 80-0023012 | 501(C)(3) | 731,000. | 0. | | | FOR EMERGENCY FINANCIAL ASSISTANCE FOR HOUSEHOLDS WHO LIVE OR WORK IN NAPA COUNTY THAT WERE AFFECTED |
| VINTAGE HIGH SCHOOL MUSIC 1375 TROWER AVE NAPA, CA 94558 | 90-0017157 | 501(C)(3) | 7,500. | 0. | | | FOR SCHOLARSHIP FUNDS |
| | | | | | | | |
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| | | | | | | | |

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
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Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

NAPA VALLEY COMMUNITY FOUNDATION (NVCF) 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 ORGANIZATION IN NAPA COUNTY, ANALYZES FINANCIAL INFORMATION ABOUT PROSPECTIVE GRANTEEES, INCLUDING TAX RETURNS AND AUDITED FINANCIALS (WHERE AVAILABLE), AND REQUIRES ALL ORGANIZATION 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, WE REQUIRE GRANTEE

Part IV Supplemental Information

ORGANIZATIONS TO COMPLETE A WRITTEN GRANT REPORT WITHIN A YEAR OF RECEIVING

FUNDS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ABODE SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR RAPID REHOUSING SERVICES AND

SUBSIDIES FROM JANUARY 2018 THROUGH JUNE 2018 FOR PEOPLE WHO LIVE OR WORK

IN NAPA COUNTY AND WERE DISPLACED AS A RESULT OF THE NAPA FIRE COMPLEX

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN CANYON FIRE DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT. THIS GRANT IS

MADE POSSIBLE BY KAISER PERMANENTE NORTHERN CALIFORNIA COMMUNITY BENEFIT

PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT:

BAY AREA AIR QUALITY MANAGEMENT DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT. THIS GRANT IS

MADE POSSIBLE BY KAISER PERMANENTE NORTHERN CALIFORNIA COMMUNITY BENEFIT

PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: BAY AREA LEGAL AID

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR DISASTER RELIEF SERVICES RELATED

TO THE 2017 NAPA FIRE COMPLEX AND AS DETERMINED IN THE PRE-QUALIFIED

DISASTER RELIEF AGREEMENT

NAME OF ORGANIZATION OR GOVERNMENT:

BURBANK HOUSING DEVELOPMENT CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF THE CONSTRUCTION AND

Part IV Supplemental Information

DEVELOPMENT OF THE STODDARD WEST APARTMENTS, AFFORDABLE HOUSING IN NAPA

COUNTY

NAME OF ORGANIZATION OR GOVERNMENT:

CENTER FOR VOLUNTEER AND NONPROFIT LEADERSHIP

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR DISASTER RELIEF SERVICES RELATED

TO THE 2017 NAPA FIRE COMPLEX AND AS DETERMINED IN THE PRE-QUALIFIED

DISASTER RELIEF AGREEMENT

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF NAPA- OFFICE OF MAYOR

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT. THIS GRANT IS

MADE POSSIBLE BY KAISER PERMANENTE NORTHERN CALIFORNIA COMMUNITY BENEFIT

PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT:

CITY OF NAPA SUCCESSOR AGENCY - PARKWAY PLAZA RDA

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT. THIS GRANT IS

MADE POSSIBLE BY KAISER PERMANENTE NORTHERN CALIFORNIA COMMUNITY BENEFIT

PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT:

CITY OF NAPA SUCCESSOR AGENCY - SOSCOL GATEWAY RDA TOTAL

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT. THIS GRANT IS

MADE POSSIBLE BY KAISER PERMANENTE NORTHERN CALIFORNIA COMMUNITY BENEFIT

PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF ST. HELENA

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT. THIS GRANT IS

Part IV Supplemental Information

MADE POSSIBLE BY KAISER PERMANENTE NORTHERN CALIFORNIA COMMUNITY BENEFIT

PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: COPE FAMILY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR DISASTER RELIEF SERVICES RELATED

TO THE 2017 NAPA FIRE COMPLEX AND AS DETERMINED IN THE PRE-QUALIFIED

DISASTER RELIEF AGREEMENT

NAME OF ORGANIZATION OR GOVERNMENT: COUNTY OF NAPA

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT. THIS GRANT IS

MADE POSSIBLE BY KAISER PERMANENTE NORTHERN CALIFORNIA COMMUNITY BENEFIT

PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: E4E RELIEF, LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT NAPA VALLEY COMMUNITY

FOUNDATION'S RELIEF FUND PROGRAM TO PROVIDE SERVICES AND GRANTS TO

ELIGIBLE HOMEOWNERS AND RENTERS AFFECTED BY THE NAPA FIRE COMPLEX AS

OUTLINED IN THE RELIEF FUND AGREEMENT

NAME OF ORGANIZATION OR GOVERNMENT: HEARTS & HANDS PRESCHOOL INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT PRESCHOOL PARTICIPATION

FOR LOW-INCOME CHILDREN IN CALISTOGA FROM JULY 2018 THROUGH JUNE 2019

NAME OF ORGANIZATION OR GOVERNMENT:

HOWELL MOUNTAIN ELEMENTARY SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT. THIS GRANT IS

MADE POSSIBLE BY KAISER PERMANENTE NORTHERN CALIFORNIA COMMUNITY BENEFIT

PROGRAMS

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

NAPA COUNTY MOSQUITO ABATEMENT DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT. THIS GRANT IS

MADE POSSIBLE BY KAISER PERMANENTE NORTHERN CALIFORNIA COMMUNITY BENEFIT PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: NAPA COUNTY OFFICE OF EDUCATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT. THIS GRANT IS

MADE POSSIBLE BY KAISER PERMANENTE NORTHERN CALIFORNIA COMMUNITY BENEFIT PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT:

NATIONAL INTERSCHOLASTIC CYCLING ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF THE NORCAL HIGH

SCHOOL CYCLING LEAGUE, FOR A MOUNTAIN BIKE CYCLING PROGRAM FOR HIGH SCHOOL STUDENTS

NAME OF ORGANIZATION OR GOVERNMENT:

POPE VALLEY ELEMENTARY SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT. THIS GRANT IS

MADE POSSIBLE BY KAISER PERMANENTE NORTHERN CALIFORNIA COMMUNITY BENEFIT PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: SPECTRUM HEALTH HOSPITALS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PAY FOR THE TRAVEL EXPENSES OF

THE GRAND RAPIDS INVEST HEALTH TEAM TO NAPA FOR A 3-DAY CONVENING ON AFFORDABLE HOUSING AND FOOD SECURITY WITH THE NAPA COUNTY INVEST HEALTH

Part IV Supplemental Information

TEAM

NAME OF ORGANIZATION OR GOVERNMENT: SPOKANE HOUSING AUTHORITY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PAY FOR THE TRAVEL EXPENSES OF THE SPOKANE INVEST HEALTH TEAM TO NAPA FOR A 3-DAY CONVENING ON

AFFORDABLE HOUSING AND FOOD SECURITY WITH THE NAPA COUNTY INVEST HEALTH

TEAM

NAME OF ORGANIZATION OR GOVERNMENT: ST. HELENA PRESCHOOL FOR ALL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE LOW-INCOME CHILDREN IN ST. HELENA OPPORTUNITIES TO PARTICIPATE IN PRESCHOOL PROGRAMS THROUGH

JUNE 2019

NAME OF ORGANIZATION OR GOVERNMENT: ST. HELENA UNIFIED SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT. THIS GRANT IS MADE POSSIBLE BY KAISER PERMANENTE NORTHERN CALIFORNIA COMMUNITY BENEFIT PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: ST. JOHN THE BAPTIST CATHOLIC SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PURCHASE A NEW LANGUAGE ARTS CURRICULUM, THE HOUGHTON MIFFLIN HARCOURT JOURNEYS AND COLLECTIONS, FOR STUDENTS IN GRADES K-8

NAME OF ORGANIZATION OR GOVERNMENT: TMC DEVELOPMENT WORKING SOLUTIONS

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GRANT AWARDS TO APPROVED NAPA COUNTY SMALL BUSINESSES AFFECTED BY THE OCTOBER 2017 NAPA FIRE COMPLEX, AS IS MORE SPECIFICALLY DETAILED IN THE SCOPE OF WORK

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: TOWN OF YOUNTVILLE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT. THIS GRANT IS

MADE POSSIBLE BY KAISER PERMANENTE NORTHERN CALIFORNIA COMMUNITY BENEFIT

PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: UNITED POLICYHOLDERS

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF THE ROADMAP TO

RECOVERY PROGRAM TO ASSIST NAPA COUNTY RESIDENTS IN NAVIGATING INSURANCE

CLAIMS AND SYSTEMS RELATED TO THE NAPA FIRE COMPLEX

NAME OF ORGANIZATION OR GOVERNMENT:

UP VALLEY FAMILY CENTERS OF NAPA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR EMERGENCY FINANCIAL ASSISTANCE

FOR HOUSEHOLDS WHO LIVE OR WORK IN NAPA COUNTY THAT WERE AFFECTED BY THE

NAPA FIRES COMPLEX

**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" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

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 |
|---|-----------|----|
| 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) | | |
| 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 | 1b | |
| 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | |
| 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. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee | | |
| 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: | | |
| a Receive a severance payment or change-of-control payment? | 4a | X |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | X |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | X |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | |
| Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | |
| 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | | |
| a The organization? | 5a | X |
| b Any related organization? | 5b | X |
| If "Yes" on line 5a or 5b, describe in Part III. | | |
| 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | | |
| a The organization? | 6a | X |
| b Any related organization? | 6b | X |
| If "Yes" on line 6a or 6b, describe in Part III. | | |
| 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III | 7 | X |
| 8 Were any amounts reported on 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 | 8 | X |
| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 9 | X |

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

Schedule J (Form 990) 2017

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 on 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 aren't 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 in column (B) reported as deferred on prior Form 990 |
|-----------------------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) TERENCE MULLIGAN PRESIDENT | (i) | 198,332. | 36,667. | 0. | 7,050. | 17,049. | 259,098. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

CERTAIN KEY EMPLOYEES RECEIVE BONUSES BASED UPON MEETING SPECIFIC GOALS FOR THEIR POSITION. ON JUNE 20, 2018 THE BOARD APPROVED A NEW INCENTIVE COMPENSATION STRATEGY FOR ALL EMPLOYEES BASED ON OPERATING SURPLUS AND POSITION.

PART I, LINE 8:

THE PRESIDENT RECEIVED A ZERO-INTEREST LOAN TO ASSIST HIM TO PURCHASE A HOME IN NAPA, WHICH WAS A REQUIREMENT OF HIS POSITION WHEN HE WAS HIRED IN 2004. THE BALANCE OF THE LOAN WAS \$33,331 AS OF 6/30/2018. THE LOAN IS FORGIVEN IN THE AMOUNT OF \$6,667 ANNUALLY. THE MATURITY DATE IS 5/25/2023. THE IMPUTED INTEREST AND FORGIVEN DEBT ARE INCLUDED IN THE PRESIDENT'S COMPENSATION ON AN ANNUAL BASIS.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2017

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

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

| 1 (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? | |
|-----------------------------------|---|--------------------------------|----------------|----|
| | | | Yes | No |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? | | (e) Original principal amount | (f) Balance due | (g) In default? | | (h) Approved by board or committee? | | (i) Written agreement? | |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
| | | | To | From | | | Yes | No | Yes | No | Yes | No |
| TERENCE MULLIGA | PRESIDEN | RELOCATI | | X | 200,000. | 33,331. | | X | X | | X | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| Total | | | | | | ▶ \$ | 33,331. | | | | | |

Part III Grants or Assistance Benefiting Interested Persons.

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
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SEE PART V FOR CONTINUATIONS

Part IV Business Transactions Involving Interested Persons.

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

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

Provide additional information for responses to questions on Schedule L (see instructions).

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

(A) NAME OF PERSON: TERENCE MULLIGAN

(B) RELATIONSHIP WITH ORGANIZATION: PRESIDENT

(C) PURPOSE OF LOAN: RELOCATION

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 200,000. (F) BALANCE DUE \$ 33,331.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

SCHEDULE L, PART II:

THE PRESIDENT RECEIVED A ZERO-INTEREST LOAN TO ASSIST HIM TO PURCHASE A HOME IN NAPA, WHICH WAS A REQUIREMENT OF HIS POSITION WHEN HE WAS HIRED IN 2004. THE BALANCE OF THE LOAN WAS \$33,331 AS OF 6/30/2018. THE LOAN IS FORGIVEN IN THE AMOUNT OF \$6,667 ANNUALLY. THE MATURITY DATE IS 5/25/2023. THE IMPUTED INTEREST AND FORGIVEN DEBT ARE INCLUDED IN THE PRESIDENT'S COMPENSATION ON AN ANNUAL BASIS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

**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.**
- ▶ **Go to www.irs.gov/Form990 for the latest information.**

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 | 22 | 761,576. 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 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't 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 nonstandard 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 didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2017

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THIS NUMBER REPRESENTS THE NUMBER OF CONTRIBUTIONS MADE, NOT THE NUMBER OF ITEMS CONTRIBUTED.

SCHEDULE M, LINE 32B:

CFNV CHARITABLE REAL ESTATE FUND, NVCF'S SUPPORTING ORGANIZATION, OPERATES EXCLUSIVELY FOR CHARITABLE PURPOSES BY CONDUCTING OR SUPPORTING ACTIVITIES FOR THE BENEFIT OF OR TO CARRY OUT THE PURPOSES OF NVCF. ONE OF THESE ACTIVITIES IS THE RECEIPT AND SUBSEQUENT SALE OF GIFTS OF REAL PROPERTY. NVCF'S INVESTMENT ADVISORS ARE RESPONSIBLE FOR THE SALE OF STOCK GIFTS.

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

COMMUNITY FOUNDATION OF THE NAPA VALLEY

Employer identification number

68-0349777

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 III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THAN 4,900 RESIDENTS; HELPED 2,612 SUBMIT APPLICATIONS FOR CITIZENSHIP
AND OTHER IMMIGRATION BENEFITS TO THE US GOVERNMENT; AND ENABLED 929
PEOPLE TO BECOME U.S. CITIZENS.

THE NAPA VALLEY DISASTER RELIEF FUND (DISASTER RELIEF FUND) WAS
RE-ACTIVATED DURING THE YEAR, AS A RESULT OF THE NAPA FIRE COMPLEX THAT
BEGAN ON OCTOBER 8, 2017. THE GOVERNOR DECLARED A STATE OF EMERGENCY
AS A RESULT OF THE FIRES IN NAPA COUNTY ON OCTOBER 9, 2017, AND THE
FEDERAL GOVERNMENT DECLARED A MAJOR DISASTER ON OCTOBER 10, 2017. THE
DISASTER RELIEF FUND WAS ACTIVATED ON OCTOBER 10, 2017, FOLLOWING THAT
DECLARATION. GRANTS WERE MADE TO QUALIFIED NONPROFITS TO PROVIDE
RELIEF AND RECOVERY PROGRAMS AND FINANCIAL ASSISTANCE TO ELIGIBLE
PEOPLE WHO LIVE OR WORK IN NAPA COUNTY, AND WERE AFFECTED BY THE NAPA
FIRE COMPLEX. DURING THE FISCAL YEAR ENDING JUNE 30, 2018 THESE GRANTS
PROVIDED CRITICAL RELIEF SERVICES LIKE MEDICAL CARE, COUNSELING, FOOD,
LEGAL ASSISTANCE AND TEMPORARY SHELTER TO 15,000 PEOPLE; AS WELL AS
DIRECT FINANCIAL AID TO APPROXIMATELY 2,000 RESIDENTS AND BUSINESSES

FOR BASIC NEEDS LIKE RENT AND UTILITIES, TO REPLACE ESSENTIAL HOUSEHOLD

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

Schedule O (Form 990 or 990-EZ) (2017)

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

CONTENTS DESTROYED IN THE FIRES, TO REPAIR OR REBUILD HOMES AND TO HELP

SMALL BUSINESSES RECOVER FROM ECONOMIC AND PHYSICAL LOSSES STEMMING

FROM THE FIRES. GRANTS MADE ALSO INCLUDE THE IMMEDIATE DISTRIBUTION OF

GRANTS TO A CORE GROUP OF 16 NONPROFIT PARTNERS TOTALING \$565,000,

WHICH WERE PRE-APPROVED IN FISCAL YEAR 2016 AFTER THIS GROUP OF

NONPROFITS PARTICIPATED IN TECHNICAL ASSISTANCE TO IMPROVE THEIR

PREPAREDNESS CAPACITY AND EMERGENCY RESPONSE. NVCF ALSO CONVENED

DECISION-MAKERS RESPONSIBLE FOR DISASTER RELIEF FROM LOCAL AND FEDERAL

GOVERNMENT AGENCIES TO ENSURE A COORDINATED RESPONSE THAT REACHED AS

MANY PEOPLE AS POSSIBLE AND LEVERAGED OUR GRANTS WITH FEDERAL DISASTER

RELIEF AID, AS WELL AS FUNDED AND HELPED COORDINATE AND FISCALLY

SPONSOR THE NAPA VALLEY COMMUNITY ORGANIZATIONS ACTIVE IN DISASTERS

(COAD), A NETWORK OF NONPROFIT, FAITH COMMUNITY AND GOVERNMENT SECTOR

GROUPS WHOSE MISSION IS TO IMPROVE COORDINATION AND COMMUNICATION

BEFORE, DURING AND AFTER A DISASTER.

FORM 990, PART VI, SECTION B, LINE 11B:

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

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

DISCUSS ANY QUESTIONS, COMMENTS, AND SUGGESTED REVISIONS IDENTIFIED BY THE
AC. THE PREPARER OF THE FORM 990 SHALL MAKE ANY REVISIONS TO THE FORM 990
AS SOON AS FEASIBLY POSSIBLE TO ENSURE THAT THE FORM 990 IS FILED WITH THE
INTERNAL REVENUE SERVICE ON A TIMELY BASIS. ALL OF THE QUESTIONS,
COMMENTS, AND SUGGESTED REVISIONS SET FORTH BY THE AC SHOULD BE DOCUMENTED,
ALONG WITH ANY RESPONSES FROM THE PREPARER OF THE FORM 990, IF APPLICABLE.
AFTER THE FORM 990 HAS BEEN REVIEWED BY THE AC AND A FINAL COPY IS
PREPARED, STAFF WILL E-MAIL THE FINAL FORM 990 TO ALL NVCF BOARD MEMBERS
BEFORE THE 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.

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

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

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

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

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

NVCF.

* THE COMMENTS AND SUGGESTED EDITS TO THE SELF ASSESSMENT ARE FOLDED INTO A

REVISED DOCUMENT CALLED THE SUPERVISOR ASSESSMENT.

* THE SUPERVISOR ASSESSMENT IS SHARED WITH THE BOARD OF DIRECTORS IN

EXECUTIVE SESSION, WITHOUT STAFF PRESENT, AT THE NEXT MEETING OF THE BOARD.

* AT THIS BOARD MEETING, THE EC MAKES RECOMMENDATIONS FOR SALARY

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.

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

* 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 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).

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

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.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

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" on 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 |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
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Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on 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 12A, I | COMMUNITY FOUNDATION OF THE NAPA VALLEY | X | |
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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on 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) Disproportionate 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 | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on 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 |
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on 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?

- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

| | Yes | No |
|-----------|-----|----|
| 1a | X | |
| 1b | | X |
| 1c | X | |
| 1d | X | |
| 1e | | X |
| 1f | | X |
| 1g | | X |
| 1h | | X |
| 1i | | X |
| 1j | | X |
| 1k | X | |
| 1l | | X |
| 1m | | X |
| 1n | | X |
| 1o | | X |
| 1p | | X |
| 1q | X | |
| 1r | | X |
| 1s | 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 related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|-------------------------------|------------------------|--|
| (1) CFNV CHARITABLE REAL ESTATE FUND | A | 1,275. | CASH |
| (2) CFNV CHARITABLE REAL ESTATE FUND | C | 75,519. | CASH |
| (3) CFNV CHARITABLE REAL ESTATE FUND | D | 51,249. | CASH |
| (4) | | | |
| (5) | | | |
| (6) | | | |

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) <small>Are all partners sec. 501(c)(3) orgs.?</small> | | (f) Share of total income | (g) Share of end-of-year assets | (h) <small>Dispropor- tionate allocations?</small> | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) <small>General or managing partner?</small> | | (k) Percentage ownership |
|--|-------------------------|--|---|--|----|------------------------------------|--|---|----|---|--|----|--------------------------------|
| | | | | Yes | No | | | Yes | No | | Yes | No | |
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Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at** www.irs.gov/form8868 .

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| | Enter filer's identifying number | |
|--|--|---|
| Type or print | Name of exempt organization or other filer, see instructions. COMMUNITY FOUNDATION OF THE NAPA VALLEY | Employer identification number (EIN) or 68-0349777 |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions. 3299 CLAREMONT WAY, NO. 2 | Social security number (SSN) |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. NAPA, CA 94558 | |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

SANDY FASOLD, CFO

• The books are in the care of ▶ 3299 CLAREMONT WAY, NO. 2 - NAPA, CA 94558
Telephone No. ▶ 707-254-9565 Fax No. ▶ 707-254-7955

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

1 I request an automatic 6-month extension of time until MAY 15, 2019, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year _____ or
▶ tax year beginning JUL 1, 2017, and ending JUN 30, 2018.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

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

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2017)

MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045