

# **PUBLIC DISCLOSURE COPY**

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

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PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 095688  
**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
 Do not enter social security numbers on this form as it may be made public.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2022**  
 Open to Public Inspection

**A** For the **2022** calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization COMMUNITY FOUNDATION OF THE NAPA VALLEY Doing business as NAPA VALLEY COMMUNITY FOUNDATION Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3299 CLAREMONT WAY 4 City or town, state or province, country, and ZIP or foreign postal code NAPA, CA 94558 <b>F</b> Name and address of principal officer: TERENCE MULLIGAN SAME AS C ABOVE	<b>D</b> Employer identification number 68-0349777  <b>E</b> Telephone number (707) 254-9565  <b>G</b> Gross receipts \$ 35,542,451. <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: WWW.NAPAVALLEYCF.ORG		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: 1994
		<b>M</b> State of legal domicile: CA

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: TO MOBILIZE RESOURCES, PROMOTE PHILANTHROPY AND PROVIDE LEADERSHIP ON VITAL ISSUES IN NAPA COUNTY.		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	15
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	15
	<b>5</b>	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	10
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	50
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>
<b>9</b>		Program service revenue (Part VIII, line 2g)	19,015,622.	12,541,990.
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	39,043.	51,186.
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	910,557.	1,276,039.
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	30,000.	0.
<b>12</b>			19,995,222.	13,869,215.
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,720,040.	11,157,040.
	<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)	1,239,888.	1,285,405.
	<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)	288,574.	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	696,507.	727,880.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,656,435.	13,170,325.
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	12,338,787.	698,890.
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26)	64,371,837.	69,307,683.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	4,067,399.	4,632,805.
	<b>22</b>		60,304,438.	64,674,878.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer TERENCE MULLIGAN, PRESIDENT Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name KATY BROWN	Preparer's signature KATY BROWN
	Firm's name ARMANINO LLP	Date 05/01/24
	Firm's address 2700 CAMINO RAMON, STE. 350 SAN RAMON, CA 94583-5004	Check if self-employed <input type="checkbox"/> PTIN P00650274
		Firm's EIN 94-6214841
		Phone no. 925-790-2600

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO MOBILIZE RESOURCES, PROMOTE PHILANTHROPY AND PROVIDE LEADERSHIP ON VITAL COMMUNITY ISSUES IN NAPA COUNTY. WE LOOK FOR CHARITABLE PROJECTS THAT MAKE A LASTING DIFFERENCE. WE COMMIT OUR RESOURCES TO THESE PROJECTS, AND INSPIRE OTHERS TO DO SO, (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 \$ 12,386,491. including grants of \$ 11,157,040. ) (Revenue \$ 51,186. ) PROVIDED GRANTS TO 273 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 TEN-YEAR PERIOD ENDING 6/30/23 PROVIDED LEGAL CONSULTATIONS AND (CONTINUATION ON SCH 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 12,386,491.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and excess benefit transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax returns, gross 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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>10b</b>	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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>15b</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.		
<b>16a</b>	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
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed CA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     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, box 6 of 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				252,872.	0.	49,384.
(2) SANDY FASOLD CFO	40.00 1.00			X				152,475.	0.	21,770.
(3) JULIA DENATALE VP OF COMMUNITY IMPACT	40.00				X			144,412.	0.	21,320.
(4) DAWNINE DYER CHAIR	1.00	X		X				0.	0.	0.
(5) PETE RICHMOND CO-VICE CHAIR	1.00	X		X				0.	0.	0.
(6) PABLO ZATARAIN CO-VICE CHAIR	1.00	X		X				0.	0.	0.
(7) LIZ CHRISTENSEN TREASURER	1.00	X		X				0.	0.	0.
(8) ERIKA LUBENSKY SECRETARY	1.00	X		X				0.	0.	0.
(9) MAIRA AYALA DIRECTOR	1.00	X						0.	0.	0.
(10) COLLEEN CHAPPELLET DIRECTOR	1.00	X						0.	0.	0.
(11) MARIA CISNEROS DIRECTOR	1.00	X						0.	0.	0.
(12) J KEVIN CORLEY DIRECTOR	1.00	X						0.	0.	0.
(13) BOB FIDDAMAN DIRECTOR	1.00	X						0.	0.	0.
(14) MANBIN KHAIRA MONTEVERDI DIRECTOR	1.00	X						0.	0.	0.
(15) INDIRA LOPEZ-JONES DIRECTOR	1.00	X						0.	0.	0.
(16) ED MATOVCIK DIRECTOR	1.00	X						0.	0.	0.
(17) ROBERT MURPHY DIRECTOR	1.00	X						0.	0.	0.



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<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>	50,312.			
	<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>	12,491,678.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 3,534,085.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f		12,541,990.			
Program Service Revenue	<b>2 a</b>	ADMINISTRATIVE FEES	Business Code				
			525920	34,436.	34,436.		
	<b>b</b>	SUPPORT. ORG. MGMT FEE	525920	16,750.	16,750.		
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue					
<b>g</b>	<b>Total.</b> Add lines 2a-2f		51,186.				
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		1,276,051.		1,276,051.	
	<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			
				(ii) Personal			
	<b>b</b>	Less: rental expenses	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b>				
	<b>d</b>	Net rental income or (loss)					
	<b>7 a</b>	Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities			
				(ii) Other			
					21,673,224.		
	<b>b</b>	Less: cost or other basis and sales expenses	<b>7b</b>	21,673,236.			
	<b>c</b>	Gain or (loss)	<b>7c</b>	-12.			
	<b>d</b>	Net gain or (loss)		-12.		-12.	
<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>		Business Code				
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d					
<b>12</b>	<b>Total revenue.</b> See instructions		13,869,215.	51,186.	0.	1,276,039.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	10,820,706.	10,820,706.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	336,334.	336,334.		
<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 .....	483,037.	177,490.	235,395.	70,152.
<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 .....	621,124.	425,987.	103,667.	91,470.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	34,152.	24,585.	5,847.	3,720.
<b>9</b> Other employee benefits .....	72,173.	45,341.	12,139.	14,693.
<b>10</b> Payroll taxes .....	74,919.	41,838.	22,152.	10,929.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	71,541.	71,541.		
<b>c</b> Accounting .....	47,175.		47,175.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	116,309.	116,309.		
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	247,092.	206,594.	21,748.	18,750.
<b>12</b> Advertising and promotion .....				
<b>13</b> Office expenses .....	49,974.	28,471.	11,240.	10,263.
<b>14</b> Information technology .....	86,393.	50,603.	18,708.	17,082.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....				
<b>17</b> Travel .....	5,661.	3,313.	2,187.	161.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	40,568.	7,790.	5,454.	27,324.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	507.	284.	117.	106.
<b>23</b> Insurance .....	3,477.	1,947.	800.	730.
<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	37,304.	21,440.	7,113.	8,751.
<b>b</b> MARKETING & COMMUNICATI	18,201.	4,208.		13,993.
<b>c</b> STAFF TRAINING & RECRUI	3,678.	1,710.	1,518.	450.
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	13,170,325.	12,386,491.	495,260.	288,574.
<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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	2,856,896.	<b>2</b>	5,711,058.
	<b>3</b> Pledges and grants receivable, net .....	4,185,410.	<b>3</b>	1,275,130.
	<b>4</b> Accounts receivable, net .....	13,008.	<b>4</b>	14,426.
	<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>	
	<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) .....	6,663.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net .....	520,965.	<b>7</b>	534,961.
	<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> 5,622.		
		2,121.	<b>10c</b>	1,613.
	<b>11</b> Investments - publicly traded securities .....	55,075,322.	<b>11</b>	60,395,161.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	1,682,212.	<b>12</b>	1,346,094.
	<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 .....	29,240.	<b>15</b>	29,240.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	64,371,837.	<b>16</b>	69,307,683.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	142,048.	<b>17</b>	65,843.
	<b>18</b> Grants payable .....	327,650.	<b>18</b>	848,150.
	<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 .....	3,597,701.	<b>21</b>	3,718,812.
	<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 .....	4,067,399.	<b>26</b>	4,632,805.
<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 .....	29,077,951.	<b>27</b>	32,320,533.
	<b>28</b> Net assets with donor restrictions .....	31,226,487.	<b>28</b>	32,354,345.
	<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 .....	60,304,438.	<b>32</b>	64,674,878.
	<b>33</b> Total liabilities and net assets/fund balances .....	64,371,837.	<b>33</b>	69,307,683.

**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>	13,869,215.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	13,170,325.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	698,890.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	60,304,438.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	3,671,550.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	64,674,878.

**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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F? .....
- 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** (2022)



**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	16,897,330.	6,090,809.	16,861,696.	19,015,622.	12,541,990.	71,407,447.
<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 .....	16,897,330.	6,090,809.	16,861,696.	19,015,622.	12,541,990.	71,407,447.
<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) .....						24,890,723.
<b>6 Public support.</b> Subtract line 5 from line 4.						46,516,724.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	16,897,330.	6,090,809.	16,861,696.	19,015,622.	12,541,990.	71,407,447.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	817,387.	809,508.	641,174.	1,002,976.	1,276,051.	4,547,096.
<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						75,954,543.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	212,260.
<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 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	61.24 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	71.09 %
<b>16a 33 1/3% support test - 2022.</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 - 2021.</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 - 2022.</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 - 2021.</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) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (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) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (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 2022 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2021 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 2022 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2022. 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 - 2021. 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 on line 12 of 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.

<b>Section A - Adjusted Net Income</b>		(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	

<b>Section B - Minimum Asset Amount</b>		(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	

<b>Section C - Distributable Amount</b>			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)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2022</b>	<b>(iii) Distributable Amount for 2022</b>
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018			
<b>b</b> Excess from 2019			
<b>c</b> Excess from 2020			
<b>d</b> Excess from 2021			
<b>e</b> Excess from 2022			

Schedule A (Form 990) 2022



**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

**2022**

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/>	\$ 871,500.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ 1,615,236.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ 1,003,442.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ 2,499,851.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ 655,714.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ 306,548.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  COMMUNITY FOUNDATION OF THE NAPA VALLEY	Employer identification number  68-0349777
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>255,376.</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>1,250,000.</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.)

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 _____ _____ _____	\$ 871,500.	08/17/22
2	STOCK _____ _____ _____	\$ 1,615,236.	08/15/22
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

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

**2022**

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 COMMUNITY FOUNDATION OF THE NAPA VALLEY	Employer identification number 68-0349777
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2022

**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 .....	13,170,325.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....	13,170,325.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	808,516.													
<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) .....	202,129.													
<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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
<b>2a</b> Lobbying nontaxable amount	590,688.	754,502.	532,822.	808,516.	2,686,528.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					4,029,792.
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount	147,672.	188,626.	133,206.	202,129.	671,633.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,007,450.
<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 expenditures 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

2022

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 questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for tracking easements held at the end of the tax year, and yes/no questions about monitoring and reporting.

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 questions (1a, 1b, 2) regarding the reporting of art and historical treasures, including fields for revenue and asset values.

**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	27,297,238.	23,895,594.	17,584,566.	18,014,919.	6,055,830.
b Contributions	2,294,692.	7,024,210.	1,950,000.	6,680.	11,601,513.
c Net investment earnings, gains, and losses	2,954,856.	-2,752,431.	5,145,186.	161,152.	724,086.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,168,377.	870,135.	784,158.	598,185.	366,510.
f Administrative expenses					
g End of year balance	31,378,409.	27,297,238.	23,895,594.	17,584,566.	18,014,919.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 30.2900 %
  - b Permanent endowment 69.7100 %
  - c Term endowment .0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations   |     | X  |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 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.	5,622.	1,613.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,613.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

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

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

PART IV, LINE 2B:

AS OF JUNE 30, 2023, THE FOUNDATION MAINTAINED A TOTAL OF \$3,718,812 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, 2023, 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

**2022**

**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)	5,000.	0.			IN SUPPORT OF THEIR MISSION TO ACHIEVE EDUCATION EQUITY HELPING STUDENTS FROM LOW-INCOME
10,000 DEGREES 1401 LOS GAMOS DRIVE, SUITE 205 SAN RAFAEL, CA 94903	95-3667812	501(C)(3)	5,000.	0.			FOR SUPPORT OF UP VALLEY OUTREACH PROGRAM
10,000 DEGREES 1401 LOS GAMOS DRIVE, SUITE 205 SAN RAFAEL, CA 94903	95-3667812	501(C)(3)	12,000.	0.			FOR GENERAL SUPPORT OF NAPA COUNTY PROGRAMS
10,000 DEGREES 1401 LOS GAMOS DRIVE, SUITE 205 SAN RAFAEL, CA 94903	95-3667812	501(C)(3)	25,000.	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)	60,000.	0.			FOR THE FOLLOWING PURPOSE: 80% OF FUNDING FOR DIRECT SCHOLARSHIP ASSISTANCE TO STUDENTS
ABODE SERVICES 40849 FREMONT BLVD FREMONT, CA 94538	94-3087060	501(C)(3)	20,000.	0.			FOR SUPPORT OF NAPA COUNTY PROGRAMS

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 116.

**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.  
SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2022

**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
AIM HIGH FOR HIGH SCHOOL PO BOX 410715 SAN FRANCISCO, CA 94141-0715	94-3296338	501(C)(3)	1,500.	0.			TO SUPPORT THE NAPA AIM HIGH 2023 SUMMER PROGRAM
AIM HIGH FOR HIGH SCHOOL PO BOX 410715 SAN FRANCISCO, CA 94141-0715	94-3296338	501(C)(3)	5,000.	0.			IN SUPPORT OF THE PROGRAM IN NAPA COUNTY TO KEEP MIDDLE SCHOOL STUDENTS ENGAGED IN ENRICHMENT
AIM HIGH FOR HIGH SCHOOL PO BOX 410715 SAN FRANCISCO, CA 94141-0715	94-3296338	501(C)(3)	5,000.	0.			IN SUPPORT OF THE PROGRAM IN NAPA COUNTY
AIM HIGH FOR HIGH SCHOOL PO BOX 410715 SAN FRANCISCO, CA 94141-0715	94-3296338	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
AIM HIGH FOR HIGH SCHOOL PO BOX 410715 SAN FRANCISCO, CA 94141-0715	94-3296338	501(C)(3)	15,000.	0.			FOR SUPPORT OF THE NAPA AIM HIGH 2023 SUMMER PROGRAM
AIM HIGH FOR HIGH SCHOOL PO BOX 410715 SAN FRANCISCO, CA 94141-0715	94-3296338	501(C)(3)	18,626.	0.			TO SUPPORT THE NAPA AIM HIGH 2023 SUMMER PROGRAM
ALDEA, INC. PO BOX 841 NAPA, CA 94559	94-2159248	501(C)(3)	1,000.	0.			FOR GENERAL SUPPORT
ALDEA, INC. PO BOX 841 NAPA, CA 94559	94-2159248	501(C)(3)	10,000.	0.			IN SUPPORT OF PROFESSIONAL BEHAVIORAL INTERVENTION, CHILD WELFARE AND FAMILY
ALDEA, INC. PO BOX 841 NAPA, CA 94559	94-2159248	501(C)(3)	12,000.	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
AMERICAN CANYON COMMUNITY AND PARKS FOUNDATION (ACCPF) - 101 W AMERICAN CANYON ROAD, STE 508-102 - AMERICAN CANYON, CA 94503	47-3226686	501(C)(3)	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)	4,000.	0.			FOR THE SCHOOL-BASED EDUCATION PROGRAMS
AMERICAN HEART ASSOCIATION ATTN: TIUANA SIMS 7272 GREENVILLE A DALLAS, TX 75231	13-5613797	501(C)(3)	35,000.	0.			FOR GENERAL SUPPORT
ARTS COUNCIL NAPA VALLEY 3299 CLAREMONT WAY, STE 5 NAPA, CA 94558	94-2710866	501(C)(3)	1,500.	0.			FOR THE NAPA VALLEY EDUCATION ALLIANCE
ARTS COUNCIL NAPA VALLEY 3299 CLAREMONT WAY, STE 5 NAPA, CA 94558	94-2710866	501(C)(3)	4,592.	0.			FOR GENERAL SUPPORT
ARTS COUNCIL NAPA VALLEY 3299 CLAREMONT WAY, STE 5 NAPA, CA 94558	94-2710866	501(C)(3)	10,000.	0.			FOR THE NAPA VALLEY EDUCATION ALLIANCE
AUCTION NAPA VALLEY PO BOX 141 ST. HELENA, CA 94574	94-2702203	501(C)(3)	2,000.	0.			FOR THE 2022 VINTAGE CELEBRATION FUND-A-NEED, IN SUPPORT OF THE MILLION TREES NAPA PROGRAM
AUCTION NAPA VALLEY PO BOX 141 ST. HELENA, CA 94574	94-2702203	501(C)(3)	75,000.	0.			FOR SUPPORT OF THE 2022 VINTAGE CELEBRATION FUND-A-NEED
BAY AREA COMMUNITY RESOURCES 171 CARLOS DRIVE SAN RAFAEL, CA 94903	94-2346815	501(C)(3)	100,000.	0.			FOR FISCAL SPONSORSHIP OF THE NAPA VALLEY COMMUNITY ORGANIZATIONS ACTIVE IN DISASTER (COAD) JULY 2022

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
BAY AREA LEGAL AID 1735 TELEGRAPH AVENUE OAKLAND, CA 94612	94-1631316	501(C)(3)	65,000.	0.			FOR PARTICIPATION IN THE EVICTION AND HOMELESSNESS PREVENTION COLLABORATIVE
BAY AREA LEGAL AID 1735 TELEGRAPH AVENUE OAKLAND, CA 94612	94-1631316	501(C)(3)	100,000.	0.			FOR PARTICIPATION IN THE EVICTION AND HOMELESSNESS PREVENTION COLLABORATIVE
BERKELEY SOCIETY FOR THE PRESERVATION OF TRADITIONAL MUSIC - 2020 ADDISON STREET - BERKELEY, CA 94704	94-2887073	501(C)(3)	10,000.	0.			FOR GENERAL/OPERATING SUPPORT
BLUE OAK SCHOOL 1436 POLK STREET NAPA, CA 94559	95-4803542	501(C)(3)	2,500.	0.			FOR THE ANNUAL FUND
BLUE OAK SCHOOL 1436 POLK STREET NAPA, CA 94559	95-4803542	501(C)(3)	25,000.	0.			FOR SUPPORT OF THE BUILDING CAMPAIGN
BODOR RESEARCH FOUNDATION 3421 VILLA LANE STE 2C NAPA, CA 94558	92-0581595	501(C)(3)	9,970.	0.			FOR GENERAL SUPPORT FOR THE ESTABLISHMENT OF BODOR RESEARCH FOUNDATION PURSUANT TO THE ATTACHED
BODOR RESEARCH FOUNDATION 3421 VILLA LANE STE 2C NAPA, CA 94558	92-0581595	501(C)(3)	97,709.	0.			FOR GENERAL SUPPORT FOR THE ESTABLISHMENT OF BODOR RESEARCH FOUNDATION PURSUANT TO THE ATTACHED
BOYS & GIRLS CLUBS OF ST. HELENA AND CALISTOGA - 1420 TAINTER STREET - ST. HELENA, CA 94574	68-0226714	501(C)(3)	500.	0.			FOR SUPPORT OF FEED OUR FAMILIES
BOYS & GIRLS CLUBS OF ST. HELENA AND CALISTOGA - 1420 TAINTER STREET - ST. HELENA, CA 94574	68-0226714	501(C)(3)	2,000.	0.			FOR GENERAL/OPERATING 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
BOYS & GIRLS CLUBS OF ST. HELENA AND CALISTOGA - 1420 TAINTER STREET - ST. HELENA, CA 94574	68-0226714	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
BOYS AND GIRLS CLUBS OF NAPA VALLEY - 1515 PUEBLO AVENUE - NAPA, CA 94558	94-6033413	501(C)(3)	18,000.	0.			FOR GENERAL SUPPORT OF THE NAPA AND AMERICAN CANYON LOCATIONS
BRANNAN CENTER PO BOX 466 CALISTOGA, CA 94515-9998	84-4849621	501(C)(3)	1,000.	0.			FOR GENERAL SUPPORT, IN HONOR OF RICHARD AND EDIE ENGELHARDS 50TH WEDDING ANNIVERSARY
BRANNAN CENTER PO BOX 466 CALISTOGA, CA 94515-9998	84-4849621	501(C)(3)	5,000.	0.			FOR GENERAL/OPERATING SUPPORT
BRANNAN CENTER PO BOX 466 CALISTOGA, CA 94515-9998	84-4849621	501(C)(3)	800,000.	0.			FOR THE CAPITAL CAMPAIGN
BRANNAN CENTER PO BOX 466 CALISTOGA, CA 94515-9998	84-4849621	501(C)(3)	2,200,000.	0.			FOR GENERAL/OPERATING SUPPORT
BRIDGE THE GAP COLLEGE PREP PO BOX 1390 SAUSALITO, CA 94965	91-1930327	501(C)(3)	5,000.	0.			FOR COLLEGE SUPPORT GRANTS
BRIDGE THE GAP COLLEGE PREP PO BOX 1390 SAUSALITO, CA 94965	91-1930327	501(C)(3)	6,000.	0.			FOR EDUCATIONAL PROGRAMS
BROWN UNIVERSITY OFFICE OF GIFT ACCOUNTING 350 EDDY STREET, SIXTH FLOOR - PROVIDENCE, RI 0290	05-0258809	501(C)(3)	2,000.	0.			FOR GENERAL/OPERATING 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
BROWN UNIVERSITY OFFICE OF GIFT ACCOUNTING 350 EDDY STREET, SIXTH FLOOR - PROVIDENCE, RI 0290	05-0258809	501(C)(3)	3,500.	0.			FOR THE BROWN ANNUAL FUND
BROWN UNIVERSITY OFFICE OF GIFT ACCOUNTING 350 EDDY STREET, SIXTH FLOOR - PROVIDENCE, RI 0290	05-0258809	501(C)(3)	5,000.	0.			FOR GENERAL/OPERATING SUPPORT
CALISTOGA JOINT UNIFIED SCHOOL DISTRICT - 1520 LAKE STREET - CALISTOGA, CA 94515	52-1557245	PUBLIC SCHOOL	1,500.	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	17,000.	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)	2,000.	0.			FOR GENERAL SUPPORT, IN MEMORY OF GARY & JOELLEN LAMBERT
CASA, A VOICE FOR CHILDREN 1804 SOSCOL AVENUE, STE 201 NAPA, CA 94559	20-3594007	501(C)(3)	2,500.	0.			FOR GENERAL SUPPORT
CASA, A VOICE FOR CHILDREN 1804 SOSCOL AVENUE, STE 201 NAPA, CA 94559	20-3594007	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
CASA, A VOICE FOR CHILDREN 1804 SOSCOL AVENUE, STE 201 NAPA, CA 94559	20-3594007	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
CATE SCHOOL ADVANCEMENT OFFICE PO BOX 5005 CARPINTERIA, CA 93014-5005	95-1644630	501(C)(3)	2,500.	0.			FOR CLASS OF 1990 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
CATE SCHOOL ADVANCEMENT OFFICE PO BOX 5005 CARPINTERIA, CA 93014-5005	95-1644630	501(C)(3)	5,000.	0.			FOR THE PERFORMING ARTS PROGRAM, IN MEMORY OF KRISTEN AVANSINO
CFNV CHARITABLE REAL ESTATE FUND 3299 CLAREMONT WAY, STE 4 NAPA, CA 94558	01-0816065	501(C)(3)	100,000.	0.			TO PROVIDE FUNDING FOR ENERGY EFFICIENT BUILDING IMPROVEMENTS TO THE SATO FAMILY NONPROFIT CENTER
CHILDREN'S AIDS ART PROGRAMME 100 SOUTH STREET, STE 305 SAUSALITO, CA 94965	26-0118652	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
CHILDREN'S AIDS ART PROGRAMME 100 SOUTH STREET, STE 305 SAUSALITO, CA 94965	26-0118652	501(C)(3)	5,000.	0.			FOR GENERAL/OPERATING SUPPORT
CHILDREN'S AIDS ART PROGRAMME 100 SOUTH STREET, STE 305 SAUSALITO, CA 94965	26-0118652	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
CHRISTINE M LOEBER FOUNDATION C/O GARY GODINHO 437 D STREET, UNIT BOSTON, MA 02210	82-5033565	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT
COLLABRIA CARE 414 SOUTH JEFFERSON STREET NAPA, CA 94559	68-0393144	501(C)(3)	4,700.	0.			FOR GENERAL SUPPORT
COLLABRIA CARE 414 SOUTH JEFFERSON STREET NAPA, CA 94559	68-0393144	501(C)(3)	9,000.	0.			TO SUPPORT PALLIATIVE CARE SERVICES TO PATIENTS WITH A CANCER DIAGNOSIS AND SUPPORT SERVICES TO
COLLABRIA CARE 414 SOUTH JEFFERSON STREET NAPA, CA 94559	68-0393144	501(C)(3)	10,000.	0.			IN SUPPORT OF PROFESSIONAL HEALTHCARE, RESOURCES AND COMPASSIONATE INDIVIDUALS

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)	61,500.	0.			FOR SUPPORT OF THE ADULT DAY SERVICES PROGRAM
COMMUNITY ACTION OF NAPA VALLEY COMMUNITY ACTION ADMINISTRATION 2521 OLD SONOMA ROAD - NAPA, CA 94558	94-1610851	501(C)(3)	250.	0.			FOR UNRESTRICTED SUPPORT, IN LOVING MEMORY OF MARGARET DUCKHORN
COMMUNITY ACTION OF NAPA VALLEY COMMUNITY ACTION ADMINISTRATION 2521 OLD SONOMA ROAD - NAPA, CA 94558	94-1610851	501(C)(3)	250.	0.			FOR UNRESTRICTED SUPPORT, IN MEMORY OF MARGARET DUCKHORN
COMMUNITY ACTION OF NAPA VALLEY COMMUNITY ACTION ADMINISTRATION 2521 OLD SONOMA ROAD - NAPA, CA 94558	94-1610851	501(C)(3)	5,000.	0.			FOR THE WELLNESS AND MEALS ON WHEELS PROGRAM
COMMUNITY ACTION OF NAPA VALLEY COMMUNITY ACTION ADMINISTRATION 2521 OLD SONOMA ROAD - NAPA, CA 94558	94-1610851	501(C)(3)	10,000.	0.			FOR THE NAPA VALLEY FOOD BANK PROGRAM
COMMUNITY ACTION OF NAPA VALLEY COMMUNITY ACTION ADMINISTRATION 2521 OLD SONOMA ROAD - NAPA, CA 94558	94-1610851	501(C)(3)	25,000.	0.			FOR SUPPORT OF THE FOOD BANK PROGRAMS
COMMUNITY HEALTH INITIATIVE NAPA COUNTY INC. - 2140 JEFFERSON STREET, STE D - NAPA, CA 94559	25-1924934	501(C)(3)	500.	0.			FOR GENERAL/OPERATING SUPPORT
COMMUNITY HEALTH INITIATIVE NAPA COUNTY INC. - 2140 JEFFERSON STREET, STE D - NAPA, CA 94559	25-1924934	501(C)(3)	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)	2,000.	0.			FOR PROGRAMS 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
COMMUNITY HEALTH INITIATIVE NAPA COUNTY INC. - 2140 JEFFERSON STREET, STE D - NAPA, CA 94559	25-1924934	501(C)(3)	2,500.	0.			FOR GENERAL/OPERATING SUPPORT
COMMUNITY RESOURCES FOR CHILDREN 3299 CLAREMONT WAY, STE 1 NAPA, CA 94558	94-2524785	501(C)(3)	13,000.	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)	115,000.	0.			FOR THE EXPANSION OF CHILD CARE SLOTS IN NAPA COUNTY PROGRAM
CONGREGATION BETH SHALOM 1455 ELM STREET NAPA, CA 94559	23-7296339	501(C)(3)	1,800.	0.			FOR GENERAL/OPERATING SUPPORT, IN CELEBRATION OF 70TH ANNIVERSARY
CONGREGATION BETH SHALOM 1455 ELM STREET NAPA, CA 94559	23-7296339	501(C)(3)	3,000.	0.			FOR MEMBERSHIP AND BUILDING MAINTENANCE
CONGREGATION BETH SHALOM 1455 ELM STREET NAPA, CA 94559	23-7296339	501(C)(3)	5,000.	0.			FOR SUPPORT OF THE YOUNG MENSCH SCHOLARSHIP FUND
CONGREGATION BETH SHALOM 1455 ELM STREET NAPA, CA 94559	23-7296339	501(C)(3)	12,500.	0.			FOR THE EDUCATIONAL DIRECTOR SALARY FUND 2022/23
COPE FAMILY CENTER 707 RANDOLPH STREET NAPA, CA 94559	94-2322399	501(C)(3)	724.	0.			FOR FISCAL SPONSORSHIP OF COMMUNITY LEADERS COALITION
COPE FAMILY CENTER 707 RANDOLPH STREET NAPA, CA 94559	94-2322399	501(C)(3)	1,000.	0.			FOR GENERAL/OPERATING 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
COPE FAMILY CENTER 707 RANDOLPH STREET NAPA, CA 94559	94-2322399	501(C)(3)	1,000.	0.			FOR GENERAL SUPPORT OF COMMUNITY LEADERS COALITION
COPE FAMILY CENTER 707 RANDOLPH STREET NAPA, CA 94559	94-2322399	501(C)(3)	1,000.	0.			FOR FISCAL SPONSORSHIP OF COMMUNITY LEADERS COALITION IN HONOR OF ED HARRINGTON
COPE FAMILY CENTER 707 RANDOLPH STREET NAPA, CA 94559	94-2322399	501(C)(3)	1,500.	0.			FOR THE PARENT AS TEACHERS PROGRAM
COPE FAMILY CENTER 707 RANDOLPH STREET NAPA, CA 94559	94-2322399	501(C)(3)	2,000.	0.			FOR THE PARENT AS TEACHERS PROGRAM
COPE FAMILY CENTER 707 RANDOLPH STREET NAPA, CA 94559	94-2322399	501(C)(3)	5,000.	0.			FOR THE PARENTS AS TEACHERS PROGRAM
COPE FAMILY CENTER 707 RANDOLPH STREET NAPA, CA 94559	94-2322399	501(C)(3)	7,000.	0.			FOR PARENTS AS TEACHERS HOME VISITING PROGRAM
COPE FAMILY CENTER 707 RANDOLPH STREET NAPA, CA 94559	94-2322399	501(C)(3)	7,500.	0.			TO ESTABLISH A MULTI-AGENCY PHONE SYSTEM FOR GIFT CARD DISTRIBUTION TO
COPE FAMILY CENTER 707 RANDOLPH STREET NAPA, CA 94559	94-2322399	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT OF COMMUNITY LEADERS COALITION
COPE FAMILY CENTER 707 RANDOLPH STREET NAPA, CA 94559	94-2322399	501(C)(3)	60,000.	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
COPE FAMILY CENTER 707 RANDOLPH STREET NAPA, CA 94559	94-2322399	501(C)(3)	115,000.	0.			FOR THE PARENTS AS TEACHERS PROGRAM
CORSTONE 8 MARKET PLACE, STE 300 BALTIMORE, MD 21202	94-2393629	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
CREDIT HUMAN FEDERAL CREDIT UNION CREDIT HUMAN PO BOX 721 SAN ANTONIO, TX 78293	74-0956027	N/A	63,408.	0.			FOR 2020 NAPA COUNTY WILDFIRE RECOVERY LOAN PAYOFF FOR DISASTER CASE MANAGEMENT CLIENT DARCY Y
DI ROSA PRESERVE 5200 SONOMA HWY 121 NAPA, CA 94559	94-3367956	501(C)(3)	500.	0.			FOR SUPPORT OF THE CAMP DI ROSA: ART + NATURE 2023
DI ROSA PRESERVE 5200 SONOMA HWY 121 NAPA, CA 94559	94-3367956	501(C)(3)	5,000.	0.			FOR GENERAL/OPERATING SUPPORT
DIRECT RELIEF 6100 WALLACE BECKNELL ROAD SANTA BARBARA, CA 93117	95-1831116	501(C)(3)	50,000.	0.			FOR GENERAL SUPPORT
DOCTORS WITHOUT BORDERS USA INC. PO BOX 5030 HAGERSTOWN, MD 21741-5030	13-3433452	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT
DOWNTOWN NAPA FARMERS MARKET CORPORATION - PO BOX 10822 - NAPA, CA 94581	32-0285560	501(C)(3)	250.	0.			FOR GENERAL SUPPORT OF THE ANNUAL FUNDRAISING CAMPAIGN
DOWNTOWN NAPA FARMERS MARKET CORPORATION - PO BOX 10822 - NAPA, CA 94581	32-0285560	501(C)(3)	500.	0.			FOR GENERAL SUPPORT, AS FEATURED IN THE NAPA VALLEY GIVE GUIDE

Schedule I (Form 990)

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DOWNTOWN NAPA FARMERS MARKET CORPORATION - PO BOX 10822 - NAPA, CA 94581	32-0285560	501(C)(3)	2,500.	0.			FOR THE FOOD ASSISTANCE PROGRAM INCLUDING MARKET MATCH AND FRUITS & VEGGIES BUCKS
DOWNTOWN NAPA FARMERS MARKET CORPORATION - PO BOX 10822 - NAPA, CA 94581	32-0285560	501(C)(3)	5,000.	0.			FOR SUPPORT OF THE CALFRESH MATCH PROGRAM
DUTCHER CREEK LLC 230 THERESA DRIVE CLOVERDALE, CA 95425	47-2056304	N/A	5,950.	0.			FOR 2020 NAPA COUNTY WILDFIRE RECOVERY FOR DISASTER CASE MANAGEMENT CLIENT PETER EMERSON
FREEDOM RV INC. 3186 S. PARKWAY DRIVE FRESNO, CA 93725	27-0052168	N/A	47,175.	0.			FOR 2020 NAPA COUNTY WILDFIRE RECOVERY FOR DISASTER CASE MANAGEMENT CLIENT PETER EMERSON
FRIENDS AND FOUNDATION ST. HELENA PUBLIC LIBRARY - PO BOX 171 - ST. HELENA, CA 94574	26-3043296	501(C)(3)	250.	0.			FOR GENERAL/OPERATING SUPPORT
FRIENDS AND FOUNDATION ST. HELENA PUBLIC LIBRARY - PO BOX 171 - ST. HELENA, CA 94574	26-3043296	501(C)(3)	500.	0.			FOR GENERAL SUPPORT
FRIENDS AND FOUNDATION ST. HELENA PUBLIC LIBRARY - PO BOX 171 - ST. HELENA, CA 94574	26-3043296	501(C)(3)	1,000.	0.			FOR THE CHILDREN'S PROGRAM
FRIENDS AND FOUNDATION ST. HELENA PUBLIC LIBRARY - PO BOX 171 - ST. HELENA, CA 94574	26-3043296	501(C)(3)	1,500.	0.			FOR GENERAL SUPPORT OF THE ST. HELENA LIBRARY BRANCH
FRIENDS AND FOUNDATION ST. HELENA PUBLIC LIBRARY - PO BOX 171 - ST. HELENA, CA 94574	26-3043296	501(C)(3)	2,000.	0.			FOR THE CHILDRENS PROGRAM

Schedule I (Form 990)

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FRIENDS OF INDEPENDENT SCHOOLS AND BETTER EDUCATION - 117 EAST LOUISA STREET #533 - SEATTLE, WA 98102	91-1216755	501(C)(3)	10,000.	0.			FOR CONSIDERATION OF A GRANT TO BRENTWOOD COLLEGE SCHOOL, FOR THE CENTENARY FUND
GIRLS ON THE RUN NAPA & SOLANO, INC. - 3299 CLAREMONT WAY, STE 5 - NAPA, CA 94558	55-0906534	501(C)(3)	2,000.	0.			FOR SUPPORT OF THE NAPA COUNTY PROGRAM
GIRLS ON THE RUN NAPA & SOLANO, INC. - 3299 CLAREMONT WAY, STE 5 - NAPA, CA 94558	55-0906534	501(C)(3)	3,000.	0.			FOR GENERAL SUPPORT
GIRLS ON THE RUN NAPA & SOLANO, INC. - 3299 CLAREMONT WAY, STE 5 - NAPA, CA 94558	55-0906534	501(C)(3)	5,000.	0.			FOR SUPPORT OF NAPA COUNTY PROGRAMS
GIRLS ON THE RUN NAPA & SOLANO, INC. - 3299 CLAREMONT WAY, STE 5 - NAPA, CA 94558	55-0906534	501(C)(3)	11,000.	0.			FOR GENERAL SUPPORT
GREATER NAPA VALLEY FAIR HOUSING CENTER - 1303 JEFFERSON ST., STE 200A - NAPA, CA 94559	42-1576121	501(C)(3)	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)	2,500.	0.			FOR GENERAL SUPPORT
GREATER NAPA VALLEY FAIR HOUSING CENTER - 1303 JEFFERSON ST., STE 200A - NAPA, CA 94559	42-1576121	501(C)(3)	5,000.	0.			FOR GENERAL/OPERATING SUPPORT
GREATER NAPA VALLEY FAIR HOUSING CENTER - 1303 JEFFERSON ST., STE 200A - NAPA, CA 94559	42-1576121	501(C)(3)	90,000.	0.			FOR GENERAL SUPPORT

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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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GUIDE DOGS FOR THE BLIND, INC. PO BOX 151200 SAN RAFAEL, CA 94915-1200	94-1196195	501(C)(3)	700.	0.			FOR GENERAL SUPPORT OF THE 2022 CANINE HEROES GALA
GUIDE DOGS FOR THE BLIND, INC. PO BOX 151200 SAN RAFAEL, CA 94915-1200	94-1196195	501(C)(3)	5,080.	0.			FOR THE 2022 CANINE HEROES GALA FUND-A-NEED
GUNILDA RIANDA SENIOR CENTER ASSOCIATION - 1475 MAIN STREET - ST. HELENA, CA 94574	20-2411077	501(C)(3)	250.	0.			FOR GENERAL/OPERATING SUPPORT
GUNILDA RIANDA SENIOR CENTER ASSOCIATION - 1475 MAIN STREET - ST. HELENA, CA 94574	20-2411077	501(C)(3)	2,500.	0.			FOR GENERAL SUPPORT
GUNILDA RIANDA SENIOR CENTER ASSOCIATION - 1475 MAIN STREET - ST. HELENA, CA 94574	20-2411077	501(C)(3)	2,500.	0.			FOR GENERAL SUPPORT. THIS GRANT WAS MADE POSSIBLE BY THE GENEROSITY OF ANNE CARVER
GUNILDA RIANDA SENIOR CENTER ASSOCIATION - 1475 MAIN STREET - ST. HELENA, CA 94574	20-2411077	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
GUNILDA RIANDA SENIOR CENTER ASSOCIATION - 1475 MAIN STREET - ST. HELENA, CA 94574	20-2411077	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
GUNILDA RIANDA SENIOR CENTER ASSOCIATION - 1475 MAIN STREET - ST. HELENA, CA 94574	20-2411077	501(C)(3)	8,000.	0.			FOR GENERAL SUPPORT
HIGHWAY 29 MEDIA COMPANY 1887 MULBERRY STREET YOUNTVILLE, CA 94599	88-4416319	N/A	1,000.	0.			IN HONOR OF THE PARTICIPATION OF JOAQUIN ALVARADO AND MARC HAND IN NAPA VALLEY COMMUNITY

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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HIGHWAY 29 MEDIA COMPANY 1887 MULBERRY STREET YOUNTVILLE, CA 94599	88-4416319	N/A	25,870.	0.			TO SUPPORT PUBLIC INTEREST JOURNALISM IN NAPA COUNTY, INCLUDING BUT NOT LIMITED TO
HIGHWAY 29 MEDIA COMPANY 1887 MULBERRY STREET YOUNTVILLE, CA 94599	88-4416319	N/A	58,694.	0.			TO SUPPORT PUBLIC INTEREST JOURNALISM IN NAPA COUNTY, INCLUDING BUT NOT LIMITED TO
HIGHWAY 29 MEDIA COMPANY 1887 MULBERRY STREET YOUNTVILLE, CA 94599	88-4416319	N/A	96,122.	0.			TO SUPPORT PUBLIC INTEREST JOURNALISM IN NAPA COUNTY, INCLUDING BUT NOT LIMITED TO
HIGHWAY 29 MEDIA COMPANY 1887 MULBERRY STREET YOUNTVILLE, CA 94599	88-4416319	N/A	150,000.	0.			TO SUPPORT PUBLIC INTEREST JOURNALISM IN NAPA COUNTY, INCLUDING BUT NOT LIMITED TO
HIGHWAY 29 MEDIA COMPANY 1887 MULBERRY STREET YOUNTVILLE, CA 94599	88-4416319	N/A	225,000.	0.			TO SUPPORT THE HIRING OF A BILINGUAL/BICULTURAL LATINX COMMUNITIES REPORTER, WHOSE
HOLY ASSUMPTION MONASTERY 1519 WASHINGTON STREET CALISTOGA, CA 94515	94-2903160	501(C)(3)	5,000.	0.			FOR THE ST. NICHOLAS HOUSE CAMPAIGN, AS A MATCHING GIFT
HOLY ASSUMPTION MONASTERY 1519 WASHINGTON STREET CALISTOGA, CA 94515	94-2903160	501(C)(3)	15,000.	0.			TO BE USED FOR MONASTERY BUILDING CAMPAIGN AND AS A MATCHING GIFT TO INSPIRE OTHER DONATIONS
HOMELESS PRENATAL PROGRAM INC. 2500 18TH STREET SAN FRANCISCO, CA 94110	94-3146280	501(C)(3)	8,000.	0.			FOR GENERAL SUPPORT OF JELANI HOUSE. THIS GIFT WAS MADE POSSIBLE BY JARED DOUMANI
HUMANE SOCIETY OF NAPA COUNTY PO BOX 695 NAPA, CA 94559	23-7315010	501(C)(3)	500.	0.			FOR GENERAL SUPPORT

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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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HUMANE SOCIETY OF NAPA COUNTY PO BOX 695 NAPA, CA 94559	23-7315010	501(C)(3)	500.	0.			FOR GENERAL/OPERATING SUPPORT
HUMANE SOCIETY OF NAPA COUNTY PO BOX 695 NAPA, CA 94559	23-7315010	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
HUMANE SOCIETY OF NAPA COUNTY PO BOX 695 NAPA, CA 94559	23-7315010	501(C)(3)	25,000.	0.			FOR SUPPORT OF THE NEW TRAINING PROGRAM
HUMANE SOCIETY OF NAPA COUNTY PO BOX 695 NAPA, CA 94559	23-7315010	501(C)(3)	60,000.	0.			FOR GENERAL SUPPORT. THIS GRANT WILL BE PAID \$30,000 PER YEAR OVER TWO YEARS
IF GIVEN A CHANCE PO BOX 2607 NAPA, CA 94558	91-1852336	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
IF GIVEN A CHANCE PO BOX 2607 NAPA, CA 94558	91-1852336	501(C)(3)	10,000.	0.			FOR GENERAL/OPERATING SUPPORT
IMMIGRATION INSTITUTE OF THE BAY AREA - 58 2ND STREET 3RD FLOOR - SAN FRANCISCO, CA 94105	94-1156554	501(C)(3)	1,000.	0.			FOR GENERAL SUPPORT, AS FEATURED IN THE NAPA VALLEY GIVE GUIDE
IMMIGRATION INSTITUTE OF THE BAY AREA - 58 2ND STREET 3RD FLOOR - SAN FRANCISCO, CA 94105	94-1156554	501(C)(3)	5,000.	0.			TO PAY DEFERRED ACTION FOR CHILDHOOD ARRIVALS (DACA) RENEWAL AND FIRST-TIME APPLICATION
IMMIGRATION INSTITUTE OF THE BAY AREA - 58 2ND STREET 3RD FLOOR - SAN FRANCISCO, CA 94105	94-1156554	501(C)(3)	7,500.	0.			FOR VINEYARD WORKER IMMIGRATION WORK

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IMMIGRATION INSTITUTE OF THE BAY AREA - 58 2ND STREET 3RD FLOOR - SAN FRANCISCO, CA 94105	94-1156554	501(C)(3)	15,800.	0.			FOR A PASS-THROUGH FROM COUNTY OF NAPA FOR CITIZENSHIP LEGAL SERVICES IN NAPA COUNTY
IMMIGRATION INSTITUTE OF THE BAY AREA - 58 2ND STREET 3RD FLOOR - SAN FRANCISCO, CA 94105	94-1156554	501(C)(3)	98,500.	0.			FOR PARTICIPATION IN THE CITIZENSHIP LEGAL SERVICES (CLS) COLLABORATIVE THAT IS
J DAVID GLADSTONE INSTITUTES 1650 OWENS STREET SAN FRANCISCO, CA 94158	23-7203666	501(C)(3)	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)	20,000.	0.			TO SUPPORT THE MOBILE VETERINARY UNIT SERVICES IN NAPA COUNTY
KEY CODE MEDIA, INC. 987 AIRWAY COURT SANTA ROSA, CA 95403	95-4880310	N/A	1,185.	0.			FOR 2020 NAPA COUNTY WILDFIRE RECOVERY FOR DISASTER CASE MANAGEMENT CLIENT PETER EMERSON
KEY CODE MEDIA, INC. 987 AIRWAY COURT SANTA ROSA, CA 95403	95-4880310	N/A	15,434.	0.			FOR 2020 NAPA COUNTY WILDFIRE RECOVERY FOR DISASTER CASE MANAGEMENT CLIENT PETER EMERSON
MENTIS 709 FRANKLIN STREET NAPA, CA 94559	94-1236934	501(C)(3)	1,000.	0.			FOR GENERAL SUPPORT
MENTIS 709 FRANKLIN STREET NAPA, CA 94559	94-1236934	501(C)(3)	2,500.	0.			FOR GENERAL/OPERATING SUPPORT, IN SUPPORT OF YOUR 75TH ANNIVERSARY GALA
MENTIS 709 FRANKLIN STREET NAPA, CA 94559	94-1236934	501(C)(3)	2,500.	0.			FOR FUND-A-NEED

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MENTIS 709 FRANKLIN STREET NAPA, CA 94559	94-1236934	501(C)(3)	2,500.	0.			FOR GENERAL/OPERATING SUPPORT
MENTIS 709 FRANKLIN STREET NAPA, CA 94559	94-1236934	501(C)(3)	8,000.	0.			FOR THE BUILDING TEEN RESILIENCE IN OUR SCHOOLS INITIATIVE
MENTIS 709 FRANKLIN STREET NAPA, CA 94559	94-1236934	501(C)(3)	9,000.	0.			FOR GENERAL SUPPORT
MENTIS 709 FRANKLIN STREET NAPA, CA 94559	94-1236934	501(C)(3)	10,000.	0.			FOR SUPPORT OF THE BUILDING TEEN RESILIENCE IN OUR SCHOOLS INITIATIVE
MENTIS 709 FRANKLIN STREET NAPA, CA 94559	94-1236934	501(C)(3)	15,000.	0.			FOR CAPITAL CAMPAIGN
MENTIS 709 FRANKLIN STREET NAPA, CA 94559	94-1236934	501(C)(3)	18,000.	0.			FOR GENERAL SUPPORT
MENTIS 709 FRANKLIN STREET NAPA, CA 94559	94-1236934	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT
MENTIS 709 FRANKLIN STREET NAPA, CA 94559	94-1236934	501(C)(3)	20,000.	0.			FOR GENERAL/OPERATING SUPPORT
MENTIS 709 FRANKLIN STREET NAPA, CA 94559	94-1236934	501(C)(3)	27,000.	0.			FOR GENERAL SUPPORT

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MOLLY'S ANGELS 433 SOSCOL AVENUE, STE B151 NAPA, CA 94559	31-1675725	501(C)(3)	3,617.	0.			FOR GENERAL SUPPORT
MOLLY'S ANGELS 433 SOSCOL AVENUE, STE B151 NAPA, CA 94559	31-1675725	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
MONTESSORI SCHOOL OF LAKE FOREST 13700 W LAUREL DRIVE LAKE FOREST, IL 60045	36-2601978	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
MUSEUM OF CRAFT AND DESIGN 2569 THIRD STREET SAN FRANCISCO, CA 94107	55-0830529	501(C)(3)	10,000.	0.			FOR GENERAL/OPERATING SUPPORT. THIS GIFT WAS MADE POSSIBLE BY JARED DOUMANI
NAPA BUNNIES 1240 HEMLOCK STREET NAPA, CA 94559	87-1171768	501(C)(3)	7,000.	0.			FOR GENERAL SUPPORT
NAPA COMMUNITIES FIREWISE FOUNDATION - PO BOX 440B - ST. HELENA, CA 94574	26-0147748	501(C)(3)	500.	0.			FOR SUPPORT OF THE ATLAS PEAK FIRE SAFE COUNCIL
NAPA COMMUNITIES FIREWISE FOUNDATION - PO BOX 440B - ST. HELENA, CA 94574	26-0147748	501(C)(3)	1,000.	0.			FOR GENERAL/OPERATING SUPPORT OF GENERAL FUND
NAPA COMMUNITIES FIREWISE FOUNDATION - PO BOX 440B - ST. HELENA, CA 94574	26-0147748	501(C)(3)	1,000.	0.			FOR GENERAL/OPERATING SUPPORT OF ST. HELENA FSC
NAPA COMMUNITIES FIREWISE FOUNDATION - PO BOX 440B - ST. HELENA, CA 94574	26-0147748	501(C)(3)	1,000.	0.			FOR SUPPORT OF THE ST. HELENA FSC

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NAPA COMMUNITIES FIREWISE FOUNDATION - PO BOX 440B - ST. HELENA, CA 94574	26-0147748	501(C)(3)	1,000.	0.			FOR SUPPORT OF THE CALISTOGA FSC
NAPA COMMUNITIES FIREWISE FOUNDATION - PO BOX 440B - ST. HELENA, CA 94574	26-0147748	501(C)(3)	25,000.	0.			IN SUPPORT OF NAPA COUNTY'S ONGOING FUEL MITIGATION PROJECTS
NAPA COUNTY CHILDREN AND FAMILIES COMMISSION - 1302 JEFFERSON STREET, STE 100A - NAPA, CA 94559	68-0455676	GOVERNMENT AGENC	8,949.	0.			FOR THE LGBTQ FOCUSED PROJECTS AND INITIATIVES, INCLUDING THE RAINBOW ACTION NETWORK
NAPA COUNTY LAND TRUST 1700 SOSCOL AVENUE, STE 20 NAPA, CA 94559	94-2315096	501(C)(3)	250.	0.			FOR GENERAL SUPPORT
NAPA COUNTY LAND TRUST 1700 SOSCOL AVENUE, STE 20 NAPA, CA 94559	94-2315096	501(C)(3)	500.	0.			FOR GENERAL SUPPORT
NAPA COUNTY LAND TRUST 1700 SOSCOL AVENUE, STE 20 NAPA, CA 94559	94-2315096	501(C)(3)	500.	0.			FOR GENERAL/OPERATING SUPPORT, IN APPRECIATION OF DAVID GARDEN SR.
NAPA COUNTY LAND TRUST 1700 SOSCOL AVENUE, STE 20 NAPA, CA 94559	94-2315096	501(C)(3)	1,000.	0.			FOR GENERAL SUPPORT
NAPA COUNTY LAND TRUST 1700 SOSCOL AVENUE, STE 20 NAPA, CA 94559	94-2315096	501(C)(3)	15,000.	0.			FOR OPERATING COSTS
NAPA COUNTY LAND TRUST 1700 SOSCOL AVENUE, STE 20 NAPA, CA 94559	94-2315096	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT

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NAPA COUNTY LAND TRUST 1700 SOSCOL AVENUE, STE 20 NAPA, CA 94559	94-2315096	501(C)(3)	25,000.	0.			FOR THE PURCHASE OF THE WALT RANCH PROPERTY
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 LIBRARY 580 COOMBS STREET NAPA, CA 94559	94-6000525	GOVERNMENT AGENC	1,500.	0.			FOR GENERAL SUPPORT OF THE NAPA LIBRARY BRANCH
NAPA COUNTY LIBRARY 580 COOMBS STREET NAPA, CA 94559	94-6000525	GOVERNMENT AGENC	1,500.	0.			FOR GENERAL SUPPORT OF THE CALISTOGA LIBRARY BRANCH
NAPA COUNTY LIBRARY 580 COOMBS STREET NAPA, CA 94559	94-6000525	GOVERNMENT AGENC	3,000.	0.			FOR THE LITERACY CENTER
NAPA COUNTY LIBRARY 580 COOMBS STREET NAPA, CA 94559	94-6000525	GOVERNMENT AGENC	3,400.	0.			FOR THE LITERACY CENTER
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	15,000.	0.			FOR THE CONSTRUCTION & WELDING PROGRAM AT CAMILLE CREEK COMMUNITY SCHOOL
NAPA VALLEY CHILD ADVOCACY NETWORK, INCORPORATED - 1909 JEFFERSON STREET - NAPA, CA 94559	56-2498308	501(C)(3)	2,500.	0.			FOR THE TRIPLE P PARENTING PROGRAM

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
NAPA VALLEY CHILD ADVOCACY NETWORK, INCORPORATED - 1909 JEFFERSON STREET - NAPA, CA 94559	56-2498308	501(C)(3)	10,000.	0.			IN SUPPORT OF THE FREE OF CHARGE SERVICES AVAILABLE TO ALL FAMILIES RAISING A CHILD WITH SPECIAL NEEDS,
NAPA VALLEY CHILD ADVOCACY NETWORK, INCORPORATED - 1909 JEFFERSON STREET - NAPA, CA 94559	56-2498308	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
NAPA VALLEY EDUCATION FOUNDATION 2425 JEFFERSON STREET, ROOM #105 NAPA, CA 94558	68-0005743	501(C)(3)	1,000.	0.			FOR THE VIRTUAL ACADEMY PROGRAM FOR LOW-INCOME HIGH SCHOOL STUDENTS
NAPA VALLEY EDUCATION FOUNDATION 2425 JEFFERSON STREET, ROOM #105 NAPA, CA 94558	68-0005743	501(C)(3)	2,500.	0.			FOR THE SUMMER MENTOR PROGRAM
NAPA VALLEY EDUCATION FOUNDATION 2425 JEFFERSON STREET, ROOM #105 NAPA, CA 94558	68-0005743	501(C)(3)	2,500.	0.			FOR PROFESSIONAL DEVELOPMENT FOR VALLEY OAK HIGH SCHOOL, AND COLLEGE AND CAREER
NAPA VALLEY EDUCATION FOUNDATION 2425 JEFFERSON STREET, ROOM #105 NAPA, CA 94558	68-0005743	501(C)(3)	5,000.	0.			FOR THE MUSIC CONNECTION PROGRAM
NAPA VALLEY EDUCATION FOUNDATION 2425 JEFFERSON STREET, ROOM #105 NAPA, CA 94558	68-0005743	501(C)(3)	5,000.	0.			FOR MUSIC CONNECTION, MUSIC SUMMER CAMP
NAPA VALLEY EDUCATION FOUNDATION 2425 JEFFERSON STREET, ROOM #105 NAPA, CA 94558	68-0005743	501(C)(3)	5,000.	0.			TO SUPPORT THE CAREER READINESS INITIATIVE INCLUDING THE SUMMER MENTOR PROGRAM
NAPA VALLEY EDUCATION FOUNDATION 2425 JEFFERSON STREET, ROOM #105 NAPA, CA 94558	68-0005743	501(C)(3)	11,000.	0.			FOR GENERAL SUPPORT

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)	15,000.	0.			FOR GENERAL SUPPORT
NAPA VALLEY EDUCATION FOUNDATION 2425 JEFFERSON STREET, ROOM #105 NAPA, CA 94558	68-0005743	501(C)(3)	25,000.	0.			FOR THE CAREER READINESS INITIATIVE INCLUDING THE SUMMER MENTOR PROGRAM
NAPA VALLEY FARMWORKER FOUNDATION 831 LATOUR COURT, STE A NAPA, CA 94558	36-4790851	501(C)(3)	1,500.	0.			FOR THE FIELDS OF OPPORTUNITY PROGRAM
NAPA VALLEY FARMWORKER FOUNDATION 831 LATOUR COURT, STE A NAPA, CA 94558	36-4790851	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
NAPA VALLEY FARMWORKER FOUNDATION 831 LATOUR COURT, STE A NAPA, CA 94558	36-4790851	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT
NAPA VALLEY FESTIVAL ASSOCIATION PO BOX 6221 NAPA, CA 94581	26-4008029	501(C)(3)	20,000.	0.			FOR SUPPORT OF BOTH, THE ANNUAL FUND AND THE ANGEL FUND
NAPA VALLEY GRAPEGROWERS FOUNDATION - 831 LATOUR COURT, STE A - NAPA, CA 94558	82-2012860	501(C)(3)	10,000.	0.			FOR 2022 HARVEST STOMP FUND-A-NEED
NAPA VALLEY GRAPEGROWERS FOUNDATION - 831 LATOUR COURT, STE A - NAPA, CA 94558	82-2012860	501(C)(3)	29,000.	0.			FOR HARVEST STOMP FUND-A-NEED
NAPA VALLEY YOUTH SYMPHONY INC. PO BOX 6594 NAPA, CA 94581	14-1843988	501(C)(3)	3,000.	0.			FOR GENERAL SUPPORT

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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 VALLEY YOUTH SYMPHONY INC. PO BOX 6594 NAPA, CA 94581	14-1843988	501(C)(3)	15,000.	0.			FOR GENERAL/OPERATING SUPPORT
NAPLES CHILDREN & EDUCATION FOUNDATION - 999 VANDERBILT BEACH ROAD, STE #300 - NAPLES, FL 34108	65-1001650	501(C)(3)	10,000.	0.			FOR FUND-A-NEED
NAPLES CHILDREN & EDUCATION FOUNDATION - 999 VANDERBILT BEACH ROAD, STE #300 - NAPLES, FL 34108	65-1001650	501(C)(3)	50,000.	0.			FOR THE FUND A NEED
NEWS 1141 PEAR TREE LANE, STE 220 NAPA, CA 94558	94-2745889	501(C)(3)	2,000.	0.			FOR GENERAL SUPPORT
NEWS 1141 PEAR TREE LANE, STE 220 NAPA, CA 94558	94-2745889	501(C)(3)	2,500.	0.			FOR GENERAL SUPPORT
NEWS 1141 PEAR TREE LANE, STE 220 NAPA, CA 94558	94-2745889	501(C)(3)	3,000.	0.			FOR GENERAL/OPERATING SUPPORT
NEWS 1141 PEAR TREE LANE, STE 220 NAPA, CA 94558	94-2745889	501(C)(3)	5,000.	0.			FOR GENERAL/OPERATING SUPPORT
NEWS 1141 PEAR TREE LANE, STE 220 NAPA, CA 94558	94-2745889	501(C)(3)	25,136.	0.			FOR GENERAL SUPPORT
NEWS 1141 PEAR TREE LANE, STE 220 NAPA, CA 94558	94-2745889	501(C)(3)	50,000.	0.			FOR GENERAL SUPPORT

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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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OFF THE STREET CLUB 25 N KARLOV AVENUE CHICAGO, IL 60624-2302	36-2169162	501(C)(3)	10,000.	0.			TO SUPPORT SENDING KIDS TO SUMMER CAMP
OLE HEALTH FOUNDATION 1141 PEAR TREE LANE, SUITE 100 NAPA, CA 94558	68-0149424	501(C)(3)	250.	0.			FOR GENERAL SUPPORT
OLE HEALTH FOUNDATION 1141 PEAR TREE LANE, SUITE 100 NAPA, CA 94558	68-0149424	501(C)(3)	10,000.	0.			FOR THE VIDA OLE 2023 FUND A NEED
OLE HEALTH FOUNDATION 1141 PEAR TREE LANE, SUITE 100 NAPA, CA 94558	68-0149424	501(C)(3)	25,000.	0.			FOR THE VIDA OLE 2023 FUND A NEED
ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558	75-3149095	501(C)(3)	2,500.	0.			FOR THE PARENT UNIVERSITY PROGRAM IN NAPA COUNTY
ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558	75-3149095	501(C)(3)	2,500.	0.			FOR THE VOLUNTEER INCOME TAX ASSISTANCE PROGRAM (VITA)
ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558	75-3149095	501(C)(3)	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)	2,893.	0.			FOR THE NEIGHBORHOOD INITIATIVE, A PROGRAM OF ON THE MOVE, TO PRODUCE TWO COMMUNITY FOCUS
ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558	75-3149095	501(C)(3)	3,000.	0.			FOR THE YOUTH LEADERSHIP ACADEMIES

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**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)	5,000.	0.			FOR THE VOLUNTEER INCOME TAX ASSISTANCE PROGRAM
ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558	75-3149095	501(C)(3)	7,500.	0.			FOR THE VOLUNTEER INCOME TAX ASSISTANCE PROGRAM (VITA)
ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558	75-3149095	501(C)(3)	8,000.	0.			FOR SUPPORT OF THE LGBTQ CONNECTION PROGRAM IN NAPA COUNTY
ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558	75-3149095	501(C)(3)	9,500.	0.			FOR THE VOICES PROGRAM IN NAPA COUNTY
ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558	75-3149095	501(C)(3)	10,000.	0.			FOR SUPPORT OF YOUTH LEADERSHIP ACADEMIES
ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558	75-3149095	501(C)(3)	10,000.	0.			FOR YOUTH LEADERSHIP ACADEMIES
ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558	75-3149095	501(C)(3)	15,000.	0.			FOR THE VOLUNTEER INCOME TAX ASSISTANCE (VITA) PROGRAM
ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558	75-3149095	501(C)(3)	20,000.	0.			FOR SUPPORT OF YOUTH LEADERSHIP ACADEMIES IN NAPA COUNTY
ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558	75-3149095	501(C)(3)	20,000.	0.			FOR PARTICIPATION IN THE CITIZENSHIP LEGAL SERVICES (CLS) COLLABORATIVE THAT IS

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**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)	20,000.	0.			FOR GENERAL SUPPORT
ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558	75-3149095	501(C)(3)	20,000.	0.			FOR A HOUSING CASE MANAGER FOR THE VOICES PROGRAM
ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558	75-3149095	501(C)(3)	25,000.	0.			FOR PARTICIPATION IN THE EVICTION AND HOMELESSNESS PREVENTION COLLABORATIVE
ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558	75-3149095	501(C)(3)	51,700.	0.			FOR DIRECT FINANCIAL ASSISTANCE VIA THE HOMELESSNESS PREVENTION PROGRAM TO PROVIDE
ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558	75-3149095	501(C)(3)	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)	75,000.	0.			FOR PARTICIPATION IN THE EVICTION AND HOMELESSNESS PREVENTION COLLABORATIVE
ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558	75-3149095	501(C)(3)	80,000.	0.			FOR GENERAL SUPPORT
ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558	75-3149095	501(C)(3)	87,413.	0.			FOR STAFFING TO RELAUNCH A HOMELESSNESS PREVENTION PROGRAM TO PROVIDE DIRECT FINANCIAL ASSISTANCE AND
ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558	75-3149095	501(C)(3)	525,000.	0.			FOR DIRECT FINANCIAL ASSISTANCE VIA THE HOMELESSNESS PREVENTION PROGRAM TO PROVIDE

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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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OPTIMIST INTERNATIONAL FOUNDATION 4494 LINDELL BOULEVARD SAINT LOUIS, MO 63108	23-7102928	501(C)(3)	17,500.	0.			FOR THE NAPA OPTIMIST YOUTH BASKETBALL PROGRAM
OUR TOWN ST. HELENA 1250 CHURCH STREET SUITE D ST. HELENA, CA 94574	26-4247407	501(C)(3)	1,000.	0.			FOR GENERAL SUPPORT
OUR TOWN ST. HELENA 1250 CHURCH STREET SUITE D ST. HELENA, CA 94574	26-4247407	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT
OUR TOWN ST. HELENA 1250 CHURCH STREET SUITE D ST. HELENA, CA 94574	26-4247407	501(C)(3)	50,000.	0.			TO BE UTILIZED TO DEVELOP FLOOR PLANS FOR YOUR FOUNTAIN STREET WORKFORCE HOUSING PROJECT IN ST.
OUR TOWN ST. HELENA 1250 CHURCH STREET SUITE D ST. HELENA, CA 94574	26-4247407	501(C)(3)	251,944.	0.			FOR 963 POPE STREET. THIS GRANT WAS MADE POSSIBLE BY THE GENEROSITY OF AN
PLANNED PARENTHOOD SHASTA-DIABLO 2185 PACHECO STREET CONCORD, CA 94520	94-1575233	501(C)(3)	1,000.	0.			FOR SUPPORT OF PLANNED PARENTHOOD OF NORTHERN CALIFORNIA
PLANNED PARENTHOOD SHASTA-DIABLO 2185 PACHECO STREET CONCORD, CA 94520	94-1575233	501(C)(3)	1,000.	0.			FOR THE NEW NAPA PROJECT
PLANNED PARENTHOOD SHASTA-DIABLO 2185 PACHECO STREET CONCORD, CA 94520	94-1575233	501(C)(3)	20,000.	0.			FOR SUPPORT OF NAPA COUNTY PROGRAMS
PLANNED PARENTHOOD SHASTA-DIABLO 2185 PACHECO STREET CONCORD, CA 94520	94-1575233	501(C)(3)	30,000.	0.			FOR SUPPORT OF NAPA COUNTY PROGRAMS

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PORTLAND VA RESEARCH FOUNDATION PO BOX 19832 PORTLAND, OR 97280	94-3090170	501(C)(3)	62,800.	0.			IN SUPPORT OF RESEARCH FOR THE SOCIAL NEUROSCIENCE AND PSYCHOTHERAPY LAB PROGRAM
PRISON FELLOWSHIP MINISTRIES PO BOX 1550 MERRIFIELD, VA 22116-1550	62-0988294	501(C)(3)	2,500.	0.			FOR SUPPORT OF THE 10/6 SF FUNDRAISER
PRISON FELLOWSHIP MINISTRIES PO BOX 1550 MERRIFIELD, VA 22116-1550	62-0988294	501(C)(3)	10,000.	0.			FOR GENERAL/OPERATING SUPPORT
PROJECT WRECKLESS PO BOX 883032 SAN FRANCISCO, CA 94188	47-5087080	501(C)(3)	100,000.	0.			FOR GENERAL SUPPORT
PUERTAS ABIERTAS COMMUNITY RESOURCE CENTER / SUN INC. - PO BOX 3009 - NAPA, CA 94558	20-3126333	501(C)(3)	1,000.	0.			TO HELP PAY FOR INTERPRETERS FOR THE MIXTECO INDIGENOUS COMMUNITY RESOURCE FAIR
PUERTAS ABIERTAS COMMUNITY RESOURCE CENTER / SUN INC. - PO BOX 3009 - NAPA, CA 94558	20-3126333	501(C)(3)	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)	2,500.	0.			FOR GENERAL SUPPORT
PUERTAS ABIERTAS COMMUNITY RESOURCE CENTER / SUN INC. - PO BOX 3009 - NAPA, CA 94558	20-3126333	501(C)(3)	9,000.	0.			FOR SUPPORT OF THE CASE MANAGEMENT PROGRAM
PUERTAS ABIERTAS COMMUNITY RESOURCE CENTER / SUN INC. - PO BOX 3009 - NAPA, CA 94558	20-3126333	501(C)(3)	10,000.	0.			FOR PARTICIPATION IN THE CITIZENSHIP LEGAL SERVICES (CLS) COLLABORATIVE THAT IS

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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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PUERTAS ABIERTAS COMMUNITY RESOURCE CENTER / SUN INC. - PO BOX 3009 - NAPA, CA 94558	20-3126333	501(C)(3)	10,000.	0.			IN SUPPORT OF WORKING WITH LATINOS TO ACHIEVE HEALTHY LIFESTYLES, SELF-SUFFICIENCY AND
PUERTAS ABIERTAS COMMUNITY RESOURCE CENTER / SUN INC. - PO BOX 3009 - NAPA, CA 94558	20-3126333	501(C)(3)	40,000.	0.			FOR GENERAL SUPPORT
QUEEN OF THE VALLEY HOSPITAL FOUNDATION - 1000 TRANCAS STREET PO BOX 2069 - NAPA, CA 94558	23-7081153	501(C)(3)	500.	0.			FOR GENERAL SUPPORT
QUEEN OF THE VALLEY HOSPITAL FOUNDATION - 1000 TRANCAS STREET PO BOX 2069 - NAPA, CA 94558	23-7081153	501(C)(3)	18,750.	0.			FOR THE AGREED UPON PORTION OF THE HARTWELL SETTLEMENT
RAISING A READER 489 VALLEY WAY MILPITAS, CA 95035	94-3390149	501(C)(3)	30,000.	0.			FOR GENERAL/OPERATING SUPPORT
RIPPLE EFFECT ANIMAL PROJECT 536 SILVERADO TRAIL NAPA, CA 94559	84-3913071	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT
SALVATION ARMY - GOLDEN STATE DIVISION - 832 FOLSOM STREET - SAN FRANCISCO, CA 94107	94-1156347	501(C)(3)	2,500.	0.			FOR FLOWER POWER 2023
SALVATION ARMY - GOLDEN STATE DIVISION - 832 FOLSOM STREET - SAN FRANCISCO, CA 94107	94-1156347	501(C)(3)	5,000.	0.			FOR SUPPORT OF TWO DEVELOPMENT
SALVATION ARMY - GOLDEN STATE DIVISION - 832 FOLSOM STREET - SAN FRANCISCO, CA 94107	94-1156347	501(C)(3)	5,000.	0.			FOR THE ADVISORY BOARD PROJECT

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SALVATION ARMY - GOLDEN STATE DIVISION - 832 FOLSOM STREET - SAN FRANCISCO, CA 94107	94-1156347	501(C)(3)	10,000.	0.			FOR SUPPORT OF THE WAY OUT
SALVATION ARMY - GOLDEN STATE DIVISION - 832 FOLSOM STREET - SAN FRANCISCO, CA 94107	94-1156347	501(C)(3)	10,000.	0.			FOR THE FEEDING AND MEALS PROGRAMS
SALVATION ARMY - NAPA CORPS 590 FRANKLIN STREET NAPA, CA 94559	94-1156347	501(C)(3)	25,000.	0.			FOR SUPPORT OF THE NAPA SALVATION ARMY CULINARY TRAINING ACADEMY OUT OF THE FIRE FUND-A-NEED 2022
SAN FRANCISCO PERFORMANCES INC 500 SUTTER STREET SUITE 710 SAN FRANCISCO, CA 94102	94-2600147	501(C)(3)	1,000.	0.			FOR THE FUND-A-NEED
SAN FRANCISCO PERFORMANCES INC 500 SUTTER STREET SUITE 710 SAN FRANCISCO, CA 94102	94-2600147	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT, A TRUSTEE GIFT FROM BERIT MUH
SAN FRANCISCO PERFORMANCES INC 500 SUTTER STREET SUITE 710 SAN FRANCISCO, CA 94102	94-2600147	501(C)(3)	5,000.	0.			FOR GENERAL/OPERATING SUPPORT
SANTA ROSA SYMPHONY ASSOCIATION 50 SANTA ROSA AVENUE, STE 410 SANTA ROSA, CA 95404-4908	94-6134075	501(C)(3)	2,500.	0.			FOR GENERAL SUPPORT. THIS GRANT WAS MADE POSSIBLE BY THE GENEROSITY OF ANNE CARVER AND DENIS SUTRO
SANTA ROSA SYMPHONY ASSOCIATION 50 SANTA ROSA AVENUE, STE 410 SANTA ROSA, CA 95404-4908	94-6134075	501(C)(3)	20,500.	0.			FOR GENERAL/OPERATING SUPPORT
SANTA ROSA SYMPHONY ASSOCIATION 50 SANTA ROSA AVENUE, STE 410 SANTA ROSA, CA 95404-4908	94-6134075	501(C)(3)	30,000.	0.			FOR GENERAL/OPERATING SUPPORT

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SHARE THE CARE NAPA VALLEY 162 SOUTH COOMBS STREET NAPA, CA 94559	81-5288335	501(C)(3)	1,000.	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)	1,000.	0.			FOR GENERAL/OPERATING SUPPORT
SHARE THE CARE NAPA VALLEY 162 SOUTH COOMBS STREET NAPA, CA 94559	81-5288335	501(C)(3)	2,000.	0.			FOR GENERAL/OPERATING SUPPORT
SHARE THE CARE NAPA VALLEY 162 SOUTH COOMBS STREET NAPA, CA 94559	81-5288335	501(C)(3)	3,600.	0.			FOR THE HOME SAFETY AND STOP FALLS PROGRAM
ST. HELENA HOSPITAL FOUNDATION 10 WOODLAND ROAD ST. HELENA, CA 94574	20-1384250	501(C)(3)	1,000.	0.			FOR SUPPORT OF MOBILE HEALTH
ST. HELENA HOSPITAL FOUNDATION 10 WOODLAND ROAD ST. HELENA, CA 94574	20-1384250	501(C)(3)	5,000.	0.			IN SUPPORT OF ADVENTIST HEALTH ACUTE STROKE READ PROGRAM
ST. HELENA HOSPITAL FOUNDATION 10 WOODLAND ROAD ST. HELENA, CA 94574	20-1384250	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
ST. HELENA HOSPITAL FOUNDATION 10 WOODLAND ROAD ST. HELENA, CA 94574	20-1384250	501(C)(3)	10,000.	0.			FOR SUPPORT OF THE ROCKOUT/KNOCKOUT CANCER EVENT
ST. HELENA HOSPITAL FOUNDATION 10 WOODLAND ROAD ST. HELENA, CA 94574	20-1384250	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT OF THE ROCKOUT/KNOCKOUT CANCER

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
ST. JOHN THE BAPTIST CATHOLIC CHURCH - 960 CAYMUS STREET - NAPA, CA 94559	94-1002748	CHURCH	1,000.	0.			FOR GENERAL SUPPORT, IN MEMORY OF LOUIS FERNANDO FLORES
ST. JOHN THE BAPTIST CATHOLIC CHURCH - 960 CAYMUS STREET - NAPA, CA 94559	94-1002748	CHURCH	15,000.	0.			FOR SUPPORT OF THE BLESSING OF THE WORKERS
ST. JOHN THE BAPTIST CATHOLIC CHURCH - 960 CAYMUS STREET - NAPA, CA 94559	94-1002748	CHURCH	20,000.	0.			FOR SUPPORT OF THE BLESSING OF THE WORKERS
SUMMER SEARCH 304 12TH ST, SUITE 4A OAKLAND, CA 94607	68-0200138	501(C)(3)	19,000.	0.			FOR SUPPORT OF SUMMER SEARCH'S NAPA COUNTY PROGRAMS
SUSTAINABLE ST. HELENA AN ENVIRONMENTAL ALLIANCE - PO BOX 402 - SAINT HELENA, CA 94574	86-3594916	501(C)(3)	15,000.	0.			FOR GENERAL/OPERATING SUPPORT
SWORDS TO PLOWSHARES VETERANS RIGHTS ORGANIZATION - ATTN: RESOURCE DEVELOPMENT 401 VAN NESS AVENUE, STE 313 - SAN FRANCISCO,	94-2260626	501(C)(3)	100,000.	0.			FOR SUPPORT OF THE HOMELESS VETERANS PROGRAM
THE ROOTS FUND, INC 285 BERLIN TPKE # 164 BERLIN, CT 06037	85-2112719	501(C)(3)	6,500.	0.			FOR GENERAL SUPPORT
THE UC DAVIS FOUNDATION UC DAVIS CONFERENCE CENTER, 2ND FLOOR ONE SHIELDS AVENUE - DAVIS, CA 95616-5	94-6081352	501(C)(3)	2,500.	0.			TO SUPPORT THE HURLEY AND THELMA COUCHMAN SCHOLARSHIP FUND, FUND# 324068
THE UC DAVIS FOUNDATION UC DAVIS CONFERENCE CENTER, 2ND FLOOR ONE SHIELDS AVENUE - DAVIS, CA 95616-5	94-6081352	501(C)(3)	50,000.	0.			FOR SUPPORT OF THE AGGIE JUMPSTART PROGRAM, FUND# ADOII58, IN HONOR OF FRED FRANZIA

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
THE VETERANS HEALTHCARE POLICY INSTITUTE - PO BOX 70641 - RICHMOND, CA 94807	82-0680624	501(C)(3)	50,000.	0.			FOR GENERAL SUPPORT
TIGERDIRECT BUSINESS 987 AIRWAY COURT SANTA ROSA, CA 95403	95-4108644	N/A	9,180.	0.			FOR 2020 NAPA COUNTY WILDFIRE RECOVERY FOR DISASTER CASE MANAGEMENT CLIENT PETER EMERSON
TRUCKEE DONNER LAND TRUST PO BOX 8816 TRUCKEE, CA 96162-8816	68-0245327	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
UC REGENTS, UNIVERSITY OF CALIFORNIA, DAVIS - ONE SHIELDS AVENUE - DAVIS, CA 95616	94-6036494	501(C)(3)	2,197.	0.			FOR THE UC MASTER GARDENERS OF NAPA COUNTY PROGRAM
UNION COLLEGE ADVANCEMENT 3800 S 48TH STREET LINCOLN, NE 68506	47-0405319	501(C)(3)	7,000.	0.			FOR SUPPORT OF THE INTERNATIONAL RESCUE RELIEF, INTERNATIONAL SEMESTER 2023
UNIVERSITY OF NOTRE DAME 1100 GRACE HALL NOTRE DAME, IN 46556	35-0868188	501(C)(3)	35,000.	0.			TO FULFILL THE NON-BINDING PLEDGE FOR THE BARBARA RAPCHAK AND FRANK NAEYMI-RAD
UNIVERSITY OF SOUTHERN CALIFORNIA PO BOX 80354 LOS ANGELES, CA 90074	95-1642394	501(C)(3)	10,000.	0.			FOR SUPPORT OF THE CLASSICAL CALIFORNIA KDFC. THIS GIFT WAS MADE POSSIBLE BY JARED DOUMANI
UPVALLEY FAMILY CENTERS OF NAPA COUNTY - 1440 SPRING STREET - ST. HELENA, CA 94574	80-0023012	501(C)(3)	1,500.	0.			TO SUPPORT NINOS ACTIVOS EARLY CHILDHOOD PROGRAM
UPVALLEY FAMILY CENTERS OF NAPA COUNTY - 1440 SPRING STREET - ST. HELENA, CA 94574	80-0023012	501(C)(3)	2,500.	0.			FOR THE VOLUNTEER INCOME TAX ASSISTANCE PROGRAM (VITA)

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)	3,341.	0.			FOR CONVENING, FACILITATION AND TRANSLATION OF FOCUS GROUPS UP VALLEY IN APRIL
UPVALLEY FAMILY CENTERS OF NAPA COUNTY - 1440 SPRING STREET - ST. HELENA, CA 94574	80-0023012	501(C)(3)	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)	5,000.	0.			FOR GENERAL/OPERATING SUPPORT
UPVALLEY FAMILY CENTERS OF NAPA COUNTY - 1440 SPRING STREET - ST. HELENA, CA 94574	80-0023012	501(C)(3)	5,000.	0.			FOR THE VOLUNTEER INCOME TAX ASSISTANCE PROGRAM
UPVALLEY FAMILY CENTERS OF NAPA COUNTY - 1440 SPRING STREET - ST. HELENA, CA 94574	80-0023012	501(C)(3)	7,500.	0.			FOR THE VOLUNTEER INCOME TAX ASSISTANCE PROGRAM (VITA)
UPVALLEY FAMILY CENTERS OF NAPA COUNTY - 1440 SPRING STREET - ST. HELENA, CA 94574	80-0023012	501(C)(3)	10,000.	0.			FOR SUPPORT OF EARLY CHILDHOOD DEVELOPMENT PROGRAMS, YOUTH MENTORING AND SELF-SUFFICIENCY
UPVALLEY FAMILY CENTERS OF NAPA COUNTY - 1440 SPRING STREET - ST. HELENA, CA 94574	80-0023012	501(C)(3)	15,000.	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)	16,000.	0.			FOR SUPPORT OF THE NIOS ACTIVOS EARLY CHILDHOOD PROGRAM
UPVALLEY FAMILY CENTERS OF NAPA COUNTY - 1440 SPRING STREET - ST. HELENA, CA 94574	80-0023012	501(C)(3)	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.)

(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)	25,000.	0.			FOR PARTICIPATION IN THE EVICTION AND HOMELESSNESS PREVENTION COLLABORATIVE
UPVALLEY FAMILY CENTERS OF NAPA COUNTY - 1440 SPRING STREET - ST. HELENA, CA 94574	80-0023012	501(C)(3)	25,000.	0.			FOR GENERAL EXPENSES
UPVALLEY FAMILY CENTERS OF NAPA COUNTY - 1440 SPRING STREET - ST. HELENA, CA 94574	80-0023012	501(C)(3)	26,500.	0.			FOR PARTICIPATION IN THE CITIZENSHIP LEGAL SERVICES (CLS) COLLABORATIVE THAT IS
UPVALLEY FAMILY CENTERS OF NAPA COUNTY - 1440 SPRING STREET - ST. HELENA, CA 94574	80-0023012	501(C)(3)	41,335.	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)	75,000.	0.			FOR PARTICIPATION IN THE EVICTION AND HOMELESSNESS PREVENTION COLLABORATIVE
UPVALLEY FAMILY CENTERS OF NAPA COUNTY - 1440 SPRING STREET - ST. HELENA, CA 94574	80-0023012	501(C)(3)	80,000.	0.			FOR GENERAL SUPPORT
UPVALLEY FAMILY CENTERS OF NAPA COUNTY - 1440 SPRING STREET - ST. HELENA, CA 94574	80-0023012	501(C)(3)	90,000.	0.			FOR STAFFING TO RELAUNCH A HOMELESSNESS PREVENTION PROGRAM TO PROVIDE DIRECT FINANCIAL ASSISTANCE AND
UPVALLEY FAMILY CENTERS OF NAPA COUNTY - 1440 SPRING STREET - ST. HELENA, CA 94574	80-0023012	501(C)(3)	525,000.	0.			FOR DIRECT FINANCIAL ASSISTANCE VIA THE HOMELESSNESS PREVENTION PROGRAM TO PROVIDE
VILLA SINFONIA FOUNDATION 32 MOUNTAIN SPRING AVENUE SAN FRANCISCO, CA 94114	94-3211883	501(C)(3)	100,000.	0.			FOR EXPLORATION OF VSF 2.0. THIS GIFT WAS MADE POSSIBLE BY JARED DOUMANI

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
WAGGIN TRAILS RESCUE FOUNDATION 1905 COLOMBARD WAY YOUNTVILLE, CA 94599	46-0896202	501(C)(3)	1,000.	0.			FOR GENERAL SUPPORT
WAGGIN TRAILS RESCUE FOUNDATION 1905 COLOMBARD WAY YOUNTVILLE, CA 94599	46-0896202	501(C)(3)	5,000.	0.			FOR SUPPORT OF PROGRAMS IN NAPA COUNTY
WAYFINDER FAMILY SERVICES 8391 AUBURN BLVD CITRUS HEIGHTS, CA 95610	95-1977659	501(C)(3)	500.	0.			FOR SUPPORT OF THE ART IN THE PARK PROGRAM IN NAPA COUNTY
WAYFINDER FAMILY SERVICES 8391 AUBURN BLVD CITRUS HEIGHTS, CA 95610	95-1977659	501(C)(3)	10,000.	0.			IN SUPPORT OF THEIR FOSTER ADOPTION SERVICES IN NAPA COUNTY
WAYFINDER FAMILY SERVICES 8391 AUBURN BLVD CITRUS HEIGHTS, CA 95610	95-1977659	501(C)(3)	10,000.	0.			FOR SUPPORT OF NAPA COUNTY PROGRAMS
WE CARE ANIMAL RESCUE 1345 CHARTER OAK AVENUE ST. HELENA, CA 94574	94-2864103	501(C)(3)	30,000.	0.			FOR GENERAL SUPPORT
WILDLIFE RESCUE CENTER OF NAPA COUNTY - PO BOX 2571 - NAPA, CA 94558	68-0271705	501(C)(3)	1,000.	0.			FOR THE WILDLIFE PROTECTOR GIFT MATCH
WILDLIFE RESCUE CENTER OF NAPA COUNTY - PO BOX 2571 - NAPA, CA 94558	68-0271705	501(C)(3)	1,000.	0.			FOR THE CHALLENGE MATCH
WILDLIFE RESCUE CENTER OF NAPA COUNTY - PO BOX 2571 - NAPA, CA 94558	68-0271705	501(C)(3)	60,000.	0.			FOR GENERAL SUPPORT. THIS GRANT WILL BE PAID \$30,000 PER YEAR OVER TWO YEARS

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
WINE COUNTRY ANIMAL LOVERS PO BOX 3 CALISTOGA, CA 94515	27-1454400	501(C)(3)	44,000.	0.			TO HELP SUBSIDIZE COSTS FOR SPAY/NEUTER SERVICES, EMERGENCY MEDICAL FEES, AND FOSTER ANIMAL
WORLD CENTRAL KITCHEN INC. ATTN: DONOR SERVICES TEAM 200 MASSACHUSETTS AVE NW, 7TH FLOOR - WASHINGTON,	27-3521132	501(C)(3)	10,000.	0.			IN SUPPORT OF ITS EFFORTS IN TURKEY
WORLD CENTRAL KITCHEN INC. ATTN: DONOR SERVICES TEAM 200 MASSACHUSETTS AVE NW, 7TH FLOOR - WASHINGTON,	27-3521132	501(C)(3)	150,000.	0.			FOR GENERAL SUPPORT, AT THE RECOMMENDATION OF LISSA DOUMANI AND HIRO SONE

**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	63	336,334.	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: IN SUPPORT OF THEIR MISSION TO ACHIEVE EDUCATION EQUITY HELPING STUDENTS FROM LOW-INCOME BACKGROUNDS IN NAPA COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: 10,000 DEGREES

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE FOLLOWING PURPOSE: 80% OF FUNDING FOR DIRECT SCHOLARSHIP ASSISTANCE TO STUDENTS AND 20% TO FELLOWSHIP SUPPORT FOR THESE STUDENTS AT NAPA VALLEY COMMUNITY COLLEGE. THIS GRANT WILL BE DISTRIBUTED ANNUALLY OVER 3 YEARS, IN JUNE OF 2023, 2024 AND 2025

NAME OF ORGANIZATION OR GOVERNMENT: AIM HIGH FOR HIGH SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF THE PROGRAM IN NAPA COUNTY TO KEEP MIDDLE SCHOOL STUDENTS ENGAGED IN ENRICHMENT PROGRAMS OVER THE SUMMER

NAME OF ORGANIZATION OR GOVERNMENT: ALDEA, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF PROFESSIONAL BEHAVIORAL INTERVENTION, CHILD WELFARE AND FAMILY SERVICES

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 2022

**Part IV Supplemental Information**

THROUGH JUNE 2023

NAME OF ORGANIZATION OR GOVERNMENT: BODOR RESEARCH FOUNDATION

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

ESTABLISHMENT OF BODOR RESEARCH FOUNDATION PURSUANT TO THE ATTACHED

MEMORANDUM OF UNDERSTANDING, DATED NOVEMBER 15, 2022

NAME OF ORGANIZATION OR GOVERNMENT: BODOR RESEARCH FOUNDATION

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

ESTABLISHMENT OF BODOR RESEARCH FOUNDATION PURSUANT TO THE ATTACHED

MEMORANDUM OF UNDERSTANDING, DATED NOVEMBER 15, 2022

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: CFNV CHARITABLE REAL ESTATE FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FUNDING FOR ENERGY

EFFICIENT BUILDING IMPROVEMENTS TO THE SATO FAMILY NONPROFIT CENTER AT

3299 CLAREMONT WAY, NAPA

**Part IV Supplemental Information**

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: COLLABRIA CARE

(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF PROFESSIONAL

HEALTHCARE, RESOURCES AND COMPASSIONATE INDIVIDUALS HELPING OTHERS

TRANSITION THEIR AGING, SERIOUS ILLNESSES AND END-OF-LIFE ISSUES

NAME OF ORGANIZATION OR GOVERNMENT: COPE FAMILY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ESTABLISH A MULTI-AGENCY PHONE

SYSTEM FOR GIFT CARD DISTRIBUTION TO LOW-INCOME HOUSEHOLDS IN THE CASE OF

PSPS AND/OR EMERGENCY DISASTER EVACUATIONS

NAME OF ORGANIZATION OR GOVERNMENT: CREDIT HUMAN FEDERAL CREDIT UNION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR 2020 NAPA COUNTY WILDFIRE

RECOVERY LOAN PAYOFF FOR DISASTER CASE MANAGEMENT CLIENT DARCY Y AYOTTE,

LOAN NUMBER 1019658

NAME OF ORGANIZATION OR GOVERNMENT: DUTCHER CREEK LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR 2020 NAPA COUNTY WILDFIRE

RECOVERY FOR DISASTER CASE MANAGEMENT CLIENT PETER EMERSON DEPOSIT AND

SIX MONTHS OF RENT

NAME OF ORGANIZATION OR GOVERNMENT: HIGHWAY 29 MEDIA COMPANY

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

**Part IV Supplemental Information**

JOAQUIN ALVARADO AND MARC HAND IN NAPA VALLEY COMMUNITY FOUNDATIONS TOWN

HALL EVENT

NAME OF ORGANIZATION OR GOVERNMENT: HIGHWAY 29 MEDIA COMPANY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT PUBLIC INTEREST

JOURNALISM IN NAPA COUNTY, INCLUDING BUT NOT LIMITED TO COVERAGE OF

EDUCATION, HOUSING, AGRICULTURE, BUSINESS, CLIMATE, HEALTH, LOCAL

POLITICS AND GOVERNMENT, THE ECONOMY, COMMUNITY AFFAIRS AND OTHER ISSUES

THAT RESIDENTS NEED TO BE WELL-INFORMED ABOUT CIVIC LIFE IN THE VALLEY

AND THE OVERALL HEALTH OF OUR REGION

NAME OF ORGANIZATION OR GOVERNMENT: HIGHWAY 29 MEDIA COMPANY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT PUBLIC INTEREST

JOURNALISM IN NAPA COUNTY, INCLUDING BUT NOT LIMITED TO COVERAGE OF

EDUCATION, HOUSING, AGRICULTURE, BUSINESS, CLIMATE, HEALTH, LOCAL

POLITICS AND GOVERNMENT, THE ECONOMY, COMMUNITY AFFAIRS AND OTHER ISSUES

THAT RESIDENTS NEED TO BE WELL-INFORMED ABOUT CIVIC LIFE IN THE VALLEY

AND THE OVERALL HEALTH OF OUR REGION

NAME OF ORGANIZATION OR GOVERNMENT: HIGHWAY 29 MEDIA COMPANY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT PUBLIC INTEREST

JOURNALISM IN NAPA COUNTY, INCLUDING BUT NOT LIMITED TO COVERAGE OF

EDUCATION, HOUSING, AGRICULTURE, BUSINESS, CLIMATE, HEALTH, LOCAL

POLITICS AND GOVERNMENT, THE ECONOMY, COMMUNITY AFFAIRS AND OTHER ISSUES

THAT RESIDENTS NEED TO BE WELL-INFORMED ABOUT CIVIC LIFE IN THE VALLEY

AND THE OVERALL HEALTH OF OUR REGION

NAME OF ORGANIZATION OR GOVERNMENT: HIGHWAY 29 MEDIA COMPANY

**Part IV Supplemental Information**

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT PUBLIC INTEREST

JOURNALISM IN NAPA COUNTY, INCLUDING BUT NOT LIMITED TO COVERAGE OF

EDUCATION, HOUSING, AGRICULTURE, BUSINESS, CLIMATE, HEALTH, LOCAL

POLITICS AND GOVERNMENT, THE ECONOMY, COMMUNITY AFFAIRS AND OTHER ISSUES

THAT RESIDENTS NEED TO BE WELL-INFORMED ABOUT CIVIC LIFE IN THE VALLEY

AND THE OVERALL HEALTH OF OUR REGION

NAME OF ORGANIZATION OR GOVERNMENT: HIGHWAY 29 MEDIA COMPANY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE HIRING OF A

BILINGUAL/BICULTURAL LATINX COMMUNITIES REPORTER, WHOSE OUTPUT/CONTENT

WOULD BE SHARED WITH OTHER LOCAL MEDIA OUTLETS, INCLUDING, BUT NOT

LIMITED TO, NAPA VALLEY REGISTER AND KVON

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: FOR PARTICIPATION IN THE CITIZENSHIP

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

FOUNDATION'S ONE NAPA VALLEY INITIATIVE. THIS GRANT COVERS THE PERIOD

FROM JULY 1, 2022 THROUGH JUNE 30, 2023

NAME OF ORGANIZATION OR GOVERNMENT: KEY CODE MEDIA, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR 2020 NAPA COUNTY WILDFIRE

RECOVERY FOR DISASTER CASE MANAGEMENT CLIENT PETER EMERSON QUOTE#222478

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT: KEY CODE MEDIA, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR 2020 NAPA COUNTY WILDFIRE

RECOVERY FOR DISASTER CASE MANAGEMENT CLIENT PETER EMERSON QUOTE#222478

NAME OF ORGANIZATION OR GOVERNMENT:

NAPA VALLEY CHILD ADVOCACY NETWORK, INCORPORATED

(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF THE FREE OF CHARGE

SERVICES AVAILABLE TO ALL FAMILIES RAISING A CHILD WITH SPECIAL NEEDS,

WITH SERVICES TAILORED TO MEET THE NEEDS OF EACH INDIVIDUAL AND FAMILY

NAME OF ORGANIZATION OR GOVERNMENT: NAPA VALLEY EDUCATION FOUNDATION

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

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

MARIA CISNEROS

NAME OF ORGANIZATION OR GOVERNMENT: ON THE MOVE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE NEIGHBORHOOD INITIATIVE, A

PROGRAM OF ON THE MOVE, TO PRODUCE TWO COMMUNITY FOCUS GROUPS

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. THIS GRANT COVERS THE PERIOD

FROM JULY 1, 2022 THROUGH JUNE 30, 2023

NAME OF ORGANIZATION OR GOVERNMENT: ON THE MOVE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR DIRECT FINANCIAL ASSISTANCE VIA

THE HOMELESSNESS PREVENTION PROGRAM TO PROVIDE HOUSING STABILIZATION TO

**Part IV Supplemental Information**

NAPA COUNTY HOUSEHOLDS AT RISK OF HOMELESSNESS, MADE POSSIBLE BY ALL HOME

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,

2023

NAME OF ORGANIZATION OR GOVERNMENT: ON THE MOVE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR STAFFING TO RELAUNCH A

HOMELESSNESS PREVENTION PROGRAM TO PROVIDE DIRECT FINANCIAL ASSISTANCE

AND HOUSING STABILIZATION TO NAPA COUNTY HOUSEHOLDS AT RISK OF

HOMELESSNESS, MADE POSSIBLE BY ALL HOME

NAME OF ORGANIZATION OR GOVERNMENT: ON THE MOVE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR DIRECT FINANCIAL ASSISTANCE VIA

THE HOMELESSNESS PREVENTION PROGRAM TO PROVIDE HOUSING STABILIZATION TO

NAPA COUNTY HOUSEHOLDS AT RISK OF HOMELESSNESS, MADE POSSIBLE BY ALL HOME

NAME OF ORGANIZATION OR GOVERNMENT: OUR TOWN ST. HELENA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BE UTILIZED TO DEVELOP FLOOR

PLANS FOR YOUR FOUNTAIN STREET WORKFORCE HOUSING PROJECT IN ST. HELENA

THAT TAKE ADVANTAGE OF INDUSTRIALIZED CONSTRUCTION, WITH THE HOPE THAT

YOUR SUCCESS MIGHT CREATE A TEMPLATE FOR OTHER HOUSING DEVELOPERS TO

FOLLOW. THIS GRANT WILL BE DISTRIBUTED ANNUALLY OVER 2 YEARS, IN JANUARY

OF 2023 AND 2024.

NAME OF ORGANIZATION OR GOVERNMENT: OUR TOWN ST. HELENA

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR 963 POPE STREET. THIS GRANT WAS

**Part IV Supplemental Information**

MADE POSSIBLE BY THE GENEROSITY OF AN ANONYMOUS DONOR

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. THIS GRANT COVERS THE PERIOD

FROM JULY 1, 2022 THROUGH JUNE 30, 2023

NAME OF ORGANIZATION OR GOVERNMENT:

PUERTAS ABIERTAS COMMUNITY RESOURCE CENTER / SUN INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF WORKING WITH LATINOS

TO ACHIEVE HEALTHY LIFESTYLES, SELF-SUFFICIENCY AND OPPORTUNITIES FOR

LEADERSHIP

NAME OF ORGANIZATION OR GOVERNMENT: TIGERDIRECT BUSINESS

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR 2020 NAPA COUNTY WILDFIRE

RECOVERY FOR DISASTER CASE MANAGEMENT CLIENT PETER EMERSON ORDER

#B1440802

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF NOTRE DAME

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FULFILL THE NON-BINDING PLEDGE

FOR THE BARBARA RAPCHAK AND FRANK NAEYMI-RAD FELLOWSHIP

NAME OF ORGANIZATION OR GOVERNMENT:

UPVALLEY FAMILY CENTERS OF NAPA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR CONVENING, FACILITATION AND

TRANSLATION OF FOCUS GROUPS UP VALLEY IN APRIL AND MAY 2023 FOR NVCF

**Part IV Supplemental Information**

STRATEGIC

NAME OF ORGANIZATION OR GOVERNMENT:

UPVALLEY FAMILY CENTERS OF NAPA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF EARLY CHILDHOOD

DEVELOPMENT PROGRAMS, YOUTH MENTORING AND SELF-SUFFICIENCY SERVICES

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. THIS GRANT COVERS THE PERIOD

FROM JULY 1, 2022 THROUGH JUNE 30, 2023

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,

2023

NAME OF ORGANIZATION OR GOVERNMENT:

UPVALLEY FAMILY CENTERS OF NAPA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR STAFFING TO RELAUNCH A

HOMELESSNESS PREVENTION PROGRAM TO PROVIDE DIRECT FINANCIAL ASSISTANCE

AND HOUSING STABILIZATION TO NAPA COUNTY HOUSEHOLDS AT RISK OF

HOMELESSNESS, MADE POSSIBLE BY ALL HOME

NAME OF ORGANIZATION OR GOVERNMENT:

**Part IV Supplemental Information**

UPVALLEY FAMILY CENTERS OF NAPA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR DIRECT FINANCIAL ASSISTANCE VIA

THE HOMELESSNESS PREVENTION PROGRAM TO PROVIDE HOUSING STABILIZATION TO

NAPA COUNTY HOUSEHOLDS AT RISK OF HOMELESSNESS, MADE POSSIBLE BY ALL HOME

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. THIS GRANT WILL BE PAID \$22,000 PER

YEAR OVER TWO YEARS

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

COMMUNITY FOUNDATION OF THE NAPA VALLEY

Employer identification number

68-0349777

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |   |  |
|---|--|
| <input type="checkbox"/> First-class or charter travel                        | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                                | <input type="checkbox"/> Payments for business use of personal residence   |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account                       | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

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

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

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

Schedule J (Form 990) 2022

**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)	229,539.	10,000.	13,333.	29,493.	19,891.	302,256.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SANDY FASOLD CFO	(i)	142,475.	10,000.	0.	5,688.	16,082.	174,245.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JULIA DENATALE VP OF COMMUNITY IMPACT	(i)	134,412.	10,000.	0.	5,365.	15,955.	165,732.	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 M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

Open to Public Inspection

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.

Department of the Treasury  
Internal Revenue Service

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	3,534,085. FMV	
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ..... **29** 0

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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....  
 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? .....  
 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....  
 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.

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2022

**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

**2022**

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 MORE THAN 11,000 RESIDENTS, HELPED MORE THAN 6,450

SUBMIT APPLICATIONS FOR CITIZENSHIP AND OTHER IMMIGRATION BENEFITS TO

THE U.S. GOVERNMENT, AND ENABLED 2,269 PEOPLE TO BECOME U.S. CITIZENS.

CONTINUED THE FOURTH 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 6/30/2023, 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 THOUSANDS OF NAPA AND SONOMA RESIDENTS, MORE THAN 550 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. THE CENTER ALSO PARTNERED WITH THE COUNTY OF NAPA LOCAL

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

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization COMMUNITY FOUNDATION OF THE NAPA VALLEY	Employer identification number 68-0349777
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GOVERNMENT TO ASSIST IN THE ISSUANCE OF FORGIVABLE LOANS FOR LOCAL HOMEOWNERS WILLING TO DEED-RESTRICT THEIR ADUS TO BE RENTED AT SUBSIDIZED RATES TO LOW-INCOME MEMBERS OF THE COMMUNITY'S WORKFORCE.

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 6/30/2023, AS A RESULT OF THE RESIDUAL EFFECTS OF THE 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, 2023. THESE GRANTS PROVIDED HOUSING NAVIGATION AND REBUILDING SERVICES TO THOSE AT RISK OF HOMELESSNESS DUE TO THE PANDEMIC AND/OR WILDFIRES. 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 FAIR HOUSING NAPA VALLEY TO PROTECT RENTERS FROM DISCRIMINATION AND LIVING IN UNINHABITABLE HOMES, AS WELL AS 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.

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

Name of the organization

COMMUNITY FOUNDATION OF THE NAPA VALLEY

Employer identification number

68-0349777

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

STAFF, VOLUNTEERS AND CONTRACTORS WILL COMPLETE A CONFLICT OF INTEREST

DISCLOSURE STATEMENT IDENTIFYING ANY SIGNIFICANT AFFILIATION AND/OR

Name of the organization COMMUNITY FOUNDATION OF THE NAPA VALLEY	Employer identification number 68-0349777
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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 PRESIDENT'S PERFORMANCE.

\* IN PREPARATION FOR THIS MEETING, THEY REVIEW SALARY COMPS FOR PRESIDENTS

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

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

THE DATE OF HIRE OF EACH DIRECT REPORT.

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

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

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

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

**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

**2022**

**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	

**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	308,872.	CASH
(2) CFNV CHARITABLE REAL ESTATE FUND	A	2,193.	CASH
(3) CFNV CHARITABLE REAL ESTATE FUND	C	50,312.	CASH
(4) CFNV CHARITABLE REAL ESTATE FUND	B	100,000.	CASH
(5)			
(6)			



