

# **PUBLIC DISCLOSURE COPY**

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**ARMANINO <sup>LLP</sup>**

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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)

**2020**

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](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the **2020** calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

<b>B</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	<b>C</b> 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 4 City or town, state or province, country, and ZIP or foreign postal code NAPA, CA 94558 <b>F</b> Name and address of principal officer: TERENCE MULLIGAN SAME AS C ABOVE	<b>D</b> Employer identification number 68-0349777 <b>E</b> Telephone number (707) 254-9565 <b>G</b> Gross receipts \$ 30,490,766. <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ WWW.NAPAVALLEYCF.ORG		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: 1994
<b>M</b> State of legal domicile: CA		

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: TO MOBILIZE RESOURCES, PROMOTE PHILANTHROPY AND PROVIDE LEADERSHIP ON VITAL ISSUES IN NAPA COUNTY.		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	14
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	14
	<b>5</b>	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	10
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	50
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>
<b>9</b>		Program service revenue (Part VIII, line 2g)	6,090,809.	16,861,696.
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	29,664.	34,097.
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	756,600.	1,096,715.
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	10,000.
<b>12</b>			6,877,073.	18,002,508.
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,935,507.	10,318,682.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,086,824.	1,192,150.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 252,324.		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	791,430.	579,203.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,813,761.	12,090,035.
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	-1,936,688.	5,912,473.
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26)	43,367,839.	56,058,255.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	2,644,950.	3,044,343.
	<b>22</b>		40,722,889.	53,013,912.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer TERENCE MULLIGAN, PRESIDENT Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name KATY BROWN	Preparer's signature KATY BROWN
	Date 05/13/22	Check if self-employed <input type="checkbox"/> PTIN P00650274
	Firm's name ▶ ARMANINO LLP Firm's address ▶ 12657 ALCOSTA BLVD, STE. 500 SAN RAMON, CA 94583-4600	Firm's EIN ▶ 94-6214841 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 \$ 11,432,587. including grants of \$ 10,318,682. ) (Revenue \$ 34,097. ) PROVIDED GRANTS TO 234 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 EIGHT-YEAR PERIOD ENDING 6/30/21 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 on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 11,432,587.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
<b>3</b> 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
<b>4 Section 501(c)(3) organizations.</b> 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	
<b>5</b> 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
<b>6</b> 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	
<b>7</b> 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
<b>8</b> 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
<b>9</b> 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	
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
<b>11</b> 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.		
<b>a</b> 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>b</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
<b>c</b> 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
<b>d</b> 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
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
<b>f</b> 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	
<b>12a</b> 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>b</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	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		X
<b>b</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
<b>15</b> 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
<b>16</b> 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
<b>17</b> 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
<b>18</b> 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
<b>19</b> 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
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> 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	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and transactions.

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 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, 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 on 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... 14; 1b Enter the number of voting members included on line 1a... 14; 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 on 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; If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 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 (1024 or 1024-A, 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 [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on 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. 4, 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. See instructions for the order in which to list the persons above.

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) TERENCE MULLIGAN PRESIDENT	40.00 3.00			X			226,274.	0.	25,326.	
(2) SANDY FASOLD CFO	40.00 1.00			X			126,618.	0.	14,736.	
(3) JULIA DENATALE VP OF COMMUNITY IMPACT	40.00				X		121,605.	0.	18,611.	
(4) SARAH LEHMAN (LEFT (10/20)) VP OF DEVELOPMENT	40.00				X		103,525.	0.	7,404.	
(5) HEIDI HOLZHAUER CHAIR	1.00	X		X			0.	0.	0.	
(6) ED MATOVCIK CO-VICE CHAIR	1.00	X		X			0.	0.	0.	
(7) DAVID WHITMER CO-VICE CHAIR	1.00	X		X			0.	0.	0.	
(8) ROBERT MURPHY TREASURER	1.00	X		X			0.	0.	0.	
(9) MAIRA AYALA SECRETARY	1.00	X		X			0.	0.	0.	
(10) COLLEEN CHAPPELLET DIRECTOR	1.00	X					0.	0.	0.	
(11) LIZ CHRISTENSEN DIRECTOR	1.00	X					0.	0.	0.	
(12) J KEVIN CORLEY DIRECTOR	1.00	X					0.	0.	0.	
(13) DAWNINE DYER DIRECTOR	1.00	X					0.	0.	0.	
(14) BOB FIDDAMAN DIRECTOR	1.00	X					0.	0.	0.	
(15) ERIKA LUBENSKY DIRECTOR	1.00	X					0.	0.	0.	
(16) TOM MCBROOM DIRECTOR	1.00	X					0.	0.	0.	
(17) RICHARD PASTCAN, MD 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) PETE RICHMOND DIRECTOR	1.00	X					0.	0.	0.	
<b>1b Subtotal</b>							578,022.	0.	66,077.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							578,022.	0.	66,077.	

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 4

	Yes	No
3 Did the organization list any <b>former</b> officer, director, 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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>	20,000.				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	1,100,900.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	15,740,796.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 5,187,167.				
	<b>h Total.</b> Add lines 1a-1f .....			16,861,696.			
<b>Program Service Revenue</b>	<b>2 a</b> ADMINISTRATIVE FEES	<b>Business Code</b>					
		525920	21,597.	21,597.			
	<b>b</b> SUPPORT. ORG. MGMT FEE	900099	12,500.	12,500.			
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....			34,097.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		631,174.			631,174.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	10,000.			
			(ii) Personal				
				0.			
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>	10,000.				
	<b>d</b> Net rental income or (loss) .....			10,000.		10,000.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	12,953,799.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	12,488,258.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	465,541.				
<b>d</b> Net gain or (loss) .....			465,541.		465,541.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....			18,002,508.	34,097.	0.	1,106,715.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	10,301,097.	10,301,097.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	17,585.	17,585.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	413,038.	153,401.	199,161.	60,476.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	641,262.	425,760.	105,152.	110,350.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,816.	7,237.	1,413.	2,166.
<b>9</b> Other employee benefits .....	52,502.	32,826.	8,060.	11,616.
<b>10</b> Payroll taxes .....	74,532.	41,147.	21,097.	12,288.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	91,279.	91,279.		
<b>c</b> Accounting .....	36,236.		36,236.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	102,464.	102,464.		
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	187,299.	187,299.		
<b>12</b> Advertising and promotion .....				
<b>13</b> Office expenses .....	40,232.	20,768.	10,239.	9,225.
<b>14</b> Information technology .....	66,692.	36,468.	16,077.	14,147.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....				
<b>17</b> Travel .....	36.		28.	8.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	5,458.	1,273.	1,381.	2,804.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	508.	269.	127.	112.
<b>23</b> Insurance .....	3,268.	1,732.	817.	719.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <u>MARKETING &amp; COMMUNICATI</u>	24,615.	804.		23,811.
<b>b</b> <u>DUES &amp; SUBSCRIPTIONS</u>	19,224.	10,728.	4,344.	4,152.
<b>c</b> <u>STAFF TRAINING &amp; RECRUI</u>	1,892.	450.	992.	450.
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	12,090,035.	11,432,587.	405,124.	252,324.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> 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)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	2,769,385.	<b>2</b>	2,296,760.
	<b>3</b> Pledges and grants receivable, net .....	2,766,198.	<b>3</b>	3,058,464.
	<b>4</b> Accounts receivable, net .....	3,492.	<b>4</b>	18,154.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....	19,997.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	1,018,802.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 7,235.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 4,606.		
			3,136.	<b>10c</b> 2,629.
	<b>11</b> Investments - publicly traded securities .....	36,081,935.	<b>11</b>	47,655,309.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	1,485,947.	<b>12</b>	1,807,858.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 .....	237,749.	<b>15</b>	200,279.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	43,367,839.	<b>16</b>	56,058,255.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	82,868.	<b>17</b>	186,639.
	<b>18</b> Grants payable .....	334,936.	<b>18</b>	410,866.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	2,058,746.	<b>21</b>	2,446,838.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	168,400.	<b>25</b>	0.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	2,644,950.	<b>26</b>	3,044,343.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	13,989,233.	<b>27</b>	17,720,513.
	<b>28</b> Net assets with donor restrictions .....	26,733,656.	<b>28</b>	35,293,399.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	40,722,889.	<b>32</b>	53,013,912.
<b>33</b> Total liabilities and net assets/fund balances .....	43,367,839.	<b>33</b>	56,058,255.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	18,002,508.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	12,090,035.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	5,912,473.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	40,722,889.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	6,378,550.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	53,013,912.

**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 on 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 on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form **990** (2020)

**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

**2020**

**Open to Public Inspection**

Name of the organization <b>COMMUNITY FOUNDATION OF THE NAPA VALLEY</b>	Employer identification number <b>68-0349777</b>
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**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).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An 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 (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 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, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 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).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - 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).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	6,189,225.	28,794,108.	16,897,330.	6,090,809.	16,861,696.	74,833,168.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	6,189,225.	28,794,108.	16,897,330.	6,090,809.	16,861,696.	74,833,168.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						16,441,026.
<b>6 Public support.</b> Subtract line 5 from line 4.						58,392,142.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	6,189,225.	28,794,108.	16,897,330.	6,090,809.	16,861,696.	74,833,168.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	334,053.	476,508.	817,387.	809,508.	641,174.	3,078,630.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						77,911,798.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	196,588.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	74.95 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	70.46 %
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....

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

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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 line 10b below.</i>		
<b>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in line 11a above?		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>		
<b>2</b> 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
<b>1</b> 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
<b>1</b> 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?		
<b>2</b> 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>		
<b>3</b> By reason of the relationship described in line 2, above, 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**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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>b</b> Did the activities described in line 2a, above, 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>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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>If "Yes" or "No" provide details in Part VI.</i>		
<b>b</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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (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 0.85 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	<b>Distributable Amount.</b> 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) 2020

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	<b>5</b>
<b>6</b>	Other distributions (describe in Part VI). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Horizontal lines for supplemental information input.

# 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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

# 2020

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 (entering "N/A" in column (b) instead of the contributor name and address), 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).

Name of organization  COMMUNITY FOUNDATION OF THE NAPA VALLEY	Employer identification number  68-0349777
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**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	_____ _____ _____	\$ 2,056,085.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 1,950,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 1,600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 874,135.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 750,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ 643,260.	Person <input checked="" 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
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**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
7	<hr/> <hr/> <hr/>	\$ 532,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 524,580.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 494,108.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 471,462.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 471,149.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ 400,000.	Person <input checked="" 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
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**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
13	_____ _____ _____	\$ 386,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	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
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**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
1	STOCK _____ _____ _____	\$ 2,056,085.	06/30/21
4	STOCK _____ _____ _____	\$ 874,135.	06/30/21
8	STOCK _____ _____ _____	\$ 524,580.	06/30/21
9	STOCK _____ _____ _____	\$ 494,108.	06/30/21
11	STOCK _____ _____ _____	\$ 466,149.	06/30/21
	_____ _____ _____	\$ _____	_____

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

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

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2020**

**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](http://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>
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**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-.

**For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.** **Schedule C (Form 990 or 990-EZ) 2020**

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b>	Other exempt purpose expenditures .....	12,090,035.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....	12,090,035.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	754,502.													
<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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....	188,626.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b>	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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
<b>2a</b> Lobbying nontaxable amount	947,806.	614,965.	590,688.	754,502.	2,907,961.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					4,361,942.
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount	236,952.	153,741.	147,672.	188,626.	726,991.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,090,487.
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....	<b>3</b>	

**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."**

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
<b>a</b> Current year .....	<b>2a</b>
<b>b</b> Carryover from last year .....	<b>2b</b>
<b>c</b> Total .....	<b>2c</b>
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	<b>3</b>
<b>4</b> 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? .....	<b>4</b>
<b>5</b> Taxable amount of lobbying and political expenditures (See instructions) .....	<b>5</b>

**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.

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**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**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 .....	54	25
2 Aggregate value of contributions to (during year) .....	7,907,763.	2,106,793.
3 Aggregate value of grants from (during year) .....	5,946,279.	454,689.
4 Aggregate value at end of year .....	12,626,572.	5,740,073.
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 (for example, 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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

**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 make 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 program
  - 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             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, 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	17,584,566.	18,014,919.	6,055,830.	5,909,462.	5,483,250.
b Contributions	1,950,000.	6,680.	11,601,513.		80,957.
c Net investment earnings, gains, and losses	5,145,186.	161,152.	724,086.	440,645.	641,461.
d Grants or scholarships					
e Other expenditures for facilities and programs	784,158.	598,185.	366,510.	294,277.	296,206.
f Administrative expenses					
g End of year balance	23,895,594.	17,584,566.	18,014,919.	6,055,830.	5,909,462.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  .0000 %
  - b Permanent endowment  100 %
  - c Term endowment  .0000 %
- 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:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations   |     | X  |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> |     |    |
- 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		7,235.	4,606.	2,629.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,629.



**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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**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)		
<b>Total.</b> (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)	
<b>Total.</b> (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)	
<b>Total.</b> (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 FASB 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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

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, 2021, THE FOUNDATION MAINTAINED A TOTAL OF \$2,446,838 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, 2021, 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](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2020**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
10,000 DEGREES 1401 LOS GAMOS DRIVE, SUITE 205 SAN RAFAEL, CA 94903	95-3667812	501(C)(3)	45,000.	0.			FOR THE COMMUNITY COLLEGE SUCCESS PROGRAM IN NAPA COUNTY
AG4 YOUTH UPVALLEY RANCHERS INC 1200 FOSTER ROAD NAPA, CA 94558	36-4716996	501(C)(3)	25,000.	0.			FOR UNRESTRICTED SUPPORT
AIM HIGH FOR HIGH SCHOOL PO BOX 410715 SAN FRANCISCO, CA 94141-0715	94-3296338	501(C)(3)	37,000.	0.			TO SUPPORT THE NAPA AIM HIGH 2021 SUMMER PROGRAM
ALAINAS VOICE FOUNDATION 4215 SOLANO AVE. NAPA, CA 94558	83-2688584	501(C)(3)	5,888.	0.			FOR GENERAL SUPPORT
ALDEA, INC. PO BOX 841 NAPA, CA 94559	94-2159248	501(C)(3)	35,000.	0.			TO PROVIDE CRITICAL DISASTER-RELATED RELIEF AND/OR RECOVERY SERVICES IN NAPA COUNTY
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION - PO BOX 96011 - WASHINGTON, DC 20090-6011	13-3039601	501(C)(3)	5,000.	0.			FOR SUPPORT OF THE 24/7 HELPLINE

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 111.

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

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

Schedule I (Form 990) 2020

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
AMADOR COMMUNITY FOUNDATION 571 SOUTH STATE HWY 49 JACKSON, CA 95642	68-0447992	501(C)(3)	5,000.	0.			FOR AMADOR PROMISE SCHOLARSHIPS
BAY AREA COMMUNITY RESOURCES 171 CARLOS DRIVE SAN RAFAEL, CA 94903	94-2346815	501(C)(3)	116,000.	0.			FOR NAPA VALLEY COMMUNITY ORGANIZATIONS ACTIVE IN DISASTER JULY '20 THROUGH JUNE '21
BIOLA UNIVERSITY OFFICE OF FINANCIAL AID, 13800 BIOLA LA MIRADA, CA 90639	95-0549600	501(C)(3)	20,500.	0.			FOR STUDENT TUITION
BOYS & GIRLS CLUBS OF ST. HELENA AND CALISTOGA - 1420 TAINTER STREET - ST. HELENA, CA 94574	68-0226714	501(C)(3)	50,000.	0.			TO HIRE A CREDENTIALLED TEACHER TO PROVIDE ACADEMIC AND CHILDCARE SUPPORT FOR STUDENTS
BOYS AND GIRLS CLUBS OF NAPA VALLEY - 1515 PUEBLO AVENUE - NAPA, CA 94558	94-6033413	501(C)(3)	25,000.	0.			TO PROVIDE CRITICAL DISASTER-RELATED RELIEF AND/OR RECOVERY SERVICES IN NAPA COUNTY
BRANNAN CENTER PO BOX 466 CALISTOGA, CA 94515-9998	84-4849621	501(C)(3)	2,434,000.	0.			FOR SUPPORT OF THE CAPITAL CAMPAIGN
BRIDGE THE GAP COLLEGE PREP P.O. BOX 1390 SAUSALITO, CA 94965	91-1930327	501(C)(3)	5,000.	0.			FOR SUPPORT OF THE SUMMER ACADEMY
BURBANK HOUSING DEVELOPMENT CORPORATION - 790 SONOMA AVENUE - SANTA ROSA, CA 95404	94-2837785	501(C)(3)	10,000.	0.			FOR THE NAPA SONOMA ADU CENTER TENANT RECRUITMENT AND PLACEMENT PROGRAM
CALIFORNIA POLYTECHNIC STATE UNIVERSITY FOUNDATION - UNIVERSITY DEVELOPMENT, 1 GRAND AVENUE, BUILDING 117, ROOM 215 - SAN LUIS	20-4927897	501(C)(3)	5,000.	0.			FOR SUPPORT OF THE COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENTAL SCIENCES CAMPUS WINERY

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
CALIFORNIA POLYTECHNIC STATE UNIVERSITY, SAN LUIS OBISPO - CAL POLY UNIVERSITY CASHIER, ADMINISTRATION 131-E, ATTN:		PUBLIC SCHOOL	18,213.	0.			FOR STUDENT TUITION
CALIFORNIA STATE UNIVERSITY, SACRAMENTO - ATTN: SCHOLARSHIP OFFICE, 6000 J STREET - SACRAMENTO, CA 95819-6044		PUBLIC SCHOOL	20,000.	0.			FOR STUDENT TUITION
CALISTOGA JOINT UNIFIED SCHOOL DISTRICT - 1520 LAKE STREET - CALISTOGA, CA 94515	52-1557245	PUBLIC SCHOOL	15,000.	0.			TO STRENGTHEN THE AVID PROGRAM
CALISTOGA ROTARY FOUNDATION INC PO BOX 754 CALISTOGA, CA 94515-0754	94-3282223	501(C)(3)	5,000.	0.			IN SUPPORT OF THE CALISTOGA ROTARY SCHOLARSHIP PROGRAM
CASA, A VOICE FOR CHILDREN 1804 SOSCOL AVENUE, STE 201 NAPA, CA 94559	20-3594007	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
CENTER FOR VOLUNTEER AND NONPROFIT LEADERSHIP - 65 MITCHELL BLVD, STE 101 - SAN RAFAEL, CA 94903	68-0101012	501(C)(3)	16,000.	0.			TO PROVIDE CRITICAL DISASTER-RELATED RELIEF AND/OR RECOVERY SERVICES IN NAPA COUNTY
CHILD START, INC. 439 DEVLIN ROAD NAPA, CA 94558	68-0442009	501(C)(3)	5,000.	0.			FOR THE RAISING A READER PROGRAM
CHILDREN'S AIDS ART PROGRAMME 100 SOUTH STREET, STE 305 SAUSALITO, CA 94965	26-0118652	501(C)(3)	15,000.	0.			FOR GENERAL PURPOSES
CITY OF NAPA PARKS AND RECREATION SERVICES DEPARTMENT - 955 SCHOOL STREET - NAPA, CA 94559		GOVERNMENT AGENC	19,707.	0.			TO IMPROVE DRAINAGE CULVERTS/TRAILS AND TO REPLACE/REPAIR DAMAGED BENCHES IN ALSTON PARK

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COLLABRIA CARE 414 SOUTH JEFFERSON STREET NAPA, CA 94559	68-0393144	501(C)(3)	72,000.	0.			FOR SUPPORT OF THE ADULT DAY SERVICES PROGRAM
COMMUNITY ACTION OF NAPA VALLEY COMMUNITY ACTION ADMINISTRATION NAPA, CA 94558	94-1610851	501(C)(3)	125,000.	0.			FOR THE NAPA VALLEY FOOD BANK PROGRAM
COMMUNITY HEALTH INITIATIVE NAPA COUNTY INC. - 2140 JEFFERSON STREET, STE D - NAPA, CA 94559	25-1924934	501(C)(3)	12,000.	0.			TO SERVE AS LEAD AGENCY FOR THE VACCINE OUTREACH COLLABORATIVE TO CONDUCT GRASSROOTS OUTREACH
COMMUNITY RESOURCES FOR CHILDREN 3299 CLAREMONT WAY, STE 1 NAPA, CA 94558	94-2524785	501(C)(3)	336,600.	0.			FOR SUPPORT OF THE ACTIVE MINDS SCHOOL READINESS PROGRAM
COPE FAMILY CENTER 707 RANDOLPH STREET NAPA, CA 94559	94-2322399	501(C)(3)	79,533.	0.			TO PROVIDE CRITICAL DISASTER-RELATED RELIEF AND/OR RECOVERY SERVICES IN NAPA COUNTY
CORSTONE 8 MARKET PLACE, STE 300 BALTIMORE, MD 21202	94-2393629	501(C)(3)	10,000.	0.			FOR GENERAL PURPOSES
CROSSWALK COMMUNITY CHURCH 2590 FIRST STREET NAPA, CA 94558	94-1714580	501(C)(3)	10,000.	0.			TO SUPPORT THE REMODEL/UPDATING OF THE LOCKER ROOM/BATHROOM USED IN THE EMERGENCY SHELTER
DI ROSA PRESERVE 5200 SONOMA HWY 121 NAPA, CA 94559	94-3367956	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING EXPENSES
DIRECT RELIEF 6100 WALLACE BECKNELL ROAD SANTA BARBARA, CA 93117	95-1831116	501(C)(3)	25,000.	0.			FOR SUPPORT OF COVID-19 RELIEF EFFORTS

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DOCTORS WITHOUT BORDERS USA INC. PO BOX 5030 HAGERSTOWN, MD 21741-5030	13-3433452	501(C)(3)	55,000.	0.			FOR COVID PROJECTS
DOMINICAN UNIVERSITY OF CALIFORNIA 50 ACACIA AVENUE SAN RAFAEL, CA 94901	94-1156525	501(C)(3)	20,000.	0.			FOR STUDENT TUITION
ELIZABETH F. GAMBLE GARDEN 1431 WAVERLEY STREET PALO ALTO, CA 94301	77-0094213	501(C)(3)	33,500.	0.			FOR THE GAMBLE GARDENS FALL FUNDRAISER PROJECT
FIDELITY INVESTMENTS CHARITABLE GIFT FUND - PO BOX 770001 - CINCINNATI, OH 45277-0053	11-0303001	501(C)(3)	172,300.	0.			FOR BENEFIT OF A DONOR ADVISED FUND AT FIDELITY CHARITABLE
FRANCISCO PARK CONSERVANCY PO BOX 475035 SAN FRANCISCO, CA 94147-5035	47-1744588	501(C)(3)	275,000.	0.			TO BE USED AS THE FPC SHALL DECIDE
FRIENDS OF NAPA COUNTY ANIMAL SHELTER - PO BOX 715 - NAPA, CA 94559	82-0702572	501(C)(3)	15,000.	0.			TO HELP SUBSIDIZE COSTS FOR MEDICAL FEES FOR SMALL ANIMALS IN NAPA COUNTY
GRACE EPISCOPAL CHURCH 1314 SPRING STREET ST. HELENA, CA 94574	94-2847540	501(C)(3)	5,000.	0.			FOR FISCAL SPONSORSHIP OF NAPA VALLEY NEW DEAL, FOR MEALS
GREATER NAPA VALLEY FAIR HOUSING CENTER - 1303 JEFFERSON ST., STE 200A - NAPA, CA 94559	42-1576121	501(C)(3)	30,000.	0.			TO PROVIDE CRITICAL DISASTER-RELATED RELIEF AND/OR RECOVERY SERVICES IN NAPA COUNTY
GUNILDA RIANDA SENIOR CENTER ASSOCIATION - 1475 MAIN STREET - ST. HELENA, CA 94574	20-2411077	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT

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HEART TO HEART INTERNATIONAL PO BOX 15566 LENEXA, KS 66285	48-1108359	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT
HOLY ASSUMPTION MONASTERY 1519 WASHINGTON STREET CALISTOGA, CA 94515	94-2903160	501(C)(3)	50,000.	0.			FOR THE NEW ST. NICHOLAS HOUSE
HUMANE SOCIETY OF NAPA COUNTY PO BOX 695 NAPA, CA 94559	23-7315010	501(C)(3)	92,000.	0.			FOR GENERAL SUPPORT
HUMANE SOCIETY OF THE NORTH BAY 1121 SONOMA BLVD VALLEJO, CA 94590	94-3041601	501(C)(3)	8,000.	0.			FOR SUPPORT OF PROGRAMS BENEFITING SMALL ANIMALS IN NAPA COUNTY
HUMANE SOCIETY OF TRUCKEE-TAHOE 10961 STEVENS LANE TRUCKEE, CA 96161	68-0366788	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT. THIS GRANT IS MADE POSSIBLE BY ANN BURCHILL
IF GIVEN A CHANCE PO BOX 2607 NAPA, CA 94558	91-1852336	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
IMMIGRATION INSTITUTE OF THE BAY AREA - 1111 MARKET STREET, 4TH FLOOR - SAN FRANCISCO, CA 94103	94-1156554	501(C)(3)	129,800.	0.			FOR A PASS-THROUGH FROM COUNTY OF NAPA FOR CITIZENSHIP LEGAL SERVICES IN NAPA COUNTY
INTERFAITH COUNCIL OF AMADOR 12181 AIRPORT ROAD JACKSON, CA 95642	68-0363653	501(C)(3)	5,000.	0.			FOR GENERAL FUND
J DAVID GLADSTONE INSTITUTES 1650 OWENS STREET SAN FRANCISCO, CA 94158	23-7203666	501(C)(3)	10,000.	0.			FOR SUPPORT OF THE GLADSTONE INSTITUTE ALZHEIMERS RESEARCH PROGRAM

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JAMESON ANIMAL RESCUE RANCH 1224 ADAMS STREET, STE C ST. HELENA, CA 94574	47-1230166	501(C)(3)	15,000.	0.			TO HELP SUBSIDIZE COSTS FOR SPAY/NEUTER SERVICES FOR SMALL ANIMALS IN NAPA COUNTY
JOHNS HOPKINS UNIVERSITY JHU THIRD-PARTY PAYER & PAYMENT PROCESSING TEAM (TPP TEAM), JOHNS HOPKINS UN	52-0595110	501(C)(3)	16,213.	0.			FOR STUDENT TUITION
JUSTIN-SIENA HIGH SCHOOL 4026 MAHER STREET NAPA, CA 94558	94-2168313	501(C)(3)	25,000.	0.			FOR SUPPORT OF THE LEAP PROGRAM
KQED INC. 2601 MARIPOSA STREET SAN FRANCISCO, CA 94110-1426	94-1241309	501(C)(3)	5,000.	0.			FOR SUPPORT OF AAPI PROGRAMS
LAW ENFORCEMENT CHAPLAINCY OF NAPA PO BOX 2022 NAPA, CA 94558	68-0103192	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT
MASSACHUSETTS INSTITUTE OF TECHNOLOGY - 600 MEMORIAL DRIVE, W98-200 - CAMBRIDGE, MA 02139-4822	04-2103594	501(C)(3)	50,000.	0.			FOR THE IRDF FUND TO SUPPORT CAPITAL CAMPAIGN FOR DELTA TAU DELTA HOUSE RENOVATION
MENTIS 709 FRANKLIN STREET NAPA, CA 94559	94-1236934	501(C)(3)	138,500.	0.			TO PROVIDE CRITICAL DISASTER-RELATED RELIEF AND/OR RECOVERY SERVICES IN NAPA COUNTY
METABANK 5501 S BROADBANK LANE SIOUX FALLS, SD 57108	42-0747941		453,150.	0.			FOR IMMEDIATE NEEDS FOR EVACUEES OF THE 2020 WILDFIRES IN NAPA COUNTY
MOLLY'S ANGELS 433 SOSCOL AVENUE, STE B151 NAPA, CA 94559	31-1675725	501(C)(3)	11,000.	0.			FOR GENERAL SUPPORT

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MOVING FORWARD TOWARDS INDEPENDENCE - 68 COOMBS STREET, 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 AND LINDA PINGITORE
MUSEUM OF THE CHEROKEE IN SOUTH CAROLINA - 70 SHORT STREET - WALHALLA, SC 29691	90-0798631	501(C)(3)	10,000.	0.			FOR SUPPORT OF EXPANSION OF THE MUSEUM INTO THE BUILDING NEXT DOOR
NAPA COMMUNITIES FIREWISE FOUNDATION - PO BOX 440B - ST. HELENA, CA 94574	26-0147748	501(C)(3)	175,000.	0.			IN SUPPORT OF NAPA COUNTY'S ONGOING FUEL MITIGATION PROJECTS
NAPA COMMUNITY ANIMAL RESPONSE TEAM - PO BOX 67 - NAPA, CA 94559	82-3738768	501(C)(3)	20,000.	0.			TO SUPPORT EVACUATION PREPAREDNESS PROGRAMS FOR SENIORS AND SMALL COMPANION ANIMALS
NAPA COUNTY ANIMAL SHELTER AND ADOPTION CENTER - 942 HARTLE COURT - NAPA, CA 94558		GOVERNMENT AGENC	25,000.	0.			FOR GENERAL SUPPORT
NAPA COUNTY LAND TRUST 1700 SOSCOL AVENUE, STE 20 NAPA, CA 94559	94-2315096	501(C)(3)	43,500.	0.			FOR OPERATING COSTS
NAPA COUNTY OFFICE OF EDUCATION 2121 IMOLA AVENUE NAPA, CA 94559	94-6002406	GOVERNMENT AGENC	10,229.	0.			FOR THE CONSTRUCTION & WELDING PROGRAM AT CAMILLE CREEK COMMUNITY SCHOOL
NAPA VALLEY CHILD ADVOCACY NETWORK, INCORPORATED - 1909 JEFFERSON STREET - NAPA, CA 94559	56-2498308	501(C)(3)	58,750.	0.			TO SUPPORT THE DISTRIBUTION OF EMERGENCY FOOD ASSISTANCE TO HOUSEHOLDS IN NAPA COUNTY
NAPA VALLEY COLLEGE 2277 NAPA VALLEJO HWY NAPA, CA 94558		PUBLIC SCHOOL	58,713.	0.			FOR STUDENT TUITION

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NAPA VALLEY FARMWORKER FOUNDATION 831 LATOUR COURT, STE A NAPA, CA 94558	36-4790851	501(C)(3)	10,000.	0.			FOR SUPPORT OF THE ST. HELENA HOSPITAL FOUNDATIONS COVID-19 VACCINATION CLINIC
NAPA VALLEY FESTIVAL ASSOCIATION 1030 SEMINARY STREET, STE C NAPA, CA 94559	26-4008029	501(C)(3)	5,000.	0.			FOR THE ANNUAL FUND
NAPA VALLEY UNIFIED EDUCATIONAL FOUNDATION - 2425 JEFFERSON STREET, ROOM #105 - NAPA, CA 94558	68-0005743	501(C)(3)	30,000.	0.			FOR SUPPORT OF THE VIRTUAL ACADEMY PROGRAM FOR LOW-INCOME HIGH SCHOOL STUDENTS IN NAPA
NAPA VALLEY UNIFIED SCHOOL DISTRICT - 2425 JEFFERSON STREET - NAPA, CA 94558		PUBLIC SCHOOL	35,000.	0.			FOR THE IMPLEMENTATION AND GROWTH OF THE AVID PROGRAM
NEWS 1141 PEAR TREE LANE, STE 220 NAPA, CA 94558	94-2745889	501(C)(3)	55,000.	0.			FOR GENERAL SUPPORT
OLE HEALTH 1141 PEAR TREE LANE, STE 100 NAPA, CA 94558	23-7221695	501(C)(3)	15,000.	0.			TO PROVIDE CRITICAL DISASTER-RELATED RELIEF AND/OR RECOVERY SERVICES IN NAPA COUNTY
OLE HEALTH FOUNDATION 1100 TRANCAS STREET, STE 300 NAPA, CA 94558	68-0149424	501(C)(3)	35,000.	0.			FOR COVID RELIEF
ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558	75-3149095	501(C)(3)	1,909,416.	0.			FOR SUPPORT OF THE YOUTH LEADERSHIP ACADEMIES
PARTNERS IN HEALTH, A NONPROFIT CORPORATION - PO BOX 996 - FREDERICK, MD 21705-9942	04-3567502	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT

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PLANNED PARENTHOOD SHASTA-DIABLO 2185 PACHECO STREET CONCORD, CA 94520	94-1575233	501(C)(3)	35,000.	0.			FOR SUPPORT OF NAPA COUNTY PROGRAMS
PRAIRIE HILL WALDORF SCHOOL N14 W29143 SILVERNAIL RD PEWAUKEE, WI 53072-4855	39-1578689	501(C)(3)	6,000.	0.			FOR A ROOF TO REPLACE THE TARP FOR THE 4TH GRADE OUTDOOR CLASSROOM
PRISON FELLOWSHIP MINISTRIES PO BOX 1550 MERRIFIELD, VA 22116-1550	62-0988294	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
PUERTAS ABIERTAS COMMUNITY RESOURCE CENTER / SUN INC. - PO BOX 3009 - NAPA, CA 94558	20-3126333	501(C)(3)	75,644.	0.			IN SUPPORT OF WORKING WITH LATINOS TO ACHIEVE HEALTHY LIFESTYLES
QUEEN OF THE VALLEY HOSPITAL FOUNDATION - 1000 TRANCAS STREET, PO BOX 2069 - NAPA, CA 94558	23-7081153	501(C)(3)	15,000.	0.			FOR SUPPORT OF THE EMERGENCY ROOM FUND
RAISING A READER 489 VALLEY WAY MILPITAS, CA 95035	94-3390149	501(C)(3)	75,000.	0.			FOR GENERAL SUPPORT
RIPPLE EFFECT ANIMAL PROJECT 536 SILVERADO TRAIL NAPA, CA 94559	84-3913071	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
SALVATION ARMY - GOLDEN STATE DIVISION - 832 FOLSOM STREET - SAN FRANCISCO, CA 94107	94-1156347	501(C)(3)	5,000.	0.			FOR SUPPORT OF THE HOLIDAY LUNCH
SALVATION ARMY - NAPA CORPS 590 FRANKLIN STREET NAPA, CA 94559	94-1156347	501(C)(3)	118,000.	0.			FOR THE MODULAR HOUSING UNIT FUNDING GAP

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SANTA ROSA SYMPHONY ASSOCIATION 50 SANTA ROSA AVENUE, SUITE 410 SANTA ROSA, CA 95404-4908	94-6134075	501(C)(3)	60,000.	0.			FOR GENERAL SUPPORT
SHARE THE CARE NAPA VALLEY 162 SOUTH COOMBS STREET NAPA, CA 94559	81-5288335	501(C)(3)	5,000.	0.			FOR THE HOME SAFETY AND STOP FALLS PROGRAM
SIERRA CLUB FOUNDATION 2101 WEBSTER STREET, STE 1250 OAKLAND, CA 94612	94-6069890	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
SONOMA ACADEMY 2500 FARMERS LANE SANTA ROSA, CA 95404	94-3343174	501(C)(3)	350,000.	0.			TO BE USED AS THE TRUSTEES SHALL DECIDE - FOR THE PERFORMING ARTS CAPITAL CAMPAIGN
SONOMA VALLEY HOSPITAL FOUNDATION 347 ANDRIEUX STREET SONOMA, CA 95476	94-2832488	501(C)(3)	5,000.	0.			FOR GENERAL PURPOSES
ST. HELENA HOSPITAL FOUNDATION 10 WOODLAND ROAD ST. HELENA, CA 94574	20-1384250	501(C)(3)	90,000.	0.			FOR SUPPORT OF THE MARTIN O'NEIL CANCER CENTER
ST. JOHNS UNIVERSITY EXTERNAL SCHOLARSHIPS, 8000 UTOPIA JAMAICA, NY 11439	11-1630830	501(C)(3)	20,000.	0.			FOR STUDENT TUITION
SUMMER SEARCH 360 22ND STREET, SUITE 305 OAKLAND, CA 94612	68-0200138	501(C)(3)	25,000.	0.			FOR SUPPORT OF SUMMER SEARCH'S NAPA COUNTY PROGRAMS
THE ALPHEIOS PROJECT, LTD. 15465 MACDONALD ROAD GRASS VALLEY, CA 95949	27-2248757	501(C)(3)	74,997.	0.			FOR GENERAL SUPPORT

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THE INDEPENDENT INSTITUTE 100 SWAN WAY OAKLAND, CA 946211428	94-3008370	501(C)(3)	10,000.	0.			FOR SUPPORT OF THE CAMPAIGN FOR HOUSING AND HUMAN DIGNITY
THE UC DAVIS FOUNDATION UC DAVIS CONFERENCE CENTER, 2ND FLOOR, ONE SHIELDS AVENUE - DAVIS, CA 95616-	94-6081352	501(C)(3)	5,000.	0.			TO SUPPORT THE HURLEY AND THELMA COUCHMAN SCHOLARSHIP FUND, FUND# 324068
TRUCKEE DONNER LAND TRUST PO BOX 8816 TRUCKEE, CA 96162-8816	68-0245327	501(C)(3)	10,000.	0.			TO SUPPORT GENERAL OPERATIONS AND OF TRUCKEE SPRINGS PROJECT
UC REGENTS, UNIVERSITY OF CALIFORNIA, DAVIS - ONE SHIELDS AVENUE - DAVIS, CA 95616	94-6036494	501(C)(3)	66,500.	0.			FOR STUDENT TUITION
UC REGENTS, UNIVERSITY OF CALIFORNIA, MERCED - OFFICE OF FINANCIAL AID AND SCHOLARSHIPS, 5200 N LAKE ROAD - MERCED, CA	27-0093858	PUBLIC SCHOOL	20,500.	0.			FOR STUDENT TUITION
UC REGENTS, UNIVERSITY OF CALIFORNIA, RIVERSIDE - FINANCIAL AID OFFICE, 900 UNIVERSITY AVENUE - RIVERSIDE, CA 92521-0209	95-6006142	PUBLIC SCHOOL	6,750.	0.			FOR STUDENT TUITION
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
UNIVERSITY OF SAN FRANCISCO FINANCIAL AID OPERATIONS AND SERVICES - LM 250, 2130 FULTON STREET - SAN FRA	94-1156628	501(C)(3)	2,522.	0.			FOR STUDENT TUITION
UPVALLEY FAMILY CENTERS OF NAPA COUNTY - 1440 SPRING STREET - ST. HELENA, CA 94574	80-0023012	501(C)(3)	964,894.	0.			FOR THE VOLUNTEER INCOME TAX ASSISTANCE (VITA) PROGRAM

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WAYFINDER FAMILY SERVICES 8391 AUBURN BLVD CITRUS HEIGHTS, CA 95610	95-1977659	501(C)(3)	15,000.	0.			IN SUPPORT OF THEIR FOSTER ADOPTION SERVICES IN NAPA COUNTY
WE CARE ANIMAL RESCUE 1345 CHARTER OAK AVENUE ST. HELENA, CA 94574	94-2864103	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT
WILDLIFE RESCUE CENTER OF NAPA COUNTY - PO BOX 2571 - NAPA, CA 94558	68-0271705	501(C)(3)	21,000.	0.			FOR GENERAL SUPPORT
WINDWARD FUND 1201 CONNECTICUT AVE. NW #300 WASHINGTON, DC 20036	47-3522162	501(C)(3)	112,500.	0.			FOR FISCAL SPONSORSHIP OF ZONEHAVEN FUND FOR A FIVE YEAR CONTRACT FOR THE COUNTY OF NAPA
WINE COUNTRY ANIMAL LOVERS PO BOX 3 CALISTOGA, CA 94515	27-1454400	501(C)(3)	16,000.	0.			TO HELPCOSTS FOR SPAY/NEUTER SERVICES AND MEDICAL FEES FOR ANIMALS IN NAPA COUNTY
WORKING SOLUTIONS CDFI 930 MONTGOMERY STREET SAN FRANCISCO, CA 94133	91-1951777	501(C)(3)	102,000.	0.			FOR GRANT AWARDS FOR THE CITY OF NAPA COVID-19 SMALL BUSINESS MINI-GRANT PROGRAM
WORLD CENTRAL KITCHEN INC. ATTN: ERIN GORE, 1342 FLORIDA AVE N WASHINGTON, DC 20009	27-3521132	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT

Schedule I (Form 990)



**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
RELIEF FOR DISASTER VICTIMS	350	0.	17,585.	FMV	GIFT CARDS FOR IMMEDIATE NEEDS FOR EVACUEES OF 2020 WILDFIRES IN NAPA COUNTY

**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.

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2020**

Open to Public Inspection

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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

**Part I Questions Regarding Compensation**

**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"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                                | <input type="checkbox"/> Payments for business use of personal residence   |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account                       | <input type="checkbox"/> Personal services (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 .....

**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? .....

**3** Indicate which, if any, of the following the 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 checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**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? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- 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? .....
- b** Any related organization? .....
- 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? .....
- b** Any related organization? .....
- 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 .....

**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 .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		X
<b>2</b>		X
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2020

**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)	206,274.	6,667.	13,333.	6,788.	18,538.	251,600.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(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 1A:

TERRANCE MULLIGAN, PRESIDENT, RECEIVED A GROSS UP PAYMENT OF \$4,333 TO COVER TAXES ON DEBT RELIEF INCLUDED IN TAXABLE WAGES.

PART I, LINE 7:

EMPLOYEES RECEIVE BONUSES ACCORDING TO THE BOARD APPROVED INCENTIVE COMPENSATION STRATEGY BASED ON OPERATING SURPLUS AND POSITION.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

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](http://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 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	16	5,187,167. 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 V, Donee Acknowledgement **29** 0

	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.		

**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 CONTRIBUTORS, 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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

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 8,600 RESIDENTS; HELPED NEARLY 4,900 SUBMIT APPLICATIONS FOR  
CITIZENSHIP AND OTHER IMMIGRATION BENEFITS TO THE U.S. GOVERNMENT; AND  
ENABLED 1,700 PEOPLE TO BECOME U.S. CITIZENS.

CONTINUED THE SECOND YEAR OF A PILOT INITIATIVE CALLED THE NAPA SONOMA

ADU CENTER, TO HELP CREATE MORE AFFORDABLE RENTAL UNITS FOR THE

VALLEY'S WORKFORCE AND ACCELERATE ADOPTION OF ACCESSORY DWELLING UNITS

(ADUS). THE NAPA SONOMA ADU CENTER OFFICIALLY OPENED IN APRIL 2020,

AND AS OF THE FISCAL YEAR END AT 6/30/2021, THE CENTER HAD PROVIDED

TOOLS TO HELP HOMEOWNERS BUILD ADUS (INFORMATIONAL WEBINARS, ONE-ON-ONE

PROCESS NAVIGATION ASSISTANCE, A WORKBOOK, WEBSITE, AND COST

CALCULATOR) TO MORE THAN 1,000 NAPA AND SONOMA RESIDENTS, NEARLY 90 OF

WHOM RECEIVED A PERSONALIZED ADU FEASIBILITY ASSESSMENT OF THEIR HOME

PROPERTY. THE CENTER ALSO WORKED WITH 16 JURISDICTIONS ACROSS THE TWO

COUNTIES TO PROVIDE TECHNICAL ASSISTANCE TO IMPROVE ADU PERMITTING

POLICIES AND PROCESSES, AND TO BEGIN WORK ON A "PRE-REVIEWED PLAN"

PROGRAM, IN WHICH A SELECTION OF ADU PLANS THAT HAVE ALREADY BEEN

REVIEWED BY JURISDICTIONS WILL BE AVAILABLE TO HOMEOWNERS TO SAVE TIME

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20



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

THE NAPA VALLEY DISASTER RELIEF FUND (DISASTER RELIEF FUND) AND ITS RELATED FUNDS, THE COVID-19 RESPONSE FUND AND THE 2020 NAPA COUNTY WILDFIRE FUND, WERE ACTIVE DURING THE FISCAL YEAR ENDING AT 6/30/2021, AS A RESULT OF THE ONGOING NAPA COUNTY EMERGENCY DECLARATION OF MARCH 12, 2020 RELATE TO THE COVID-19 PANDEMIC AND THE AUGUST 18, 2020 AND SEPTEMBER 28, 2020 CALIFORNIA STATES OF EMERGENCIES RELATED TO THE LNU AND GLASS FIRES IN NAPA COUNTY. AS A RESULT OF THESE TWO DISASTERS, GRANTMAKING TO QUALIFIED NONPROFITS TO PROVIDE RELIEF, RECOVERY AND DISASTER PREPAREDNESS PROGRAMS AND FINANCIAL ASSISTANCE TO ELIGIBLE PEOPLE WHO LIVE OR WORK IN NAPA COUNTY, WERE MADE DURING THE FISCAL YEAR ENDING JUNE 30, 2021. THESE GRANTS SERVED MORE THAN 5,000 RESIDENTS AFFECTED BY THE PANDEMIC AND FIRES WITH: PHYSICAL AND MENTAL HEALTHCARE; LEGAL AND FAIR HOUSING SERVICES; HOT MEALS AND GROCERIES; DOMESTIC VIOLENCE RESPONSE; AND INSURANCE NAVIGATION. GRANTS MADE DURING THE PERIOD ENDING JUNE 30, 2021, ALSO PROVIDED DIRECT FINANCIAL AID TO APPROXIMATELY 1,300 FAMILIES WHO LOST JOBS, WAGES OR WERE MANDATED TO QUARANTINE BUT COULDN'T AFFORD TO MISS WORK BECAUSE OF COVID-19, OR WHO LOST HOMES AND/OR WORK IN THE LNU AND/OR GLASS FIRES. FUNDING DISBURSED ALSO PROVIDED GIFT CARDS TO MORE THAN 1,500 EVACUATED FAMILIES TO PURCHASE FOOD, CLOTHING, GAS OR RENT HOTEL ROOMS. GRANTS WERE MADE DURING THE PERIOD TO SUPPORT 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. ADDITIONAL GRANTS FUNDED THE OPERATIONS OF NAPA COMMUNITIES FIREWISE FOUNDATION SO IT COULD MANAGE FUEL MITIGATION EFFORTS COUNTYWIDE, AND

Name of the organization COMMUNITY FOUNDATION OF THE NAPA VALLEY	Employer identification number 68-0349777
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ALLOWED THE COUNTY OF NAPA TO PURCHASE USAGE OF THE ZONEHAVEN EMERGENCY

AND EVACUATION MANAGEMENT PLATFORM FOR A FIVE-YEAR PERIOD.

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

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:

Name of the organization COMMUNITY FOUNDATION OF THE NAPA VALLEY	Employer identification number 68-0349777
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MONITORING / ENFORCING THE CONFLICT OF INTEREST POLICY:

ONCE A YEAR OR AS NEEDED, BOARD AND ADVISORY COMMITTEE MEMBERS, FOUNDATION

STAFF, VOLUNTEERS AND CONTRACTORS WILL COMPLETE A CONFLICT OF INTEREST

DISCLOSURE STATEMENT IDENTIFYING ANY SIGNIFICANT AFFILIATION AND/OR

POSITION HELD BY SELF OR ANY IMMEDIATE FAMILY MEMBER WITH ANY ORGANIZATION

USING THE FOLLOWING GUIDELINES:

A. ANY SIGNIFICANT AFFILIATION AND/OR POSITION HELD BY SELF OR ANY

IMMEDIATE FAMILY MEMBER WITH ANY LOCAL CHARITABLE OR COMMUNITY

ORGANIZATION(S).

B. ANY SIGNIFICANT AFFILIATION AND/OR POSITION HELD BY SELF OR ANY

IMMEDIATE FAMILY MEMBER WITH LOCAL BUSINESS ENTERPRISE(S).

C. ANY OTHER SIGNIFICANT INVOLVEMENTS WITH ORGANIZATIONS THAT MAY CREATE AN

INTEREST OR BIAS WITH RESPECT TO THE FOUNDATION'S ACTION.

ANY POSSIBLE CONFLICTS SHALL BE DISCLOSED BEFORE ANY BOARD OR COMMITTEE

MEETING DISCUSSION BEGINS. THE MINUTES OF THE MEETING SHALL REFLECT THIS

DISCLOSURE. AFTER ACKNOWLEDGING THE POTENTIAL CONFLICT, THE

BOARD/COMMITTEE/STAFF MEMBER/VOLUNTEER/CONTRACTOR MAY BRIEFLY ADDRESS THE

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:

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

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

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

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

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

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

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

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

\* 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

Name of the organization

COMMUNITY FOUNDATION OF THE NAPA VALLEY

Employer identification number

68-0349777

REVIEW THEIR PERFORMANCE.

\* THIS MEETING IS CONDUCTED NO MORE THAN SIX WEEKS AFTER THE ANNIVERSARY OF

THE DATE OF HIRE OF EACH DIRECT REPORT.

\* PRIOR TO THIS MEETING, EACH DIRECT REPORT PREPARES AN EXTENSIVE, WRITTEN

SELF-ASSESSMENT OF HIS/HER PERFORMANCE THAT IS BASED ON SPECIFIC,

MEASURABLE, ATTAINABLE, RELEVANT AND TIMELY GOALS AGREED UPON DURING THE

PRIOR YEAR'S PERFORMANCE REVIEW WITH THE PRESIDENT.

\* THE SELF ASSESSMENT IS SENT TO THE PRESIDENT AT LEAST ONE WEEK BEFORE

THEIR REVIEW MEETING; THE PRESIDENT THEN PREPARES A SUPERVISOR ASSESSMENT

BASED ON THE SELF ASSESSMENT DOCUMENT.

\* IN PREPARATION FOR THE REVIEW MEETING, THE PRESIDENT REVIEWS SALARY COMPS

FOR SIMILAR POSITIONS IN MEDIUM-SIZED COMMUNITY FOUNDATIONS IN CALIFORNIA

AND NATIONWIDE.

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

PERFORMANCE.

\* ALL SALARY ADJUSTMENTS ARE CONTEMPLATED IN THE OPERATING BUDGET OF NVCF,

WHICH IS APPROVED BY THE BOARD OF DIRECTORS ANNUALLY.

FORM 990, PART VI, SECTION C, LINE 19:

AS A COMMUNITY CORPORATION, WE ARE ACCOUNTABLE TO THE PUBLIC. THE FOLLOWING

ORGANIZATIONAL AND FINANCIAL 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

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

\* AUDITED FINANCIAL STATEMENTS

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

\* ANNUAL REPORTS

\* INVESTMENT POLICY

\* DETAILS OF FUNDS AND FEES

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

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

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

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**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

**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 4, 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	

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

Schedule R (Form 990) 2020

**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	

**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



**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?

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CFNV CHARITABLE REAL ESTATE FUND	B	20,000.	CASH
(2) CFNV CHARITABLE REAL ESTATE FUND	D	325,000.	CASH
(3)			
(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) Are all partners sec. 501(c)(3) orgs.?		(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		Yes	No	

**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for supplemental information.