

# **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)

**2021**

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

<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>D</b> Employer identification number 68-0349777  <b>E</b> Telephone number (707) 254-9565
<b>F</b> Name and address of principal officer: TERENCE MULLIGAN SAME AS C ABOVE		<b>G</b> Gross receipts \$ 27,100,448. <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		Prior Year	Current Year
Activities & Governance	<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>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	17
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	17
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	11
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	50
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	16,861,696.	19,015,622.
	<b>9</b> Program service revenue (Part VIII, line 2g)	34,097.	39,043.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,096,715.	910,557.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,000.	30,000.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,002,508.	19,995,222.
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,318,682.	5,720,040.
	<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)	1,192,150.	1,239,888.
	<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) ▶ 245,354.		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	579,203.	696,507.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,090,035.	7,656,435.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	5,912,473.	12,338,787.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	56,058,255.	64,371,837.
	<b>21</b> Total liabilities (Part X, line 26)	3,044,343.	4,067,399.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	53,013,912.	60,304,438.

<b>Part II Signature Block</b>				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
<b>Sign Here</b>	▶ Signature of officer	Date		
	TERENCE MULLIGAN, PRESIDENT			
	Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN
	KATY BROWN	KATY BROWN	12/14/22	P00650274
	Firm's name ▶ ARMANINO LLP	Firm's EIN ▶ 94-6214841		
	Firm's address ▶ 12657 ALCOSTA BLVD, STE. 500 SAN RAMON, CA 94583-4600	Phone no. 925-790-2600		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO MOBILIZE RESOURCES, PROMOTE PHILANTHROPY AND PROVIDE LEADERSHIP ON VITAL COMMUNITY ISSUES IN NAPA COUNTY. WE LOOK FOR CHARITABLE PROJECTS THAT MAKE A LASTING DIFFERENCE. WE COMMIT OUR RESOURCES TO THESE PROJECTS, AND INSPIRE OTHERS TO DO SO, (CONTINUE ON SCHEDULE O)

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 \$ 6,972,931. including grants of \$ 5,720,040. ) (Revenue \$ 39,043. ) PROVIDED GRANTS TO 237 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 NINE-YEAR PERIOD ENDING 6/30/22 PROVIDED LEGAL CONSULTATIONS (CONTINUE ON SCHEDULE O)

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 6,972,931.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through H.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Description, and Yes/No status. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and Schedule O completion.

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, Description, and Yes/No status. 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 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes 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... 17; 1b Enter the number of voting members included on line 1a... 17; 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 on 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 on 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 on 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.
[X] 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, 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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				238,852.	0.	25,850.
(2) SANDY FASOLD CFO	40.00 1.00			X				144,094.	0.	18,935.
(3) JULIA DENATALE VP OF COMMUNITY IMPACT	40.00					X		136,562.	0.	19,133.
(4) HEIDI HOLZHAUER CHAIR	1.00	X		X				0.	0.	0.
(5) ED MATOVCIK CO-VICE CHAIR	1.00	X		X				0.	0.	0.
(6) DAVID WHITMER CO-VICE CHAIR	1.00	X		X				0.	0.	0.
(7) ROBERT MURPHY TREASURER	1.00	X		X				0.	0.	0.
(8) MAIRA AYALA SECRETARY	1.00	X		X				0.	0.	0.
(9) COLLEEN CHAPPELLET DIRECTOR	1.00	X						0.	0.	0.
(10) LIZ CHRISTENSEN DIRECTOR	1.00	X						0.	0.	0.
(11) J KEVIN CORLEY DIRECTOR	1.00	X						0.	0.	0.
(12) DAWNINE DYER DIRECTOR	1.00	X						0.	0.	0.
(13) BOB FIDDAMAN DIRECTOR	1.00	X						0.	0.	0.
(14) ERIKA LUBENSKY DIRECTOR	1.00	X						0.	0.	0.
(15) TOM MCBROOM DIRECTOR	1.00	X						0.	0.	0.
(16) RICHARD PASTCAN, MD DIRECTOR	1.00	X						0.	0.	0.
(17) PETE RICHMOND 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) MARIA CISNEROS DIRECTOR (AS OF 07/21)	1.00	X						0.	0.	0.
(19) INDIRA LOPEZ-JONES DIRECTOR (AS OF 07/21)	1.00	X						0.	0.	0.
(20) PABLO ZATARAIN DIRECTOR (AS OF 07/21)	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								519,508.	0.	63,918.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								519,508.	0.	63,918.

**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 3

	Yes	No
<b>3</b> 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
<b>4</b> 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	
<b>5</b> 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
BAKER STREET ADVISORS, 575 MARKET STREET, 6TH FLOOR, SAN FRANCISCO, CA 94105	INVESTMENT MANAGEMENT	138,149.
BUCHALTER, A PROFESSIONAL CORPORATION, 1000 WILSHIRE BLVD SUITE 1500, LOS	LEGAL SERVICES	133,350.

**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 2

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<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>	46,022.				
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	18,969,600.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 3,560,004.				
	<b>h Total.</b> Add lines 1a-1f			19,015,622.			
Program Service Revenue	<b>2 a</b> ADMINISTRATIVE FEES	<b>Business Code</b>	525920	23,043.	23,043.		
	<b>b</b> SUPPORT. ORG. MGMT FEE		525920	16,000.	16,000.		
	<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			39,043.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			972,976.		972,976.	
	<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	30,000.			
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>		0.			
	<b>c</b> Rental income or (loss)	<b>6c</b>		30,000.			
	<b>d</b> Net rental income or (loss)			30,000.		30,000.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	7,042,807.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>		7,105,226.			
<b>c</b> Gain or (loss)	<b>7c</b>		-62,419.				
<b>d</b> Net gain or (loss)			-62,419.		-62,419.		
<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							
Miscellaneous Revenue	<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			19,995,222.	39,043.	0.	940,557.	

**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 ...	5,576,161.	5,576,161.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	143,879.	143,879.		
<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 .....	460,983.	171,493.	221,908.	67,582.
<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 .....	620,472.	426,508.	102,768.	91,196.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	15,642.	11,354.	2,565.	1,723.
<b>9</b> Other employee benefits .....	68,998.	46,208.	10,644.	12,146.
<b>10</b> Payroll taxes .....	73,793.	41,506.	21,497.	10,790.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	100,694.	100,694.		
<b>c</b> Accounting .....	36,433.		36,433.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	131,989.	131,989.		
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	239,650.	239,650.		
<b>12</b> Advertising and promotion .....				
<b>13</b> Office expenses .....	42,273.	22,730.	10,395.	9,148.
<b>14</b> Information technology .....	74,708.	41,103.	17,875.	15,730.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....				
<b>17</b> Travel .....	241.	50.	191.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	19,788.	2,443.	6,795.	10,550.
<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 .....	3,241.	1,718.	810.	713.
<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> DUES & SUBSCRIPTIONS	23,136.	12,990.	5,397.	4,749.
<b>b</b> MARKETING & COMMUNICATI	22,201.	1,736.		20,465.
<b>c</b> STAFF TRAINING & RECRUI	1,645.	450.	745.	450.
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	7,656,435.	6,972,931.	438,150.	245,354.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A)		(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 .....	2,296,760.	<b>2</b>	2,856,896.
	<b>3</b> Pledges and grants receivable, net .....	3,058,464.	<b>3</b>	4,185,410.
	<b>4</b> Accounts receivable, net .....	18,154.	<b>4</b>	13,008.
	<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 .....		<b>5</b>	6,663.
	<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 .....	1,018,802.	<b>7</b>	520,965.
	<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> 5,114.	2,629.	<b>10c</b> 2,121.
	<b>11</b> Investments - publicly traded securities .....	47,655,309.	<b>11</b>	55,075,322.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	1,807,858.	<b>12</b>	1,682,212.
	<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 .....	200,279.	<b>15</b>	29,240.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	56,058,255.	<b>16</b>	64,371,837.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	186,639.	<b>17</b>	142,048.
	<b>18</b> Grants payable .....	410,866.	<b>18</b>	327,650.
	<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 .....	2,446,838.	<b>21</b>	3,597,701.
	<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 .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	3,044,343.	<b>26</b>	4,067,399.
<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 .....	17,720,513.	<b>27</b>	29,077,951.
	<b>28</b> Net assets with donor restrictions .....	35,293,399.	<b>28</b>	31,226,487.
	<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 .....	53,013,912.	<b>32</b>	60,304,438.
<b>33</b> Total liabilities and net assets/fund balances .....	56,058,255.	<b>33</b>	64,371,837.	

Form 990 (2021)

**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>	19,995,222.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	7,656,435.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	12,338,787.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	53,013,912.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-5,048,261.
<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>	60,304,438.

**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 on 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** (2021)

SCHEDULE A (Form 990)

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

2021

Open to Public Inspection

Table with 2 columns: Name of the organization (COMMUNITY FOUNDATION OF THE NAPA VALLEY), Employer identification number (68-0349777)

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

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

- 1 A church, convention of churches... 2 A school... 3 A hospital... 4 A medical research organization... 5 An organization operated for the benefit of a college... 6 A federal, state, or local government... 7 An organization that normally receives a substantial part of its support... 8 [X] A community trust... 9 An agricultural research organization... 10 An organization that normally receives (1) more than 33 1/3% of its support... 11 An organization organized and operated exclusively to test for public safety... 12 An organization organized and operated exclusively for the benefit of... a Type I... b Type II... c Type III functionally integrated... d Type III non-functionally integrated... e Check this box if the organization received a written determination... f Enter the number of supported organizations... g Provide the following information about the supported organization(s).

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

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	28,794,108.	16,897,330.	6,090,809.	16,861,696.	19,015,622.	87,659,565.
<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 .....	28,794,108.	16,897,330.	6,090,809.	16,861,696.	19,015,622.	87,659,565.
<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) .....						22,682,615.
<b>6 Public support.</b> Subtract line 5 from line 4.						64,976,950.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	28,794,108.	16,897,330.	6,090,809.	16,861,696.	19,015,622.	87,659,565.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	476,508.	817,387.	809,508.	641,174.	1,002,976.	3,747,553.
<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						91,407,118.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	212,144.
<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 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	71.09 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	74.95 %
<b>16a 33 1/3% support test - 2021.</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 - 2020.</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 - 2021.</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 - 2020.</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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2021. 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 - 2020. 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).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: 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? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

**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 ( <i>explain in detail in Part VI</i> ):		
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).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021

**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.)

Multiple horizontal lines for supplemental information.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

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), 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), 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).

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	 <hr/> <hr/> <hr/>	\$ 745,426.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ 755,500.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ 845,159.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ 491,412.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ 10,440,544.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ 531,150.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>671,724.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>505,140.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  COMMUNITY FOUNDATION OF THE NAPA VALLEY	Employer identification number  68-0349777
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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 _____ _____ _____	\$ 745,426.	03/18/22
2	15% MEMBERSHIP INTEREST IN TVL OAK KNOLL VINEYARDS LLC (PROCEEDS RECEIVED 1/7/22) _____ _____	\$ 755,500.	08/23/21
4	STOCK _____ _____ _____	\$ 491,412.	04/07/22
6	STOCK _____ _____ _____	\$ 531,150.	11/11/21
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

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.

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

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

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-.

**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	7,656,435.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	7,656,435.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	532,822.													
<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)	133,206.													
<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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount	614,965.	590,688.	754,502.	532,822.	2,492,977.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					3,739,466.
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount	153,741.	147,672.	188,626.	133,206.	623,245.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					934,868.
<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 for instructions and the latest information.

OMB No. 1545-0047

2021

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions regarding donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure); 2. Conservation contribution details (table with 2a-2d); 3-7. Monitoring and enforcement details; 8-9. Reporting requirements.

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.

Form with sections 1a-1b and 2. 1a: Reporting requirements for public exhibition. 1b: Reporting requirements for public service. 2: Reporting requirements for financial gain.

**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	23,895,594.	17,584,566.	18,014,919.	6,055,830.	5,909,462.
b Contributions	7,024,210.	1,950,000.	6,680.	11,601,513.	
c Net investment earnings, gains, and losses	-2,752,431.	5,145,186.	161,152.	724,086.	440,645.
d Grants or scholarships					
e Other expenditures for facilities and programs	870,135.	784,158.	598,185.	366,510.	294,277.
f Administrative expenses					
g End of year balance	27,297,238.	23,895,594.	17,584,566.	18,014,919.	6,055,830.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  24.4600 %
  - b Permanent endowment  75.5400 %
  - 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  |                                     | <input checked="" type="checkbox"/> |
| (ii) Related organizations   |                                     | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input checked="" 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.	5,114.	2,121.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,121.

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>	
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....		<b>4c</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....		<b>5</b>

**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.

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

**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, 2022, THE FOUNDATION MAINTAINED A TOTAL OF \$3,597,701 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, 2022, 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

**2021**

**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 noncash 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) PUBLIC CHA	10,000.	0.			FOR GENERAL SUPPORT
10,000 DEGREES 1401 LOS GAMOS DRIVE, SUITE 205 SAN RAFAEL, CA 94903	95-3667812	501(C)(3) PUBLIC CHA	1,500.	0.			FOR GENERAL SUPPORT OF THE NAPA PROGRAMS
10,000 DEGREES 1401 LOS GAMOS DRIVE, SUITE 205 SAN RAFAEL, CA 94903	95-3667812	501(C)(3) PUBLIC CHA	9,000.	0.			FOR THE COMMUNITY COLLEGE SUCCESS PROGRAM IN NAPA COUNTY
10,000 DEGREES 1401 LOS GAMOS DRIVE, SUITE 205 SAN RAFAEL, CA 94903	95-3667812	501(C)(3) PUBLIC CHA	12,000.	0.			FOR THE COMMUNITY COLLEGE SUCCESS PROGRAM IN NAPA COUNTY
10,000 DEGREES 1401 LOS GAMOS DRIVE, SUITE 205 SAN RAFAEL, CA 94903	95-3667812	501(C)(3) PUBLIC CHA	50,000.	0.			FOR THE COMMUNITY COLLEGE SUCCESS PROGRAM IN NAPA COUNTY. THIS GRANT WILL BE DISTRIBUTED ANNUALLY
10,000 DEGREES 1401 LOS GAMOS DRIVE, SUITE 205 SAN RAFAEL, CA 94903	95-3667812	501(C)(3) PUBLIC CHA	1,000.	0.			FOR THE NAPA COUNTY COMMUNITY COLLEGE SUCCESS PROGRAM

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 110.

**3** Enter total number of other organizations listed in the line 1 table ▶ 0.

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

**Schedule I (Form 990) 2021**

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
10,000 DEGREES 1401 LOS GAMOS DRIVE, SUITE 205 SAN RAFAEL, CA 94903	95-3667812	501(C)(3) PUBLIC	2,500.	0.			FOR THE NAPA COUNTY COMMUNITY COLLEGE SUCCESS PROGRAM
10,000 DEGREES 1401 LOS GAMOS DRIVE, SUITE 205 SAN RAFAEL, CA 94903	95-3667812	501(C)(3) PUBLIC	7,500.	0.			FOR THE NAPA COUNTY COMMUNITY COLLEGE SUCCESS PROGRAM
10,000 DEGREES 1401 LOS GAMOS DRIVE, SUITE 205 SAN RAFAEL, CA 94903	95-3667812	501(C)(3) PUBLIC	7,936.	0.			FOR THE NAPA COUNTY COMMUNITY COLLEGE SUCCESS PROGRAM
10,000 DEGREES 1401 LOS GAMOS DRIVE, SUITE 205 SAN RAFAEL, CA 94903	95-3667812	501(C)(3) PUBLIC	25,000.	0.			FOR THE NAPA VALLEY FELLOWSHIP PROGRAM, TO PROVIDE ADDITIONAL FELLOWSHIP SUPPORT AT
AG4 YOUTH UPVALLEY RANCHERS INC 1200 FOSTER ROAD NAPA, CA 94558	36-4716996	501(C)(3) PUBLIC	2,000.	0.			FOR GENERAL SUPPORT
AG4 YOUTH UPVALLEY RANCHERS INC 1200 FOSTER ROAD NAPA, CA 94558	36-4716996	501(C)(3) PUBLIC	2,000.	0.			FOR GENERAL SUPPORT
AG4 YOUTH UPVALLEY RANCHERS INC 1200 FOSTER ROAD NAPA, CA 94558	36-4716996	501(C)(3) PUBLIC	2,000.	0.			FOR GENERAL SUPPORT
AG4 YOUTH UPVALLEY RANCHERS INC 1200 FOSTER ROAD NAPA, CA 94558	36-4716996	501(C)(3) PUBLIC	2,000.	0.			FOR GENERAL SUPPORT
AG4 YOUTH UPVALLEY RANCHERS INC 1200 FOSTER ROAD NAPA, CA 94558	36-4716996	501(C)(3) PUBLIC	2,000.	0.			FOR GENERAL SUPPORT

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AG4 YOUTH UPVALLEY RANCHERS INC 1200 FOSTER ROAD NAPA, CA 94558	36-4716996	501(C)(3) PUBLIC	25,000.	0.			FOR GENERAL SUPPORT
AIM HIGH FOR HIGH SCHOOL PO BOX 410715 SAN FRANCISCO, CA 94141-0715	94-3296338	501(C)(3) PUBLIC	3,000.	0.			FOR GENERAL SUPPORT
AIM HIGH FOR HIGH SCHOOL PO BOX 410715 SAN FRANCISCO, CA 94141-0715	94-3296338	501(C)(3) PUBLIC	10,000.	0.			FOR GENERAL SUPPORT
AIM HIGH FOR HIGH SCHOOL PO BOX 410715 SAN FRANCISCO, CA 94141-0715	94-3296338	501(C)(3) PUBLIC	5,000.	0.			TO SUPPORT THE NAPA AIM HIGH 2022 SUMMER PROGRAM
AIM HIGH FOR HIGH SCHOOL PO BOX 410715 SAN FRANCISCO, CA 94141-0715	94-3296338	501(C)(3) PUBLIC	12,000.	0.			TO SUPPORT THE NAPA AIM HIGH 2022 SUMMER PROGRAM
AIM HIGH FOR HIGH SCHOOL PO BOX 410715 SAN FRANCISCO, CA 94141-0715	94-3296338	501(C)(3) PUBLIC	20,000.	0.			TO SUPPORT THE NAPA AIM HIGH 2022 SUMMER PROGRAM
AIM HIGH FOR HIGH SCHOOL PO BOX 410715 SAN FRANCISCO, CA 94141-0715	94-3296338	501(C)(3) PUBLIC	1,000.	0.			TO SUPPORT THE NAPA AIM HIGH SUMMER PROGRAM
AIM HIGH FOR HIGH SCHOOL PO BOX 410715 SAN FRANCISCO, CA 94141-0715	94-3296338	501(C)(3) PUBLIC	20,000.	0.			TO SUPPORT THE NAPA COUNTY AIM HIGH 2022 SUMMER PROGRAMS, INCLUDING THE EXPANSION
AMADOR COMMUNITY FOUNDATION 571 SOUTH STATE HWY 49 JACKSON, CA 95642	68-0447992	501(C)(3) PUBLIC	10,000.	0.			FOR AMADOR PROMISE SCHOLARSHIPS

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANYON COMMUNITY AND PARKS FOUNDATION (ACCPF) - 101 W AMERICAN CANYON ROAD, STE 508-102 - AMERICAN CANYON, CA 94503	47-3226686	501(C)(3) PUBLIC	2,000.	0.			FOR THE SCHOOL-BASED EDUCATION PROGRAMS, INCLUDING THE IN-CLASSROOM WATERSHED
AMERICAN CANYON COMMUNITY AND PARKS FOUNDATION (ACCPF) - 101 W AMERICAN CANYON ROAD, STE 508-102 - AMERICAN CANYON, CA 94503	47-3226686	501(C)(3) PUBLIC	2,500.	0.			FOR THE SCHOOL-BASED EDUCATION PROGRAMS, INCLUDING THE IN-CLASSROOM WATERSHED
AMERICAN CANYON COMMUNITY AND PARKS FOUNDATION (ACCPF) - 101 W AMERICAN CANYON ROAD, STE 508-102 - AMERICAN CANYON, CA 94503	47-3226686	501(C)(3) PUBLIC	1,500.	0.			FOR YOUTH EDUCATION PROGRAMS
AMERICAN CANYON COMMUNITY AND PARKS FOUNDATION (ACCPF) - 101 W AMERICAN CANYON ROAD, STE 508-102 - AMERICAN CANYON, CA 94503	47-3226686	501(C)(3) PUBLIC	10,000.	0.			TO SUPPORT THE PLAY TEAM PROGRAM
AMERICAN CIVIL LIBERTIES UNION FOUNDATION, INC. - 125 BROAD STREET, 18TH FLOOR - NEW YORK, NY 10004	13-6213516	501(C)(3) PUBLIC	13,000.	0.			FOR GENERAL SUPPORT
AMERICAN RED CROSS CALIFORNIA NORTHWEST - 5297 AERO DRIVE - SANTA ROSA, CA 95403	53-0196605	501(C)(3) PUBLIC	36,317.	0.			FOR GENERAL SUPPORT, IN HONOR OF JULE GRANT
ANGEL FLIGHT WEST, INC 3161 DONALD DOUGLAS LOOP SOUTH SANTA MONICA, CA 90405-3210	95-3956297	501(C)(3) PUBLIC	5,000.	0.			FOR GENERAL OPERATING SUPPORT, IN HONOR OF STEVE SWIGARD
ANGWIN VOLUNTEER FIRE DEPARTMENT PO BOX F ANGWIN, CA 94508	20-5797958	501(C)(3) PUBLIC	36,317.	0.			FOR GENERAL SUPPORT, IN HONOR OF JULE GRANT
ARTS COUNCIL NAPA VALLEY 3299 CLAREMONT WAY, STE 5 NAPA, CA 94558	94-2710866	501(C)(3) PUBLIC	1,500.	0.			FOR THE NAPA VALLEY EDUCATION ALLIANCE

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTS COUNCIL NAPA VALLEY 3299 CLAREMONT WAY, STE 5 NAPA, CA 94558	94-2710866	501(C)(3) PUBLIC	2,000.	0.			FOR THE NAPA VALLEY EDUCATION ALLIANCE
ARTS COUNCIL NAPA VALLEY 3299 CLAREMONT WAY, STE 5 NAPA, CA 94558	94-2710866	501(C)(3) PUBLIC	7,500.	0.			FOR THE NAPA VALLEY EDUCATION ALLIANCE
ASIAN ART MUSEUM FOUNDATION OF SAN FRANCISCO - 200 LARKIN STREET - SAN FRANCISCO, CA 94102	94-1704765	501(C)(3) PUBLIC	10,000.	0.			FOR GENERAL SUPPORT
AUCTION NAPA VALLEY PO BOX 141 ST. HELENA, CA 94574	94-2702203	501(C)(3) PUBLIC	25,000.	0.			FOR SUPPORT OF COLLECTIVE NAPA VALLEY. THIS GRANT WAS MADE POSSIBLE BY THE GENEROSITY OF RICK JONES.
BAY AREA COMMUNITY RESOURCES 171 CARLOS DRIVE SAN RAFAEL, CA 94903	94-2346815	501(C)(3) PUBLIC	69,000.	0.			FOR FISCAL SPONSORSHIP OF THE NAPA VALLEY COMMUNITY ORGANIZATIONS ACTIVE IN DISASTER (COAD) JULY 2021
BOYS & GIRLS CLUBS OF ST. HELENA AND CALISTOGA - 1420 TAINTER STREET - ST. HELENA, CA 94574	68-0226714	501(C)(3) PUBLIC	25,000.	0.			TO SUBSIDIZE STUDENT FEES AND PAY FOR TEEN COLLEGE TRIPS AND RETREAT
BOYS AND GIRLS CLUBS OF NAPA VALLEY - 1515 PUEBLO AVENUE - NAPA, CA 94558	94-6033413	501(C)(3) PUBLIC	100,000.	0.			TO SUBSIDIZE STUDENT FEES
BROWN UNIVERSITY 350 EDDY STREET, SIXTH FLOOR PROVIDENCE, RI 02903	05-0258809	501(C)(3) PUBLIC	1,500.	0.			FOR THE BROWN FUND
BROWN UNIVERSITY 350 EDDY STREET, SIXTH FLOOR PROVIDENCE, RI 02903	05-0258809	501(C)(3) PUBLIC	5,000.	0.			FOR THE BROWN FUND

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA NURSE-MIDWIVES FOUNDATION - 60 29TH ST, #321 - SAN FRANCISCO, CA 94110-4929	84-3622602	501(C)(3) PUBLIC	20,000.	0.			TO SUPPORT THE EDUCATION OF ASPIRING MIDWIVES OF COLOR, TO HONOR THE WORK OF AND IN MEMORY OF
CALISTOGA JOINT UNIFIED SCHOOL DISTRICT - 1520 LAKE STREET - CALISTOGA, CA 94515	52-1557245	PUBLIC SCHOOL	500.	0.			FOR THE AVID PROGRAM
CALISTOGA JOINT UNIFIED SCHOOL DISTRICT - 1520 LAKE STREET - CALISTOGA, CA 94515	52-1557245	PUBLIC SCHOOL	5,000.	0.			FOR THE AVID PROGRAM
CALISTOGA JOINT UNIFIED SCHOOL DISTRICT - 1520 LAKE STREET - CALISTOGA, CA 94515	52-1557245	PUBLIC SCHOOL	2,000.	0.			TO STRENGTHEN THE AVID PROGRAM
CALISTOGA JOINT UNIFIED SCHOOL DISTRICT - 1520 LAKE STREET - CALISTOGA, CA 94515	52-1557245	PUBLIC SCHOOL	7,000.	0.			TO STRENGTHEN THE AVID PROGRAM, INCLUDING TEACHER TRAINING, REGISTRATION FEES,
CALISTOGA JOINT UNIFIED SCHOOL DISTRICT - 1520 LAKE STREET - CALISTOGA, CA 94515	52-1557245	PUBLIC SCHOOL	8,000.	0.			TO STRENGTHEN THE AVID PROGRAM, INCLUDING TEACHER TRAINING, REGISTRATION FEES,
CASA, A VOICE FOR CHILDREN 1804 SOSCOL AVENUE, STE 201 NAPA, CA 94559	20-3594007	501(C)(3) PUBLIC	500.	0.			FOR GENERAL SUPPORT
CASA, A VOICE FOR CHILDREN 1804 SOSCOL AVENUE, STE 201 NAPA, CA 94559	20-3594007	501(C)(3) PUBLIC	2,500.	0.			FOR GENERAL SUPPORT
CASA, A VOICE FOR CHILDREN 1804 SOSCOL AVENUE, STE 201 NAPA, CA 94559	20-3594007	501(C)(3) PUBLIC	3,500.	0.			FOR GENERAL SUPPORT

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASA, A VOICE FOR CHILDREN 1804 SOSCOL AVENUE, STE 201 NAPA, CA 94559	20-3594007	501(C)(3) PUBLIC	10,000.	0.			FOR GENERAL SUPPORT
CHILD START, INC. 439 DEVLIN ROAD NAPA, CA 94558	68-0442009	501(C)(3) PUBLIC	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) PUBLIC	5,000.	0.			FOR GENERAL SUPPORT
CHILDREN'S AIDS ART PROGRAMME 100 SOUTH STREET, STE 305 SAUSALITO, CA 94965	26-0118652	501(C)(3) PUBLIC	15,000.	0.			FOR GENERAL SUPPORT
CITY OF NAPA FIRE DEPARTMENT 1600 CLAY STREET NAPA, CA 94559		GOVERNMENT AGENC	19,900.	0.			FOR ITS EQUIPMENT NEEDS AS DETERMINED BY BATTALION CHIEF, CHRISTOPHER GILBERT, AT
CITY OF NAPA PARKS AND RECREATION SERVICES DEPARTMENT - 955 SCHOOL STREET - NAPA, CA 94559		GOVERNMENT AGENC	3,000.	0.			FOR SUPPORT OF THE NAPA SENIOR CENTER
CITY OF NAPA PARKS AND RECREATION SERVICES DEPARTMENT - 955 SCHOOL STREET - NAPA, CA 94559		GOVERNMENT AGENC	8,000.	0.			FOR THE NAPA SENIOR CENTER TO PURCHASE OUTDOOR FURNITURE AND EQUIPMENT
CITY OF NAPA PARKS AND RECREATION SERVICES DEPARTMENT - 955 SCHOOL STREET - NAPA, CA 94559		GOVERNMENT AGENC	20,160.	0.			TO IMPROVE DRAINAGE CULVERTS AND TRAILS, AND TO REPLACE OR REPAIR WORN AND DAMAGED BENCHES IN
CLEAN UP THE CAYES P.O. BOX 5016 STATELINE, NV 89449	82-5280324	501(C)(3) PUBLIC	50,000.	0.			FOR GENERAL SUPPORT

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLLABRIA CARE 414 SOUTH JEFFERSON STREET NAPA, CA 94559	68-0393144	501(C)(3) PUBLIC	4,000.	0.			FOR GENERAL SUPPORT
COLLABRIA CARE 414 SOUTH JEFFERSON STREET NAPA, CA 94559	68-0393144	501(C)(3) PUBLIC	30,000.	0.			FOR GENERAL SUPPORT
COLLABRIA CARE 414 SOUTH JEFFERSON STREET NAPA, CA 94559	68-0393144	501(C)(3) PUBLIC	50,000.	0.			FOR GENERAL SUPPORT
COLLABRIA CARE 414 SOUTH JEFFERSON STREET NAPA, CA 94559	68-0393144	501(C)(3) PUBLIC	500.	0.			FOR GENERAL SUPPORT, IN MEMORY OF JACK CAKEBREAD
COLLABRIA CARE 414 SOUTH JEFFERSON STREET NAPA, CA 94559	68-0393144	501(C)(3) PUBLIC	250.	0.			FOR OPERATING EXPENSES
COLLABRIA CARE 414 SOUTH JEFFERSON STREET NAPA, CA 94559	68-0393144	501(C)(3) PUBLIC	8,000.	0.			FOR THE ADULT DAY PROGRAM
COLLABRIA CARE 414 SOUTH JEFFERSON STREET NAPA, CA 94559	68-0393144	501(C)(3) PUBLIC	2,500.	0.			FOR UPVALLEY VILLAGE
COLLABRIA CARE 414 SOUTH JEFFERSON STREET NAPA, CA 94559	68-0393144	501(C)(3) PUBLIC	7,575.	0.			TO SUPPORT PALLIATIVE CARE SERVICES TO PATIENTS WITH A CANCER DIAGNOSIS AND SUPPORT SERVICES TO
COMMUNITY ACTION OF NAPA VALLEY 2521 OLD SONOMA ROAD NAPA, CA 94558	94-1610851	501(C)(3) PUBLIC	250.	0.			FOR SUPPORT OF FOOD SERVICE PROGRAMS

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY ACTION OF NAPA VALLEY 2521 OLD SONOMA ROAD NAPA, CA 94558	94-1610851	501(C)(3) PUBLIC	3,000.	0.			FOR SUPPORT OF THE NAPA FOOD BANK PROGRAM
COMMUNITY ACTION OF NAPA VALLEY 2521 OLD SONOMA ROAD NAPA, CA 94558	94-1610851	501(C)(3) PUBLIC	5,000.	0.			FOR SUPPORT OF THE NAPA FOOD BANK PROGRAM
COMMUNITY ACTION OF NAPA VALLEY 2521 OLD SONOMA ROAD NAPA, CA 94558	94-1610851	501(C)(3) PUBLIC	52.	0.			FOR SUPPORT OF THE NAPA VALLEY FOOD BANK PROGRAM
COMMUNITY ACTION OF NAPA VALLEY 2521 OLD SONOMA ROAD NAPA, CA 94558	94-1610851	501(C)(3) PUBLIC	1,700.	0.			FOR SUPPORT OF THE NAPA VALLEY FOOD BANK PROGRAM
COMMUNITY ACTION OF NAPA VALLEY 2521 OLD SONOMA ROAD NAPA, CA 94558	94-1610851	501(C)(3) PUBLIC	8,707.	0.			FOR THE MEALS ON WHEELS SENIOR NUTRITION PROGRAM
COMMUNITY HEALTH INITIATIVE NAPA COUNTY INC. - 2140 JEFFERSON STREET, STE D - NAPA, CA 94559	25-1924934	501(C)(3) PUBLIC	1,000.	0.			FOR GENERAL OPERATING SUPPORT
COMMUNITY HEALTH INITIATIVE NAPA COUNTY INC. - 2140 JEFFERSON STREET, STE D - NAPA, CA 94559	25-1924934	501(C)(3) PUBLIC	2,500.	0.			FOR GENERAL SUPPORT
COMMUNITY HEALTH INITIATIVE NAPA COUNTY INC. - 2140 JEFFERSON STREET, STE D - NAPA, CA 94559	25-1924934	501(C)(3) PUBLIC	5,000.	0.			FOR GENERAL SUPPORT. THIS GRANT WAS MADE POSSIBLE BY THE GENEROSITY OF CENTRAL VALLEY BUILDERS
COMMUNITY HEALTH INITIATIVE NAPA COUNTY INC. - 2140 JEFFERSON STREET, STE D - NAPA, CA 94559	25-1924934	501(C)(3) PUBLIC	20,000.	0.			FOR INCENTIVES FOR THE VACCINE OUTREACH COLLABORATIVE TO CONDUCT GRASSROOTS OUTREACH AND

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH INITIATIVE NAPA COUNTY INC. - 2140 JEFFERSON STREET, STE D - NAPA, CA 94559	25-1924934	501(C)(3) PUBLIC	2,000.	0.			FOR PROGRAMS IN NAPA COUNTY
COMMUNITY HEALTH INITIATIVE NAPA COUNTY INC. - 2140 JEFFERSON STREET, STE D - NAPA, CA 94559	25-1924934	501(C)(3) PUBLIC	2,000.	0.			FOR PROGRAMS IN NAPA COUNTY
COMMUNITY RESOURCES FOR CHILDREN 3299 CLAREMONT WAY, STE 1 NAPA, CA 94558	94-2524785	501(C)(3) PUBLIC	4,000.	0.			FOR SUPPORT OF ACTIVE MINDS PROGRAM
COMMUNITY RESOURCES FOR CHILDREN 3299 CLAREMONT WAY, STE 1 NAPA, CA 94558	94-2524785	501(C)(3) PUBLIC	5,000.	0.			FOR SUPPORT OF THE ACTIVE MINDS SCHOOL READINESS PROGRAM
COMMUNITY RESOURCES FOR CHILDREN 3299 CLAREMONT WAY, STE 1 NAPA, CA 94558	94-2524785	501(C)(3) PUBLIC	10,000.	0.			FOR SUPPORT OF THE ACTIVE MINDS SCHOOL READINESS PROGRAM
COMMUNITY RESOURCES FOR CHILDREN 3299 CLAREMONT WAY, STE 1 NAPA, CA 94558	94-2524785	501(C)(3) PUBLIC	132,250.	0.			FOR THE EXPANSION OF CHILD CARE SLOTS IN NAPA COUNTY PROGRAM
COMMUNITY RESOURCES FOR CHILDREN 3299 CLAREMONT WAY, STE 1 NAPA, CA 94558	94-2524785	501(C)(3) PUBLIC	60,000.	0.			FOR THE PROGRAM TO EMPOWER FAMILY, FRIENDS AND NEIGHBOR (FFN) CAREGIVERS
CONGREGATION BETH SHALOM 1455 ELM STREET NAPA, CA 94559	23-7296339	501(C)(3) PUBLIC	2,500.	0.			FOR THE RABBI'S DISCRETIONARY FUND
CONGREGATION BETH SHALOM 1455 ELM STREET NAPA, CA 94559	23-7296339	501(C)(3) PUBLIC	5,000.	0.			TO THE YOUTH AND SHORASHIM PROGRAMS AND SCHOLARSHIP FUND FOR THE JEWISH OVERNIGHT CAMP

Schedule I (Form 990)

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

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CONNOLLY RANCH EDUCATION CENTER 3141 BROWNS VALLEY ROAD NAPA, CA 94558	80-0493340	501(C)(3) PUBLIC	2,000.	0.			FOR GENERAL SUPPORT
CONNOLLY RANCH EDUCATION CENTER 3141 BROWNS VALLEY ROAD NAPA, CA 94558	80-0493340	501(C)(3) PUBLIC	2,000.	0.			FOR GENERAL SUPPORT
CONNOLLY RANCH EDUCATION CENTER 3141 BROWNS VALLEY ROAD NAPA, CA 94558	80-0493340	501(C)(3) PUBLIC	2,000.	0.			FOR GENERAL SUPPORT
CONNOLLY RANCH EDUCATION CENTER 3141 BROWNS VALLEY ROAD NAPA, CA 94558	80-0493340	501(C)(3) PUBLIC	2,000.	0.			FOR GENERAL SUPPORT
CONNOLLY RANCH EDUCATION CENTER 3141 BROWNS VALLEY ROAD NAPA, CA 94558	80-0493340	501(C)(3) PUBLIC	2,000.	0.			FOR GENERAL SUPPORT
CONNOLLY RANCH EDUCATION CENTER 3141 BROWNS VALLEY ROAD NAPA, CA 94558	80-0493340	501(C)(3) PUBLIC	500.	0.			TO HELP SUBSIDIZE SUMMER CAMP FEES FOR CHILDREN
CONNOLLY RANCH EDUCATION CENTER 3141 BROWNS VALLEY ROAD NAPA, CA 94558	80-0493340	501(C)(3) PUBLIC	10,820.	0.			TO HELP SUBSIDIZE SUMMER CAMP FEES FOR CHILDREN
COPE FAMILY CENTER 707 RANDOLPH STREET NAPA, CA 94559	94-2322399	501(C)(3) PUBLIC	1,712.	0.			FOR A MATCHING DONATION FOR THE FUNDRAISER HELD BY JASON LEDE
COPE FAMILY CENTER 707 RANDOLPH STREET NAPA, CA 94559	94-2322399	501(C)(3) PUBLIC	1,500.	0.			FOR GENERAL SUPPORT

Schedule I (Form 990)

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

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COPE FAMILY CENTER 707 RANDOLPH STREET NAPA, CA 94559	94-2322399	501(C)(3) PUBLIC	50,000.	0.			FOR GENERAL SUPPORT
COPE FAMILY CENTER 707 RANDOLPH STREET NAPA, CA 94559	94-2322399	501(C)(3) PUBLIC	2,500.	0.			FOR SPONSORSHIP OF THE 50TH ANNIVERSARY CELEBRATION
COPE FAMILY CENTER 707 RANDOLPH STREET NAPA, CA 94559	94-2322399	501(C)(3) PUBLIC	7,000.	0.			FOR SUPPORT OF THE PARENTS AS TEACHERS PROGRAM
COPE FAMILY CENTER 707 RANDOLPH STREET NAPA, CA 94559	94-2322399	501(C)(3) PUBLIC	15,000.	0.			FOR SUPPORT OF THE PARENTS AS TEACHERS PROGRAM
COPE FAMILY CENTER 707 RANDOLPH STREET NAPA, CA 94559	94-2322399	501(C)(3) PUBLIC	7,000.	0.			FOR THE PARENTS AS TEACHERS PROGRAM
CORPORATION OF THE FINE ARTS MUSEUMS - 50 HAGIWARA TEA GARDEN DRIVE - SAN FRANCISCO, CA 94118-4501	94-3045948	501(C)(3) PUBLIC	20,000.	0.			FOR GENERAL SUPPORT OF THE DE YOUNG MUSEUM
CORSTONE 8 MARKET PLACE, STE 300 BALTIMORE, MD 21202	94-2393629	501(C)(3) PUBLIC	10,000.	0.			FOR GENERAL SUPPORT
CROSSWALK COMMUNITY CHURCH 2590 FIRST STREET NAPA, CA 94558	94-1714580	CHURCH	15,000.	0.			TO SUPPORT THE NEXT PHASE OF THE REMODEL AND UPDATING OF THE GYM LOBBY AND BATHROOMS USED IN THE
DEER PARK FIRE DEPARTMENT PO BOX 35 DEER PARK, CA 94576	68-0367773	501(C)(3) PUBLIC	36,317.	0.			FOR GENERAL SUPPORT, IN HONOR OF JULE GRANT

Schedule I (Form 990)

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

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DEVELOPING COMMUNITIES INCORPORATED - 1156 MAIN STREET - ST. HELENA, CA 94574	20-0764127	501(C)(3) PUBLIC	5,000.	0.			FOR GENERAL PURPOSES
DI ROSA PRESERVE 5200 SONOMA HWY 121 NAPA, CA 94559	94-3367956	501(C)(3) PUBLIC	250.	0.			FOR GENERAL SUPPORT
DI ROSA PRESERVE 5200 SONOMA HWY 121 NAPA, CA 94559	94-3367956	501(C)(3) PUBLIC	5,000.	0.			FOR GENERAL SUPPORT
DI ROSA PRESERVE 5200 SONOMA HWY 121 NAPA, CA 94559	94-3367956	501(C)(3) PUBLIC	500.	0.			TO HELP SUBSIDIZE SUMMER CAMP FEES FOR CHILDREN
DI ROSA PRESERVE 5200 SONOMA HWY 121 NAPA, CA 94559	94-3367956	501(C)(3) PUBLIC	500.	0.			TO HELP SUBSIDIZE SUMMER CAMP FEES FOR CHILDREN
DI ROSA PRESERVE 5200 SONOMA HWY 121 NAPA, CA 94559	94-3367956	501(C)(3) PUBLIC	500.	0.			TO HELP SUBSIDIZE SUMMER CAMP FEES FOR CHILDREN
DIRECT RELIEF 6100 WALLACE BECKNELL ROAD SANTA BARBARA, CA 93117	95-1831116	501(C)(3) PUBLIC	10,000.	0.			FOR GENERAL SUPPORT
DIRECT RELIEF 6100 WALLACE BECKNELL ROAD SANTA BARBARA, CA 93117	95-1831116	501(C)(3) PUBLIC	75,000.	0.			FOR THE UKRAINE CRISIS
DOCTORS WITHOUT BORDERS USA INC. PO BOX 5030 HAGERSTOWN, MD 21741-5030	13-3433452	501(C)(3) PUBLIC	20,000.	0.			FOR GENERAL SUPPORT. THIS GRANT IS MADE POSSIBLE BY ANN BURCHILL

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOCTORS WITHOUT BORDERS USA INC. PO BOX 5030 HAGERSTOWN, MD 21741-5030	13-3433452	501(C)(3) PUBLIC	50,000.	0.			FOR THE UKRAINE CRISIS
DOCTORS WITHOUT BORDERS USA INC. PO BOX 5030 HAGERSTOWN, MD 21741-5030	13-3433452	501(C)(3) PUBLIC	20,000.	0.			TO BE USED IN HAITI AND AFGHANISTAN, AS MOST NEEDED
DOWNTOWN NAPA FARMERS MARKET CORPORATION - PO BOX 10822 - NAPA, CA 94559	32-0285560	501(C)(3) PUBLIC	5,000.	0.			FOR SUPPORT OF THE CALFRESH MATCH PROGRAM
DOWNTOWN NAPA FARMERS MARKET CORPORATION - PO BOX 10822 - NAPA, CA 94559	32-0285560	501(C)(3) PUBLIC	2,000.	0.			FOR THE FOOD ASSISTANCE PROGRAM INCLUDING THE CALFRESH MARKET MATCH, AND FRUITS & VEGGIES
FEEDING IT FORWARD INC PO BOX 6244 NAPA, CA 94581-1244	83-2522637	501(C)(3) PUBLIC	5,000.	0.			FOR GENERAL SUPPORT
FRIENDS AND FOUNDATION ST. HELENA PUBLIC LIBRARY - PO BOX 171 - ST. HELENA, CA 94574	26-3043296	501(C)(3) PUBLIC	500.	0.			FOR GENERAL SUPPORT
FRIENDS AND FOUNDATION ST. HELENA PUBLIC LIBRARY - PO BOX 171 - ST. HELENA, CA 94574	26-3043296	501(C)(3) PUBLIC	36,317.	0.			FOR GENERAL SUPPORT, IN HONOR OF JULE GRANT
FRIENDS AND FOUNDATION ST. HELENA PUBLIC LIBRARY - PO BOX 171 - ST. HELENA, CA 94574	26-3043296	501(C)(3) PUBLIC	1,000.	0.			FOR THE CHILDREN'S PROGRAM
FRIENDS OF NAPA COUNTY ANIMAL SHELTER - PO BOX 715 - NAPA, CA 94559	82-0702572	501(C)(3) PUBLIC	15,000.	0.			FOR GENERAL SUPPORT

Schedule I (Form 990)



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

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FRIENDS OF THE CAMEO PO BOX 682 ST. HELENA, CA 94574	46-1415228	501(C)(3) PUBLIC	1,000.	0.			FOR GENERAL PURPOSE
FRIENDS OF THE CAMEO PO BOX 682 ST. HELENA, CA 94574	46-1415228	501(C)(3) PUBLIC	1,500.	0.			FOR GENERAL SUPPORT
FRIENDS OF THE CAMEO PO BOX 682 ST. HELENA, CA 94574	46-1415228	501(C)(3) PUBLIC	1,500.	0.			FOR GENERAL SUPPORT
FRIENDS OF THE CAMEO PO BOX 682 ST. HELENA, CA 94574	46-1415228	501(C)(3) PUBLIC	1,500.	0.			FOR GENERAL SUPPORT
GIRLS ON THE RUN NAPA & SOLANO, INC. - 3299 CLAREMONT WAY, STE 5 - NAPA, CA 94558	55-0906534	501(C)(3) PUBLIC	3,000.	0.			FOR GENERAL OPERATING SUPPORT
GIRLS ON THE RUN NAPA & SOLANO, INC. - 3299 CLAREMONT WAY, STE 5 - NAPA, CA 94558	55-0906534	501(C)(3) PUBLIC	20,000.	0.			TO EXPAND THE SERVICES TO SONOMA CHAPTER, CREATING GOTR NORTH BAY, WITH A REQUEST TO CONSIDER A
GIRLS ON THE RUN NAPA & SOLANO, INC. - 3299 CLAREMONT WAY, STE 5 - NAPA, CA 94558	55-0906534	501(C)(3) PUBLIC	2,000.	0.			TO SUPPORT THE NAPA COUNTY PROGRAM
GIRLS ON THE RUN NAPA & SOLANO, INC. - 3299 CLAREMONT WAY, STE 5 - NAPA, CA 94558	55-0906534	501(C)(3) PUBLIC	5,000.	0.			TO SUPPORT THE NAPA COUNTY PROGRAM
GREATER NAPA VALLEY FAIR HOUSING CENTER - 1303 JEFFERSON ST., STE 200A - NAPA, CA 94559	42-1576121	501(C)(3) PUBLIC	1,500.	0.			FOR GENERAL SUPPORT

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GREATER NAPA VALLEY FAIR HOUSING CENTER - 1303 JEFFERSON ST., STE 200A - NAPA, CA 94559	42-1576121	501(C)(3) PUBLIC	2,000.	0.			FOR GENERAL SUPPORT
GREATER NAPA VALLEY FAIR HOUSING CENTER - 1303 JEFFERSON ST., STE 200A - NAPA, CA 94559	42-1576121	501(C)(3) PUBLIC	74,728.	0.			FOR OPERATIONAL SUPPORT FOR PARTICIPATION IN THE EMERGENCY RENTAL ASSISTANCE (ERAP)
GUNILDA RIANDA SENIOR CENTER ASSOCIATION - 1475 MAIN STREET - ST. HELENA, CA 94574	20-2411077	501(C)(3) PUBLIC	2,500.	0.			FOR GENERAL SUPPORT
GUNILDA RIANDA SENIOR CENTER ASSOCIATION - 1475 MAIN STREET - ST. HELENA, CA 94574	20-2411077	501(C)(3) PUBLIC	2,500.	0.			FOR GENERAL SUPPORT
GUNILDA RIANDA SENIOR CENTER ASSOCIATION - 1475 MAIN STREET - ST. HELENA, CA 94574	20-2411077	501(C)(3) PUBLIC	5,000.	0.			FOR GENERAL SUPPORT
GUNILDA RIANDA SENIOR CENTER ASSOCIATION - 1475 MAIN STREET - ST. HELENA, CA 94574	20-2411077	501(C)(3) PUBLIC	10,000.	0.			FOR GENERAL SUPPORT
GUNILDA RIANDA SENIOR CENTER ASSOCIATION - 1475 MAIN STREET - ST. HELENA, CA 94574	20-2411077	501(C)(3) PUBLIC	10,000.	0.			FOR GENERAL SUPPORT
GUNILDA RIANDA SENIOR CENTER ASSOCIATION - 1475 MAIN STREET - ST. HELENA, CA 94574	20-2411077	501(C)(3) PUBLIC	2,500.	0.			FOR GENERAL SUPPORT, IN HONOR OF JULIE SPENCER. THIS GRANT WAS MADE POSSIBLE BY THE
GUNILDA RIANDA SENIOR CENTER ASSOCIATION - 1475 MAIN STREET - ST. HELENA, CA 94574	20-2411077	501(C)(3) PUBLIC	2,000.	0.			FOR GENERAL USE

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HEIFER PROJECT INTERNATIONAL, INC. 1 WORLD AVENUE LITTLE ROCK, AR 72202	35-1019477	501(C)(3) PUBLIC	36,317.	0.			FOR GENERAL SUPPORT, IN HONOR OF JULE GRANT
HOLY ASSUMPTION MONASTERY 1519 WASHINGTON STREET CALISTOGA, CA 94515	94-2903160	501(C)(3) PUBLIC	5,000.	0.			FOR THE ST. NICHOLAS HOUSE CAMPAIGN
HUMANE SOCIETY OF NAPA COUNTY PO BOX 695 NAPA, CA 94559	23-7315010	501(C)(3) PUBLIC	500.	0.			FOR GENERAL SUPPORT
HUMANE SOCIETY OF NAPA COUNTY PO BOX 695 NAPA, CA 94559	23-7315010	501(C)(3) PUBLIC	6,200.	0.			FOR GENERAL SUPPORT
HUMANE SOCIETY OF NAPA COUNTY PO BOX 695 NAPA, CA 94559	23-7315010	501(C)(3) PUBLIC	30,000.	0.			FOR GENERAL SUPPORT
HUMANE SOCIETY OF NAPA COUNTY PO BOX 695 NAPA, CA 94559	23-7315010	501(C)(3) PUBLIC	5,000.	0.			FOR GENERAL SUPPORT, IN HONOR OF PEGGY LOAR
HUMANE SOCIETY OF NAPA COUNTY PO BOX 695 NAPA, CA 94559	23-7315010	501(C)(3) PUBLIC	25,000.	0.			FOR SUPPORT OF SPAY/NEUTER PROGRAM
HUMANE SOCIETY OF NAPA COUNTY PO BOX 695 NAPA, CA 94559	23-7315010	501(C)(3) PUBLIC	10,000.	0.			TO HELP SUBSIDIZE COSTS FOR SPAY/NEUTER SERVICES FOR SMALL ANIMALS IN NAPA COUNTY
HUMANE SOCIETY OF TRUCKEE-TAHOE 10961 STEVENS LANE TRUCKEE, CA 96161	68-0366788	501(C)(3) PUBLIC	10,000.	0.			FOR GENERAL SUPPORT. THIS GRANT IS MADE POSSIBLE BY ANN BURCHILL

Schedule I (Form 990)

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IF GIVEN A CHANCE PO BOX 2607 NAPA, CA 94558	91-1852336	501(C)(3) PUBLIC	7,500.	0.			FOR GENERAL SUPPORT
IF GIVEN A CHANCE PO BOX 2607 NAPA, CA 94558	91-1852336	501(C)(3) PUBLIC	10,000.	0.			FOR GENERAL SUPPORT
IF GIVEN A CHANCE PO BOX 2607 NAPA, CA 94558	91-1852336	501(C)(3) PUBLIC	250.	0.			FOR UNRESTRICTED SUPPORT, IN MEMORY OF LEAH LA ROCHELLE
IMMIGRATION INSTITUTE OF THE BAY AREA - 1111 MARKET STREET, 4TH FLOOR - SAN FRANCISCO, CA 94103	94-1156554	501(C)(3) PUBLIC	15,800.	0.			FOR A PASS-THROUGH FROM COUNTY OF NAPA FOR CITIZENSHIP LEGAL SERVICES IN NAPA COUNTY
IMMIGRATION INSTITUTE OF THE BAY AREA - 1111 MARKET STREET, 4TH FLOOR - SAN FRANCISCO, CA 94103	94-1156554	501(C)(3) PUBLIC	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) PUBLIC	98,500.	0.			FOR PARTICIPATION IN THE CITIZENSHIP LEGAL SERVICES (CLS) COLLABORATIVE THAT IS
IMMIGRATION INSTITUTE OF THE BAY AREA - 1111 MARKET STREET, 4TH FLOOR - SAN FRANCISCO, CA 94103	94-1156554	501(C)(3) PUBLIC	15,000.	0.			FOR SUPPORT OF IMMIGRATION WORK
IMMIGRATION INSTITUTE OF THE BAY AREA - 1111 MARKET STREET, 4TH FLOOR - SAN FRANCISCO, CA 94103	94-1156554	501(C)(3) PUBLIC	25,000.	0.			FOR THE IMMIGRATION WORK IN NAPA COUNTY (\$25,000 PAYABLE IN 2022 AND \$25,000 PAYABLE IN 2023)
IMMIGRATION INSTITUTE OF THE BAY AREA - 1111 MARKET STREET, 4TH FLOOR - SAN FRANCISCO, CA 94103	94-1156554	501(C)(3) PUBLIC	25,000.	0.			FOR THE IMMIGRATION WORK IN NAPA COUNTY (\$25,000 PAYABLE IN 2022 AND \$25,000 PAYABLE IN 2023)

Schedule I (Form 990)

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

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IMMIGRATION INSTITUTE OF THE BAY AREA - 1111 MARKET STREET, 4TH FLOOR - SAN FRANCISCO, CA 94103	94-1156554	501(C)(3) PUBLIC	5,000.	0.			TO PAY DEFERRED ACTION FOR CHILDHOOD ARRIVALS (DACA) RENEWAL AND FIRST-TIME APPLICATION
IMMIGRATION INSTITUTE OF THE BAY AREA - 1111 MARKET STREET, 4TH FLOOR - SAN FRANCISCO, CA 94103	94-1156554	501(C)(3) PUBLIC	15,000.	0.			TO PAY DEFERRED ACTION FOR CHILDHOOD ARRIVALS (DACA) RENEWAL AND FIRST-TIME APPLICATION
J DAVID GLADSTONE INSTITUTES 1650 OWENS STREET SAN FRANCISCO, CA 94158	23-7203666	501(C)(3) PUBLIC	15,000.	0.			FOR SUPPORT OF THE GLADSTONE INSTITUTE ALZHEIMERS RESEARCH PROGRAM
JAMESON ANIMAL RESCUE RANCH 1224 ADAMS STREET, STE C ST. HELENA, CA 94574	47-1230166	501(C)(3) PUBLIC	15,000.	0.			TO HELP SUBSIDIZE COSTS FOR SPAY/NEUTER SERVICES FOR SMALL ANIMALS IN NAPA COUNTY
JOHN BURTON ADVOCATES FOR YOUTH 235 MONTGOMERY STREET, STE 1142 SAN FRANCISCO, CA 94101	81-2600695	501(C)(3) PUBLIC	5,000.	0.			FOR SUPPORT OF THE CRITICAL NEEDS AND OPPORTUNITY FUND
KQED INC. 2601 MARIPOSA STREET SAN FRANCISCO, CA 94110-1426	94-1241309	501(C)(3) PUBLIC	2,500.	0.			FOR GENERAL SUPPORT
KQED INC. 2601 MARIPOSA STREET SAN FRANCISCO, CA 94110-1426	94-1241309	501(C)(3) PUBLIC	36,317.	0.			FOR GENERAL SUPPORT, IN HONOR OF JULE GRANT
MAKE-A-WISH FOUNDATION OF GREATER BAY AREA - 1333 BROADWAY SUITE 200 - OAKLAND, CA 94612	94-2958481	501(C)(3) PUBLIC	5,000.	0.			FOR GENERAL OPERATING SUPPORT
MARTIS CAMP COMMUNITY FOUNDATION 7951 FLEUR DU LAC DRIVE TRUCKEE, CA 96161	27-3532704	501(C)(3) PUBLIC	25,000.	0.			FOR SUPPORT OF THE FUND-A-NEED

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASSACHUSETTS INSTITUTE OF TECHNOLOGY - 600 MEMORIAL DRIVE, W98-200 - CAMBRIDGE, MA 02139-4822	04-2103594	501(C)(3) PUBLIC	50,000.	0.			FOR THE IRDF FUND FOR DELTA TAU DELTA HOUSE RENOVATION PROJECT
MENTIS 709 FRANKLIN STREET NAPA, CA 94559	94-1236934	501(C)(3) PUBLIC	2,500.	0.			FOR BLUE SKIES AHEAD SPONSORSHIP
MENTIS 709 FRANKLIN STREET NAPA, CA 94559	94-1236934	501(C)(3) PUBLIC	2,500.	0.			FOR GENERAL SUPPORT
MENTIS 709 FRANKLIN STREET NAPA, CA 94559	94-1236934	501(C)(3) PUBLIC	2,500.	0.			FOR GENERAL SUPPORT
MENTIS 709 FRANKLIN STREET NAPA, CA 94559	94-1236934	501(C)(3) PUBLIC	5,000.	0.			FOR GENERAL SUPPORT
MENTIS 709 FRANKLIN STREET NAPA, CA 94559	94-1236934	501(C)(3) PUBLIC	8,000.	0.			FOR GENERAL SUPPORT
MENTIS 709 FRANKLIN STREET NAPA, CA 94559	94-1236934	501(C)(3) PUBLIC	12,500.	0.			FOR GENERAL SUPPORT
MENTIS 709 FRANKLIN STREET NAPA, CA 94559	94-1236934	501(C)(3) PUBLIC	20,000.	0.			FOR GENERAL SUPPORT
MENTIS 709 FRANKLIN STREET NAPA, CA 94559	94-1236934	501(C)(3) PUBLIC	7,000.	0.			FOR THE BUILDING TEAM RESILIENCY IN OUR SCHOOLS INITIATIVE

Schedule I (Form 990)

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MENTIS 709 FRANKLIN STREET NAPA, CA 94559	94-1236934	501(C)(3) PUBLIC	1,000.	0.			FOR THE BUILDING TEEN RESILIENCY IN OUR SCHOOLS INITIATIVE
MENTIS 709 FRANKLIN STREET NAPA, CA 94559	94-1236934	501(C)(3) PUBLIC	1,000.	0.			FOR THE BUILDING TEEN RESILIENCY IN OUR SCHOOLS INITIATIVE (BTRSI)
MENTIS 709 FRANKLIN STREET NAPA, CA 94559	94-1236934	501(C)(3) PUBLIC	2,500.	0.			FOR THE BUILDING TEEN RESILIENCY IN OUR SCHOOLS INITIATIVE (BTRSI)
MENTIS 709 FRANKLIN STREET NAPA, CA 94559	94-1236934	501(C)(3) PUBLIC	7,936.	0.			FOR THE BUILDING TEEN RESILIENCY IN OUR SCHOOLS INITIATIVE (BTRSI)
MOLLY'S ANGELS 433 SOSCOL AVENUE, STE B151 NAPA, CA 94559	31-1675725	501(C)(3) PUBLIC	3,500.	0.			FOR GENERAL SUPPORT
MOLLY'S ANGELS 433 SOSCOL AVENUE, STE B151 NAPA, CA 94559	31-1675725	501(C)(3) PUBLIC	6,000.	0.			FOR GENERAL SUPPORT
NAPA BAND BOOSTERS CLUB PO BOX 2133 NAPA, CA 94558	94-6102864	501(C)(3) PUBLIC	2,497.	0.			FOR A TRANSFER TO THE NAPA BAND BOOSTERS CLUB
NAPA COMMUNITIES FIREWISE FOUNDATION - PO BOX 440B - ST. HELENA, CA 94574	26-0147748	501(C)(3) PUBLIC	7,500.	0.			FOR SUPPORT AND MAINTENANCE FOR THE 5 YEAR FIRE REDUCTION PLAN AROUND SILVERADO
NAPA COMMUNITY ANIMAL RESPONSE TEAM - PO BOX 67 - NAPA, CA 94559	82-3738768	501(C)(3) PUBLIC	20,000.	0.			TO SUPPORT EVACUATION PREPAREDNESS PROGRAMS FOR SENIORS AND SMALL COMPANION ANIMALS IN NAPA

Schedule I (Form 990)

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

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NAPA COUNTY ANIMAL SHELTER AND ADOPTION CENTER - 942 HARTLE COURT - NAPA, CA 94558		GOVERNMENT AGENC	30,000.	0.			FOR GENERAL SUPPORT
NAPA COUNTY ANIMAL SHELTER AND ADOPTION CENTER - 942 HARTLE COURT - NAPA, CA 94558		GOVERNMENT AGENC	10,000.	0.			TO HELP SUBSIDIZE COSTS FOR SPAY/NEUTER SERVICES FOR SMALL ANIMALS IN NAPA COUNTY
NAPA COUNTY LAND TRUST 1700 SOSCOL AVENUE, STE 20 NAPA, CA 94559	94-2315096	501(C)(3) PUBLIC	250.	0.			FOR GENERAL SUPPORT
NAPA COUNTY LAND TRUST 1700 SOSCOL AVENUE, STE 20 NAPA, CA 94559	94-2315096	501(C)(3) PUBLIC	250.	0.			FOR GENERAL SUPPORT
NAPA COUNTY LAND TRUST 1700 SOSCOL AVENUE, STE 20 NAPA, CA 94559	94-2315096	501(C)(3) PUBLIC	500.	0.			FOR GENERAL SUPPORT
NAPA COUNTY LAND TRUST 1700 SOSCOL AVENUE, STE 20 NAPA, CA 94559	94-2315096	501(C)(3) PUBLIC	1,000.	0.			FOR GENERAL SUPPORT
NAPA COUNTY LAND TRUST 1700 SOSCOL AVENUE, STE 20 NAPA, CA 94559	94-2315096	501(C)(3) PUBLIC	10,000.	0.			FOR GENERAL SUPPORT
NAPA COUNTY LAND TRUST 1700 SOSCOL AVENUE, STE 20 NAPA, CA 94559	94-2315096	501(C)(3) PUBLIC	20,000.	0.			FOR GENERAL SUPPORT
NAPA COUNTY LAND TRUST 1700 SOSCOL AVENUE, STE 20 NAPA, CA 94559	94-2315096	501(C)(3) PUBLIC	15,000.	0.			FOR OPERATING COSTS

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

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NAPA COUNTY LAND TRUST 1700 SOSCOL AVENUE, STE 20 NAPA, CA 94559	94-2315096	501(C)(3) PUBLIC	250.	0.			FOR UNRESTRICTED SUPPORT
NAPA COUNTY LIBRARY 580 COOMBS STREET NAPA, CA 94559	94-6000525	GOVERNMENT AGENC	2,000.	0.			FOR THE ADULT LITERACY CENTER
NAPA COUNTY LIBRARY 580 COOMBS STREET NAPA, CA 94559	94-6000525	GOVERNMENT AGENC	3,000.	0.			FOR THE ADULT LITERACY CENTER
NAPA COUNTY LIBRARY 580 COOMBS STREET NAPA, CA 94559	94-6000525	GOVERNMENT AGENC	1,000.	0.			FOR THE ADULT LITERACY PROGRAM
NAPA COUNTY LIBRARY 580 COOMBS STREET NAPA, CA 94559	94-6000525	GOVERNMENT AGENC	500.	0.			FOR THE PURCHASE OF CHILDREN'S BOOKS IN SPANISH FOR COMMUNITY DISTRIBUTION
NAPA COUNTY LIBRARY 580 COOMBS STREET NAPA, CA 94559	94-6000525	GOVERNMENT AGENC	1,000.	0.			FOR THE PURCHASE OF CHILDREN'S BOOKS IN SPANISH FOR COMMUNITY DISTRIBUTION
NAPA COUNTY OFFICE OF EDUCATION 2121 IMOLA AVENUE NAPA, CA 94559	94-6002406	GOVERNMENT AGENC	1,000.	0.			FOR THE CONSTRUCTION & WELDING PROGRAM AT CAMILLE CREEK COMMUNITY SCHOOL
NAPA COUNTY OFFICE OF EDUCATION 2121 IMOLA AVENUE NAPA, CA 94559	94-6002406	GOVERNMENT AGENC	2,000.	0.			FOR THE CONSTRUCTION & WELDING PROGRAM AT CAMILLE CREEK COMMUNITY SCHOOL
NAPA COUNTY OFFICE OF EDUCATION 2121 IMOLA AVENUE NAPA, CA 94559	94-6002406	GOVERNMENT AGENC	5,000.	0.			FOR THE CONSTRUCTION & WELDING PROGRAM AT CAMILLE CREEK COMMUNITY SCHOOL

Schedule I (Form 990)

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

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NAPA COUNTY OFFICE OF EDUCATION 2121 IMOLA AVENUE NAPA, CA 94559	94-6002406	GOVERNMENT AGENC	7,000.	0.			FOR THE CONSTRUCTION & WELDING PROGRAM AT CAMILLE CREEK COMMUNITY SCHOOL
NAPA COUNTY RESOURCE CONSERVATION DISTRICT - 1303 JEFFERSON STREET, STE 500B - NAPA, CA 94559	94-1569332	GOVERNMENT AGENC	3,000.	0.			FOR SUPPORT OF THE SCHOLARSHIP FOR EMERGING ENVIRONMENTAL LEADERS
NAPA COUNTY RESOURCE CONSERVATION DISTRICT - 1303 JEFFERSON STREET, STE 500B - NAPA, CA 94559	94-1569332	GOVERNMENT AGENC	2,500.	0.			FOR THE ONE MILLION TREES PROGRAM
NAPA MEDICAL RESEARCH FOUNDATION 3421 VILLA LANE, STE 2C NAPA, CA 94558	47-1567798	501(C)(3) PUBLIC	2,000.	0.			FOR GENERAL SUPPORT
NAPA MEDICAL RESEARCH FOUNDATION 3421 VILLA LANE, STE 2C NAPA, CA 94558	47-1567798	501(C)(3) PUBLIC	2,500.	0.			FOR GENERAL SUPPORT
NAPA MEDICAL RESEARCH FOUNDATION 3421 VILLA LANE, STE 2C NAPA, CA 94558	47-1567798	501(C)(3) PUBLIC	9,920.	0.			FOR GENERAL SUPPORT. THIS GRANT WAS MADE POSSIBLE BY THE GENEROSITY OF THE JACKSON
NAPA MEDICAL RESEARCH FOUNDATION 3421 VILLA LANE, STE 2C NAPA, CA 94558	47-1567798	501(C)(3) PUBLIC	2,000.	0.			FOR THE GENERAL FUND
NAPA VALLEY CANDO PO BOX 855 NAPA, CA 94559	46-2670379	501(C)(3) PUBLIC	5,000.	0.			FOR GENERAL OPERATING SUPPORT, IN MEMORY OF HILARY ZUNIN
NAPA VALLEY CANDO PO BOX 855 NAPA, CA 94559	46-2670379	501(C)(3) PUBLIC	2,500.	0.			FOR SUPPORT OF THE NAPA FOOD PROJECT

Schedule I (Form 990)

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NAPA VALLEY CHILD ADVOCACY NETWORK, INCORPORATED - 1909 JEFFERSON STREET - NAPA, CA 94559	56-2498308	501(C)(3) PUBLIC	10,000.	0.			FOR GENERAL SUPPORT
NAPA VALLEY CHILD ADVOCACY NETWORK, INCORPORATED - 1909 JEFFERSON STREET - NAPA, CA 94559	56-2498308	501(C)(3) PUBLIC	1,500.	0.			FOR THE TRIPLE P PARENTING PROGRAM
NAPA VALLEY CHILD ADVOCACY NETWORK, INCORPORATED - 1909 JEFFERSON STREET - NAPA, CA 94559	56-2498308	501(C)(3) PUBLIC	2,500.	0.			FOR THE TRIPLE P PARENTING PROGRAM
NAPA VALLEY COMMUNITY COLLEGE DISTRICT AUXILIARY SERVICES ORGANIZATION - 2277 NAPA-VALLEJO HWY - NAPA, CA 94559	46-2918583	501(C)(3) PUBLIC	2,500.	0.			FOR THE NAPA VALLEY COLLEGE BASIC NEEDS CENTER
NAPA VALLEY COMMUNITY COLLEGE DISTRICT AUXILIARY SERVICES ORGANIZATION - 2277 NAPA-VALLEJO HWY - NAPA, CA 94559	46-2918583	501(C)(3) PUBLIC	5,000.	0.			FOR THE PUENTE PROGRAM FOR THE 2021/2022 ACADEMIC YEAR
NAPA VALLEY COMMUNITY COLLEGE DISTRICT AUXILIARY SERVICES ORGANIZATION - 2277 NAPA-VALLEJO HWY - NAPA, CA 94559	46-2918583	501(C)(3) PUBLIC	2,000.	0.			FOR THE PUENTE PROJECT
NAPA VALLEY COMMUNITY COLLEGE DISTRICT AUXILIARY SERVICES ORGANIZATION - 2277 NAPA-VALLEJO HWY - NAPA, CA 94559	46-2918583	501(C)(3) PUBLIC	2,000.	0.			TO SUPPORT PERFORMING ARTS PROGRAMS AT NAPA VALLEY COLLEGE
NAPA VALLEY EDUCATION FOUNDATION 2425 JEFFERSON STREET, ROOM #105 NAPA, CA 94558	68-0005743	501(C)(3) PUBLIC	3,000.	0.			FOR MUSIC AND PERFORMING ARTS PROGRAMS COUNTYWIDE, INCLUDING MUSIC CONNECTION AND MUSIC AND
NAPA VALLEY EDUCATION FOUNDATION 2425 JEFFERSON STREET, ROOM #105 NAPA, CA 94558	68-0005743	501(C)(3) PUBLIC	2,500.	0.			FOR PROFESSIONAL DEVELOPMENT FOR VALLEY OAK HIGH SCHOOL, AND COLLEGE AND CAREER

Schedule I (Form 990)

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NAPA VALLEY EDUCATION FOUNDATION 2425 JEFFERSON STREET, ROOM #105 NAPA, CA 94558	68-0005743	501(C)(3) PUBLIC	15,000.	0.			FOR SUMMER MENTORSHIP AND MUSIC CAMP PROGRAMS
NAPA VALLEY EDUCATION FOUNDATION 2425 JEFFERSON STREET, ROOM #105 NAPA, CA 94558	68-0005743	501(C)(3) PUBLIC	15,000.	0.			FOR SUPPORT OF ART AND CAREER PROGRAMS
NAPA VALLEY EDUCATION FOUNDATION 2425 JEFFERSON STREET, ROOM #105 NAPA, CA 94558	68-0005743	501(C)(3) PUBLIC	4,000.	0.			FOR SUPPORT OF THE VIRTUAL ACADEMY PROGRAM FOR LOW-INCOME HIGH SCHOOL STUDENTS IN NAPA
NAPA VALLEY EDUCATION FOUNDATION 2425 JEFFERSON STREET, ROOM #105 NAPA, CA 94558	68-0005743	501(C)(3) PUBLIC	6,000.	0.			FOR SUPPORT OF THE VIRTUAL ACADEMY PROGRAM FOR LOW-INCOME HIGH SCHOOL STUDENTS IN NAPA
NAPA VALLEY EDUCATION FOUNDATION 2425 JEFFERSON STREET, ROOM #105 NAPA, CA 94558	68-0005743	501(C)(3) PUBLIC	1,500.	0.			FOR THE MUSIC CONNECTION PROGRAM
NAPA VALLEY EDUCATION FOUNDATION 2425 JEFFERSON STREET, ROOM #105 NAPA, CA 94558	68-0005743	501(C)(3) PUBLIC	2,500.	0.			FOR THE SUMMER MENTOR PROGRAM
NAPA VALLEY FARMWORKER FOUNDATION 831 LATOUR COURT, STE A NAPA, CA 94558	36-4790851	501(C)(3) PUBLIC	1,500.	0.			FOR CAREER DEVELOPMENT AND VOCATIONAL TRAINING PROGRAMS
NAPA VALLEY FARMWORKER FOUNDATION 831 LATOUR COURT, STE A NAPA, CA 94558	36-4790851	501(C)(3) PUBLIC	4,000.	0.			FOR FIELDS OF OPPORTUNITY SUMMER MENTOR PROGRAM
NAPA VALLEY FARMWORKER FOUNDATION 831 LATOUR COURT, STE A NAPA, CA 94558	36-4790851	501(C)(3) PUBLIC	50,000.	0.			FOR GENERAL SUPPORT

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NAPA VALLEY FESTIVAL ASSOCIATION 1030 SEMINARY STREET, STE C NAPA, CA 94559	26-4008029	501(C)(3) PUBLIC	10,000.	0.			FOR THE ANNUAL FUND
NAPA VALLEY UNIFIED SCHOOL DISTRICT - 2425 JEFFERSON STREET - NAPA, CA 94558		PUBLIC SCHOOL	10,000.	0.			FOR GENERAL SUPPORT OF THE AVID PROGRAM
NAPA VALLEY UNIFIED SCHOOL DISTRICT - 2425 JEFFERSON STREET - NAPA, CA 94558		PUBLIC SCHOOL	7,500.	0.			FOR SUPPORT OF AVID PROGRAM
NAPA VALLEY UNIFIED SCHOOL DISTRICT - 2425 JEFFERSON STREET - NAPA, CA 94558		PUBLIC SCHOOL	20,000.	0.			FOR SUPPORT OF COSTS AT AMERICAN CANYON, NAPA, NEW TECHNOLOGY, VALLEY OAK AND VINTAGE HIGH
NAPA VALLEY UNIFIED SCHOOL DISTRICT - 2425 JEFFERSON STREET - NAPA, CA 94558		PUBLIC SCHOOL	500.	0.			FOR THE AVID PROGRAM
NAPA VALLEY UNIFIED SCHOOL DISTRICT - 2425 JEFFERSON STREET - NAPA, CA 94558		PUBLIC SCHOOL	1,500.	0.			FOR THE AVID PROGRAM
NAPA VALLEY UNIFIED SCHOOL DISTRICT - 2425 JEFFERSON STREET - NAPA, CA 94558		PUBLIC SCHOOL	5,000.	0.			FOR THE AVID PROGRAM
NAPA VALLEY UNIFIED SCHOOL DISTRICT - 2425 JEFFERSON STREET - NAPA, CA 94558		PUBLIC SCHOOL	15,000.	0.			FOR THE AVID PROGRAM, INCLUDING COLLEGE TOURS AND PARENT ENGAGEMENT ACTIVITIES
NAPA VALLEY UNIFIED SCHOOL DISTRICT - 2425 JEFFERSON STREET - NAPA, CA 94558		PUBLIC SCHOOL	2,000.	0.			FOR THE IMPLEMENTATION AND GROWTH OF THE AVID PROGRAM

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NAPA VALLEY UNIFIED SCHOOL DISTRICT - 2425 JEFFERSON STREET - NAPA, CA 94558		PUBLIC SCHOOL	5,000.	0.			TO STRENGTHEN THE AVID PROGRAM
NAPA VALLEY UNIFIED SCHOOL DISTRICT - 2425 JEFFERSON STREET - NAPA, CA 94558		PUBLIC SCHOOL	6,000.	0.			TO STRENGTHEN THE AVID PROGRAM, INCLUDING TEACHER TRAINING, REGISTRATION FEES,
NAPA VALLEY UNIFIED SCHOOL DISTRICT - 2425 JEFFERSON STREET - NAPA, CA 94558		PUBLIC SCHOOL	15,000.	0.			TO STRENGTHEN THE AVID PROGRAM, INCLUDING TEACHER TRAINING, REGISTRATION FEES,
NEWS 1141 PEAR TREE LANE, STE 220 NAPA, CA 94558	94-2745889	501(C)(3) PUBLIC	1,000.	0.			FOR GENERAL SUPPORT
NEWS 1141 PEAR TREE LANE, STE 220 NAPA, CA 94558	94-2745889	501(C)(3) PUBLIC	15,000.	0.			FOR GENERAL SUPPORT
NEWS 1141 PEAR TREE LANE, STE 220 NAPA, CA 94558	94-2745889	501(C)(3) PUBLIC	35,000.	0.			FOR GENERAL SUPPORT
NEWS 1141 PEAR TREE LANE, STE 220 NAPA, CA 94558	94-2745889	501(C)(3) PUBLIC	36,317.	0.			FOR GENERAL SUPPORT, IN HONOR OF JULE GRANT
NIMBUS ARTS 649 MAIN STREET ST. HELENA, CA 94574	27-1503762	501(C)(3) PUBLIC	1,000.	0.			FOR EDUCATION PROGRAMS
NIMBUS ARTS 649 MAIN STREET ST. HELENA, CA 94574	27-1503762	501(C)(3) PUBLIC	2,000.	0.			FOR EDUCATION PROGRAMS

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NIMBUS ARTS 649 MAIN STREET ST. HELENA, CA 94574	27-1503762	501(C)(3) PUBLIC	5,000.	0.			FOR GENERAL SUPPORT
NIMBUS ARTS 649 MAIN STREET ST. HELENA, CA 94574	27-1503762	501(C)(3) PUBLIC	24,999.	0.			FOR GENERAL SUPPORT
NORTH COAST OPPORTUNITIES INC. 413 N STATE STREET UKIAH, CA 95482	94-1671958	501(C)(3) PUBLIC	100,000.	0.			TO PROVIDE TEMPORARY HOUSING TO SURVIVORS OF THE CACHE FIRE IN LAKE COUNTY
OLE HEALTH 1141 PEAR TREE LANE, STE 100 NAPA, CA 94558	23-7221695	501(C)(3) PUBLIC	5,000.	0.			FOR GENERAL SUPPORT. THIS GRANT WAS MADE POSSIBLE BY THE GENEROSITY OF CENTRAL VALLEY BUILDERS
OLE HEALTH FOUNDATION 1100 TRANCAS STREET, STE 300 NAPA, CA 94558	68-0149424	501(C)(3) PUBLIC	10,000.	0.			FOR FOOD DISTRIBUTION PROGRAMS
OLE HEALTH FOUNDATION 1100 TRANCAS STREET, STE 300 NAPA, CA 94558	68-0149424	501(C)(3) PUBLIC	10,000.	0.			FOR GENERAL PURPOSES
OLE HEALTH FOUNDATION 1100 TRANCAS STREET, STE 300 NAPA, CA 94558	68-0149424	501(C)(3) PUBLIC	50,000.	0.			FOR GENERAL SUPPORT
OLE HEALTH FOUNDATION 1100 TRANCAS STREET, STE 300 NAPA, CA 94558	68-0149424	501(C)(3) PUBLIC	10,000.	0.			FOR SUPPORT OF FUND-A-NEED AT SALUD 2022
OLE HEALTH FOUNDATION 1100 TRANCAS STREET, STE 300 NAPA, CA 94558	68-0149424	501(C)(3) PUBLIC	5,000.	0.			FOR THE FUND A NEED

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OLE HEALTH FOUNDATION 1100 TRANCAS STREET, STE 300 NAPA, CA 94558	68-0149424	501(C)(3) PUBLIC	5,000.	0.			FOR THE FUND A NEED FOR OLE HEALTH GOLDEN ANNIVERSARY
ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558	75-3149095	501(C)(3) PUBLIC	2,540.	0.			FOR A PASS-THROUGH FROM COUNTY OF NAPA FOR CITIZENSHIP LEGAL SERVICES IN NAPA COUNTY
ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558	75-3149095	501(C)(3) PUBLIC	9,004.	0.			FOR EMERGENCY FINANCIAL ASSISTANCE FOR HOUSEHOLDS WHO LIVE IN NAPA COUNTY AND ARE AFFECTED BY
ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558	75-3149095	501(C)(3) PUBLIC	25,000.	0.			FOR EMERGENCY FINANCIAL ASSISTANCE FOR HOUSEHOLDS WHO LIVE IN NAPA COUNTY AND ARE AFFECTED BY
ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558	75-3149095	501(C)(3) PUBLIC	35,000.	0.			FOR EMERGENCY FINANCIAL ASSISTANCE FOR HOUSEHOLDS WHO LIVE IN NAPA COUNTY AND ARE AFFECTED BY
ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558	75-3149095	501(C)(3) PUBLIC	75,000.	0.			FOR EMERGENCY FINANCIAL ASSISTANCE FOR HOUSEHOLDS WHO LIVE IN NAPA COUNTY AND TEST POSITIVE FOR
ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558	75-3149095	501(C)(3) PUBLIC	1,500.	0.			FOR GENERAL FUND
ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558	75-3149095	501(C)(3) PUBLIC	71,652.	0.			FOR OPERATIONAL SUPPORT FOR PARTICIPATION IN THE EMERGENCY RENTAL ASSISTANCE (ERAP)
ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558	75-3149095	501(C)(3) PUBLIC	71,652.	0.			FOR OPERATIONAL SUPPORT FOR PARTICIPATION IN THE EMERGENCY RENTAL ASSISTANCE (ERAP)

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558	75-3149095	501(C)(3) PUBLIC	143,304.	0.			FOR OPERATIONAL SUPPORT FOR PARTICIPATION IN THE EMERGENCY RENTAL ASSISTANCE (ERAP)
ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558	75-3149095	501(C)(3) PUBLIC	20,000.	0.			FOR PARTICIPATION IN THE CITIZENSHIP LEGAL SERVICES (CLS) COLLABORATIVE THAT IS
ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558	75-3149095	501(C)(3) PUBLIC	65,000.	0.			FOR PROGRAM SUPPORT OF, AND PARTICIPATION IN, THE WORKFORCE PATHWAYS COLLABORATIVE THROUGH
ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558	75-3149095	501(C)(3) PUBLIC	1,000.	0.			FOR SUPPORT OF THE DACA INTERNSHIP PROJECT
ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558	75-3149095	501(C)(3) PUBLIC	7,000.	0.			FOR SUPPORT OF THE LGBTQ CONNECTION PROGRAM
ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558	75-3149095	501(C)(3) PUBLIC	5,000.	0.			FOR SUPPORT OF YOUTH LEADERSHIP ACADEMIES
ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558	75-3149095	501(C)(3) PUBLIC	12,000.	0.			FOR SUPPORT OF YOUTH LEADERSHIP ACADEMIES
ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558	75-3149095	501(C)(3) PUBLIC	1,000.	0.			FOR THE LGBTQ CONNECTION PROGRAM
ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558	75-3149095	501(C)(3) PUBLIC	2,500.	0.			FOR THE PARENT UNIVERSITY PROGRAM IN NAPA COUNTY

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558	75-3149095	501(C)(3) PUBLIC	2,500.	0.			FOR THE VOICES PROGRAM
ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558	75-3149095	501(C)(3) PUBLIC	18,000.	0.			FOR THE VOLUNTEER INCOME TAX ASSISTANCE (VITA) PROGRAM
ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558	75-3149095	501(C)(3) PUBLIC	3,000.	0.			FOR THE YOUTH LEADERSHIP ACADEMIES
ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558	75-3149095	501(C)(3) PUBLIC	50,000.	0.			TO SUPPORT ADDITIONAL ORGANIZATIONAL COSTS INCURRED IN DELIVERING EMERGENCY FINANCIAL
OPERATION MOBILIZATION PO BOX 444 TYRONE, GA 30290-0444	22-2513811	501(C)(3) PUBLIC	10,000.	0.			FOR THE FREEDOM CHALLENGE/MT. KILIMANJARO CLIMB, OCTOBER 2022/PARTICIPANT: CATHY
OUR TOWN ST. HELENA 1451 OAK STREET ST. HELENA, CA 94574	26-4247407	501(C)(3) PUBLIC	2,500.	0.			FOR GENERAL SUPPORT
OUR TOWN ST. HELENA 1451 OAK STREET ST. HELENA, CA 94574	26-4247407	501(C)(3) PUBLIC	100,000.	0.			FOR GENERAL SUPPORT
OXFAM AMERICA 226 CAUSEWAY STREET, 5TH FLOOR BOSTON, MA 02114-2206	23-7069110	501(C)(3) PUBLIC	36,317.	0.			FOR GENERAL SUPPORT, IN HONOR OF JULE GRANT
PARTNERS IN HEALTH, A NONPROFIT CORPORATION - PO BOX 996 - FREDERICK, MD 21705-9942	04-3567502	501(C)(3) PUBLIC	36,317.	0.			FOR GENERAL SUPPORT, IN HONOR OF JULE GRANT

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARTNERS IN HEALTH, A NONPROFIT CORPORATION - PO BOX 996 - FREDERICK, MD 21705-9942	04-3567502	501(C)(3) PUBLIC	5,000.	0.			FOR GENERAL SUPPORT. THIS GRANT IS MADE POSSIBLE BY ANN BURCHILL
PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. - PO BOX 97166 - WASHINGTON, DC 20090-7166	13-1644147	501(C)(3) PUBLIC	250.	0.			FOR GENERAL SUPPORT
PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. - PO BOX 97166 - WASHINGTON, DC 20090-7166	13-1644147	501(C)(3) PUBLIC	1,000.	0.			FOR GENERAL SUPPORT
PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. - PO BOX 97166 - WASHINGTON, DC 20090-7166	13-1644147	501(C)(3) PUBLIC	6,000.	0.			FOR GENERAL SUPPORT
PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. - PO BOX 97166 - WASHINGTON, DC 20090-7166	13-1644147	501(C)(3) PUBLIC	1,500.	0.			FOR GENERAL SUPPORT. THIS GIFT WAS MADE POSSIBLE BY ANNE CARVER
PLANNED PARENTHOOD SHASTA-DIABLO 2185 PACHECO STREET CONCORD, CA 94520	94-1575233	501(C)(3) PUBLIC	2,000.	0.			FOR GENERAL SUPPORT
PLANNED PARENTHOOD SHASTA-DIABLO 2185 PACHECO STREET CONCORD, CA 94520	94-1575233	501(C)(3) PUBLIC	5,000.	0.			FOR GENERAL SUPPORT
PLANNED PARENTHOOD SHASTA-DIABLO 2185 PACHECO STREET CONCORD, CA 94520	94-1575233	501(C)(3) PUBLIC	50,000.	0.			FOR SUPPORT OF NAPA COUNTY PROGRAMS
PLANNED PARENTHOOD SHASTA-DIABLO 2185 PACHECO STREET CONCORD, CA 94520	94-1575233	501(C)(3) PUBLIC	25,000.	0.			FOR SUPPORT OF THE NAPA BUILDING RENOVATION

Schedule I (Form 990)

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

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PLANNED PARENTHOOD SHASTA-DIABLO 2185 PACHECO STREET CONCORD, CA 94520	94-1575233	501(C)(3) PUBLIC	5,000.	0.			FOR SUPPORT OF THE NAPA CENTER. THIS GRANT IS MADE POSSIBLE BY ANN BURCHILL
PRESIDENT AND FELLOWS OF HARVARD COLLEGE - PO BOX 419209 - BOSTON, MA 02241-9209	04-2103580	PUBLIC SCHOOL	150,000.	0.			TO ESTABLISH THE DAVID MARTIN GRADUATE STUDENT LEADERSHIP FORUM AT HARVARD UNIVERSITY,
PRISON FELLOWSHIP MINISTRIES PO BOX 1550 MERRIFIELD, VA 22116-1550	62-0988294	501(C)(3) PUBLIC	10,000.	0.			FOR GENERAL OPERATING SUPPORT
PRISON FELLOWSHIP MINISTRIES PO BOX 1550 MERRIFIELD, VA 22116-1550	62-0988294	501(C)(3) PUBLIC	10,000.	0.			FOR GENERAL SUPPORT
PUERTAS ABIERTAS COMMUNITY RESOURCE CENTER / SUN INC. - PO BOX 3009 - NAPA, CA 94558	20-3126333	501(C)(3) PUBLIC	1,800.	0.			FOR A PASS-THROUGH FROM COUNTY OF NAPA FOR CITIZENSHIP LEGAL SERVICES IN NAPA COUNTY
PUERTAS ABIERTAS COMMUNITY RESOURCE CENTER / SUN INC. - PO BOX 3009 - NAPA, CA 94558	20-3126333	501(C)(3) PUBLIC	1,000.	0.			FOR GENERAL OPERATING SUPPORT
PUERTAS ABIERTAS COMMUNITY RESOURCE CENTER / SUN INC. - PO BOX 3009 - NAPA, CA 94558	20-3126333	501(C)(3) PUBLIC	1,000.	0.			FOR GENERAL SUPPORT
PUERTAS ABIERTAS COMMUNITY RESOURCE CENTER / SUN INC. - PO BOX 3009 - NAPA, CA 94558	20-3126333	501(C)(3) PUBLIC	2,500.	0.			FOR GENERAL SUPPORT
PUERTAS ABIERTAS COMMUNITY RESOURCE CENTER / SUN INC. - PO BOX 3009 - NAPA, CA 94558	20-3126333	501(C)(3) PUBLIC	5,924.	0.			FOR GENERAL SUPPORT. THIS GRANT WAS MADE POSSIBLE BY THE GENEROSITY OF BILL PEATMAN

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PUERTAS ABIERTAS COMMUNITY RESOURCE CENTER / SUN INC. - PO BOX 3009 - NAPA, CA 94558	20-3126333	501(C)(3) PUBLIC	10,000.	0.			FOR PARTICIPATION IN THE CITIZENSHIP LEGAL SERVICES (CLS) COLLABORATIVE THAT IS
PUERTAS ABIERTAS COMMUNITY RESOURCE CENTER / SUN INC. - PO BOX 3009 - NAPA, CA 94558	20-3126333	501(C)(3) PUBLIC	7,000.	0.			FOR SUPPORT OF THE CASE MANAGEMENT PROGRAM
QUEEN OF THE VALLEY HOSPITAL FOUNDATION - 1000 TRANCAS STREET - NAPA, CA 94558	23-7081153	501(C)(3) PUBLIC	250.	0.			FOR GENERAL SUPPORT
QUEEN OF THE VALLEY HOSPITAL FOUNDATION - 1000 TRANCAS STREET - NAPA, CA 94558	23-7081153	501(C)(3) PUBLIC	500.	0.			FOR GENERAL SUPPORT
QUEEN OF THE VALLEY HOSPITAL FOUNDATION - 1000 TRANCAS STREET - NAPA, CA 94558	23-7081153	501(C)(3) PUBLIC	100,000.	0.			FOR GENERAL SUPPORT, IN HONOR OF DOROTHY SALMON, JOHN SALMON, PAULA KORNELL AND ELAINE JOHN
QUEEN OF THE VALLEY HOSPITAL FOUNDATION - 1000 TRANCAS STREET - NAPA, CA 94558	23-7081153	501(C)(3) PUBLIC	1,000.	0.			FOR SUPPORT OF THE CANCER WELLNESS PROGRAM. THIS GIFT IS MADE IN CELEBRATION OF THE
QUEEN OF THE VALLEY HOSPITAL FOUNDATION - 1000 TRANCAS STREET - NAPA, CA 94558	23-7081153	501(C)(3) PUBLIC	2,500.	0.			FOR SUPPORT OF THE CARDIAC UNIT, IN HONOR OF NURSE SYLVIA LANUZA AND THE STAFF AT 2 NORTH
RAISING A READER 489 VALLEY WAY MILPITAS, CA 95035	94-3390149	501(C)(3) PUBLIC	32,000.	0.			FOR GENERAL SUPPORT. THIS GRANT WAS MADE POSSIBLE BY THE GENEROSITY OF RICK JONES
RIPPLE EFFECT ANIMAL PROJECT 536 SILVERADO TRAIL NAPA, CA 94559	84-3913071	501(C)(3) PUBLIC	20,000.	0.			FOR GENERAL SUPPORT

Schedule I (Form 990)

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

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SALVATION ARMY - GOLDEN STATE DIVISION - 832 FOLSOM STREET - SAN FRANCISCO, CA 94107	94-1156347	501(C)(3) PUBLIC	5,000.	0.			FOR GENERAL SUPPORT
SALVATION ARMY - GOLDEN STATE DIVISION - 832 FOLSOM STREET - SAN FRANCISCO, CA 94107	94-1156347	501(C)(3) PUBLIC	2,500.	0.			FOR SUPPORT OF FLOWER POWER 2022
SALVATION ARMY - NAPA CORPS 590 FRANKLIN STREET NAPA, CA 94559	94-1156347	501(C)(3) PUBLIC	20,000.	0.			FOR CTA FUND-A-NEED
SALVATION ARMY - NAPA CORPS 590 FRANKLIN STREET NAPA, CA 94559	94-1156347	501(C)(3) PUBLIC	10,000.	0.			FOR SUPPORT OF OUT OF THE FIRE 2022
SALVATION ARMY - NAPA CORPS 590 FRANKLIN STREET NAPA, CA 94559	94-1156347	501(C)(3) PUBLIC	15,000.	0.			FOR THE FEEDING AND MEALS PROGRAM
SAN FRANCISCO MUSEUM OF MODERN ART 151 THIRD STREET SAN FRANCISCO, CA 94103	94-1156300	501(C)(3) PUBLIC	10,000.	0.			FOR GENERAL SUPPORT
SANTA ROSA SYMPHONY ASSOCIATION 50 SANTA ROSA AVENUE, SUITE 410 SANTA ROSA, CA 95404-4908	94-6134075	501(C)(3) PUBLIC	30,000.	0.			FOR GENERAL SUPPORT
SANTA ROSA SYMPHONY ASSOCIATION 50 SANTA ROSA AVENUE, SUITE 410 SANTA ROSA, CA 95404-4908	94-6134075	501(C)(3) PUBLIC	40,000.	0.			FOR GENERAL SUPPORT
SANTA ROSA SYMPHONY ASSOCIATION 50 SANTA ROSA AVENUE, SUITE 410 SANTA ROSA, CA 95404-4908	94-6134075	501(C)(3) PUBLIC	2,500.	0.			FOR GENERAL SUPPORT. THIS GRANT WAS MADE POSSIBLE BY THE GENEROSITY OF ANNE CARVER AND DENIS SUTRO

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHARE THE CARE NAPA VALLEY 162 SOUTH COOMBS STREET NAPA, CA 94559	81-5288335	501(C)(3) PUBLIC	250.	0.			FOR GENERAL SUPPORT
SHARE THE CARE NAPA VALLEY 162 SOUTH COOMBS STREET NAPA, CA 94559	81-5288335	501(C)(3) PUBLIC	2,000.	0.			FOR THE HOME SAFETY AND STOP FALLS PROGRAM
SHARE THE CARE NAPA VALLEY 162 SOUTH COOMBS STREET NAPA, CA 94559	81-5288335	501(C)(3) PUBLIC	6,000.	0.			FOR THE HOME SAFETY AND STOP FALLS PROGRAM
ST. HELENA COMMUNITY FOOD PANTRY 1777 MAIN STREET ST. HELENA, CA 94574	68-0317752	501(C)(3) PUBLIC	36,317.	0.			FOR GENERAL SUPPORT, IN HONOR OF JULE GRANT
ST. HELENA HOSPITAL FOUNDATION 10 WOODLAND ROAD ST. HELENA, CA 94574	20-1384250	501(C)(3) PUBLIC	20,000.	0.			FOR COVID-19 RESILIENCE PROGRAMS
ST. HELENA HOSPITAL FOUNDATION 10 WOODLAND ROAD ST. HELENA, CA 94574	20-1384250	501(C)(3) PUBLIC	10,000.	0.			FOR SUPPORT OF THE 2022 ROCK OUT KNOCK OUT CANCER EVENT
ST. HELENA HOSPITAL FOUNDATION 10 WOODLAND ROAD ST. HELENA, CA 94574	20-1384250	501(C)(3) PUBLIC	10,000.	0.			FOR SUPPORT OF THE ROCKOUT/KNOCKOUT CANCER EVENT
ST. HELENA PUBLIC SCHOOLS FOUNDATION - PO BOX 305 - ST. HELENA, CA 94574	94-2891817	501(C)(3) PUBLIC	5,000.	0.			FOR GIVE BIG! ST. HELENA, TO BENEFIT ST. HELENA PUBLIC SCHOOLS
ST. IGNATIUS PARISH 650 PARKER AVENUE SAN FRANCISCO, CA 94118		CHURCH	13,000.	0.			FOR THE CAPITAL CAMPAIGN (\$10,000) AND FOR AN ANNUAL STEWARDSHIP APPEAL (\$3,000)

Schedule I (Form 990)

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

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ST. MARY'S MEDICAL CENTER FOUNDATION - 450 STANYAN STREET - SAN FRANCISCO, CA 94117	94-3336143	501(C)(3) PUBLIC	10,000.	0.			FOR GENERAL SUPPORT
SUMMER SEARCH 304 12TH ST, SUITE 4A OAKLAND, CA 94607	68-0200138	501(C)(3) PUBLIC	10,000.	0.			FOR GENERAL SUPPORT
SUMMER SEARCH 304 12TH ST, SUITE 4A OAKLAND, CA 94607	68-0200138	501(C)(3) PUBLIC	2,000.	0.			FOR SUPPORT OF SUMMER SEARCH'S NAPA COUNTY PROGRAMS
SUMMER SEARCH 304 12TH ST, SUITE 4A OAKLAND, CA 94607	68-0200138	501(C)(3) PUBLIC	4,375.	0.			FOR SUPPORT OF SUMMER SEARCH'S NAPA COUNTY PROGRAMS
SUMMER SEARCH 304 12TH ST, SUITE 4A OAKLAND, CA 94607	68-0200138	501(C)(3) PUBLIC	13,000.	0.			FOR SUPPORT OF SUMMER SEARCH'S NAPA COUNTY PROGRAMS
SUPPORT FOR FAMILIES OF CHILDREN WITH DISABILITIES - 1663 MISSION STREET, STE 700 - SAN FRANCISCO, CA 94103-2489	94-2819062	501(C)(3) PUBLIC	5,000.	0.			FOR GENERAL SUPPORT
THE ALPHEIOS PROJECT, LTD. 15465 MACDONALD ROAD GRASS VALLEY, CA 95949	27-2248757	501(C)(3) PUBLIC	24,700.	0.			FOR GENERAL SUPPORT
THE ALPHEIOS PROJECT, LTD. 15465 MACDONALD ROAD GRASS VALLEY, CA 95949	27-2248757	501(C)(3) PUBLIC	24,999.	0.			FOR GENERAL USE
THE INDEPENDENT INSTITUTE 100 SWAN WAY OAKLAND, CA 946211428	94-3008370	501(C)(3) PUBLIC	10,000.	0.			FOR GENERAL SUPPORT

Schedule I (Form 990)



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THE OXBOW SCHOOL 530 THIRD STREET NAPA, CA 94559	94-3265708	501(C)(3) PUBLIC	10,000.	0.			FOR GENERAL SUPPORT
THE OXBOW SCHOOL 530 THIRD STREET NAPA, CA 94559	94-3265708	501(C)(3) PUBLIC	1,000.	0.			FOR THE SCHOLARSHIP FUND
THE PRESENTATION SCHOOL 20872 BROADWAY SONOMA, CA 95476-7944	91-1829138	501(C)(3) PUBLIC	25,000.	0.			FOR THE PATHWAYS ENDOWED SCHOLARSHIP FUND
THE TRUSTEES OF THE SMITH COLLEGE STODDARD ANNEX, 23 ELM STREET NORTHAMPTON, MA 01063	04-1843040	501(C)(3) PUBLIC	5,000.	0.			FOR THE ANNUAL FUND
THE UC DAVIS FOUNDATION ONE SHIELDS AVENUE DAVIS, CA 95616-5270	94-6081352	501(C)(3) PUBLIC	2,500.	0.			FOR SUPPORT OF THE AGGIE JUMPSTART PROGRAM, FUND# ADOII58
THE UC DAVIS FOUNDATION ONE SHIELDS AVENUE DAVIS, CA 95616-5270	94-6081352	501(C)(3) PUBLIC	50,000.	0.			FOR SUPPORT OF THE AGGIE JUMPSTART PROGRAM, FUND# ADOII58
THE UC DAVIS FOUNDATION ONE SHIELDS AVENUE DAVIS, CA 95616-5270	94-6081352	501(C)(3) PUBLIC	50,000.	0.			FOR THE HURLEY AND THELMA COUCHMAN SCHOLARSHIP FUND, FUND# 324068
THE UC DAVIS FOUNDATION ONE SHIELDS AVENUE DAVIS, CA 95616-5270	94-6081352	501(C)(3) PUBLIC	1,000.	0.			FOR THE UC DAVIS CHANCELLOR'S CLUB
THE WHITE BARN 2727 SULPHUR SPRINGS AVENUE SAINT HELENA, CA 94574	68-0414651	501(C)(3) PUBLIC	10,000.	0.			FOR THE CAPITAL CAMPAIGN - OUTDOOR STAGE PURCHASE

Schedule I (Form 990)

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TRUCKEE DONNER LAND TRUST PO BOX 8816 TRUCKEE, CA 96162-8816	68-0245327	501(C)(3) PUBLIC	10,000.	0.			FOR GENERAL SUPPORT
TRUCKEE DONNER LAND TRUST PO BOX 8816 TRUCKEE, CA 96162-8816	68-0245327	501(C)(3) PUBLIC	10,000.	0.			FOR GENERAL SUPPORT
UC REGENTS, UNIVERSITY OF CALIFORNIA, DAVIS - ONE SHIELDS AVENUE - DAVIS, CA 95616	94-6036494	501(C)(3) PUBLIC	1,700.	0.			FOR SUPPORT OF THE UC MASTER GARDENERS OF NAPA COUNTY PROGRAM
UCSF FOUNDATION PO BOX 45339 SAN FRANCISCO, CA 94145	94-2829914	501(C)(3) PUBLIC	30,000.	0.			FOR GENERAL SUPPORT OF THE CARDIOLOGY DEPARTMENT FOR CARDIOLOGY COUNCIL
UPVALLEY FAMILY CENTERS OF NAPA COUNTY - 1440 SPRING STREET - ST. HELENA, CA 94574	80-0023012	501(C)(3) PUBLIC	4,860.	0.			FOR A PASS-THROUGH FROM COUNTY OF NAPA FOR CITIZENSHIP LEGAL SERVICES IN NAPA COUNTY
UPVALLEY FAMILY CENTERS OF NAPA COUNTY - 1440 SPRING STREET - ST. HELENA, CA 94574	80-0023012	501(C)(3) PUBLIC	20,000.	0.			FOR GENERAL EXPENSES
UPVALLEY FAMILY CENTERS OF NAPA COUNTY - 1440 SPRING STREET - ST. HELENA, CA 94574	80-0023012	501(C)(3) PUBLIC	2,000.	0.			FOR GENERAL SUPPORT
UPVALLEY FAMILY CENTERS OF NAPA COUNTY - 1440 SPRING STREET - ST. HELENA, CA 94574	80-0023012	501(C)(3) PUBLIC	2,000.	0.			FOR GENERAL SUPPORT
UPVALLEY FAMILY CENTERS OF NAPA COUNTY - 1440 SPRING STREET - ST. HELENA, CA 94574	80-0023012	501(C)(3) PUBLIC	2,000.	0.			FOR GENERAL SUPPORT

Schedule I (Form 990)

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UPVALLEY FAMILY CENTERS OF NAPA COUNTY - 1440 SPRING STREET - ST. HELENA, CA 94574	80-0023012	501(C)(3) PUBLIC	2,000.	0.			FOR GENERAL SUPPORT
UPVALLEY FAMILY CENTERS OF NAPA COUNTY - 1440 SPRING STREET - ST. HELENA, CA 94574	80-0023012	501(C)(3) PUBLIC	2,000.	0.			FOR GENERAL SUPPORT
UPVALLEY FAMILY CENTERS OF NAPA COUNTY - 1440 SPRING STREET - ST. HELENA, CA 94574	80-0023012	501(C)(3) PUBLIC	5,000.	0.			FOR GENERAL SUPPORT
UPVALLEY FAMILY CENTERS OF NAPA COUNTY - 1440 SPRING STREET - ST. HELENA, CA 94574	80-0023012	501(C)(3) PUBLIC	20,000.	0.			FOR GENERAL SUPPORT
UPVALLEY FAMILY CENTERS OF NAPA COUNTY - 1440 SPRING STREET - ST. HELENA, CA 94574	80-0023012	501(C)(3) PUBLIC	25,000.	0.			FOR GENERAL SUPPORT
UPVALLEY FAMILY CENTERS OF NAPA COUNTY - 1440 SPRING STREET - ST. HELENA, CA 94574	80-0023012	501(C)(3) PUBLIC	5,000.	0.			FOR INCENTIVES FOR FIVE ADDITIONAL CLIENTS PARTICIPATING IN THE WORKFORCE PATHWAYS
UPVALLEY FAMILY CENTERS OF NAPA COUNTY - 1440 SPRING STREET - ST. HELENA, CA 94574	80-0023012	501(C)(3) PUBLIC	74,610.	0.			FOR OPERATIONAL SUPPORT FOR PARTICIPATION IN THE EMERGENCY RENTAL ASSISTANCE (ERAP)
UPVALLEY FAMILY CENTERS OF NAPA COUNTY - 1440 SPRING STREET - ST. HELENA, CA 94574	80-0023012	501(C)(3) PUBLIC	74,610.	0.			FOR OPERATIONAL SUPPORT FOR PARTICIPATION IN THE EMERGENCY RENTAL ASSISTANCE (ERAP)
UPVALLEY FAMILY CENTERS OF NAPA COUNTY - 1440 SPRING STREET - ST. HELENA, CA 94574	80-0023012	501(C)(3) PUBLIC	26,500.	0.			FOR PARTICIPATION IN THE CITIZENSHIP LEGAL SERVICES (CLS) COLLABORATIVE THAT IS

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UPVALLEY FAMILY CENTERS OF NAPA COUNTY - 1440 SPRING STREET - ST. HELENA, CA 94574	80-0023012	501(C)(3) PUBLIC	36,959.	0.			FOR PROGRAM SUPPORT OF, AND PARTICIPATION IN, THE WORKFORCE PATHWAYS COLLABORATIVE THROUGH
UPVALLEY FAMILY CENTERS OF NAPA COUNTY - 1440 SPRING STREET - ST. HELENA, CA 94574	80-0023012	501(C)(3) PUBLIC	7,000.	0.			FOR SUPPORT OF THE NINOS ACTIVOS EARLY CHILDHOOD PROGRAM
UPVALLEY FAMILY CENTERS OF NAPA COUNTY - 1440 SPRING STREET - ST. HELENA, CA 94574	80-0023012	501(C)(3) PUBLIC	12,000.	0.			FOR SUPPORT OF THE NINOS ACTIVOS EARLY CHILDHOOD PROGRAM
UPVALLEY FAMILY CENTERS OF NAPA COUNTY - 1440 SPRING STREET - ST. HELENA, CA 94574	80-0023012	501(C)(3) PUBLIC	4,000.	0.			FOR SUPPORT OF THE NINOS ACTIVOS PROGRAM
UPVALLEY FAMILY CENTERS OF NAPA COUNTY - 1440 SPRING STREET - ST. HELENA, CA 94574	80-0023012	501(C)(3) PUBLIC	2,500.	0.			FOR THE ECONOMIC SUCCESS PROGRAM INCLUDING VITA CLINICS
UPVALLEY FAMILY CENTERS OF NAPA COUNTY - 1440 SPRING STREET - ST. HELENA, CA 94574	80-0023012	501(C)(3) PUBLIC	15,000.	0.			FOR THE ECONOMIC SUCCESS PROGRAM INCLUDING VITA CLINICS
UPVALLEY FAMILY CENTERS OF NAPA COUNTY - 1440 SPRING STREET - ST. HELENA, CA 94574	80-0023012	501(C)(3) PUBLIC	16,000.	0.			FOR THE VOLUNTEER INCOME TAX ASSISTANCE (VITA) PROGRAM
UPVALLEY FAMILY CENTERS OF NAPA COUNTY - 1440 SPRING STREET - ST. HELENA, CA 94574	80-0023012	501(C)(3) PUBLIC	25,000.	0.			FOR UNRESTRICTED SUPPORT
UPVALLEY FAMILY CENTERS OF NAPA COUNTY - 1440 SPRING STREET - ST. HELENA, CA 94574	80-0023012	501(C)(3) PUBLIC	150,000.	0.			TO CLOSE THE RECOVERY GAPS OF \$15,000 OR LESS PER HOUSEHOLD FOR NAPA COUNTY LONG-TERM RECOVERY

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UPVALLEY FAMILY CENTERS OF NAPA COUNTY - 1440 SPRING STREET - ST. HELENA, CA 94574	80-0023012	501(C)(3) PUBLIC	1,500.	0.			TO SUPPORT NINOS ACTIVOS EARLY CHILDHOOD PROGRAM
VINTAGE HIGH SCHOOL 1375 TROWER AVENUE NAPA, CA 94558		PUBLIC SCHOOL	5,000.	0.			FOR SUPPORT OF THE CHORAL PROGRAM, INCLUDING MUSICAL THEATRE PRODUCTIONS
VINTAGE HIGH SCHOOL 1375 TROWER AVENUE NAPA, CA 94558		PUBLIC SCHOOL	1,000.	0.			FOR TWO (\$500) SCHOLARSHIPS
WE CARE ANIMAL RESCUE 1345 CHARTER OAK AVENUE ST. HELENA, CA 94574	94-2864103	501(C)(3) PUBLIC	25,000.	0.			FOR GENERAL SUPPORT
WILDLIFE RESCUE CENTER OF NAPA COUNTY - PO BOX 2571 - NAPA, CA 94558	68-0271705	501(C)(3) PUBLIC	30,000.	0.			FOR GENERAL SUPPORT
WINE COUNTRY ANIMAL LOVERS PO BOX 3 CALISTOGA, CA 94515	27-1454400	501(C)(3) PUBLIC	20,000.	0.			TO HELP SUBSIDIZE COSTS FOR SPAY/NEUTER SERVICES, EMERGENCY MEDICAL FEES, AND FOSTER ANIMAL
WORLD CENTRAL KITCHEN INC. 200 MASSACHUSETTS AVE NW, 7TH FLOOR WASHINGTON, DC 20009	27-3521132	501(C)(3) PUBLIC	250.	0.			FOR GENERAL SUPPORT
WORLD CENTRAL KITCHEN INC. 200 MASSACHUSETTS AVE NW, 7TH FLOOR WASHINGTON, DC 20009	27-3521132	501(C)(3) PUBLIC	100,000.	0.			FOR GENERAL SUPPORT, AT THE RECOMMENDATION OF LISSA DOUMANI AND HIRO SONE
WORLD CENTRAL KITCHEN INC. 200 MASSACHUSETTS AVE NW, 7TH FLOOR WASHINGTON, DC 20009	27-3521132	501(C)(3) PUBLIC	500.	0.			IN SUPPORT OF THE CHARITABLE OPERATIONS FOR UKRAINE CRISIS

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORLD CENTRAL KITCHEN INC. 200 MASSACHUSETTS AVE NW, 7TH FLOOR WASHINGTON, DC 20009	27-3521132	501(C)(3) PUBLIC	2,000.	0.			TO SUPPORT THE EMERGENCY FOOD RELIEF EFFORTS

**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
COLLEGE SCHOLARSHIPS - FINANCIAL AID	45	143,879.	0.		DIRECT CREDIT TO STUDENT ACCOUNT

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

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

**Part IV Supplemental Information**

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: 10,000 DEGREES

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE COMMUNITY COLLEGE SUCCESS PROGRAM IN NAPA COUNTY. THIS GRANT WILL BE DISTRIBUTED ANNUALLY OVER 3 YEARS

NAME OF ORGANIZATION OR GOVERNMENT: 10,000 DEGREES

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE NAPA VALLEY FELLOWSHIP PROGRAM, TO PROVIDE ADDITIONAL FELLOWSHIP SUPPORT AT NAPA VALLEY COLLEGE

NAME OF ORGANIZATION OR GOVERNMENT: AIM HIGH FOR HIGH SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE NAPA COUNTY AIM HIGH 2022 SUMMER PROGRAMS, INCLUDING THE EXPANSION TO CALISTOGA

NAME OF ORGANIZATION OR GOVERNMENT:

AMERICAN CANYON COMMUNITY AND PARKS FOUNDATION (ACCPF)

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE SCHOOL-BASED EDUCATION PROGRAMS, INCLUDING THE IN-CLASSROOM WATERSHED EXPLORERS, AND AFTERSCHOOL ENRICHMENT CLASSES

NAME OF ORGANIZATION OR GOVERNMENT:

AMERICAN CANYON COMMUNITY AND PARKS FOUNDATION (ACCPF)

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE SCHOOL-BASED EDUCATION PROGRAMS, INCLUDING THE IN-CLASSROOM WATERSHED EXPLORERS, AND AFTERSCHOOL ENRICHMENT CLASSES



**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: BAY AREA COMMUNITY RESOURCES

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR FISCAL SPONSORSHIP OF THE NAPA

VALLEY COMMUNITY ORGANIZATIONS ACTIVE IN DISASTER (COAD) JULY 2021

THROUGH JULY 2022

NAME OF ORGANIZATION OR GOVERNMENT: CALIFORNIA NURSE-MIDWIVES FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE EDUCATION OF ASPIRING

MIDWIVES OF COLOR, TO HONOR THE WORK OF AND IN MEMORY OF REBEKAH KAPLAN,

CERTIFIED NURSE-MIDWIFE

NAME OF ORGANIZATION OR GOVERNMENT:

CALISTOGA JOINT UNIFIED SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO STRENGTHEN THE AVID PROGRAM,

INCLUDING TEACHER TRAINING, REGISTRATION FEES, COLLEGE TOURS, AND PARENT

ENGAGEMENT ACTIVITIES

NAME OF ORGANIZATION OR GOVERNMENT:

CALISTOGA JOINT UNIFIED SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO STRENGTHEN THE AVID PROGRAM,

INCLUDING TEACHER TRAINING, REGISTRATION FEES, COLLEGE TOURS, AND PARENT

ENGAGEMENT ACTIVITIES

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF NAPA FIRE DEPARTMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR ITS EQUIPMENT NEEDS AS

DETERMINED BY BATTALION CHIEF, CHRISTOPHER GILBERT, AT HIS DIRECTION.

THIS GRANT WAS MADE POSSIBLE BY THE GENEROSITY OF AN ANONYMOUS DONOR

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT:

CITY OF NAPA PARKS AND RECREATION SERVICES DEPARTMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO IMPROVE DRAINAGE CULVERTS AND

TRAILS, AND TO REPLACE OR REPAIR WORN AND DAMAGED BENCHES IN ALSTON PARK

NAME OF ORGANIZATION OR GOVERNMENT: COLLABRIA CARE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT PALLIATIVE CARE SERVICES

TO PATIENTS WITH A CANCER DIAGNOSIS AND SUPPORT SERVICES TO THEIR

FAMILIES AND CAREGIVERS

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY HEALTH INITIATIVE NAPA COUNTY INC.

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

MADE POSSIBLE BY THE GENEROSITY OF CENTRAL VALLEY BUILDERS SUPPLY

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY HEALTH INITIATIVE NAPA COUNTY INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR INCENTIVES FOR THE VACCINE

OUTREACH COLLABORATIVE TO CONDUCT GRASSROOTS OUTREACH AND EDUCATION TO

NAPA COUNTY RESIDENTS WHO HAVE NOT RECEIVED OR COMPLETED THE COVID-19

VACCINE AND TO REMOVE BARRIERS TO VACCINE ACCESS THROUGH FEBRUARY 2023

NAME OF ORGANIZATION OR GOVERNMENT: CONGREGATION BETH SHALOM

(H) PURPOSE OF GRANT OR ASSISTANCE: TO THE YOUTH AND SHORASHIM PROGRAMS

AND SCHOLARSHIP FUND FOR THE JEWISH OVERNIGHT CAMP SCHOLARSHIPS

NAME OF ORGANIZATION OR GOVERNMENT: CROSSWALK COMMUNITY CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE NEXT PHASE OF THE

**Part IV Supplemental Information**

REMODEL AND UPDATING OF THE GYM LOBBY AND BATHROOMS USED IN THE EMERGENCY

SHELTER TO BE ACCESSIBLE

NAME OF ORGANIZATION OR GOVERNMENT:

DOWNTOWN NAPA FARMERS MARKET CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE FOOD ASSISTANCE PROGRAM

INCLUDING THE CALFRESH MARKET MATCH, AND FRUITS & VEGGIES BUCKS

NAME OF ORGANIZATION OR GOVERNMENT: GIRLS ON THE RUN NAPA & SOLANO, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EXPAND THE SERVICES TO SONOMA

CHAPTER, CREATING GOTR NORTH BAY, WITH A REQUEST TO CONSIDER A MATCHING

CAMPAIGN BY OTHER DONORS

NAME OF ORGANIZATION OR GOVERNMENT:

GREATER NAPA VALLEY FAIR HOUSING CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR OPERATIONAL SUPPORT FOR

PARTICIPATION IN THE EMERGENCY RENTAL ASSISTANCE (ERAP) COLLABORATIVE TO

HELP ELIGIBLE NAPA COUNTY RESIDENTS

NAME OF ORGANIZATION OR GOVERNMENT:

GUNILDA RIANDA SENIOR CENTER ASSOCIATION

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

JULIE SPENCER. THIS GRANT WAS MADE POSSIBLE BY THE GENEROSITY OF ANNE

CARVER

NAME OF ORGANIZATION OR GOVERNMENT: IMMIGRATION INSTITUTE OF THE BAY AREA

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

LEGAL SERVICES (CLS) COLLABORATIVE THAT IS PART OF NAPA VALLEY COMMUNITY

**Part IV Supplemental Information**

FOUNDATION'S ONE NAPA VALLEY INITIATIVE

NAME OF ORGANIZATION OR GOVERNMENT: IMMIGRATION INSTITUTE OF THE BAY AREA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PAY DEFERRED ACTION FOR CHILDHOOD

ARRIVALS (DACA) RENEWAL AND FIRST-TIME APPLICATION FEES FOR NAPA COUNTY

RESIDENTS

NAME OF ORGANIZATION OR GOVERNMENT: IMMIGRATION INSTITUTE OF THE BAY AREA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PAY DEFERRED ACTION FOR CHILDHOOD

ARRIVALS (DACA) RENEWAL AND FIRST-TIME APPLICATION FEES FOR NAPA COUNTY

RESIDENTS

NAME OF ORGANIZATION OR GOVERNMENT: NAPA COMMUNITY ANIMAL RESPONSE TEAM

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT EVACUATION PREPAREDNESS

PROGRAMS FOR SENIORS AND SMALL COMPANION ANIMALS IN NAPA COUNTY,

INCLUDING MATERIAL PURCHASE AND VOLUNTEER TRAINING

NAME OF ORGANIZATION OR GOVERNMENT: NAPA MEDICAL RESEARCH FOUNDATION

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

MADE POSSIBLE BY THE GENEROSITY OF THE JACKSON FAMILY FOUNDATION

NAME OF ORGANIZATION OR GOVERNMENT: NAPA VALLEY EDUCATION FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR MUSIC AND PERFORMING ARTS

PROGRAMS COUNTYWIDE, INCLUDING MUSIC CONNECTION AND MUSIC AND THEATRE

CAMPS

NAME OF ORGANIZATION OR GOVERNMENT: NAPA VALLEY EDUCATION FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR PROFESSIONAL DEVELOPMENT FOR

**Part IV Supplemental Information**

VALLEY OAK HIGH SCHOOL, AND COLLEGE AND CAREER RESOURCES, IN HONOR OF

MARIA CISNEROS

NAME OF ORGANIZATION OR GOVERNMENT: NAPA VALLEY EDUCATION FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF THE VIRTUAL ACADEMY

PROGRAM FOR LOW-INCOME HIGH SCHOOL STUDENTS IN NAPA COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: NAPA VALLEY EDUCATION FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF THE VIRTUAL ACADEMY

PROGRAM FOR LOW-INCOME HIGH SCHOOL STUDENTS IN NAPA COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: NAPA VALLEY UNIFIED SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF COSTS AT AMERICAN

CANYON, NAPA, NEW TECHNOLOGY, VALLEY OAK AND VINTAGE HIGH SCHOOLS

NAME OF ORGANIZATION OR GOVERNMENT: NAPA VALLEY UNIFIED SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO STRENGTHEN THE AVID PROGRAM,

INCLUDING TEACHER TRAINING, REGISTRATION FEES, COLLEGE TOURS, AND PARENT

ENGAGEMENT ACTIVITIES

NAME OF ORGANIZATION OR GOVERNMENT: NAPA VALLEY UNIFIED SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO STRENGTHEN THE AVID PROGRAM,

INCLUDING TEACHER TRAINING, REGISTRATION FEES, COLLEGE TOURS, AND PARENT

ENGAGEMENT ACTIVITIES

NAME OF ORGANIZATION OR GOVERNMENT: OLE HEALTH

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

MADE POSSIBLE BY THE GENEROSITY OF CENTRAL VALLEY BUILDERS SUPPLY

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT: ON THE MOVE

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

FOR HOUSEHOLDS WHO LIVE IN NAPA COUNTY AND ARE AFFECTED BY COVID-19

NAME OF ORGANIZATION OR GOVERNMENT: ON THE MOVE

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

FOR HOUSEHOLDS WHO LIVE IN NAPA COUNTY AND ARE AFFECTED BY COVID-19

NAME OF ORGANIZATION OR GOVERNMENT: ON THE MOVE

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

FOR HOUSEHOLDS WHO LIVE IN NAPA COUNTY AND ARE AFFECTED BY COVID-19

NAME OF ORGANIZATION OR GOVERNMENT: ON THE MOVE

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

FOR HOUSEHOLDS WHO LIVE IN NAPA COUNTY AND TEST POSITIVE FOR COVID-19 AND

ARE REFERRED BY PUBLIC HEALTH AND UNDER ISOLATION AND/OR QUARANTINE

ORDERS

NAME OF ORGANIZATION OR GOVERNMENT: ON THE MOVE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR OPERATIONAL SUPPORT FOR

PARTICIPATION IN THE EMERGENCY RENTAL ASSISTANCE (ERAP) COLLABORATIVE TO

HELP ELIGIBLE NAPA COUNTY RESIDENTS

NAME OF ORGANIZATION OR GOVERNMENT: ON THE MOVE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR OPERATIONAL SUPPORT FOR

PARTICIPATION IN THE EMERGENCY RENTAL ASSISTANCE (ERAP) COLLABORATIVE TO

HELP ELIGIBLE NAPA COUNTY RESIDENTS

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: ON THE MOVE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR OPERATIONAL SUPPORT FOR PARTICIPATION IN THE EMERGENCY RENTAL ASSISTANCE (ERAP) COLLABORATIVE TO HELP ELIGIBLE NAPA COUNTY RESIDENTS

NAME OF ORGANIZATION OR GOVERNMENT: ON THE MOVE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR PARTICIPATION IN THE CITIZENSHIP LEGAL SERVICES (CLS) COLLABORATIVE THAT IS PART OF NAPA VALLEY COMMUNITY FOUNDATION'S ONE NAPA VALLEY INITIATIVE

NAME OF ORGANIZATION OR GOVERNMENT: ON THE MOVE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR PROGRAM SUPPORT OF, AND PARTICIPATION IN, THE WORKFORCE PATHWAYS COLLABORATIVE THROUGH JUNE 30, 2022

NAME OF ORGANIZATION OR GOVERNMENT: ON THE MOVE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT ADDITIONAL ORGANIZATIONAL COSTS INCURRED IN DELIVERING EMERGENCY FINANCIAL ASSISTANCE AND CASE MANAGEMENT TO HOUSEHOLDS WHO LIVE IN NAPA COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: OPERATION MOBILIZATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE FREEDOM CHALLENGE/MT. KILIMANJARO CLIMB, OCTOBER 2022/PARTICIPANT: CATHY OSGOOD

NAME OF ORGANIZATION OR GOVERNMENT:

PRESIDENT AND FELLOWS OF HARVARD COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ESTABLISH THE DAVID MARTIN

**Part IV Supplemental Information**

GRADUATE STUDENT LEADERSHIP FORUM AT HARVARD UNIVERSITY, PURSUANT TO

ATTACHED MOU

NAME OF ORGANIZATION OR GOVERNMENT:

PUERTAS ABIERTAS COMMUNITY RESOURCE CENTER / SUN INC.

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

LEGAL SERVICES (CLS) COLLABORATIVE THAT IS PART OF NAPA VALLEY COMMUNITY

FOUNDATION'S ONE NAPA VALLEY INITIATIVE

NAME OF ORGANIZATION OR GOVERNMENT:

QUEEN OF THE VALLEY HOSPITAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF THE CANCER WELLNESS

PROGRAM. THIS GIFT IS MADE IN CELEBRATION OF THE COMMITMENT AND

CONTRIBUTIONS OF THE FABULOUS FIVE

NAME OF ORGANIZATION OR GOVERNMENT:

UPVALLEY FAMILY CENTERS OF NAPA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR INCENTIVES FOR FIVE ADDITIONAL

CLIENTS PARTICIPATING IN THE WORKFORCE PATHWAYS COLLABORATIVE

CONSTRUCTION TRAINING PROGRAM THROUGH JUNE 30, 2021

NAME OF ORGANIZATION OR GOVERNMENT:

UPVALLEY FAMILY CENTERS OF NAPA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR OPERATIONAL SUPPORT FOR

PARTICIPATION IN THE EMERGENCY RENTAL ASSISTANCE (ERAP) COLLABORATIVE TO

HELP ELIGIBLE NAPA COUNTY RESIDENTS

NAME OF ORGANIZATION OR GOVERNMENT:



**Part IV Supplemental Information**

UPVALLEY FAMILY CENTERS OF NAPA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR OPERATIONAL SUPPORT FOR PARTICIPATION IN THE EMERGENCY RENTAL ASSISTANCE (ERAP) COLLABORATIVE TO HELP ELIGIBLE NAPA COUNTY RESIDENTS

NAME OF ORGANIZATION OR GOVERNMENT:

UPVALLEY FAMILY CENTERS OF NAPA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR PARTICIPATION IN THE CITIZENSHIP LEGAL SERVICES (CLS) COLLABORATIVE THAT IS PART OF NAPA VALLEY COMMUNITY FOUNDATION'S ONE NAPA VALLEY INITIATIVE

NAME OF ORGANIZATION OR GOVERNMENT:

UPVALLEY FAMILY CENTERS OF NAPA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR PROGRAM SUPPORT OF, AND PARTICIPATION IN, THE WORKFORCE PATHWAYS COLLABORATIVE THROUGH JUNE 30, 2022

NAME OF ORGANIZATION OR GOVERNMENT:

UPVALLEY FAMILY CENTERS OF NAPA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CLOSE THE RECOVERY GAPS OF \$15,000 OR LESS PER HOUSEHOLD FOR NAPA COUNTY LONG-TERM RECOVERY DISASTER CASE MANAGEMENT CLIENTS

NAME OF ORGANIZATION OR GOVERNMENT: WINE COUNTRY ANIMAL LOVERS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP SUBSIDIZE COSTS FOR SPAY/NEUTER SERVICES, EMERGENCY MEDICAL FEES, AND FOSTER ANIMAL SUPPLIES FOR SMALL ANIMALS IN NAPA COUNTY

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**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.**

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 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) 2021

**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 and/or 1099-NEC 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)	208,852.	16,667.	13,333.	6,865.	18,985.	264,702.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SANDY FASOLD CFO	(i)	134,094.	10,000.	0.	4,023.	14,912.	163,029.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JULIA DENATALE VP OF COMMUNITY IMPACT	(i)	126,562.	10,000.	0.	3,797.	15,336.	155,695.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**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 NON-FIXED BONUSES ACCORDING TO THE BOARD APPROVED INCENTIVE COMPENSATION STRATEGY.

**SCHEDULE L**  
**(Form 990)**

**Transactions With Interested Persons**

OMB No. 1545-0047

**2021**

**Open To Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

▶ **Go to [www.irs.gov/Form990](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 Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

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

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

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... ▶ \$ \_\_\_\_\_

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

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
TERENCE MULLIGA	PRESIDEN	RELOCATI		X	200,000.	6,663.		X	X		X	
<b>Total</b> .....						▶ \$	6,663.					

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

SEE PART V FOR CONTINUATIONS

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

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

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

**Part V Supplemental Information.**

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

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

(A) NAME OF PERSON: TERENCE MULLIGAN

(B) RELATIONSHIP WITH ORGANIZATION: PRESIDENT

(C) PURPOSE OF LOAN: RELOCATION

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

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	15	2,804,504.	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 (MEMBERSHIP IN)	X	1	755,500.	MFV
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**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

**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 REFLECTS THE NUMBER OF CONTRIBUTIONS, 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)**

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 Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

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:

AS WELL. WE BELIEVE THERE IS 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:

ESL CLASSES TO NEARLY 10,000 RESIDENTS; HELPED MORE THAN 5,750 SUBMIT

APPLICATIONS FOR CITIZENSHIP AND OTHER IMMIGRATION BENEFITS TO THE U.S.

GOVERNMENT; AND ENABLED 1,907 PEOPLE TO BECOME U.S. CITIZENS.

CONTINUED THE THIRD 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 6/30/2022, 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 2,500 NAPA AND SONOMA RESIDENTS, NEARLY 140 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 LAUNCHED A "STANDARD ADU PLANS" PROGRAM, IN

WHICH A SELECTION OF MORE THAN 50 ADU PLANS ARE AVAILABLE IN AN ONLINE

GALLERY; 14 OF THOSE HAVE ALREADY BEEN REVIEWED BY JURISDICTIONS SO

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

Schedule O (Form 990) 2021

132211 11-11-21

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

THAT HOMEOWNERS WILL SAVE TIME AND MONEY IN THE DEVELOPMENT REVIEW

PROCESS.

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 6/30/2022,

AS A RESULT OF THE ONGOING NAPA COUNTY EMERGENCY DECLARATION OF MARCH

12, 2020 RELATED 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, 2022. THESE GRANTS PROVIDED DIRECT FINANCIAL AID

TO APPROXIMATELY 150 FAMILIES WHO HAD COVID-19 AND WERE MANDATED TO

QUARANTINE BUT COULDN'T AFFORD TO MISS WORK AND WERE INELIGIBLE FOR

OTHER GOVERNMENT SUBSIDIES, AS WELL AS AN EVICTION PROTECTION PROGRAM

FOR PEOPLE AT RISK OF HOMELESSNESS DUE TO THE PANDEMIC. GRANTS WERE

ALSO MADE DURING THE PERIOD TO SUPPORT NAPA COUNTY RESIDENTS WHO HAD

LOST HOMES IN THE 2020 WILDFIRES IN RELOCATING AND/OR REBUILDING.

GRANTS ALSO 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 PROVIDED A WORKFORCE DEVELOPMENT PROGRAM IN THE

CONSTRUCTION TRADES TO HELP LOW-WAGE WORKERS BE MORE RESILIENT AND

BOOST THE LOCAL CONSTRUCTION WORKFORCE TO AID IN REBUILDING FROM FIRES.

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

MONITORING / ENFORCING THE CONFLICT OF INTEREST POLICY:

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

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

NVCF PRESIDENT

\* THE EXECUTIVE COMMITTEE (EC) OF THE BOARD MEETS ANNUALLY TO REVIEW THE

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

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

REVIEW THEIR PERFORMANCE.

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

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

\* CONFLICT OF INTEREST POLICY

\* AUDITED FINANCIAL STATEMENTS

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

**2021**

**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) 2021



**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	D	325,000.	CASH
(2)			
(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.

Table with columns (a) through (k): (a) Name, address, and EIN of entity; (b) Primary activity; (c) Legal domicile; (d) Predominant income; (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; (j) General or managing partner?; (k) Percentage ownership.

**Part VII** Supplemental Information

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

(Area with horizontal lines for supplemental information)