PUBLIC DISCLOSURE COPY

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ARMANINO ADVISORY LLC

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

Department of the Treasury Internal Revenue Service

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 for instructions and the latest information.

OMB No. 1545-0047

A F	or the	2023 calendar year, or tax year beginning JU	ль 1, 2023 and 6	ending J	UN 30, 2024		
B c	heck if pplicable	C Name of organization			D Employer ic	lentific	cation number
	Addres		VALLEY				
	Name change	Doing business as NAPA VALLEY COMMO	UNITY FOUNDATION		68-034	9777	
	Initial return Final	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/suite	E Telephone n		
	/return⊥ -termin	3299 CLAREMONT WAY	4		(707) 25		
	ated □Amend	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$		16,634,784.
	_return ∃Applica	NAPA, CA 94558	ICE MILLICAN		H(a) Is this a gr		
	⊥tion pendin	F Name and address of principal officer: TEREN	CE MULLIGAN		for subord		—
	-01.01.0		(inpart no.) 4047(a)(1) o	r 527	1		cluded? Yes No
	Vebsit		(insert no.) 4947(a)(1) o	1 321	H(c) Group exe		list. See instructions
		·	sociation Other	I Vear	of formation: 199		1 State of legal domicile: CA
	rt I	Summary	Oction Cirio	L 1 Gai	or formation.	- IV	Julia de legal domiche, 922
		Briefly describe the organization's mission or most	significant activities: TO MOBI	LIZE RES	SOURCES, PROM	OTE	
Se		PHILANTHROPY AND PROVIDE LEADERSHIP OF			,		
nan	2	Check this box if the organization disco	ntinued its operations or dispose	ed of more	than 25% of its r	net ass	ets.
ver		Number of voting members of the governing body	•			1 1	12
ဗိ		Number of independent voting members of the gov					12
ۆ ئە		Fotal number of individuals employed in calendar y					15
iţi		Total number of volunteers (estimate if necessary)				6	50
Activities & Governance		Total unrelated business revenue from Part VIII, co				7a	0.
_		Net unrelated business taxable income from Form				7b	0.
					Prior Year		Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)			12,541,		11,491,783.
enu						186.	62,035.
Revenue		nvestment income (Part VIII, column (A), lines 3, 4,			1,276,		1,990,110.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c	9c, 10c, and 11e)			0.	0.
		Total revenue - add lines 8 through 11 (must equal			13,869,		13,543,928.
		Grants and similar amounts paid (Part IX, column (11,157,		6,751,873.
		Benefits paid to or for members (Part IX, column (A			1 005	0.	0.
es		Salaries, other compensation, employee benefits (F			1,285,	0.	1,451,509.
Expenses		Professional fundraising fees (Part IX, column (A), li				٠.	0.
ᄶ		Total fundraising expenses (Part IX, column (D), line			727,	880	1,026,988.
		Other expenses (Part IX, column (A), lines 11a-11d,			13,170,	-	9,230,370.
		Total expenses. Add lines 13-17 (must equal Part I) Revenue less expenses. Subtract line 18 from line			698,		
		nevenue less expenses. Subtract line 10 from line	12	Be	ginning of Current		End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)			69,307,	-	79,717,579.
Ass	21	Fatal liabilities (Dart V. line OC)			4,632,	-	5,566,757.
Net	22	Net assets or fund balances. Subtract line 21 from			64,674,	_	74,150,822.
	rt II	Signature Block		•		•	
Und	er pena	ties of perjury, I declare that I have examined this return,	including accompanying schedules	and stateme	ents, and to the bes	t of my	knowledge and belief, it is
true,	correc	, and complete. Declaration of preparer (other than office	r) is based on all information of whi	ch preparer	has any knowledge).	
Sign	ո	Signature of officer			Date		
Her	е	TERENCE MULLIGAN, PRESIDENT					
		Type or print name and title		T e			
		Print/Type preparer's name	Preparer's signature		l if	heck	PTIN
Paid	ŀ	KATY BROWN	KATY BROWN	0:	· ·	elf-employe	
Prep	1	Firm's name ARMANINO ADVISORY LLC	- ^		Firm's E	IN :	94-6214841
Use	Only	Firm's address 2700 CAMINO RAMON, STE. 35	00			005	E00.0600
_		SAN RAMON, CA 94583-5004			Phone n	0.925	-790-2600
May	the IF	S discuss this return with the preparer shown about	ve? See instructions				X Yes No

Pai	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 e	•
	revenue, if any, for each program service reported.	. ,
4a	(Code:) (Expenses \$ 8 ,155 ,716including grants of \$ 6 ,751 ,873) (Revenue \$ \$	62,035.)
	PROVIDED GRANTS TO 149 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.	
	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 6/30/24 PROVIDED LEGAL CONSULTATIONS AND (CONTINUATION ON SCH O)	
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		_
	Other program convices (Describe on Schodule O.)	
4d	Other program services (Describe on Schedule O.)	\
40	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 8,155,716.	
4e	Total program service expenses 8,155,716.	Form 990 (2023)
		1 01111 300 (2023)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	i i		
Ŭ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
U		6	х	
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	21	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	4-0/1/4/4/49	13		x
14a	Did the constitution maintain on office constitution and the state of the Helbert Olerton	14a		x
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
15		45		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		x
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			•
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			,,
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	X	

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Pai	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		х
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
A	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
2 54	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	Lou		
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
0.4	contributions? If "Yes," complete Schedule M	30		<u>х</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		33		Х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
٠.	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	t 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			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 10			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	х	
	(garnomig/ wirmings to prize wirmore:	וו		

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Form 990 (2023) COMMUNITY FOUNDATION OF THE NAPA VALLEY

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

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	15			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accou	ınt)?	4a		Х
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	ccou	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e org	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons (or gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	rvices	provided to the payor?	7a		X
				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as re	quired			
	to file Form 8282?	1	1	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7 c				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		ct?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	•				х
•				8		A
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?			9a		х
a b	Did the control in the control of th			9b		x
10	Section 501(c)(7) organizations. Enter:			30		
а	Initiation fees and capital contributions included on Part VIII, line 12	10	.			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	101		1		
11	Section 501(c)(12) organizations. Enter:		•	1		
а	Gross income from members or shareholders	111	<u>, </u>			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			1		
	amounts due or received from them.)	111	,			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	104	1?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	121	<u> </u>			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1			
	organization is licensed to issue qualified health plans	131)	4		
С	Enter the amount of reserves on hand	13				
				14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					_
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t inco	ome?	16		Х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

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

	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 12							
	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	Enter the number of voting members included on line 1a, above, who are independent							
2	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?	2		Х				
3	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?	3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х				
6	Did the organization have members or stockholders?	6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a		Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	X					
b	Each committee with authority to act on behalf of the governing body?	8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х				
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?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	on Schedule O how this was done	12c	X					
13	Did the organization have a written whistleblower policy?	13	Х					
14	Did the organization have a written document retention and destruction policy?	14	Х					
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	Х					
	Other officers or key employees of the organization	15b	Х					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		Х				
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?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filedCA							
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)	availal	ole				
	for public inspection. Indicate how you made these available. Check all that apply.							
	X Own website Another's website X Upon request Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial					
	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		orga	nıza			iper	isate			(E)
(A) Name and title	(B)			Pos	C) ition	1		(D)	(E) Reportable	(F) Estimated
Name and title	Average hours per		not c	heck	more	than o		Reportable compensation	compensation	amount of
	week					r/trus		from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC/	from the
	related	stee o	rustee			ensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	altru	onal t		ployee	S com		1099-NEC)		and related
	below line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) TERENCE MULLIGAN	40.00	드	드	5	포	포능	윤			
PRESIDENT	3.00	1		x				244,237.	0.	55,578.
(2) SANDY FASOLD	40.00							244,237.	<u> </u>	33,370.
CFO	1.00	1		x				145,225.	0.	26,931.
(3) JULIA DENATALE	40.00								-•	
VP OF COMMUNITY IMPACT		1				x		136,884.	0.	24,569.
(4) DAWNINE DYER	1.00							, -	-	,
CHAIR		х		х				0.	0.	0.
(5) PETE RICHMOND	1.00									
CO-VICE CHAIR		х		х				0.	0.	0.
(6) PABLO ZATARAIN	1.00									
CO-VICE CHAIR (THRU 02/24)		Х		Х				0.	0.	0.
(7) LIZ CHRISTENSEN	1.00									
TREASURER		Х		Х				0.	0.	0.
(8) ERIKA LUBENSKY	1.00									
SECRETARY		Х		Х				0.	0.	0.
(9) COLLEEN CHAPPELLET	1.00									
DIRECTOR		Х						0.	0.	0.
(10) MARIA CISNEROS	1.00									
DIRECTOR		Х						0.	0.	0.
(11) J KEVIN CORLEY	1.00	-								
DIRECTOR		Х						0.	0.	0.
(12) BOB FIDDAMAN	1.00	-							_	_
DIRECTOR		Х				_		0.	0.	0.
(13) INDIRA LOPEZ-JONES	1.00	ł								
DIRECTOR	1.00	Х						0.	0.	0.
(14) MANBIN KHAIRA MONTEVERDI	1.00	١								
DIRECTOR	1 00	Х						0.	0.	0.
(15) ROBERT MURPHY	1.00	Ţ						0	0	0
DIRECTOR (16) DAVID WHITMER	1 00	Х						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	_
DIRECTOR		Λ						0.	0.	0.
		1								
		<u> </u>						l		000

	1990 (2023)	ONDITION OF	111	ш 14.		V 2 1	шшш	_		00 034311	,	Г	aye •
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	loy	ees,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)			
	(A)	(B)				C)			(D)	(E)		(F)	
	Name and title	Average	(do		Posi		l than c	nna	Reportable	Reportable	E	Stimate	ed
		hours per	box	, unles	ss per	son i	s both	an	compensation	compensation	a	mount	of
		week		cer an	d a di	irecto	r/trus	tee)	from	from related		other	
		(list any	ector						the	organizations	cor	npensa	ation
		hours for	r dire				ted		organization	(W-2/1099-MISC/		from th	e
		related	stee c	ruste			eusa		(W-2/1099-MISC/	1099-NEC)	1	ganizat	
		organizations	altrus	nal tı		oyee	Som p		1099-NEC)		1	nd relat	
		below	ndividual trustee or director	nstitutional trustee	Officer	key employee	Highest compensated employee	Former			org	ganizati	ons
		line)	pul	lns	0ffi	Key	E Hig	For					
									526 246	0.		107	070
	Subtotal Total from continuation sheets to Part VI								526,346.	0.	_	10/,	078.
	Total (add lines 1b and 1c)								526,346.	0.		107	078.
2	Total number of individuals (including but n									000 of reportable			
	compensation from the organization						,						3
												Yes	No
3	Did the organization list any former officer,	director, truste	ee, k	еу е	mpl	oye	e, or	higl	hest compensated empl	oyee on			
	line 1a? If "Yes," complete Schedule J for s	uch individual									3		х
4	For any individual listed on line 1a, is the su	ım of reportabl	e co	mpe	ensa	tion	and	oth	er compensation from the	ne organization			
	and related organizations greater than \$150	0,000? If "Yes.	" co	mple	ete S	Sche	dule	. I fo	or such individual		4	Х	

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from

the organization. Report compensation for the calendar year ending with or within	n the organization's tax year.	
(A) Name and business address	(B) Description of services	(C) Compensation
POCKET HOUSING, LLC	NAPA SONOMA ADU CENTER TECH	
863 CLOVER DRIVE, SANTA ROSA, CA 95401	ASSISTANCE	164,414.
BAKER STREET ADVISORS, 575 MARKET STREET,		
6TH FLOOR, SAN FRANCISCO, CA 94105	INVESTMENT MANAGEMENT	139,375.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	

Form 990 (2023)

\$100,000 of compensation from the organization

Form 990 (2023) COMMUNITY 1
Part VIII Statement of Revenue

			Check if Schedule O contain	ns a response	or note to any lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1	_	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts									
S S			Fundraising events						
fts,			Related organizations		27,284.				
ij gi					27,201.				
ons,			Government grants (contribution						
utio er (Т	All other contributions, gifts, grants,		11 464 400				
ĕŧ			similar amounts not included above		11,464,499.				
ont		_	Noncash contributions included in lines 1a-	1f 1g \$	2,834,500.	11 401 702			
O g		n	Total. Add lines 1a-1f			11,491,783.			
			1041414		Business Code	25 025	27.025		
<u>c</u> e	2		ADMINISTRATIVE FEES		525920	37,035.	37,035.		
erv		b	SUPPORT. ORG. MGMT FEE		525920	25,000.	25,000.		
n S		С							
ran 3ev		d							
Program Service Revenue		е							
Ē		f	All other program service revenu	ıe					
		g	Total. Add lines 2a-2f			62,035.			
	3		Investment income (including di	vidends, intere	st, and				
			other similar amounts)			2,119,518.			2,119,518.
	4		Income from investment of tax-e	exempt bond p	roceeds				
	5		Royalties						
				(i) Real	(ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
		d	Net rental income or (loss)						
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory 7a	2,961,448.					
		b	Less: cost or other basis						
ē			and sales expenses 7b	3,090,856.					
her Revenue		С	Gain or (loss) 7c	-129,408.					
Şe			Net gain or (loss)		•	-129,408.			-129,408.
e			Gross income from fundraising ever						
됩	_		including \$						
			contributions reported on line 10						
			Part IV, line 18	' I					
		b	Less: direct expenses						
			Net income or (loss) from fundra		•				
			Gross income from gaming activ						
	•	_	Part IV, line 19						
		h	Less: direct expenses						
			Net income or (loss) from gamin						
			Gross sales of inventory, less re		1				
	10	u	and allowances						
		h	Less: cost of goods sold						
$\overline{}$			Net income or (loss) from sales of	or inventory	Business Code				
sn	44	_			Business Code				
Miscellaneous Revenue	"								
llar		b							
Sce		C	All other revenue						
Ë			All other revenue						
			Total Add lines 11a-11d			13 542 020	62.025	0	1 000 110
	12		Total revenue. See instructions			13,543,928.	62,035.	0.	1,990,110.

332009 12-21-23

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 not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	6,108,152.	6,108,152.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	643,721.	643,721.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	F12 F16	100 526	040 145	T4 02
	trustees, and key employees	513,516.	189,536.	249,147.	74,833
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	E41 002	462 406	00.054	100 46
7	Other salaries and wages	741,003.	463,486.	99,054.	178,463
8	Pension plan accruals and contributions (include	2F F10	17 624	4 0 4 7	2 (2)
_	section 401(k) and 403(b) employer contributions)	25,519.	17,634.	4,247.	3,638
9	Other employee benefits	85,153.	53,429.	12,255.	19,469
0	Payroll taxes	86,318.	45,760.	22,814.	17,744
1	Fees for services (nonemployees):				
a	Management	E0 006	E0 006		
b	Legal	50,086.	50,086.	E2 EE0	
С	Accounting	53,550.		53,550.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	135,252.	125 252		
f	Investment management fees	135,252.	135,252.		
g	Other. (If line 11g amount exceeds 10% of line 25,	345 005	270 962	E0 767	14 466
	column (A), amount, list line 11g expenses on Sch O.)	345,095.	279,862.	50,767.	14,466
12	Advertising and promotion	77 205	20 070	15 555	21 063
13	Office expenses	77,295. 92,849.	39,878. 49,210.	15,555. 18,570.	21,862 25,069
14	Information technology	32,043.	49,210.	10,570.	25,003
15	Royalties				
16	Occupancy	15,508.	3,537.	9,378.	2,593
7	Travel	13,300.	3,337.	9,370.	2,393
8	Payments of travel or entertainment expenses				
^	for any federal, state, or local public officials	191,974.	54,033.	8,455.	129,486
9	Conferences, conventions, and meetings	1,5,4.	34,033.	0,433.	125, 400
20	Interest				
21	Payments to affiliates	509.	270.	102.	137
2		4,143.	2,196.	829.	1,118
3	Other expenses. Itemize expenses not covered	1,113.	2,150.	025.	1,110
24	above. (List miscellaneous 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.)				
а	DUES & SUBSCRIPTIONS	31,289.	16,292.	4,615.	10,382
b	STAFF TRAINING & RECRUI	14,815.	1,710.	12,655.	450
c	MARKETING	14,623.	1,672.	7	12,951
d		- , · = · · •	= , •		
e	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	9,230,370.	8,155,716.	561,993.	512,663
6	Joint costs. Complete this line only if the organization	, , , , , , , , ,	, , , , , , , , ,	7	,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2023) Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or r	note to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1			
	2	Savings and temporary cash investments			5,711,058.	2	2,345,85
	3	Pledges and grants receivable, net			1,275,130.	3	2,810,60
	4	Accounts receivable, net			14,426.	4	23,55
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul	ostantial (contributor, or 35%			
		controlled entity or family member of any of the	nese pers	ons		5	
	6	Loans and other receivables from other disqu	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sec	ction 4958(c)(3)(B)		6	
ပ္သ	7	Notes and loans receivable, net			534,961.	7	785,35
Assets	8	Inventories for sale or use				8	
¥	9	Donat and a company of the state of the stat				9	
	10a	Land, buildings, and equipment: cost or other	.				
		basis. Complete Part VI of Schedule D	10a	7,235.			
	b	Less: accumulated depreciation	10b	6,130.	1,613.	10c	1,10
	11	Investments - publicly traded securities			60,395,161.	11	72,565,21
	12	Investments - other securities. See Part IV, lin			1,346,094.	12	1,156,64
	13	Investments - program-related. See Part IV, lin	ne 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	29,240.	15	29,24		
	16	Total assets. Add lines 1 through 15 (must e			69,307,683.	16	79,717,57
	17	Accounts payable and accrued expenses			65,843.	17	83,55
	18	Grants payable			848,150.	18	715,90
	19	Deferred revenue			0.	19	100,00
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete			3,718,812.	21	4,667,30
ا ي	22	Loans and other payables to any current or fo	rmer offic	cer, director,			
		trustee, key employee, creator or founder, sul	ostantial (contributor, or 35%			
Liabilities		controlled entity or family member of any of the	nese pers	ons		22	
5	23	Secured mortgages and notes payable to unr	elated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrela	ted third	parties		24	
	25	Other liabilities (including federal income tax,	payables	to related third			
		parties, and other liabilities not included on lir	nes 17-24). Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			4,632,805.	26	5,566,75
		Organizations that follow FASB ASC 958, c	heck her	e X			
Ses		and complete lines 27, 28, 32, and 33.					
ă	27	Net assets without donor restrictions			32,320,533.	27	36,586,70
Da	28	Net assets with donor restrictions		<u></u>	32,354,345.	28	37,564,11
밀		Organizations that do not follow FASB ASC	958, ch	eck here			
된		and complete lines 29 through 33.					
5	29	Capital stock or trust principal, or current fund	ds			29	
ser	30	Paid-in or capital surplus, or land, building, or	equipme	nt fund		30	
AS	31	Retained earnings, endowment, accumulated	income,	or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			64,674,878.	32	74,150,82
	33	Total liabilities and net assets/fund balances			69,307,683.	33	79,717,579

Pai	T XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,	543,	928.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,	230,	370.
3					
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))4				878.
5	Net unrealized gains (losses) on investments	5	5,	162,	386.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	74,	150,	822.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				X
	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?		2b	Х	
	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 X Consolidated basis Both consolidated and separate basis				
С	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 Sche	edule O.			
За	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?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>
			Form	990	(2023)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023
Open to Public

Inspection
Employer identification number

		COMMUN	IITY FOUNDATION	OF THE NAPA VALLEY					68-0349777
Pá	art I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	s.	
The	organ	ization is not a private found							
1		A church, convention of ch					1)(A)(i).		
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(ii	ii).		
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	vernmental ur	nit describe	ed in
		section 170(b)(1)(A)(iv). (0	Complete Part II.)						
6		A federal, state, or local go		nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organization that norma	Illy receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	e general ı	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8	X	A community trust describe		(1)(A)(vi). (Complete Part	t II.)				
9		An agricultural research org				ed in conju	unction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or
		university:							
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membershi	p fees, and	d gross receipts from
		activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support f	rom gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Co	mplete Part III.)						
11		An organization organized a	and operated exclusi	ively to test for public saf	ety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to car	ry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section :	509(a)(2).	See section 5	i09(a)(3). (Check the box on
		lines 12a through 12d that	describes the type o	f supporting organization	and com	plete lines	12e, 12f, and	12g.	
á	a 🖳		anization operated, s	upervised, or controlled I	by its supp	oorted org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	ctors or trustee	s of the su	upporting
		organization. You must o	-						
ŀ	<u> </u>		anization supervised	or controlled in connect	ion with it	s supporte	ed organizatior	n(s), by hav	ving
		control or management o			ame perso	ns that co	ntrol or manag	je the supp	ported
	_	organization(s). You mus	t complete Part IV,	Sections A and C.					
(: L		grated. A supporting	g organization operated i	in connect	tion with, a	and functionall	y integrate	ed with,
	_	its supported organization	n(s) (see instructions)). You must complete F	Part IV, Se	ections A,	D, and E.		
(t		/ integrated. A supp	orting organization opera	ated in co	nnection v	vith its suppor	ted organiz	zation(s)
		that is not functionally int	-		-		·=	an attentiv	/eness
		requirement (see instruct	•						
•	• L						Type I, Type I	I, Type III	
		functionally integrated, or		nally integrated supportir	ng organiz	ation.			
		er the number of supported of	•						
		vide the following information i) Name of supported	about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monetany	(vi) Amount of other
	,	organization	(11) 2.114	(described on lines 1-10	in your governi	ing document?	support (see in	-	support (see instructions)
				above (see instructions))	Yes	No			/
	al								
	⊶ 1								1

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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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6,090,809.	16,861,696.	19,015,622.	12,541,990.	11,491,783.	66,001,900.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	6,090,809.	16,861,696.	19,015,622.	12,541,990.	11,491,783.	66,001,900.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						16,838,252.
6	Public support. Subtract line 5 from line 4.						49,163,648.
	ction B. Total Support						, , -
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	6,090,809.	16,861,696.	19,015,622.	12,541,990.	11,491,783.	66,001,900.
	Gross income from interest,	, ,	, ,	, ,	, ,	, ,	
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	809,508.	641,174.	1,002,976.	1,276,051.	2,119,518.	5,849,227.
٥	Net income from unrelated business		012,2/10	2,002,570		2,125,020.	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
9							
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						71,851,127.
	Total support. Add lines 7 through 10	-1- /				40	216,025.
	Gross receipts from related activities,	•				12	210,025.
13	First 5 years. If the Form 990 is for th						
80	organization, check this box and stor						
	Public support percentage for 2023 (li			olumn (f))		14	68.42 %
						15	68.42 %
	Public support percentage from 2022						
102	33 1/3% support test - 2023. If the c						
L	stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2022. 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						
K		•		•		•	
47.	and stop here. The organization qual						
1/8	1 10% -facts-and-circumstances test	_					
	and if the organization meets the facts			-	•	VI how the organiz	ation
	meets the facts-and-circumstances te	-	•	• • •	-		
k	10% -facts-and-circumstances test	_					0% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu				•		
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	, 16b, 17a, or 17b	, check this box ar		(Form 990) 2023

,

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6 Gross income from interest,						
IUa	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired ofter June 20, 1075						
,	Add lines 10a and 10b						
	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						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fir	rst. second. third. 1	ourth, or fifth tax	vear as a section 5	01(c)(3) organizatio	on.
	check this box and stop here			· · · · · · · · · · · · · · · · · · ·			
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2023 (I	ine 8, column (f), d	ivided by line 13, o	column (f))		15	%
	Public support percentage from 2022					16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20)23 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2023. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qualit	fies as a publicly s	upported organiza	tion	
b	33 1/3% support tests - 2022. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	

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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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- 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)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 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? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- 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? If "Yes," provide detail in Part VI.
- c 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? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

_		Yes	No
	4		
	1		
	2		
L	За		
	3b		
	3c		
	30		
	4a		
-	4b		
	4c		
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	9b		
	9с		
	40		
	10a		
	10b		
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Pa	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			l
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
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? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgai	nizations				
1	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.						
Sect	Section A - Adjusted Net Income (A) Prior Year (b) Current Year (optional)						
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
_3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
_5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
a	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
c	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
_2	Acquisition indebtedness applicable to non-exempt-use assets	2					
_3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 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	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
_3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
_4	Enter greater of line 2 or line 3.	4					
_5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functional	ılly integrat	ed Type III supporting orga	ınization (see			
	instructions)						

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2023 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
_3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
с	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i_	Carryover from 2018 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
	Excess from 2022			
	Excess from 2023			

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

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2023

Schedule B (Form 990) (2023)

Employer identification number

COMMUNITY FOUNDATION OF THE NAPA VALLEY 68-0349777 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023) Page **2**

Name of organization

Employer identification number

COMMUNITY FOUNDATION OF THE NAPA VALLEY

68-0349777

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a)	(b)	(c) Total contributions	(d)
No2	Name, address, and ZIP + 4	\$\$ 1,400,322.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$_1,155,602.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	### Total contributions	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll
(a)	(b)	(c) Total contributions	(d)
No. 6	Name, address, and ZIP + 4	\$\$ 534,028.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)	Page 2
Name of organization	Employer identification number
COMMINITY FOUNDATION OF THE NAPA VALLEY	68-0349777

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 8	Name, address, and ZIP + 4	### Total contributions ### \$ \$ 400,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
10	Name, address, and ZIP + 4	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110.	Nume, audi 655, and Air T	\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023) Page **3**

Name of organization

COMMUNITY FOUNDATION OF THE NAPA VALLEY

68-0349777

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I PUBLICLY TRADED SECURITIES 1 1,435,479. 06/24/24 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I PUBLICLY TRADED SECURITIES 3 1,155,602. 04/01/24 (a) (c) No. (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I PUBLICLY TRADED SECURITIES 6 12/19/23 534,028. (a) (c) No. (d) (b) FMV (or estimate) from **Date received** Description of noncash property given (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I

Schedule B (Form 990) (2023) Page

Name of o	organization		Employer identification number
	TY FOUNDATION OF THE NAPA VALLEY		68-0349777
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional s	through (e) and the following line en charitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year ntry. For organizations r less for the year. (Enter this info. once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	ift
,	Transferee's name, address, a	nd 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
		(e) Transfer of gi	ift
	Transferee's name, address, a		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
		(e) Transfer of gi	ift
	Transferee's name, address, a	nd 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
		(e) Transfer of gi	ift
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

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

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

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

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

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

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

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

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

Nan	ne of orga		·		Empl	oyer identification number
De	art I-A		OUNDATION OF THE NAPA		or is a section EO7 or	68-0349777
Pa	Irt I-A	Complete if the org	anization is exempt und	ier section 501(c)	or is a section 527 org	ganization.
2	Political	campaign activity expendit	ation's direct and indirect politi ures gn activities		\$	
Pa	art I-B	Complete if the org	anization is exempt und	ler section 501(c)(3).	
1	Enter the	amount of any excise tax	incurred by the organization un	der section 4955	\$	
			incurred by organization manag			
			n 4955 tax, did it file Form 4720			
4a	Was a co	orrection made?				Yes No
k	If "Yes,"	describe in Part IV.				
Pa	art I-C	Complete if the org	anization is exempt und	ler section 501(c),	except section 501(c)	<u>)(3). </u>
			by the filing organization for se			
2	Enter the	e amount of the filing organ	ization's funds contributed to o	ther organizations for se	ection 527	
	•					
3		•	. Add lines 1 and 2. Enter here			
4			1120-POL for this year?			
5		, ,	nployer identification number (E ion listed, enter the amount pa	,	· ·	0 0
	•	,	emptly and directly delivered to			•
		•	additional space is needed, pro		•	o oogrogatou rama or a
		(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.

Par	t II-A Complete if the org section 501(h)).	anizatior	ı is exen	npt under section	501(c)(3) and file	d Form 5768 (ele	ction under
A C	check if the filing organiza expenses, and shar	e of excess	lobbying e	xpenditures).	Part IV each affiliated	group member's name	e, address, EIN,
B C	Limi	ts on Lobb	ying Exper	d "limited control" pro nditures nts paid or incurred.)		(a) Filing organization's	(b) Affiliated group totals
	(mo torm oxpone					totals	
	Total lobbying expenditures to influ	-		, ,,			
b	Total lobbying expenditures to influ	ū		, , , , , , , , , , , , , , , , , , , ,			
C	Total lobbying expenditures (add line		1b)			0 220 270	
d						9,230,370.	
е						9,230,370.	
f	Lobbying nontaxable amount. Enter					611,519.	
	If the amount on line 1e, column (a) o	r (b) is:		bying nontaxable amo	ount is:		
	not over \$500,000,			he amount on line 1e.			
	over \$500,000 but not over \$1,000			0 plus 15% of the exce	·		
	over \$1,000,000 but not over \$1,50			0 plus 10% of the exce			
	over \$1,500,000 but not over \$17,0	000,000,		0 plus 5% of the exces	ss over \$1,500,000.		
	over \$17,000,000,		\$1,000,0	000.		150.000	
_	Grassroots nontaxable amount (en		,			152,880.	
	Subtract line 1g from line 1a. If zero	,	•••			0.	
	i Subtract line 1f from line 1c. If zero or less, enter -0-					0.	
j	If there is an amount other than ze		line 1h or l	ine 1i, did the organiza	tion file Form 4720	_	
	reporting section 4911 tax for this						Yes No
	(Some organizations th	nat made a	section 50	raging Period Under 01(h) election do not h ate instructions for lin	nave to complete all o	f the five columns be	low.
				iditures During 4-Yea			
		LODD	yilig Exper	ditures During 4- rea	Averaging Period		
	Calendar year (or fiscal year beginning in)	(a) 2	020	(b) 2021	(c) 2022	(d) 2023	(e) Total
_2a	Lobbying nontaxable amount		754,502.	532,822.	808,516.	611,519.	2,707,359.
b	Lobbying ceiling amount (150% of line 2a, column(e))						4,061,039.
c	Total lobbying expenditures						
. ا	Grassroots nontaxable amount		188,626.	133,206.	202,129.	152,880.	676,841.
	Grassroots rioritaxable amount			155,200.	202,123.	132,300.	0,0,011.
	(150% of line 2d, column (e))						1,015,262.
f	Grassroots lobbying expenditures						

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

For ea	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	a)	(1	o)
of the	lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5	5), or se	ection	
	501(c)(6).			_	
			_	Yes	No
	Were substantially all (90% or more) dues received nondeductible by members?		1		
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section	e prior year n 501(c)(5	2 ? 3 5), or se		0 in
2 3 Part	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the	e prior year? n 501(c)(t	2 7 3 5), or se (b) Part		3, is
2 3 Pari	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	e prior year n 501(c)(5 'No" OR	2 7 3 5), or se (b) Part		3, is
2 3 Pari	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members	e prior year n 501(c)(5 'No" OR	2 7 3 5), or se (b) Part		3, is
2 3 Part	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	e prior year' n 501(c)(§ 'No" OR	2 7 3 5), or se (b) Part	III-A, line	3, is
2 3 Part 1 2	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	e prior year' n 501(c)(§ 'No" OR	2 7 3 5), or se (b) Part	III-A, line	3, is
2 3 Part 1 2 a b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year	e prior year'n 501(c)(5 'No" OR	2 3 5), or se (b) Part	III-A, line	3, is
2 3 Part 1 2 a b c	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	e prior year/n 501(c)(5 'No" OR	2 3 5), or se (b) Part 1 2a 2b 2c	III-A, line	3, is
2 3 Part 1 2 a b c	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total	e prior year/n 501(c)(5 'No" OR	2 3 5), or se (b) Part 1 2a 2b 2c	III-A, line	3, is
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2 3 Part 1 2 a b c 3 4	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polynomials in the expenditures next year?	e prior year's n 501(c)(s 'No" OR cal	2 3 5), or se (b) Part 1 2a 2b 2c	III-A, line	3, is
2 3 Part 1 2 a b c 3 4	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceededs the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pole expenditures next year? Taxable amount of lobbying and political expenditures. See instructions	e prior year's n 501(c)(s 'No" OR cal	2 3 3 5), or se (b) Part 1 2a 2b 2c 3	III-A, line	3, is
2 3 Part 1 2 a b c 3 4	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceededs the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pole expenditures next year? Taxable amount of lobbying and political expenditures. See instructions	e prior year's n 501(c)(s 'No" OR cal	2 3 3 5), or se (b) Part 2 2 2 2 3 3 4 4	III-A, line	3, is
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Pari	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceededs the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pole expenditures next year? Taxable amount of lobbying and political expenditures. See instructions	e prior year'n 501(c)(5	2 3 5), or se (b) Part 2 2 2 2 2 2 3 3	III-A, line	3, is
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Pari	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded set organization agree to carryover to the reasonable estimate of nondeductible lobbying and pole expenditures next year? Taxable amount of lobbying and political expenditures. See instructions Supplemental Information de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	e prior year'n 501(c)(5	2 3 5), or se (b) Part 2 2 2 2 2 2 3 3	III-A, line	3, is
Pari	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded set organization agree to carryover to the reasonable estimate of nondeductible lobbying and pole expenditures next year? Taxable amount of lobbying and political expenditures. See instructions Supplemental Information de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	e prior year'n 501(c)(5	2 3 5), or se (b) Part 2 2 2 2 2 2 3 3	III-A, line	3, is
Pari	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded set organization agree to carryover to the reasonable estimate of nondeductible lobbying and pole expenditures next year? Taxable amount of lobbying and political expenditures. See instructions Supplemental Information de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	e prior year'n 501(c)(5	2 3 5), or se (b) Part 2 2 2 2 2 2 3 3	III-A, line	3, is
Pari	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded set organization agree to carryover to the reasonable estimate of nondeductible lobbying and pole expenditures next year? Taxable amount of lobbying and political expenditures. See instructions Supplemental Information de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	e prior year'n 501(c)(5	2 3 5), or se (b) Part 2 2 2 2 2 2 3 3	III-A, line	3, is
Pari	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded set organization agree to carryover to the reasonable estimate of nondeductible lobbying and pole expenditures next year? Taxable amount of lobbying and political expenditures. See instructions Supplemental Information de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	e prior year'n 501(c)(5	2 3 5), or se (b) Part 2 2 2 2 2 2 3 3	III-A, line	3, is
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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

Inspection

Name of the organization

COMMUNITY FOUNDATION OF THE NAPA VALLEY

Employer identification number 68 - 0349777

Total number at end of year	Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		imilar Funds o	r Accounts. Complete if the
Aggregate value of combibitions to (during year) Aggregate value of combibitions to (during year) Aggregate value of annito (during year) Aggregate value at end of year Aggregate value of grants from (during year) Aggregate value at end of year By 500,0975 Did the organization inform all donors and donor advisors in writing that grant funds can be used only for chanitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conterring memerisable private benefit? Perservation of land for public use (for example, recreation or education) preservation of a historically important land area preservation of land for public use (for example, recreation or education) preservation of a certified historic structure preservation of land for public use (for example, recreation or education) preservation of a certified historic structure preservation of poen space Complete lines 22 through 26 if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements Number of conservation easements included on line 2 a depth of the conservation easements included on line 2 a captive date fluy 55, 2006, and not on a historic structure listed in the National Register Number of states where property subject to conservation easements to during the tax year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year organization el		organization answered 165 on 1611 on 1665, 1 arriv, inte		d funds	(b) Funds and other accounts
2 Aggregate value of contributions to (during year)	1	Total number at end of year		60	3
3. Aggregate value of grants from (during year) 4. Aggregate value at end of year 5. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization is property, subject to the organization's exclusive legal control? S. Yes	2			4,345,200.	1,849,884
4 Aggregate value at end of year	3			3,608,337.	730,677
5 Did the organization informal idonors and donor advisors in writing that the assets held in donor advised funds are the organizations require, subject to the organizations require, subject to the organizations including the content of the donor or donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisors, or for any other purpose conferring impermissible private benefit? Part II	4			14,200,540.	9,580,097
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of pen space	5		riting that the assets he	ld in donor advised	funds
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Preservation of open space			on or education)	7	
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Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X 5 Assets included in Form 990, Part X 5 Assets included in Form 990, Part X	_			g	· · · · · · · · · · · · · · · · · · ·
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		For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 202

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)	Sche		FOUNDATION OF TH				68-034		Pa	age 2
a Public achibition d Loan or exchange program a Public achibition d Cother b Scholarly research e Other b Scholarly research e Other Cother Preservation for future generations c Preservation for future generations d Provide a description of the organization is 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 for passe funds a rather than to be maintained as part of the organization answered "Yes" on Form 909, Part IV, line 9, or reported an amount on Form 909, 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, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance C Beginning balance C Beginning balance C Beginning balance C Botshibutions during the year 1 Ending balance 1 Ending balance A Beginning of war arrangement in Part XIII. Chack here if the explanation has been provided in Part XIII D If "Yes," explain the arrangement in Part XIII. Chack here if the explanation has been provided in Part XIII. Beginning of year balance 1 Beginning of year balance 2 Did the organization include an amount on Form 990, Part X, line 21. 1a Beginning of year balance 3 1, 378, 499, 27, 279, 238, 23, 255, 259, 234, 17, 584, 566, 18, 014, 918, 018, 018, 018, 018, 018, 018, 018, 0	Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	er Simil	ar Assets	(contii	nued)	
a Public exhibition d	3	Using the organization's acquisition, accessi	on, and other records	, check any of the f	following that make	significar	t use of its		-	
b Scholarly research e Other Preservation for future generations 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's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicitor receive donations of art, historical treasures, or other similar assets to be sold for raise funds; rather than to be maintained as part of the organization answered "Yes" on Form 990, Part XI, line 9, or reported an amount on Form 990, Part XI, line 21. 1a Is the organization an agent, flustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part XI, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance C Beginning balance 1c Individual Peyer 1d Individual Peyer 1 Endowment Funds Complete the roganization include an amount on Form 990, Part XI, line 21, for escrow or custodial account liability? X Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Beginning of year balance 1 Endowment Funds Complete if the organization include an amount on Form 990, Part XI, line 10. 1a Beginning of year balance 2 (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Fine years		collection items (check all that apply).								
c Peservation for future generations 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 answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. I is the organization on agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part XV. I if "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance C Beginning balance I d deliberation during the year C Beginning balance I d Additions during the year C Beginning balance B D If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII. Fart V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part X III. B Beginning of year balance C Not investment earnings, gains, and losses C Not investment earnings gains, and losses C Not	а	Public exhibition	d	Loan or exc	hange program					
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 assests to be sold to raise funds either than to be maintained as part of the organization's collection? 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, frustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part XV, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: Complete the organization of the year 1d 1d 1d 1d 1d 1d 1d 1	b	Scholarly research	е	Other						
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to be sold for raise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organization's co	ollections and explain	how they further th	ne organization's exe	empt purp	ose in Part	XIII.		
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Tall Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Comparison of Part X	Par			e if the organizatior	n answered "Yes" or	Form 99	0, Part IV, li	ne 9, or		
on Form \$90, Part X7 b if "Yes," explain the arrangement in Part XIII and complete the following table: Amount										
to Beginning balance Individual Individ	1a		·	•			_	_		_
C Beginning balance C							L	Yes	X	No
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Example Distributions during the year Femaling balance Femalin										
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2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? X Ves No X	_									
Description of property Endowment Funds Complete if the explanation has been provided in Part XIII X								7		٦,,,
Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.		_				ility?	<u>A</u>	_ res	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	J NO
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (a) Two years back (d) Three ye	_					10				
1a Beginning of year balance 31,378,409. 27,297,238. 23,895,594. 17,584,566. 18,014,919. b Contributions 2,123,389. 2,294,692. 7,024,210. 1,950,000. 6,680. c Net investment earnings, gains, and losses of Grants or scholarships 4,630,533. 2,954,856. -2,752,431. 5,145,186. 161,152. e Other expenditures for facilities and programs 1,314,002. 1,168,377. 870,135. 784,158. 598,185. f Administrative expenses 36,818,329. 31,378,409. 27,297,238. 23,895,594. 17,584,566. g End of year balance 36,818,329. 31,378,409. 27,297,238. 23,895,594. 17,584,566. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 31,4500 % b Permanent endowment 68,5500 9 **** **** ***		2.1 Zina zini zina zina zina zina zina zina z				1	e vears back	(e) Fou	r vears	hack
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c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs 1,314,002, 1,168,377, 870,135, 784,158, 598,185. f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 31,4500 % b Permanent endowment 688,5500 % c Term endowment 682,5500 % c Term endowment 1,0000 % 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: (i) Unrelated organizations? (ii) Related organizations? (ii) Related organizations? 2 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 Buildings c Leasehold improvements d Equipment c Leasehold improvements d Equipment e Other. Total. Add lines 1a through 1e. (Column (d)) must equal Form 990, Part X, line 10c, column (B) 1, 105.					· · · · · · · · · · · · · · · · · · ·	+	<u> </u>			
d Grants or scholarships e Other expenditures for facilities and programs 1,314,002. 1,168,377. 870,135. 784,158. 598,185. Administrative expenses g End of year balance 36,818,329. 31,378,409. 27,297,238. 23,895,594. 17,584,566. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 58,5500 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? b if "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XII 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 1a Land b Buildings c Leasehold improvements d Equipment c Leasehold improvements d Equipment e Other. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c. column (B) 1,105.										
e Other expenditures for facilities and programs 1,314,002. 1,168,377. 870,135. 784,158. 598,185. f Administrative expenses g End of year balance 36,818,329. 31,378,409. 27,297,238. 23,895,594. 17,584,566. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 68.5500 % b Permanent endowment 68.5500 % c Term endowment 7.0000 % 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: (i) Unrelated organizations? (ii) Related organizations? 5 If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment c Leasehold improvements d Equipment e Check			, , ,	, , -	, ,		, -			
and programs										
g End of year balance 36,818,329 31,378,409 27,297,238 23,895,594 17,584,566. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 31.4500 % b Permanent endowment 68,5500 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment c Cleasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 1, 1,105.	·		1,314,002.	1,168,377.	870,135.		784,158.		598,	185.
g End of year balance 36,818,329, 31,378,409, 27,297,238, 23,895,594, 17,584,566. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 31.4500 % b Permanent endowment 68.5500 % c Term endowment	f	. •	, ,	, ,	,					
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 31.4500 % b Permanent endowment 68.5500 % c Term endowment			36,818,329.	31,378,409.	27,297,238.	23	895,594.	17	584,	566.
a Board designated or quasi-endowment b Permanent endowment c Term endowment 0.0000 M The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? 3a(ii) X 3a(ii) X 3a(ii) X 3a(ii) X 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) basis (investment) basis (other) (c) Accumulated depreciation (d) Book value depreciation 1a Land b Buildings c Leasehold improvements d Equipment Cother Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c. column (B)) 1 1,105.		•	rent vear end balance	(line 1a. column (a))) held as:					
b Permanent endowment 68.5500 % 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: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iv) Unrelated organizations? (iv) Related organizations? (iv) Related organizations? (iv) 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 depreciation 1a Land (b) Buildings c Leasehold improvements d Equipment 7, 235. 6, 130. 1, 105. e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c. column (B)) 1, 105.	а									
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iiii) Related organizations? (iii) Related organizations?	b		%	_						
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iv) Unrelated organizations? (iv) Related organizations. (iv) Relate	С	Term endowment .0000	%							
roganization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations. (iii) Related organizat		The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
(i) Unrelated organizations? (ii) Related organizations? b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment d Equipment Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 1, 105.	За	Are there endowment funds not in the posse	ssion of the organizat	ion that are held ar	nd administered for t	:he				
(ii) Related organizations? (iii) Related organizations. (iv) Relate		organization by:							Yes	No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) 1a Land b Buildings c Leasehold improvements d Equipment Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 1 1,105.		(i) Unrelated organizations?						3a(i)		Х
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 (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment 7,235. 6,130. 1,105. e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c. column (B)) 1,105.										X
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 (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment o Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c. column (B)) 1,105.	b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	d on Schedule R?				3b		
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 (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value b Buildings c Leasehold improvements d Equipment Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c. column (B)) 1,105.				ment funds.						
Description of property (a) Cost or other basis (investment) 1a Land b Buildings c Leasehold improvements d Equipment Other Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X, line 10c. column (B)) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1 Accumulated depreciation	Pai									
basis (investment) basis (other) depreciation 1a Land b Buildings c Leasehold improvements d Equipment Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 1 depreciation 1 depreciation 1 1,105.		· · · · · · · · · · · · · · · · · · ·		<u> </u>	Í	•				
b Buildings C Leasehold improvements C Leasehold improvem		Description of property	1 ' '		' '		II	(d) Boo	k value	e
c Leasehold improvements 4 Equipment 7,235. 6,130. 1,105. e Other 5 Other 1,105. 1,105. Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. line 10c. column (B)) 1,105.	1a	Land								
d Equipment 7,235. 6,130. 1,105. e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. line 10c. column (B)) 1,105.										
e Other	С	Leasehold improvements								
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 1,105.	d	Equipment			7,235.	•	,130.		1,	105.
- Stan And William Continued the Continued t										
	Total	l. Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990, Part X	. line 10c, column	(B))					

Schedule D (Form 990) 2023 COMMUNITY	FOUNDATION OF THE NAPA VAI	LLEY	68-0349777	Page 3
Part VII Investments - Other Securit	ties			
Complete if the organization answere	ed "Yes" on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name or	f security) (b) Book value	(c) Method of valuation: Cost of	r end-of-year market	value
(1) Financial derivatives			·	
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, line 12, co	l. (B))			
Part VIII Investments - Program Rela				
Complete if the organization answere				
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	r end-of-year market	value
(1)				
(2)				
(3)				
(4)				
<u>(5)</u>				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, line 13, co	I. (B))			
Part IX Other Assets				
Complete if the organization answere	ed "Yes" on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.		
	(a) Description		(b) Book v	/alue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	15 (D))			
Total. (Column (b) must equal Form 990, Part X, lin Part X Other Liabilities	ле тэ, сот. (в))			
Complete if the organization answere	ed "Ves" on Form 900 Part IV line	11e or 11f See Form 990 Part Y lin	ne 25	
. (a) Description of liabil		The or Thi. Geen only 930, Tart X, IIII	(b) Book v	value.
	ity		(b) BOOK (raiue
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990. Part X. lii	no 25, and (P))			

Schedule D (Form 990) 2023

X

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

Pa	rt XI Reconciliation of Revenue per Audited Financial Sta		ie per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.	T . I	
1			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
a				
b				
С	1 , 5			
d	/			
e				
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1		
a	1			
b			4.	
c				
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial Sta	.) atements With Fynen	5 ses ner Return	
ıu	Complete if the organization answered "Yes" on Form 990, Part IV, lii	=	oco per rietarn	
_				
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	20		
a h				
b	•			
d				
e			2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a		4a		
b				
С			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1			
Pa	rt XIII Supplemental Information	•		
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; F	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 a	ny additional information.		
PART	I IV, LINE 2B:			
AS (OF JUNE 30, 2024, THE FOUNDATION MAINTAINED A TOTAL OF \$4	,667,301 FOR		
ОТНІ	ER NONPROFIT ORGANIZATIONS IN WHICH THE ORGANIZATIONS TRAI	NSFERRED		
ASSI	ETS TO THE FOUNDATION AND NAMED THEMSELVES AS BENEFICIARI	ES.		
PART	F V, LINE 4:			
THE	ANNUAL SPENDING POLICY IS INTENDED TO ENABLE THE NAPA VA	LLEY COMMUNITY		
	VPLETON'S TUDOURUM TUNING TO PROVIDE DEDVINEW SUPPORT TO	1 III D T T T T T T T T T T T T T T T T T		
FOUR	NDATION'S ENDOWMENT FUNDS TO PROVIDE PERMANENT SUPPORT TO	A VARIETY OF		
מוחם	CAMIONAL ENVIDONMENMAL COCTAL AND CHIMIDAL NEEDS MUDOID	CHOIL MADA		
EDUC	CATIONAL, ENVIRONMENTAL, SOCIAL, AND CULTURAL NEEDS THROUG	GHOUT NAPA		
	NTV			
COU	NTY.			
	NTY.			
	NTY.			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization							Employer identification number
COMMUNITY FOU		NAPA VALLEY					68-0349777
Part I General Information on Grants a							
1 Does the organization maintain records to							
criteria used to award the grants or assis	stance?						Yes No
2 Describe in Part IV the organization's pro					anization answered "V	os" on Form 000 Part	IV line 21 for any
recipient that received more than S					anization answered i	es officialisso, rait	TV, III e z i, ioi aiiy
1 (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 noncash assistance	(h) Purpose of grant or assistance
10.000 DEGREES							
1401 LOS GAMOS DRIVE, SUITE 205							FOR GENERAL/OPERATING
SAN RAFAEL, CA 94903	95-3667812	501(C)(3)	5,000.	0.			SUPPORT
,			, , ,				
10,000 DEGREES							
1401 LOS GAMOS DRIVE, SUITE 205							FOR GENERAL SUPPORT OF
SAN RAFAEL, CA 94903	95-3667812	501(C)(3)	5,000.	0.			NAPA COUNTY PROGRAMS
10,000 DEGREES 1401 LOS GAMOS DRIVE, SUITE 205 SAN RAFAEL, CA 94903	95-3667812	501(C)(3)	7,000.	0.			FOR THE COMMUNITY COLLEGE ACCESS AND SUCCESS PROGRAM IN NAPA COUNTY
10,000 DEGREES 1401 LOS GAMOS DRIVE, SUITE 205 SAN RAFAEL, CA 94903	95-3667812	501(C)(3)	10,000.	0.			TO FACILITATE FAFSA WORKSHOPS AND OUTREACH IN NAPA
10,000 DEGREES 1401 LOS GAMOS DRIVE, SUITE 205 SAN RAFAEL, CA 94903	95-3667812	501(C)(3)	10,000.	0.			FOR SUPPORT OF 2024/2025 NAPA VALLEY COLLEGE SCHOLARSHIPS, IN HONOR OF KIM MAZZUCA REAL WOMAN
10,000 DEGREES 1401 LOS GAMOS DRIVE, SUITE 205 SAN RAFAEL, CA 94903	95-3667812	501(C)(3)	12,000.	0.			FOR THE COMMUNITY COLLEGE ACCESS AND SUCCESS PROGRAM IN NAPA COUNTY
2 Enter total number of section 501(c)(3) a	- '						206.
3 Enter total number of other organizations	s listed in the line	1 table					11.

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	Verninents (Och			
(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
ABODE SERVICES							FOR THE HOLIDAY DRIVE TO
40849 FREMONT BLVD							HELP THE DISABLED AND
FREMONT, CA 94538	94-3087060	501(C)(3)	250.	0.			SENIOR CITIZENS OF NAPA
ABODE SERVICES							
40849 FREMONT BLVD							FOR SERVICES FOR HOMELES
FREMONT, CA 94538	94-3087060	501(C)(3)	4,500.	0.			VETERANS IN NAPA COUNTY
ABODE SERVICES							
40849 FREMONT BLVD							FOR SUPPORT OF NAPA
FREMONT, CA 94538	94-3087060	501(C)(3)	10,000.	0.			COUNTY PROGRAMS
							TO EXPAND YOUTH
AG 4 YOUTH UPVALLEY RANCHERS INC.							PARTICIPATION IN THE
1200 FOSTER ROAD	26 4816006	501/61/21	500				AG4YOUTH PROGRAM IN NAPA
NAPA, CA 94558	36-4716996	501(C)(3)	500.	0.			COUNTY TO EXPAND YOUTH
AG 4 YOUTH UPVALLEY RANCHERS INC.							PARTICIPATION IN THE
1200 FOSTER ROAD							AG4YOUTH PROGRAM IN NAPA
NAPA, CA 94558	36-4716996	501(C)(3)	5,000.	0.			COUNTY
NO. A. VOLUMU, HINVIN I IN DANGUIDOS TAG							
AG 4 YOUTH UPVALLEY RANCHERS INC. 1200 FOSTER ROAD							FOR GENERAL/OPERATING
NAPA, CA 94558	36-4716996	501(C)(3)	25,000.	0.			SUPPORT
min, on 54550	30 4710330	301(0)(3)	23,000.				DOTTORT
AG 4 YOUTH UPVALLEY RANCHERS INC.							
1200 FOSTER ROAD							
NAPA, CA 94558	36-4716996	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT
AIM HIGH FOR HIGH SCHOOL							
PO BOX 410715							TO SUPPORT THE NAPA AIM
SAN FRANCISCO, CA 94141	94-3296338	501(C)(3)	1,500.	0.			HIGH SUMMER PROGRAM
AIM HIGH FOR HIGH SCHOOL							
PO BOX 410715							
SAN FRANCISCO, CA 94141	94-3296338	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
	1 31 3230330		3,000.	· ·	<u> </u>	1	r

(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
ATM UTGU FOR UTGU GGUOOT							
AIM HIGH FOR HIGH SCHOOL PO BOX 410715							TO CUIDDODE THE NADA ATM
SAN FRANCISCO, CA 94141	94-3296338	501(C)(3)	5,000.	0.			TO SUPPORT THE NAPA AIM HIGH 2024 SUMMER PROGRAM
DIN TRIMETSEO, CIT 34141	74 3230330	301(0)(3)	3,000.	•			IIIGII 2024 DOMILIK I KOGIULI
AIM HIGH FOR HIGH SCHOOL							
PO BOX 410715							FOR GENERAL SUPPORT OF
SAN FRANCISCO, CA 94141	94-3296338	501(C)(3)	7,500.	0.			NAPA COUNTY PROGRAMS
AIM HIGH FOR HIGH SCHOOL							
PO BOX 410715							TO SUPPORT THE NAPA AIM
SAN FRANCISCO, CA 94141	94-3296338	501(C)(3)	9,000.	0.			HIGH 2024 SUMMER PROGRAM
AIM HIGH FOR HIGH SCHOOL							FOR SUPPORT OF THE NAPA
PO BOX 410715							AIM HIGH 2024 SUMMER
SAN FRANCISCO, CA 94141	94-3296338	501(C)(3)	10,000.	0.			PROGRAM
ALDEA INC							
ALDEA, INC. PO BOX 841							
NAPA, CA 94559	94-2159248	501(C)(3)	2,000.	0.			FOR GENERAL SUPPORT
NALA, CA 74007	74 2137240	501(0)(3)	2,000.	٠.			FOR GENERAL BOITORI
ALDEA, INC.							
PO BOX 841							FOR GENERAL SUPPORT OF
NAPA, CA 94559	94-2159248	501(C)(3)	10,000.	0.			NAPA COUNTY PROGRAMS
AMERICAN CANYON COMMUNITY AND							
PARKS FOUNDATION (ACCPF) - 101 W							
AMERICAN CANYON ROAD, STE 508-102							FOR THE WATERSHED
- AMERICAN CANYON, CA 94503	47-3226686	501(C)(3)	1,500.	0.			EXPLORERS PROGRAM
AMERICAN CANYON COMMUNITY AND							
PARKS FOUNDATION (ACCPF) - 101 W							
AMERICAN CANYON ROAD, STE 508-102							FOR THE SCHOOL-BASED
- AMERICAN CANYON, CA 94503	47-3226686	501(C)(3)	2,000.	0.			EDUCATION PROGRAMS
AMERICAN CANYON COMMUNITY AND							
PARKS FOUNDATION (ACCPF) - 101 W							
AMERICAN CANYON ROAD, STE 508-102							FOR THE WATERSHED
- AMERICAN CANYON, CA 94503	47-3226686	501(C)(3)	10,000.	0.			EXPLORERS PROGRAM

Part II Continuation of Grants and Other	Assistance to Doı ⊺	mestic Organizations ⊺	and Domestic Go	vernments (Scho	edule I (Form 990), Pa T	rt II.) T	I
(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 CATS							
101 W AMERICAN CANYON RD STE							
508-216 - AMERICAN CANYON, CA				_			
94503	93-4235727	501(C)(3)	8,000.	0.			FOR GENERAL SUPPORT
AMERICAN CIVIL LIBERTIES UNION							
FOUNDATION, INC 125 BROAD							
STREET, 18TH FLOOR - NEW YORK, NY				_			
10004	13-6213516	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
AMERICAN HEART ASSOCIATION (AHA)							
CHICAGO - 300 S RIVERSIDE PLAZA -							FOR SUPPORT OF CHICAGO
	13-5613797	E01/G\/3\	5,000.	0.			HEART BALL CAMPAIGN
CHICAGO, IL 60606	13-3613797	501(C)(3)	3,000.	0.			HEART BALL CAMPAIGN
ARTS COUNCIL NAPA VALLEY							
3299 CLAREMONT WAY, STE 5							FOR THE NAPA VALLEY
NAPA, CA 94558	94-2710866	501(C)(3)	1,500.	0.			EDUCATION ALLIANCE
MAIA, CA 74550	34 2710000	501(0)(5)	1,300.	· ·			EDUCATION ADDIANCE
ARTS COUNCIL NAPA VALLEY							
3299 CLAREMONT WAY, STE 5							FOR THE NAPA VALLEY
NAPA, CA 94558	94-2710866	501(C)(3)	3,000.	0.			EDUCATION ALLIANCE
min, en 34330	34 2710000	301(0)(3)	3,000.	· ·			EBOOMITON NEBITINGE
ARTS COUNCIL NAPA VALLEY							
3299 CLAREMONT WAY, STE 5							FOR THE NAPA VALLEY
NAPA, CA 94558	94-2710866	501(C)(3)	6,000.	0.			EDUCATION ALLIANCE
·			1,7,7,7,0				TO COVER PROJECT EXPENSES
ARTS COUNCIL NAPA VALLEY							FOR PHASE 1 OF THE MURAL
3299 CLAREMONT WAY, STE 5							AND DIGITAL ART FOR
NAPA, CA 94558	94-2710866	501(C)(3)	7,000.	0.			NVCF'S 30TH ANNIVERSARY.
,			, , ,				
ARTS OF LIFE							
2010 W CARROLL AVE.							
CHICAGO, IL 60612	56-2250962	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
BAY AREA COUNCIL FOUNDATION							FOR SUPPORT OF THE BUILD
PO BOX 5135							BETTER, BUILD MORE
SAN FRANCISCO, CA 94111	20-1826827	501(C)(3)	25,000.	0.			CAMPAIGN

(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
BLUE OAK SCHOOL							FOR THE FUND A NEED ON
1436 POLK STREET NAPA, CA 94559	95-4803542	501(C)(3)	2,500.	0.			BEHALF OF THE BRUDER FAMILY
BLUE OAK SCHOOL							
1436 POLK STREET							
NAPA, CA 94559	95-4803542	501(C)(3)	10,000.	0.			FOR TUITION ASSISTANCE
BOYS & GIRLS CLUBS OF ST. HELENA							
AND CALISTOGA INC - 1420 TAINTER	60 0226714	E01/C)/3)	2 500	0.			FOR GENERAL/OPERATING SUPPORT
STREET - ST. HELENA, CA 94574	68-0226714	501(C)(3)	2,500.	0.			FOR GENERAL SUPPORT. THI
BOYS & GIRLS CLUBS OF ST. HELENA							GIFT WAS MADE POSSIBLE I
AND CALISTOGA INC - 1420 TAINTER							THE GENEROSITY OF ANNE
STREET - ST. HELENA, CA 94574	68-0226714	501(C)(3)	2,500.	0.			CARVER AND DENNIS SUTRO
BOYS AND GIRLS CLUBS OF NAPA							
VALLEY - 1515 PUEBLO AVENUE -							FOR GENERAL SUPPORT OF
NAPA, CA 94558	94-6033413	501(C)(3)	5,000.	0.			AMERICAN CANYON LOCATION
BRIDGE RESTORATION MINISTRY - NAPA							FOR SUPPORT OF THE 2024
P.O. BOX 3453							SPRING FUNDRAISING
NAPA, CA 94558	30-1209160	501(C)(3)	4,000.	0.			CAMPAIGN
							FOR GENERAL SUPPORT.
BRIDGE RESTORATION MINISTRY - NAPA							THIS GRANT WAS MADE
P.O. BOX 3453 NAPA, CA 94558	30-1209160	501(C)(3)	7,000.	0.			POSSIBLE BY AN ANONYMOUS DONOR
NAFA, CA 34330	30-1209100	501(C)(5)	7,000.	0.			DONOR
BRIDGE THE GAP COLLEGE PREP							
PO BOX 1390							
SAUSALITO, CA 94965	91-1930327	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
BRIDGE THE GAP COLLEGE PREP							
PO BOX 1390							
SAUSALITO, CA 94965	91-1930327	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT

(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)	5,000.	0.			FOR THE ALUMNI FUND
BROWN UNIVERSITY							
OFFICE OF GIFT ACCOUNTING 350 EDDY							
STREET, SIXTH FLOOR - PROVIDENCE,							
RI 0290	05-0258809	501(C)(3)	10,000.	0.			FOR THE ALUMNI FUND
							FOR THE HIRING OF A
CALIFORNIA NURSE-MIDWIVES							CONSULTANT WHO WOULD DO
FOUNDATION - 60 29TH ST #321 - SAN							GRANT WRITING FOR THE
FRANCISCO, CA 94110	84-3622602	501(C)(3)	15,000.	0.			FOUNDATION
							TO STRENGTHEN THE AVID
CALISTOGA JOINT UNIFIED SCHOOL							PROGRAM, INCLUDING
DISTRICT - 1520 LAKE STREET -							TEACHER TRAINING,
CALISTOGA, CA 94515	52-1557245	501(C)(3)	1,500.	0.			REGISTRATION FEES,
							TO STRENGTHEN THE AVID
CALISTOGA JOINT UNIFIED SCHOOL							PROGRAM, INCLUDING
DISTRICT - 1520 LAKE STREET -							TEACHER TRAINING,
CALISTOGA, CA 94515	52-1557246	501(C)(3)	6,523.	0.			REGISTRATION FEES,
							TO STRENGTHEN THE AVID
CALISTOGA JOINT UNIFIED SCHOOL							PROGRAM, INCLUDING
DISTRICT - 1520 LAKE STREET -							TEACHER TRAINING,
CALISTOGA, CA 94515	52-1557247	501(C)(3)	10,000.	0.			REGISTRATION FEES,
,			·				FOR 2020 NAPA COUNTY
CAL-TECH PUMP WELL & WATER							WILDFIRE RECOVERY FOR
TREATMENT INC PO BOX 1261 -							 DISASTER CASE MANAGEMEN
MIDDLETOWN, CA 95461	46-5682611		2,712.	0.			 CLIENT WANDA HUDSPETH
,			, -			+	FOR 2020 NAPA COUNTY
CAL-TECH PUMP WELL & WATER							WILDFIRE RECOVERY FOR
TREATMENT INC PO BOX 1261 -							DISASTER CASE MANAGEMEN
MIDDLETOWN, CA 95461	46-5682611		25,729.	0.		1	CLIENT WANDA HUDSPETH F
,			,				
CANINE GUARDIANS ASSISTANCE DOGS							FOR SUPPORT OF THE
2300 ARTHUR STREET						1	ASSISTANCE DOG TRAINING
NAPA, CA 94559	38-3917740	501(C)(3)	7,000.	0.			PROGRAM

Part II Continuation of Grants and Other	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CASA, A VOICE FOR CHILDREN 1804 SOSCOL AVENUE, STE 201 NAPA, CA 94559	20-3594007	501(C)(3)	1,000.	0.			FOR GENERAL/OPERATING SUPPORT, IN MEMORY OF GARY LAMBERT AND JOELLEN ADEMSKI		
CASA, A VOICE FOR CHILDREN 1804 SOSCOL AVENUE, STE 201 NAPA, CA 94559	20-3594007		2,500.	0.			FOR GENERAL SUPPORT		
CASA, A VOICE FOR CHILDREN 1804 SOSCOL AVENUE, STE 201 NAPA, CA 94559	20-3594007	501(C)(3)	7,000.	0.			FOR GENERAL SUPPORT		
CASA, A VOICE FOR CHILDREN 1804 SOSCOL AVENUE, STE 201 NAPA, CA 94559	20-3594007	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT		
CATE SCHOOL ADVANCEMENT OFFICE PO BOX 5005 CARPINTERIA, CA 93014	95-1644630	501(C)(3)	10,000.	0.			FOR THE HEAD OF SCHOOL DISCRETIONARY FUND		
CB PLUMBING PO BOX 1352 KELSEYVILLE, CA 95451	92-1457525		9,411.	0.			FOR 2020 NAPA COUNTY WILDFIRE RECOVERY FOR DISASTER CASE MANAGEMENT CLIENT WANDA HUDSPETH FOR		
CFNV CHARITABLE REAL ESTATE FUND 3299 CLAREMONT WAY, STE 4 NAPA, CA 94558	01-0816065	501(C)(3)	4,500.	0.			TO MOVE FUNDS FROM GIFT #016030 ESTATE OF RICHARD MOYER TO COVER A PORTION OF CREFS FENCE		
CFNV CHARITABLE REAL ESTATE FUND 3299 CLAREMONT WAY, STE 4 NAPA, CA 94558	01-0816065	501(C)(3)	10,000.	0.			TO HELP PAY FOR ONGOING BUILDING IMPROVEMENTS TO THE SATO FAMILY NONPROFIT CENTER AT 3299 CLAREMONT		
CFNV CHARITABLE REAL ESTATE FUND 3299 CLAREMONT WAY, STE 4 NAPA, CA 94558	01-0816065	501(C)(3)	25,000.	0.			TO HELP PAY FOR ONGOING BUILDING AND GARDEN IMPROVEMENTS TO THE SATO FAMILY NONPROFIT CENTER		

Part II Continuation of Grants and Other	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		
CFNV CHARITABLE REAL ESTATE FUND 3299 CLAREMONT WAY, STE 4 NAPA, CA 94558	01-0816065	501(C)(3)	25,000.	0.			FOR GARDEN AND LANDSCAPE RENOVATIONS TO THE SATO FAMILY NONPROFIT CENTER AT 3299 CLAREMONT WAY,		
CFNV CHARITABLE REAL ESTATE FUND 3299 CLAREMONT WAY, STE 4 NAPA, CA 94558	01-0816065	501(C)(3)	165,000.	0.			FOR CREF BUILDING IMPROVEMENTS		
CFNV CHARITABLE REAL ESTATE FUND 3299 CLAREMONT WAY, STE 4 NAPA, CA 94558	01-0816065	501(C)(3)	377,143.	0.			FOR EV CHARGERS AND CREF BUILDING IMPROVEMENTS		
CHALLENGED ATHLETES INC. 9591 WAPLES STREET SAN DIEGO, CA 92121	33-0739596	501(C)(3)	30,000.	0.			FOR GENERAL/OPERATING SUPPORT		
CHALLENGED ATHLETES INC. 9591 WAPLES STREET SAN DIEGO, CA 92121	33-0739596	501(C)(3)	100,000.	0.			FOR SUPPORT OF OPERATION REBOUND		
CHAMBER MUSIC IN NAPA VALLEY, INC. 4375 ATLAS PEAK ROAD NAPA, CA 94558	94-2654023	501(C)(3)	500.	0.			FOR GENERAL/OPERATING SUPPORT		
CHAMBER MUSIC IN NAPA VALLEY, INC. 4375 ATLAS PEAK ROAD NAPA, CA 94558	94-2654023	501(C)(3)	1,000.	0.			FOR GENERAL/OPERATING SUPPORT		
CHAMBER MUSIC IN NAPA VALLEY, INC. 4375 ATLAS PEAK ROAD NAPA, CA 94558	94-2654023	501(C)(3)	1,000.	0.			FOR GENERAL SUPPORT, IN HONOR OF DAWNINE AND BILL DYER		
CHAMBER MUSIC IN NAPA VALLEY, INC. 4375 ATLAS PEAK ROAD NAPA, CA 94558	94-2654023	501(C)(3)	2,500.	0.			FOR GENERAL/OPERATING SUPPORT		

Part II Continuation of Grants and Other	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		
CHILD START, INC. 439 DEVLIN ROAD NAPA, CA 94558	68-0442009	501(C)(3)	5,000.	0.			FOR THE RAISING A READER		
CHILDREN'S AIDS ART PROGRAMME 100 SOUTH STREET, STE 305 SAUSALITO, CA 94965	26-0118652	501(C)(3)	5,000.	0.			FOR GENERAL PURPOSES		
CHILDREN'S AIDS ART PROGRAMME 100 SOUTH STREET, STE 305 SAUSALITO, CA 94965	26-0118652	501(C)(3)	5,000.	0.			FOR GENERAL PURPOSES		
CHILDREN'S AIDS ART PROGRAMME 100 SOUTH STREET, STE 305 SAUSALITO, CA 94965	26-0118652	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT		
CITY OF NAPA PO BOX 660 NAPA, CA 94559		CITY OF NAPA	15,000.	0.			TO HELP THE CITY OF NAPA POLICE DEPARTMENT TO PURCHASE A NEW POLICE DOG		
CITY OF NAPA PARKS AND RECREATION SERVICES DEPARTMENT - 1500 JEFFERSON STREET - NAPA, CA 94558		CITY OF NAPA PAR	4,000.	0.			FOR SUPPORT OF THE NAPA SENIOR CENTER		
CITY OF NAPA PARKS AND RECREATION SERVICES DEPARTMENT - 1500 JEFFERSON STREET - NAPA, CA 94558		CITY OF NAPA PAR	21,928.	0.			FOR THE MAINTENANCE OF TRAILS AND CULVERTS AND THE INSTALLATION AND MAINTENANCE OF BENCHES IN		
COLLABRIA CARE 414 SOUTH JEFFERSON STREET NAPA, CA 94559	68-0393144	501(C)(3)	2,500.	0.			FOR PACE AND HOSPICE. THIS GIFT WAS MADE POSSIBLE BY THE GENEROSITY OF ANNE CARVER		
COLLABRIA CARE 414 SOUTH JEFFERSON STREET NAPA, CA 94559	68-0393144	501(C)(3)	5,000.	0.			FOR SUPPORT OF THE HOSPICE PROGRAM		

Part II Continuation of Grants and Other	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		
							TO SUPPORT PALLIATIVE		
COLLABRIA CARE							CARE SERVICES TO PATIENTS		
414 SOUTH JEFFERSON STREET				_			WITH A CANCER DIAGNOSIS		
NAPA, CA 94559	68-0393144	501(C)(3)	9,000.	0.			AND SUPPORT SERVICES TO		
COLLABRIA CARE									
414 SOUTH JEFFERSON STREET							FOR GENERAL SUPPORT OF		
NAPA, CA 94559	68-0393144	501(C)(3)	12,500.	0.			NAPA COUNTY PROGRAMS		
COMMUNITY ACTION OF NAPA VALLEY							FOR SUPPORT OF THE NAPA		
COMMUNITY ACTION ADMINISTRATION							FOOD BANK PROGRAM. THIS		
2521 OLD SONOMA ROAD - NAPA, CA							GRANT WAS MADE POSSIBLE		
94558	94-1610851	501(C)(3)	5,000.	0.			BY THE GENEROSITY OF AN		
COMMUNITY ACTION OF NAPA VALLEY			,						
COMMUNITY ACTION ADMINISTRATION									
2521 OLD SONOMA ROAD - NAPA, CA							FOR GENERAL/OPERATING		
94558	94-1610851	501(C)(3)	5,000.	0.			SUPPORT		
COMMUNITY ACTION OF NAPA VALLEY									
COMMUNITY ACTION ADMINISTRATION									
2521 OLD SONOMA ROAD - NAPA, CA									
94558	94-1610851	501(C)(3)	20,000.	0.			FOR THE CAPITAL CAMPAIGN		
COMMUNITY ACTION OF NAPA VALLEY									
COMMUNITY ACTION ADMINISTRATION							FOR THE MEALS ON WHEELS		
2521 OLD SONOMA ROAD - NAPA, CA							AND CONGREGATE DINING		
94558	94-1610851	501(C)(3)	20,000.	0.			PROGRAM		
COMMUNITARY MENTAL THE THE TABLE IN DA									
COMMUNITY HEALTH INITIATIVE NAPA COUNTY INC 2140 JEFFERSON							EOD DROCRAMC IN NADA		
STREET, STE D - NAPA, CA 94559	25-1924934	E01/G\/3\	2,000.	0.			FOR PROGRAMS IN NAPA COUNTY		
SIREEI, SIE D - NAFA, CA 94339	25-1924954	501(0)(3)	2,000.	0.			COUNTY		
COMMUNITY HEALTH INITIATIVE NAPA									
COUNTY INC 2140 JEFFERSON							FOR PROGRAMS IN NAPA		
STREET, STE D - NAPA, CA 94559	25-1924934	501(C)(3)	2,000.	0.			COUNTY		
			, ,						
COMMUNITY HEALTH INITIATIVE NAPA									
COUNTY INC 2140 JEFFERSON							FOR GENERAL/OPERATING		
STREET, STE D - NAPA, CA 94559	25-1924934	501(C)(3)	2,500.	0.			SUPPORT		

Part II Continuation of Grants and Other	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 RESOURCES FOR CHILDREN 3299 CLAREMONT WAY, STE 1 NAPA, CA 94558	94-2524785	501(C)(3)	2,500.	0.			FOR THE EXPANSION OF CHILD CARE SLOTS IN NAPA COUNTY PROGRAM		
COMMUNITY RESOURCES FOR CHILDREN 3299 CLAREMONT WAY, STE 1 NAPA, CA 94558	94-2524785	501(C)(3)	8,000.	0.			FOR GENERAL/OPERATING SUPPORT		
COMMUNITY RESOURCES FOR CHILDREN 3299 CLAREMONT WAY, STE 1 NAPA, CA 94558	94-2524785	501(C)(3)	14,000.	0.			TO SUPPORT THE LEARN AND		
CONGREGATION BETH SHALOM 1455 ELM STREET NAPA, CA 94559	23-7296339	501(C)(3)	1,800.	0.			FOR L'DOR V'DOR		
CONGREGATION BETH SHALOM 1455 ELM STREET NAPA, CA 94559	23-7296339	501(C)(3)	12,500.	0.			FOR THE EDUCATION DIRECTOR SALARY FUND		
CONNOLLY RANCH EDUCATION CENTER 3141 BROWNS VALLEY ROAD NAPA, CA 94558	80-0493340	501(C)(3)	500.	0.			TO HELP SUBSIDIZE SUMMER CAMP FEES FOR CHILDREN		
CONNOLLY RANCH EDUCATION CENTER 3141 BROWNS VALLEY ROAD NAPA, CA 94558	80-0493340	501(C)(3)	500.	0.			TO SUPPORT THE 2024 SUMMER HIGH SCHOOL LEADERSHIP AND ENVIRONMENTAL STEWARDSHIP		
CONNOLLY RANCH EDUCATION CENTER 3141 BROWNS VALLEY ROAD NAPA, CA 94558	80-0493340	501(C)(3)	7,000.	0.			TO SUPPORT THE 2024 SUMMER HIGH SCHOOL LEADERSHIP AND ENVIRONMENTAL STEWARDSHIP		
COPE FAMILY CENTER 707 RANDOLPH STREET NAPA, CA 94559	94-2322399	501(C)(3)	500.	0.			FOR GENERAL/OPERATING SUPPORT		

(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,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
				uosiotarioe	appraisal, other)		
							TO MAINTAIN THE
COPE FAMILY CENTER							MULTI-AGENCY PHONE SYSTEM
707 RANDOLPH STREET				_			FOR GIFT CARD
NAPA, CA 94559	94-2322399	501(C)(3)	1,200.	0.			DISTRIBUTION TO
COPE FAMILY CENTER							
707 RANDOLPH STREET							FOR THE PARENT AS TEACHER
NAPA, CA 94559	94-2322399	501(C)(3)	1,500.	0.			PROGRAM
COPE FAMILY CENTER							FOR GENERAL SUPPORT OF
707 RANDOLPH STREET							COMMUNITY LEADERS
NAPA, CA 94559	94-2322399	501(C)(3)	2,000.	0.			COALITION
COPE FAMILY CENTER							
707 RANDOLPH STREET							FOR GENERAL/OPERATING
NAPA, CA 94559	94-2322399	501(C)(3)	10,000.	0.			SUPPORT
			1				FOR \$15,000 IN GIFT CARDS
COPE FAMILY CENTER							AND \$2,500 TO HELP
707 RANDOLPH STREET							SUPPORT OPERATIONS FOR
NAPA, CA 94559	94-2322399	501(C)(3)	10,000.	0.			DISTRIBUTION OF EMERGENCY
GODD TIMELY GOVERN							
COPE FAMILY CENTER 707 RANDOLPH STREET							FOR GENERAL SUPPORT OF COMMUNITY LEADERS
NAPA, CA 94559	94-2322399	501(C)(3)	15,000.	0.			COALITION
MAFA, CA 94339	34-2322333	501(0/(3/	13,000.	0.			CORDITION
COPE FAMILY CENTER							
707 RANDOLPH STREET							FOR THE PARENTS AS
NAPA, CA 94559	94-2322399	501(C)(3)	20,000.	0.			TEACHERS PROGRAM
COPE FAMILY CENTER							
707 RANDOLPH STREET	04 0200000	E01/G)/2)	05.000	_			
NAPA, CA 94559	94-2322399	DUI(C)(3)	25,000.	0.			FOR GENERAL SUPPORT
COPE FAMILY CENTER							FOR GENERAL SUPPORT OF
707 RANDOLPH STREET							COMMUNITY LEADERS
NAPA, CA 94559	94-2322399	501(C)(3)	30,000.	0.			COALITION

Part II Continuation of Grants and Other	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			
CR UNITED CONSTRUCTION, INC. PO BOX 1723 MIDDLETOWN, CA 95461	87-3269116		15,300.	0.		1	FOR 2020 NAPA COUNTY WILDFIRE RECOVERY FOR DISASTER CASE MANAGEMENT CLIENT WANDA HUDSPETH FOR			
CULINARY INSTITUTE OF AMERICA ATTN: ACCOUNTS RECEIVABLE/ADVANCEMENT GIFT										
PROCESSING 1946 CAMPUS DRIVE - HY	06-0653264	501(C)(3)	3,000.	0.			FOR GENERAL SUPPORT			
CULINARY INSTITUTE OF AMERICA ATTN: ACCOUNTS RECEIVABLE/ADVANCEMENT GIFT										
PROCESSING 1946 CAMPUS DRIVE - HY	06-0653264	501(C)(3)	5,000.	0.			IN SUPPORT OF COPIA FOR GENERAL SUPPORT OF			
DEPAUL UNIVERSITY 1 E. JACKSON BLVD CHICAGO, IL 60604	36-2167048	501 (C) (3)	31,250.	0.			DR. THERESA KEPIC ENDOWED SCHOLARSHIP AND FRANK NAEYMI-RAD ENDOWED			
DIRECT RELIEF 6100 WALLACE BECKNELL ROAD SANTA BARBARA, CA 93117	95-1831116		20,000.	0.			FOR LAHAINA FIRE			
DIRECT RELIEF 6100 WALLACE BECKNELL ROAD SANTA BARBARA, CA 93117	95-1831116	501(C)(3)	80,000.	0.			FOR GENERAL/OPERATING SUPPORT			
DOCTORS WITHOUT BORDERS USA INC. PO BOX 5030 HAGERSTOWN, MD 21741	13-3433452	501(C)(3)	5,000.	0.			FOR GENERAL/OPERATING SUPPORT			
DOCTORS WITHOUT BORDERS USA INC. PO BOX 5030 HAGERSTOWN, MD 21741	13-3433452	501(C)(3)	45,000.	0.			FOR GENERAL/OPERATING SUPPORT			
DON'T EVER GIVE UP INC 14600 WESTON PKWY CARY, NC 27513	47-5304184	501(C)(3)	5,000.	0.			FOR THE V FOUNDATION WINE CELEBRATION FUND-A-NEED. THIS GRANT WAS MADE POSSIBLE BY THE			

(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
DOWNTOWN NAPA FARMERS MARKET CORPORATION - PO BOX 10822 - NAPA, CA 94581	32-0285560	501(C)(3)	250.	0.			FOR GENERAL SUPPORT OF THE ANNUAL FRIENDS OF THE MARKET CAMPAIGN
DOWNTOWN NAPA FARMERS MARKET CORPORATION - PO BOX 10822 - NAPA, CA 94581	32-0285560	501(C)(3)	2,000.	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)	2,500.	0.			FOR SUPPORT OF THE CALFRESH MATCH PROGRAM
DOWNTOWN NAPA FARMERS MARKET CORPORATION - PO BOX 10822 - NAPA, CA 94581	32-0285560	501(C)(3)	5,000.	0.			FOR THE FARMERS MARKET TOKEN MATCH PROGRAM
ENVIRONMENTAL TRAVELING COMPANIONS 2 MARINA BLVD FORT MASON CENTER C38 SAN FRANCISCO, CA 94123	3 51-0158789	501(C)(3)	5,000.	0.			FOR YOUTH PROGRAMS
ENVIRONMENTAL TRAVELING COMPANIONS 2 MARINA BLVD FORT MASON CENTER C3 SAN FRANCISCO, CA 94123	3 51-0158789	501(C)(3)	5,000.	0.			FOR SPONSORING 5 YOUTH LEAD FELLOWS
FARHANG FOUNDATION P.O. BOX 491571 LOS ANGELES, CA 90049	26-1574533	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
FRIENDS OF THE CAMEO PO BOX 682 ST. HELENA, CA 94574	46-1415228	501(C)(3)	1,000.	0.			FOR GENERAL/OPERATING SUPPORT
FRIENDS OF THE CAMEO PO BOX 682 ST. HELENA, CA 94574	46-1415228	501(C)(3)	1,000.	0.			FOR GENERAL/OPERATING SUPPORT

(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
FRIENDS OF THE CAMEO							
PO BOX 682							
ST. HELENA, CA 94574	46-1415228	501(C)(3)	1,500.	0.			FOR GENERAL SUPPORT
FRIENDS OF THE CAMEO							
PO BOX 682							FOR GENERAL/OPERATING
ST. HELENA, CA 94574	46-1415228	501(C)(3)	2,500.	0.			SUPPORT
							FOR GENERAL SUPPORT. THIS
FRIENDS OF THE CAMEO							GIFT WAS MADE POSSIBLE BY
PO BOX 682							THE GENEROSITY OF ANNE
ST. HELENA, CA 94574	46-1415228	501(C)(3)	2,500.	0.			CARVER AND DENNIS SUTRO
FRIENDS OF THE CHILDREN							TO HELP LAUNCH FRIENDS OF
44 NE MORRIS ST.							THE FAMILY IN COACHELLA
PORTLAND, OR 97212	93-1300690	501(C)(3)	25,000.	0.			VALLEY
			<i>'</i>				TO HELP SUBSIDIZE COSTS
FRIENDS OF THE NAPA COUNTY ANIMAL							FOR EMERGENCY MEDICAL
SHELTER AND ADOPTION CENTER INC -							FEES FOR SMALL ANIMALS IN
PO BOX 715 - NAPA, CA 94559	82-0702572	501(C)(3)	20,000.	0.			NAPA COUNTY
GIRLS ON THE RUN NAPA & SOLANO,							
INC 3299 CLAREMONT WAY, STE 5 -							FOR SUPPORT OF NAPA
NAPA, CA 94558	55-0906534	501(C)(3)	500.	0.			COUNTY PROGRAMS
GIRLS ON THE RUN NAPA & SOLANO,							
INC 3299 CLAREMONT WAY, STE 5 -							TO SUPPORT THE NAPA
NAPA, CA 94558	55-0906534	501(C)(3)	2,000.	0.			COUNTY PROGRAM
GIRLS ON THE RUN NAPA & SOLANO,							
INC 3299 CLAREMONT WAY, STE 5 -							FOR GENERAL/OPERATING
NAPA, CA 94558	55-0906534	501(C)(3)	2,000.	0.			SUPPORT
GIRLS ON THE RUN NAPA & SOLANO,							
INC 3299 CLAREMONT WAY, STE 5 -							FOR SUPPORT OF NAPA
NAPA, CA 94558	55-0906534	501(C)(3)	2,500.	0.			COUNTY PROGRAMS

Part II Continuation of Grants and Other	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			
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)	10,000.	0.			FOR GENERAL/OPERATING SUPPORT			
GIRLS ON THE RUN NAPA & SOLANO, INC 3299 CLAREMONT WAY, STE 5 - NAPA, CA 94558	55-0906534	501(C)(3)	10,000.	0.		1	FOR A CHALLENGE GRANT TO SHORE UP THIS YEARS BUDGET			
GIRLS ON THE RUN NAPA & SOLANO, INC 3299 CLAREMONT WAY, STE 5 - NAPA, CA 94558	55-0906534	501(C)(3)	10,000.	0.			FOR SUPPORT OF NAPA COUNTY PROGRAM			
GREATER NAPA FAIR HOUSING CENTER 1303 JEFFERSON ST., STE 200A NAPA, CA 94559	42-1576121	501(C)(3)	2,000.	0.			FOR GENERAL SUPPORT			
GREATER NAPA FAIR HOUSING CENTER 1303 JEFFERSON ST., STE 200A NAPA, CA 94559	42-1576121	501(C)(3)	2,500.	0.			FOR GENERAL/OPERATING SUPPORT			
GREATER NAPA FAIR HOUSING CENTER 1303 JEFFERSON ST., STE 200A NAPA, CA 94559	42-1576121	501(C)(3)	2,500.	0.			FOR GENERAL/OPERATING SUPPORT			
GREATER NAPA 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 FAIR HOUSING CENTER 1303 JEFFERSON ST., STE 200A NAPA, CA 94559	42-1576121	501(C)(3)	25,000.	0.			FOR AN EMERGENCY GRANT TO ADDRESS AN URGENT CASH FLOW ISSUE			

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	rage i
(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
GREATER NAPA FAIR HOUSING CENTER 1303 JEFFERSON ST., STE 200A NAPA, CA 94559	42-1576121	501(C)(3)	50,000.	0.			FOR AN EMERGENCY GRANT TO ADDRESS AN URGENT CASH FLOW ISSUE
GUIDE DOGS FOR THE BLIND, INC. PO BOX 151200 SAN RAFAEL, CA 94915	94-1196195	501(C)(3)	6,100.	0.			FOR GENERAL/OPERATING SUPPORT OF THE 2023 HOLIDAY CELEBRATION
GUNILDA RIANDA SENIOR CENTER ASSOCIATION - 1475 MAIN STREET - ST. HELENA, CA 94574	20-2411077	501(C)(3)	2,000.	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 GIFT WAS MADE POSSIBLE BY THE GENEROSITY OF ANNE CARVER AND DENNIS SUTRO
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)	5,000.	0.			FOR GENERAL SUPPORT
GUNILDA RIANDA SENIOR CENTER ASSOCIATION - 1475 MAIN STREET - ST. HELENA, CA 94574	20-2411077	501(C)(3)	16,000.	0.			FOR GENERAL SUPPORT
HAWAII COMMUNITY FOUNDATION 827 FORT STREET MALL HONOLULU, HI 96813	99-0261283	501(C)(3)	500.	0.			FOR MAUI STRONG FUND
HAWAII COMMUNITY FOUNDATION 827 FORT STREET MALL HONOLULU, HI 96813	99-0261283	501(C)(3)	750.	0.			FOR MAUI STRONG FUND

Part II Continuation of Grants and Other	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		
HAWAII COMMUNITY FOUNDATION 827 FORT STREET MALL HONOLULU, HI 96813	99-0261283	501(C)(3)	1,000.	0.			FOR MAUI STRONG FUND		
HAWAII COMMUNITY FOUNDATION 827 FORT STREET MALL HONOLULU, HI 96813	99-0261283	501(C)(3)	10,000.	0.			FOR MAUI STRONG FUND		
HAWAII COMMUNITY FOUNDATION 827 FORT STREET MALL HONOLULU, HI 96813	99-0261283	501(C)(3)	20,000.	0.			FOR MAUI STRONG FUND		
HEALTHCARE FOUNDATION NORTHERN SONOMA COUNTY - P.O. BOX 1025 - HEALDSBURG, CA 95448	68-0474109	501(C)(3)	25,000.	0.			FOR SUPPORT OF THE MENTAL HEALTH TALENT PIPELINE PROJECT		
HEARTS & HANDS PRESCHOOL INC 1504 MYRTLE STREET CALISTOGA, CA 94515	45-2424700	501(C)(3)	1,500.	0.			TO SUPPORT PRESCHOOL PARTICIPATION FOR LOW-INCOME CHILDREN IN CALISTOGA		
HEARTS & HANDS PRESCHOOL INC 1504 MYRTLE STREET CALISTOGA, CA 94515	45-2424700	501(C)(3)	3,600.	0.			FOR GENERAL/OPERATING SUPPORT		
HIGHWAY 29 MEDIA COMPANY 1887 MULBERRY STREET YOUNTVILLE, CA 94599	88-4416319		200.	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		500.	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		25,000.	0.			TO SUPPORT PUBLIC INTEREST JOURNALISM IN NAPA COUNTY, INCLUDING BUT NOT LIMITED TO		

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt 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
							TO SUPPORT PUBLIC
HIGHWAY 29 MEDIA COMPANY							INTEREST JOURNALISM IN
1887 MULBERRY STREET							NAPA COUNTY, INCLUDING
YOUNTVILLE, CA 94599	88-4416319		25,000.	0.			BUT NOT LIMITED TO
							TO SUPPORT PUBLIC
HIGHWAY 29 MEDIA COMPANY							INTEREST JOURNALISM IN
1887 MULBERRY STREET							NAPA COUNTY, INCLUDING
YOUNTVILLE, CA 94599	88-4416319		25,000.	0.			BUT NOT LIMITED TO
							TO SUPPORT PUBLIC
HIGHWAY 29 MEDIA COMPANY							INTEREST JOURNALISM IN
1887 MULBERRY STREET							NAPA COUNTY, INCLUDING
YOUNTVILLE, CA 94599	88-4416319		25,000.	0.			BUT NOT LIMITED TO
							TO SUPPORT PUBLIC
HIGHWAY 29 MEDIA COMPANY							INTEREST JOURNALISM IN
1887 MULBERRY STREET							NAPA COUNTY, INCLUDING
YOUNTVILLE, CA 94599	88-4416319		29,585.	0.			BUT NOT LIMITED TO
HOLY ASSUMPTION MONASTERY							FOR THE ST. NICHOLAS
1519 WASHINGTON STREET							HOUSE, IN MEMORY OF
CALISTOGA, CA 94515	94-2903160	501(C)(3)	1,000.	0.			THOMAS J. BUNDROS
VOLVE AGGINGETON NOVAGETON							
HOLY ASSUMPTION MONASTERY							
1519 WASHINGTON STREET		504 (5) (2)	10.000				FOR GENERAL/OPERATING
CALISTOGA, CA 94515	94-2903160	501(C)(3)	10,000.	0.			SUPPORT
							FOR 2020 NAPA COUNTY
HOWELL MOUNTAIN LAND MANAGEMENT,							WILDFIRE RECOVERY FOR
LLC - PO BOX 172 - POPE VALLEY, CA				_			DISASTER CASE MANAGEMENT
94567	88-0744948		13,390.	0.			CLIENT WANDA HUDSPETH FOR
WINNE GOGTERN OF NABA GOVERN							
HUMANE SOCIETY OF NAPA COUNTY							
PO BOX 695							L
NAPA, CA 94559	23-7315010	501(C)(3)	500.	0.			FOR GENERAL SUPPORT
HIMANE COCTEMY OF NADA COUNTY							
HUMANE SOCIETY OF NAPA COUNTY							
PO BOX 695	22 721 5010	E01/C\/3\	E 050	_			EOD CEMEDAL CURRORS
NAPA, CA 94559	23-7315010	DOT(C)(2)	5,059.	0.			FOR GENERAL SUPPORT

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	T
(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
HUMANE SOCIETY OF NAPA COUNTY							
PO BOX 695							FOR GENERAL/OPERATING
NAPA, CA 94559	23-7315010	501(C)(3)	10,000.	0.			SUPPORT
HUMANE SOCIETY OF NAPA COUNTY							FOR SUPPORT OF THE
PO BOX 695							BEHAVIORAL DOG TRAINING
NAPA, CA 94559	23-7315010	501(C)(3)	25,000.	0.			PROGRAM
IF GIVEN A CHANCE							
PO BOX 2607							FOR GENERAL/OPERATING
NAPA, CA 94558	91-1852336	501(C)(3)	10,000.	0.			SUPPORT
,							FOR THE MARTHA EVENS FUND
ILLINOIS INSTITUTE OF TECHNOLOGY							FOR ENHANCING COMPUTER
7565 SOLUTION CENTER							SCIENCE IN HEALTHCARE
CHICAGO, IL 60677	36-2170136	501(C)(3)	50,000.	0.			(INFORMATICS) TRAINING
							FOR SUPPORT OF THE
ILLINOIS STATE UNIVERSITY							MULTICULTURAL CENTER
FOUNDATION - CAMPUS BOX 8000 -							ENHANCEMENT FUND, FOR THE
NORMAL, IL 61790	37-6025713	501(C)(3)	50,000.	0.			DR. FRANK NAEYMI-RAD AND
IMMIGRATION INSTITUTE OF THE BAY							FOR GENERAL OPERATIONS,
AREA - 58 2ND STREET 3RD FLOOR -							TO SUPPORT COMMUNITY
SAN FRANCISCO, CA 94105	94-1156554	501(C)(3)	250.	0.			ROOTS OF NAPA
IMMIGRATION INSTITUTE OF THE BAY							FOR GENERAL OPERATIONS,
AREA - 58 2ND STREET 3RD FLOOR -							TO SUPPORT COMMUNITY
SAN FRANCISCO, CA 94105	94-1156554	501(C)(3)	2,500.	0.			ROOTS OF NAPA
IMMIGRATION INSTITUTE OF THE BAY							
AREA - 58 2ND STREET 3RD FLOOR -							TO SUPPORT NAPA COUNTY
SAN FRANCISCO, CA 94105	94-1156554	501(C)(3)	5,000.	0.			PROGRAMS
TMMTCDAMTON TNOMTMIME OF MUE DAY							
IMMIGRATION INSTITUTE OF THE BAY AREA - 58 2ND STREET 3RD FLOOR -							FOR VINEYARD WORKER
SAN FRANCISCO, CA 94105	94-1156554	501 (C) (3)	10,500.	0.			IMMIGRATION WORK
ELL TRIMCIDGO, CA 74103	1 24 1120224	001(0/(0/	1 10,300.	<u> </u>			TIMITORITION NORTH

Part II Continuation of Grants and Other A	Assistance to Doı ⊺	mestic Organizations ⊺	and Domestic Go	vernments (Sch	edule I (Form 990), Pa T	rt II.) T	T
(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
IMMIGRATION INSTITUTE OF THE BAY							
AREA - 58 2ND STREET 3RD FLOOR -							FOR GENERAL/OPERATING
SAN FRANCISCO, CA 94105	94-1156554	501(C)(3)	15,000.	0.			SUPPORT
IMMIGRATION INSTITUTE OF THE BAY							
AREA - 58 2ND STREET 3RD FLOOR -							
SAN FRANCISCO, CA 94105	94-1156554	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT
							FOR A PASS-THROUGH FROM
IMMIGRATION INSTITUTE OF THE BAY							COUNTY OF NAPA FOR
AREA - 58 2ND STREET 3RD FLOOR -							CITIZENSHIP LEGAL
SAN FRANCISCO, CA 94105	94-1156554	501(C)(3)	15,800.	0.			SERVICES IN NAPA COUNTY
IMMIGRATION INSTITUTE OF THE BAY							
AREA - 58 2ND STREET 3RD FLOOR -							
SAN FRANCISCO, CA 94105	94-1156554	501(C)(3)	40,000.	0.			FOR GENERAL SUPPORT
			,				FOR PARTICIPATION IN THE
IMMIGRATION INSTITUTE OF THE BAY							CITIZENSHIP LEGAL
AREA - 58 2ND STREET 3RD FLOOR -							SERVICES (CLS)
SAN FRANCISCO, CA 94105	94-1156554	501(C)(3)	98,500.	0.			COLLABORATIVE THAT IS
· ·							FOR SUPPORT OF THE
J DAVID GLADSTONE INSTITUTES							GLADSTONE INSTITUTE
1650 OWENS STREET							ALZHEIMERS RESEARCH
SAN FRANCISCO, CA 94158	23-7203666	501(C)(3)	15,000.	0.			PROGRAM
JAMESON ANIMAL RESCUE RANCH							FOR GENERAL/OPERATING
1224 ADAMS STREET, STE C							SUPPORT IN MEMORY OF
ST. HELENA, CA 94574	47-1230166	501 (C) (3)	500.	0.			DAVID STEVENS
or. Hilliam, Ch 54574	47 1230100	301(0)(3)	300.	<u> </u>			FOR GENERAL/OPERATING
JAMESON ANIMAL RESCUE RANCH							SUPPORT, IN HONOR OF
1224 ADAMS STREET, STE C							AMANDA HARLAN MALTAS'
ST. HELENA, CA 94574	47-1230166	501(C)(3)	500.	0.			LEADERSHIP
JAMESON ANIMAL RESCUE RANCH							
1224 ADAMS STREET, STE C							FOR GENERAL/OPERATING
ST. HELENA, CA 94574	47-1230166	501(C)(3)	1,000.	0.			SUPPORT

Part II Continuation of Grants and Oth	er Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	<u> </u>
(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
							FOR SUPPORT OF SMALL
JAMESON ANIMAL RESCUE RANCH							ANIMAL PROGRAMS IN NAPA
1224 ADAMS STREET, STE C							COUNTY. THIS GRANT WILL
ST. HELENA, CA 94574	47-1230166	501(C)(3)	25,000.	0.			BE PAID \$25,000 PER YEAR
							FOR SUPPORT OF SMALL
JAMESON ANIMAL RESCUE RANCH							ANIMAL PROGRAMS IN NAPA
1224 ADAMS STREET, STE C							COUNTY. THIS GRANT WILL
ST. HELENA, CA 94574	47-1230166	501(C)(3)	25,000.	0.			BE PAID \$25,000 PER YEAR
JDRF INTERNATIONAL							
PO BOX 5018							FOR THE ILLINOIS ONE
HAGERSTOWN, MD 21741	23-1907729	501 (C) (3)	25,000.	0.			DREAM GALA FUND-A-CURE
middioni, in 21741	23 1307723	501(0)(3)	25,000.	· ·			DRIM GIMI TOND IT CORE
JDRF INTERNATIONAL							
PO BOX 5018							FOR THE ILLINOIS ONE
HAGERSTOWN, MD 21741	23-1907729	501(C)(3)	25,000.	0.			DREAM GALA FUND-A-CURE
	20 2507,25		20,000.	•			FOR 2020 NAPA COUNTY
JIM CLIFTON							WILDFIRE RECOVERY FOR
PO BOX 128							DISASTER CASE MANAGEMENT
POPE VALLEY, CA 94567	94-2274093		1,605.	0.			CLIENT WANDA HUDSPETH FOR
Total vinzizat, on 3130,	31 22/1033		1,005.	••			FOR 2020 NAPA COUNTY
JIM CLIFTON							WILDFIRE RECOVERY FOR
PO BOX 128							DISASTER CASE MANAGEMENT
POPE VALLEY, CA 94567	94-2274093		100,319.	0.			CLIENT WANDA HUDSPETH FOR
	71 22/1000		200,025.	•			FOR 2020 NAPA COUNTY
JOHN TAYLOR BUILDERS LLC							WILDFIRE RECOVERY FOR
635 AALNUT LANE							DISASTER CASE MANAGEMENT
ANGWIN, CA 94508			5,500.	0.			CLIENT WANDA HUDSPETH FOR
			,,,,,,	•			
LARK TRADITIONAL ARTS							
PO BOX 1724							FOR GENERAL/OPERATING
MENDOCINO, CA 95460	83-2424940	501(C)(3)	40,000.	0.			SUPPORT
	1	-,,,,,,		•			FOR SUPPORT OF IN-SCHOOL
LUNCHTIME PRODUCTIONS INC.							DRAMA RESIDENCY AT BEL
1241 ADAMS STREET, STE 1114							AIRE PARK ELEMENTARY
ST. HELENA, CA 94574	30-0839728	501(C)(3)	1,000.	0.			SCHOOL
	1 33 333720		1,500.	٠.			Oakadala I/Farra 000

(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
LUNCHTIME PRODUCTIONS INC. 1241 ADAMS STREET, STE 1114 ST. HELENA, CA 94574	30-0839728	501(C)(3)	4,000.	0.			FOR IN-SCHOOL RESIDENCIES IN NAPA COUNTY
MARIN GENERAL HOSPITAL FOUNDATION 1350 S ELISEO DRIVE, SUITE 110 GREENBRAE, CA 94904	94-6127213	501(C)(3)	10,000.	0.			FOR SUPPORT OF THE O-ARM 3D IMAGING SYSTEM, IN GRATITUDE TO DR. BRIAN SU
MASSACHUSETTS INSTITUTE OF TECHNOLOGY - 600 MEMORIAL DRIVE, W98-200 - CAMBRIDGE, MA 02139	04-2103594	501(C)(3)	50,000.	0.			FOR THE IRDF FUND FOR DELTA TAU DELTA RESTORE AND THRIVE CAPITAL CAMPAIGN (FUND #3766600)
MAUI UNITED WAY INC. 95 MAHALANI ST., SUITE 24 WAILUKU, HI 96793	99-0086524	501(C)(3)	10,000.	0.			FOR MAUI FIRE RELIEF FUNI
MENTIS 1272 HAYES STREET NAPA, CA 94559	94-1236934	501(C)(3)	1,000.	0.			FOR GENERAL/OPERATING SUPPORT
MENTIS 1272 HAYES STREET NAPA, CA 94559	94-1236934	501(C)(3)	1,000.	0.			FOR FUND-A-NEED
MENTIS 1272 HAYES STREET NAPA, CA 94559	94-1236934	501(C)(3)	1,000.	0.			FOR THE BUILDING TEEN RESILIENCE IN OUR SCHOOLS INITIATIVE
MENTIS 1272 HAYES STREET NAPA, CA 94559	94-1236934	501(C)(3)	2,500.	0.			FOR GENERAL SUPPORT
MENTIS 1272 HAYES STREET NAPA, CA 94559	94-1236934	501(C)(3)	2,500.	0.			FOR GENERAL/OPERATING SUPPORT

Part II Continuation of Grants and Oth	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			
MENTIS										
1272 HAYES STREET							FOR YOUTH TRAUMA RECOVERY			
NAPA, CA 94559	94-1236934	501(C)(3)	2,500.	0.			SERVICES			
MENTIS										
1272 HAYES STREET										
NAPA, CA 94559	94-1236934	501(C)(3)	5,000.	0.			FOR THE CAPITAL CAMPAIGN			
MENTIS										
1272 HAYES STREET										
NAPA, CA 94559	94-1236934	501(C)(3)	9,000.	0.			FOR GENERAL SUPPORT			
MINIST C										
MENTIS 1272 HAYES STREET							FOR GENERAL/OPERATING			
NAPA, CA 94559	94-1236934	501(C)(3)	15,000.	0.			SUPPORT			
	71 2200701		20,000.				5011011			
MENTIS							FOR SUPPORT OF THE			
1272 HAYES STREET							BUILDING TEEN RESILIENCE			
NAPA, CA 94559	94-1236934	501(C)(3)	20,000.	0.			IN OUR SCHOOLS INITIATIVE			
MENTIS										
1272 HAYES STREET										
NAPA, CA 94559	94-1236934	501(C)(3)	20,000.	0.			FOR THE CAPITAL CAMPAIGN			
MENTIS										
1272 HAYES STREET NAPA, CA 94559	94-1236934	501/C)/3)	20,000.	0.			FOR GENERAL SUPPORT			
NAIA, CA 94333	J4 1230334	301(0)(3)	20,000.	0.			FOR GENERAL BUILDRI			
MOLLY'S ANGELS										
433 SOSCOL AVENUE, STE B151							FOR GENERAL/OPERATING			
NAPA, CA 94559	31-1675725	501(C)(3)	500.	0.			SUPPORT			
MOLLY'S ANGELS										
433 SOSCOL AVENUE, STE B151										
NAPA, CA 94559	31-1675725	501(C)(3)	1,000.	0.			FOR GENERAL SUPPORT			
				<u> </u>	l	1				

Part II Continuation of Grants and Other	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		
MOLLY'S ANGELS									
433 SOSCOL AVENUE, STE B151									
NAPA, CA 94559	31-1675725	501(C)(3)	7,000.	0.			FOR GENERAL SUPPORT		
MOLLY'S ANGELS									
433 SOSCOL AVENUE, STE B151									
NAPA, CA 94559	31-1675725	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT		
MONARCH JUSTICE CENTER									
5 FINANCIAL PLAZA #205							FOR GENERAL/OPERATING		
NAPA, CA 94558	88-0747034	501(C)(3)	2,000.	0.			SUPPORT		
·			,						
MONARCH JUSTICE CENTER									
5 FINANCIAL PLAZA #205									
NAPA, CA 94558	88-0747034	501(C)(3)	200,000.	0.			FOR GENERAL SUPPORT		
MUSIC IN THE VINEYARDS									
PO BOX 6297							FOR GENERAL/OPERATING		
NAPA, CA 94581	68-0358441	501(C)(3)	5,000.	0.			SUPPORT		
NAPA BUNNIES									
1240 HEMLOCK STREET NAPA, CA 94559	87-1171768	501 (C) (3)	10,000.	0.			FOR GENERAL SUPPORT		
MAFA, CA 94559	87-1171708	501(0)(3)	10,000.	0.			FOR GENERAL SUFFORT		
							FOR SUPPORT OF SMALL		
NAPA COMMUNITY ANIMAL RESPONSE							ANIMAL PROGRAMS IN NAPA		
TEAM - PO BOX 67 - NAPA, CA 94559	82-3738768	501(C)(3)	20,000.	0.			COUNTY		
							FOR GENERAL SUPPORT, IN		
NAPA COUNTY ANIMAL SHELTER AND							MEMORY OF THOMAS EDWARD		
ADOPTION CENTER - 942 HARTLE COURT							TULL III. THIS GRANT WAS		
- NAPA, CA 94558		NAPA COUNTY ANIM	250.	0.			MADE POSSIBLE BY THE		
NADA GOINEY ANIMAL GUELEER AND							FOR GENERAL SUPPORT. THIS		
NAPA COUNTY ANIMAL SHELTER AND ADOPTION CENTER - 942 HARTLE COURT							GRANT WILL BE PAID \$30,000 PER YEAR OVER TWO		
- NAPA, CA 94558		NAPA COUNTY ANIM	30,000.	0.			YEARS		
	l	P COOMIT AMIM	30,000.	<u> </u>	1				

Part II Continuation of Grants and Other A	Assistance to Doi	mestic Organizations	and Domestic Go	verninents (Sch			
(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 COUNTY ANIMAL SHELTER AND ADOPTION CENTER - 942 HARTLE COURT							FOR GENERAL SUPPORT. THIS GRANT WILL BE PAID \$30,000 PER YEAR OVER TWO
- NAPA, CA 94558		NAPA COUNTY ANIM	30,000.	0.			YEARS
NAPA COUNTY CHILDREN AND FAMILIES COMMISSION - 1302 JEFFERSON							TO SUPPORT THE FLORECER
STREET, STE 100A - NAPA, CA 94559	68-0455676	NAPA COUNTY ANIM	5,000.	0.			PROGRAM IN NAPA COUNTY
NAPA COUNTY LAND TRUST 1700 SOSCOL AVENUE, STE 20	04 2215006	E01/G)/2)	500.				TOD GUNUDAY GUNDON
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 SUPPORT
NAPA COUNTY LAND TRUST 1700 SOSCOL AVENUE, STE 20							IN SUPPORT OF CORNERSTONE
NAPA, CA 94559	94-2315096	501(C)(3)	5,000.	0.			SOCIETY FOR LAND PURCHASE
NAPA COUNTY LAND TRUST 1700 SOSCOL AVENUE, STE 20 NAPA, CA 94559	94-2315096	501(C)(3)	10,000.	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
NAPA COUNTY LIBRARY 580 COOMBS STREET							FOR THE PURCHASE OF CHILDREN'S BOOKS IN SPANISH FOR COMMUNITY
NAPA, CA 94559	94-6000525	NAPA COUNTY LIBR	500.	0.			DISTRIBUTION
NAPA COUNTY LIBRARY 580 COOMBS STREET							
NAPA, CA 94559	94-6000525	NAPA COUNTY LIBR	3,000.	0.			FOR THE LITERACY CENTER

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	T
(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 COUNTY LIBRARY							
580 COOMBS STREET							
NAPA, CA 94559	94-6000525	NAPA COUNTY LIBR	3,500.	0.			FOR THE LITERACY CENTER
			-,				FOR THE WELDING AND
NAPA COUNTY OFFICE OF EDUCATION							CULINARY CTE PROGRAM AT
2121 IMOLA AVENUE							CAMILLE CREEK COMMUNITY
NAPA, CA 94559	94-6002406	NAPA COUNTY OFFI	500.	0.			SCHOOL
•							FOR THE WELDING AND
NAPA COUNTY OFFICE OF EDUCATION							CULINARY CTE PROGRAM AT
2121 IMOLA AVENUE							CAMILLE CREEK COMMUNITY
NAPA, CA 94559	94-6002406	NAPA COUNTY OFFI	5,000.	0.			school
							FOR THE WELDING AND
NAPA COUNTY OFFICE OF EDUCATION							CULINARY CTE PROGRAM AT
2121 IMOLA AVENUE							CAMILLE CREEK COMMUNITY
NAPA, CA 94559	94-6002406	NAPA COUNTY OFFI	7,000.	0.			schoor
NAPA COUNTY RESOURCE CONSERVATION							FOR CALIFORNIA WILDFIRE
DISTRICT - 1303 JEFFERSON STREET,							AND FOREST RESILIENCE
STE 500B - NAPA, CA 94559	94-1569332	NAPA COUNTY RESO	500.	0.			TASK FORCE
NADA GOUNGU DEGOUDGE GONGERUMETON							HOD GUDDODE OF MUE FIGU
NAPA COUNTY RESOURCE CONSERVATION							FOR SUPPORT OF THE FISH
DISTRICT - 1303 JEFFERSON STREET,	04 1560222	NADA GOUNEY DEGO	1 000	0			PASSAGE RESTORATION
STE 500B - NAPA, CA 94559	94-1569332	NAPA COUNTY RESO	1,000.	0.			PROJECT
NAPA COUNTY RESOURCE CONSERVATION							FOR SUPPORT OF THE FISH
DISTRICT - 1303 JEFFERSON STREET.							PASSAGE RESTORATION
STE 500B - NAPA, CA 94559	94-1569332	NAPA COUNTY RESO	1,500.	0.			PROJECT
<u> </u>	74 1307332	MILLI COOKII KEBO	1,300.	0.			I NOOLE I
NAPA COUNTY RESOURCE CONSERVATION							
DISTRICT - 1303 JEFFERSON STREET,							
STE 500B - NAPA, CA 94559	94-1569332	NAPA COUNTY RESO	5,000.	0.			FOR GENERAL SUPPORT
,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- •			
NAPA VALLEY CHILD ADVOCACY							
NETWORK, INCORPORATED - 433 SOSCOL							TO EXPAND THE YOUTHCANS
AVE, SUITE B160 - NAPA, CA 94559	56-2498308	501(C)(3)	1,000.	0.			NEXT STEPS PROGRAM

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(B) EII1	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
NAPA VALLEY CHILD ADVOCACY							
NETWORK, INCORPORATED - 433 SOSCOL							FOR THE TRIPLE P
AVE, SUITE B160 - NAPA, CA 94559	56-2498308	501(C)(3)	2,500.	0.			PARENTING PROGRAM
			,				TO HELP SUPPORT
NAPA VALLEY CHILD ADVOCACY							OPERATIONS FOR
NETWORK, INCORPORATED - 433 SOSCOL							DISTRIBUTION OF EMERGENCY
AVE, SUITE B160 - NAPA, CA 94559	56-2498308	501(C)(3)	2,500.	0.			FOOD ASSISTANCE IN THE
NAPA VALLEY CHILD ADVOCACY							
NETWORK, INCORPORATED - 433 SOSCOL	56 0400000	E01/G1/31	2 000	•			TO EXPAND THE YOUTHCANS
AVE, SUITE B160 - NAPA, CA 94559	56-2498308	501(C)(3)	3,000.	0.			NEXT STEPS PROGRAM
NAPA VALLEY CHILD ADVOCACY							
NETWORK, INCORPORATED - 433 SOSCOL							TO EXPAND THE YOUTHCANS
AVE, SUITE B160 - NAPA, CA 94559	56-2498308	501(C)(3)	5,000.	0.			NEXT STEPS PROGRAM
			,				
NAPA VALLEY CHILD ADVOCACY							
NETWORK, INCORPORATED - 433 SOSCOL							
AVE, SUITE B160 - NAPA, CA 94559	56-2498308	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
NAPA VALLEY CHILD ADVOCACY							
NETWORK, INCORPORATED - 433 SOSCOL	E6 2400200	E01/a)/3)	20.000	0			EOD GENERAL GURRORE
AVE, SUITE B160 - NAPA, CA 94559 NAPA VALLEY COMMUNITY COLLEGE	56-2498308	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT
DISTRICT AUXILIARY SERVICES							
ORGANIZATION - 2277 NAPA-VALLEJO							FOR SUPPORT OF THE NAPA
HWY - NAPA, CA 94559	46-2918583	501(C)(3)	1,000.	0.			VALLEY WRITERS CONFERENCE
NAPA VALLEY COMMUNITY COLLEGE	10 2310303	301(0)(3)	2,000.	•			WILLIAM CONFERENCE
DISTRICT AUXILIARY SERVICES							FOR THE NAPA VALLEY
ORGANIZATION - 2277 NAPA-VALLEJO							COLLEGE BASIC NEEDS
HWY - NAPA, CA 94559	46-2918583	501(C)(3)	2,000.	0.			CENTER
NAPA VALLEY COMMUNITY COLLEGE			, ,				
DISTRICT AUXILIARY SERVICES							
ORGANIZATION - 2277 NAPA-VALLEJO							
HWY - NAPA, CA 94559	46-2918583	501(C)(3)	2,000.	0.			FOR THE PUENTE PROJECT

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	r ugo r
(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 COMMUNITY COLLEGE							
DISTRICT AUXILIARY SERVICES							
ORGANIZATION - 2277 NAPA-VALLEJO							FOR THE BASIC NEEDS
HWY - NAPA, CA 94559	46-2918583	501(C)(3)	2,000.	0.			CENTER FOOD PANTRY
NAPA VALLEY COMMUNITY COLLEGE							
DISTRICT AUXILIARY SERVICES							
ORGANIZATION - 2277 NAPA-VALLEJO							FOR THE PROJECT DISCOVERY
HWY - NAPA, CA 94559	46-2918583	501(C)(3)	3,500.	0.			PROGRAM
NAPA VALLEY COMMUNITY							TO HELP SUPPORT
ORGANIZATIONS ACTIVE IN DISASTER -							OPERATIONS FOR
3299 CLAREMONT WAY, STE 2 - NAPA,							DISTRIBUTION OF EMERGENCY
CA 94558	92-0361721	501(C)(3)	2,500.	0.			FOOD ASSISTANCE IN THE
NAPA VALLEY COMMUNITY							
ORGANIZATIONS ACTIVE IN DISASTER -							
3299 CLAREMONT WAY, STE 2 - NAPA,							
CA 94558	92-0361721	501(C)(3)	2,500.	0.			FOR GENERAL SUPPORT
NAPA VALLEY COMMUNITY							
ORGANIZATIONS ACTIVE IN DISASTER -							
3299 CLAREMONT WAY, STE 2 - NAPA,							
CA 94558	92-0361721	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
NAPA VALLEY COMMUNITY							FOR GENERAL SUPPORT FOR
ORGANIZATIONS ACTIVE IN DISASTER -							THE OPERATIONS OF NAPA
3299 CLAREMONT WAY, STE 2 - NAPA,							VALLEY COMMUNITY
CA 94558	92-0361721	501(C)(3)	100,000.	0.			ORGANIZATIONS ACTIVE IN
NAPA VALLEY EDUCATION FOUNDATION							
2425 JEFFERSON STREET, ROOM #105							FOR THE SUMMER MENTOR
NAPA, CA 94558	68-0005743	501(C)(3)	2,500.	0.			PROGRAM
							FOR PROFESSIONAL
NAPA VALLEY EDUCATION FOUNDATION							DEVELOPMENT FOR VALLEY
2425 JEFFERSON STREET, ROOM #105							OAK HIGH SCHOOL, AND
NAPA, CA 94558	68-0005743	501(C)(3)	2,500.	0.			COLLEGE AND CAREER
NAPA VALLEY EDUCATION FOUNDATION							
2425 JEFFERSON STREET, ROOM #105							FOR THE MUSIC CONNECTION
NAPA, CA 94558	68-0005743	501(C)(3)	5,000.	0.			PROGRAM

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	rage i
(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 EDUCATION FOUNDATION 2425 JEFFERSON STREET, ROOM #105 NAPA, CA 94558	68-0005743	501(C)(3)	5,000.	0.			TO SUPPORT THE CAREER
NAPA VALLEY EDUCATION FOUNDATION 2425 JEFFERSON STREET, ROOM #105 NAPA, CA 94558	68-0005743	501(C)(3)	7,000.	0.			FOR GENERAL SUPPORT
NAPA VALLEY EDUCATION FOUNDATION 2425 JEFFERSON STREET, ROOM #105 NAPA, CA 94558	68-0005743	501(C)(3)	11,000.	0.			TO SUPPORT THE CAREER
NAPA VALLEY EDUCATION FOUNDATION 2425 JEFFERSON STREET, ROOM #105 NAPA, CA 94558	68-0005743	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT
NAPA VALLEY FARMWORKER FOUNDATION 831 LATOUR COURT, STE A NAPA, CA 94558	36-4790851	501(C)(3)	1,000.	0.			FOR THE FIELDS OF OPPORTUNITY PROGRAM
NAPA VALLEY FARMWORKER FOUNDATION 831 LATOUR COURT, STE A NAPA, CA 94558	36-4790851	501(C)(3)	2,000.	0.			TO SUPPORT THE THE FIELDS OF OPPORTUNITY PROGRAM
NAPA VALLEY FARMWORKER FOUNDATION 831 LATOUR COURT, STE A NAPA, CA 94558	36-4790851	501(C)(3)	2,500.	0.			FOR 2023 HARVEST STOMP FUND-A-NEED. THIS GRANT WAS MADE POSSIBLE BY THE GENEROSITY OF MARLA
NAPA VALLEY FARMWORKER FOUNDATION 831 LATOUR COURT, STE A NAPA, CA 94558	36-4790851	501(C)(3)	3,000.	0.			TO SUPPORT THE THE FIELDS OF OPPORTUNITY PROGRAM
NAPA VALLEY FARMWORKER FOUNDATION 831 LATOUR COURT, STE A NAPA, CA 94558	36-4790851	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(D) EIIV	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
NAPA VALLEY FARMWORKER FOUNDATION							
831 LATOUR COURT, STE A							FOR GENERAL/OPERATING
NAPA, CA 94558	36-4790851	501(C)(3)	25,000.	0.			SUPPORT
NAPA VALLEY FESTIVAL ASSOCIATION							
PO BOX 6221							FOR EDUCATIONAL YOUTH
NAPA, CA 94581	26-4008029	501(C)(3)	1,000.	0.			PROGRAMS
NAPA VALLEY FESTIVAL ASSOCIATION							
PO BOX 6221							 FOR THE ARTS FOR ALL GALA
NAPA, CA 94581	26-4008029	501(C)(3)	5,000.	0.			FUND A NEED
·			,				
NAPA VALLEY FESTIVAL ASSOCIATION							
PO BOX 6221							
NAPA, CA 94581	26-4008029	501(C)(3)	10,000.	0.			FOR THE ANNUAL FUND
NAPA VALLEY FESTIVAL ASSOCIATION							
PO BOX 6221							
NAPA, CA 94581	26-4008029	501(C)(3)	45,000.	0.			FOR THE FUND A NEED
<u>, on 31301</u>	20 1000025	301(0)(3)	15,000.	•			TON THE TOND IT WELD
NAPA VALLEY GRAPEGROWERS							FOR EDUCATION FUNDS AT
FOUNDATION - 831 LATOUR COURT, STE							THE ORGANIZATION'S
A - NAPA, CA 94558	82-2012860	501(C)(3)	2,000.	0.			DISCRETION
NAPA VALLEY GRAPEGROWERS							L
FOUNDATION - 831 LATOUR COURT, STE	1	501/61/21	4 400				FOR 2023 HARVEST STOMP
A - NAPA, CA 94558	82-2012860	501(C)(3)	4,400.	0.			FUND-A-NEED
NAPA VALLEY GRAPEGROWERS							
FOUNDATION - 831 LATOUR COURT, STE							
A - NAPA, CA 94558	82-2012860	501(C)(3)	10,050.	0.			FOR STOMP FUND-A-NEED
,							TO SUPPORT THE OAKVILLE
NAPA VALLEY GRAPEGROWERS							CAMPAIGN. THIS GRANT WILL
FOUNDATION - 831 LATOUR COURT, STE							BE PAYABLE IN 2 EQUAL
A - NAPA, CA 94558	82-2012860	501(C)(3)	12,500.	0.			INSTALLMENTS IN MAY 2024

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	raye
(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 GRAPEGROWERS FOUNDATION - 831 LATOUR COURT, STE							TO SUPPORT THE OAKVILLE CAMPAIGN. THIS GRANT WILI BE PAYABLE IN 2 EQUAL
A - NAPA, CA 94558	82-2012860	501(C)(3)	12,500.	0.			INSTALLMENTS IN MAY 2024
NAPA VALLEY SUPPORT SERVICES 1119 JORDAN LANE NAPA, CA 94558	51-0186054	501(C)(3)	11,000.	0.			FOR GENERAL SUPPORT
11111, 611 31330	31 0100031	301(0)(3)	11,000.	-			TON GENERAL BOTTON
NAPA VALLEY UNIFIED SCHOOL DISTRICT - 2425 JEFFERSON STREET - NAPA, CA 94558		501(C)(3)	1,000.	0.			FOR THE ENVIRONMENTAL SCIENCE AND GARDENING PROGRAM
NAPA VALLEY UNIFIED SCHOOL DISTRICT - 2425 JEFFERSON STREET - NAPA, CA 94558		501(C)(3)	5,000.	0.			TO STRENGTHEN THE AVID PROGRAM, INCLUDING TEACHER TRAINING, REGISTRATION FEES,
NAPA VALLEY UNIFIED SCHOOL DISTRICT - 2425 JEFFERSON STREET - NAPA, CA 94558		501(C)(3)	9,000.	0.			TO STRENGTHEN THE AVID PROGRAM, INCLUDING TEACHER TRAINING, REGISTRATION FEES,
NAPA VALLEY UNIFIED SCHOOL DISTRICT - 2425 JEFFERSON STREET - NAPA, CA 94558		501(C)(3)	10,000.	0.			TO STRENGTHEN THE AVID PROGRAM, INCLUDING TEACHER TRAINING, REGISTRATION FEES,
NAPA VALLEY UNIFIED SCHOOL DISTRICT - 2425 JEFFERSON STREET - NAPA, CA 94558		501(C)(3)	12,000.	0.			TO STRENGTHEN THE AVID PROGRAM, INCLUDING TEACHER TRAINING, REGISTRATION FEES,
NAPA VALLEY YOUTH SYMPHONY INC. PO BOX 6594 NAPA, CA 94581	14-1843988	501(C)(3)	3,000.	0.			FOR GENERAL SUPPORT
NAPA VALLEY YOUTH SYMPHONY INC. PO BOX 6594 NAPA, CA 94581	14-1843988	501(C)(3)	3,500.	0.			FOR GENERAL SUPPORT

Part II Continuation of Grants and Other	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			
NASHVILLE ADULT LITERACY COUNCIL, INC 4805 PARK AVE - NASHVILLE, TN 37209	58-1488230	501(C)(3)	10,000.	0.			FOR GENERAL/OPERATING SUPPORT			
NEWS 1141 PEAR TREE LANE, STE 220 NAPA, CA 94558	94-2745889	501(C)(3)	1,000.	0.			FOR GENERAL/OPERATING 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)	5,000.	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 SUPPORT. THIS GRANT WAS MADE POSSIBLE BY AN ANONYMOUS DONOR			
NEWS 1141 PEAR TREE LANE, STE 220 NAPA, CA 94558	94-2745889	501(C)(3)	15,000.	0.			FOR GENERAL/OPERATING SUPPORT			
NEWS 1141 PEAR TREE LANE, STE 220 NAPA, CA 94558	94-2745889	501(C)(3)	20,000.	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			
NEWS 1141 PEAR TREE LANE, STE 220 NAPA, CA 94558	94-2745889	501(C)(3)	50,000.	0.			FOR GENERAL SUPPORT			

(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
NIMBUS ARTS							
649 MAIN STREET							
ST. HELENA, CA 94574	27-1503762	501(C)(3)	500.	0.			FOR EDUCATION PROGRAMS
NIMBUS ARTS							
649 MAIN STREET							FOR GENERAL/OPERATING
ST. HELENA, CA 94574	27-1503762	501(C)(3)	500.	0.			SUPPORT
NIMBUS ARTS							
649 MAIN STREET							
ST. HELENA, CA 94574	27-1503762	501(C)(3)	1,000.	0.			FOR EDUCATION PROGRAMS
NIMBUS ARTS							
649 MAIN STREET							FOR GENERAL/OPERATING
ST. HELENA, CA 94574	27-1503762	501(C)(3)	1,000.	0.			SUPPORT
NIMBUS ARTS							
649 MAIN STREET							FOR GENERAL/OPERATING
ST. HELENA, CA 94574	27-1503762	501(C)(3)	1,000.	0.			SUPPORT
NIMBUS ARTS							
649 MAIN STREET							
ST. HELENA, CA 94574	27-1503762	501(C)(3)	2,000.	0.			FOR EDUCATION PROGRAMS
							FOR GENERAL SUPPORT. THIS
NIMBUS ARTS							GIFT WAS MADE POSSIBLE BY
649 MAIN STREET							THE GENEROSITY OF ANNE
ST. HELENA, CA 94574	27-1503762	501(C)(3)	2,000.	0.			CARVER AND DENNIS SUTRO
NIMBUS ARTS							
649 MAIN STREET							FOR GENERAL/OPERATING
ST. HELENA, CA 94574	27-1503762	501(C)(3)	15,000.	0.			SUPPORT
NIMBUS ARTS							
649 MAIN STREET							FOR GENERAL/OPERATING
ST. HELENA, CA 94574	27-1503762	501(C)(3)	30,000.	0.			SUPPORT

Part II Continuation of Grants and Other	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			
NORTH BAY ORGANIZING PROJECT 1717 YULUPA AVENUE SANTA ROSA, CA 95405	45-2369887	501(C)(3)	5,000.	0.			FOR SUPPORT OF THE UNDOCUFUND FOR FIRE RELIEF			
NORTHWESTERN UNIVERSITY DEVELOPMENT & ALUMNI RELATIONS FEINBERG SCHOOL OF MEDICINE RUBLOFF BUILDING,	36-2167817	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT OF DATA DRIVEN CURRICULUM AT THE FEINBERG SCHOOL OF MEDICINE			
OLE HEALTH FOUNDATION 1141 PEAR TREE LANE, SUITE 100 NAPA, CA 94558	68-0149424	501(C)(3)	500.	0.			FOR GENERAL SUPPORT			
OLE HEALTH FOUNDATION 1141 PEAR TREE LANE, SUITE 100 NAPA, CA 94558	68-0149424	501(C)(3)	1,000.	0.			FOR GENERAL/OPERATING SUPPORT, IN RECOGNITION OF THE CONTRIBUTIONS OF ELEANOR COPPOLA			
OLE HEALTH FOUNDATION 1141 PEAR TREE LANE, SUITE 100 NAPA, CA 94558	68-0149424	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT			
OLE HEALTH FOUNDATION 1141 PEAR TREE LANE, SUITE 100 NAPA, CA 94558	68-0149424	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT			
OLE HEALTH FOUNDATION 1141 PEAR TREE LANE, SUITE 100 NAPA, CA 94558	68-0149424	501(C)(3)	25,000.	0.			FOR GENERAL OPERATIONS OF OLE HEALTH			
OLE HEALTH FOUNDATION 1141 PEAR TREE LANE, SUITE 100 NAPA, CA 94558	68-0149424	501(C)(3)	25,000.	0.			FOR EPIC EHR SYSTEM IMPLEMENTATION			
ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558	75-3149095	501(C)(3)	1,500.	0.			FOR GENERAL SUPPORT. THIS GIFT WAS MADE POSSIBLE BY THE GENEROSITY OF ANNE CARVER AND DENNIS SUTRO			

Part II Continuation of Grants and Oth	ner Assistance to Doi			vernments (Sch	edule i (Form 990), Pa 	T II.)	Ι
(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							FOR THE PARENT UNIVERSITY
NAPA, CA 94558	75-3149095	501(C)(3)	2,500.	0.			PROGRAM IN NAPA COUNTY
ON THE MOVE							
780 LINCOLN AVENUE							FOR THE VOICES PROGRAM IN
NAPA, CA 94558	75-3149095	501(C)(3)	2,500.	0.			NAPA COUNTY
ON THE MOVE							FOR THE VOLUNTEER INCOME
780 LINCOLN AVENUE							TAX ASSISTANCE PROGRAM
NAPA, CA 94558	75-3149095	501(C)(3)	2,500.	0.			(VITA)
							TO HELP SUPPORT
ON THE MOVE							OPERATIONS FOR
780 LINCOLN AVENUE							DISTRIBUTION OF EMERGENCY
NAPA, CA 94558	75-3149095	501(C)(3)	2,500.	0.			FOOD ASSISTANCE IN THE
							FOR A PASS-THROUGH FROM
ON THE MOVE							COUNTY OF NAPA FOR
780 LINCOLN AVENUE NAPA, CA 94558	75-3149095	501(C)(3)	2,540.	0.			CITIZENSHIP LEGAL SERVICES IN NAPA COUNTY
			, -	-			
ON THE MOVE							
780 LINCOLN AVENUE	== 04.4000=	504 (5) (2)					FOR THE YOUTH LEADERSHIP
NAPA, CA 94558	75-3149095	501(C)(3)	3,000.	0.			ACADEMIES
ON THE MOVE							
780 LINCOLN AVENUE							FOR GENERAL/OPERATING
NAPA, CA 94558	75-3149095	501(C)(3)	5,000.	0.			SUPPORT
ON THE MOVE							FOR SUPPORT OF YOUTH
780 LINCOLN AVENUE							LEADERSHIP ACADEMIES IN
NAPA, CA 94558	75-3149095	501(C)(3)	5,000.	0.			NAPA COUNTY
ON THE MOVE							
780 LINCOLN AVENUE							FOR THE VOICES PROGRAM IN
NAPA, CA 94558	75-3149095	501(C)(3)	6,000.	0.			NAPA COUNTY

Part II Continuation of Grants and Oth		The Stie Organizations	and Bomestic Go	Vernments (Con-			
(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							FOR THE VOLUNTEER INCOME
780 LINCOLN AVENUE							TAX ASSISTANCE PROGRAM
NAPA, CA 94558	75-3149095	501(C)(3)	7,500.	0.			(VITA)
ON THE MOVE							
780 LINCOLN AVENUE							FOR SUPPORT OF YOUTH
NAPA, CA 94558	75-3149095	501(C)(3)	10,000.	0.			LEADERSHIP ACADEMIES
ON THE MOVE							
780 LINCOLN AVENUE							FOR YOUTH LEADERSHIP
NAPA, CA 94558	75-3149095	501(C)(3)	10,000.	0.			ACADEMIES
ON THE MOVE							
780 LINCOLN AVENUE							FOR THE NAPA HOUSING
NAPA, CA 94558	75-3149095	501(C)(3)	10,000.	0.			STABILITY PROGRAM
ON THE MOVE							FOR SUPPORT OF YOUTH
780 LINCOLN AVENUE							LEADERSHIP ACADEMIES IN
NAPA, CA 94558	75-3149095	501(C)(3)	10,000.	0.			NAPA COUNTY
ON THE MOVE							FOR SUPPORT OF THE LGBTQ
780 LINCOLN AVENUE							CONNECTION PROGRAM IN
NAPA, CA 94558	75-3149095	501(C)(3)	15,000.	0.			NAPA COUNTY
							FOR PARTICIPATION IN THE
ON THE MOVE							CITIZENSHIP LEGAL
780 LINCOLN AVENUE	FF 21 4000F	501/61/21					SERVICES (CLS)
NAPA, CA 94558	75-3149095	501(C)(3)	20,000.	0.			COLLABORATIVE THAT IS
ON THE MOVE							FOR THE VOLUNTEER INCOME
780 LINCOLN AVENUE							TAX ASSISTANCE (VITA)
NAPA, CA 94558	75-3149095	501(C)(3)	20,000.	0.			PROGRAM
ON THE MOVE							
780 LINCOLN AVENUE							
NAPA, CA 94558	75-3149095	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT

Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt 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							FOR HOUSING NAVIGATION
NAPA, CA 94558	75-3149095	501(C)(3)	40,000.	0.			SERVICES
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 FOR
ON THE MOVE							L
780 LINCOLN AVENUE	75 2140005	E01/G)/3)	00.000	0			FOR HOUSING NAVIGATION
NAPA, CA 94558	75-3149095	501(C)(3)	80,000.	0.			SERVICES
OSF HEALTHCARE FOUNDATION							TO SUPPORT HEALTH CARE
124 SW ADAMS ST							INITIATIVES IN RURAL
PEORIA, IL 61602	37-1259284	501 (C) (3)	25,000.	0.			COMMUNITIES
	37 1233201	501(0)(0)	23,000.	•			
PACIFIC UNION COLLEGE							
ATTN: ADVANCEMENT ONE ANGWIN AVENU	 E						FOR THE UTT ENDOWMENT
ANGWIN, CA 94508	94-1279798	501(C)(3)	8,000.	0.			 FUND
•			,				
PARTNERS IN HEALTH, A NONPROFIT							
CORPORATION - PO BOX 996 -							FOR GENERAL/OPERATING
FREDERICK, MD 21705	04-3567502	501(C)(3)	5,000.	0.			SUPPORT
PARTNERS IN HEALTH, A NONPROFIT							FOR GENERAL SUPPORT. THIS
CORPORATION - PO BOX 996 -							GRANT IS MADE POSSIBLE BY
FREDERICK, MD 21705	04-3567502	501(C)(3)	10,000.	0.			ANN BURCHILL
PLANNED PARENTHOOD FEDERATION OF							
AMERICA, INC ATTN: ONLINE							
SERVICES PO BOX 97166 -							
WASHINGTON, DC 20090	13-1644147	501(C)(3)	250.	0.			FOR GENERAL SUPPORT
PLANNED PARENTHOOD FEDERATION OF							
AMERICA, INC ATTN: ONLINE							
SERVICES PO BOX 97166 -							
WASHINGTON, DC 20090	13-1644147	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	T
(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
PLANNED PARENTHOOD SHASTA-DIABLO							
INC 2185 PACHECO STREET -							FOR GENERAL/OPERATING
CONCORD, CA 94520	94-1575233	501(C)(3)	1,000.	0.			SUPPORT
editedia, eli 31520	31 13/3233	501(0)(0)	1,000.	•			
PLANNED PARENTHOOD SHASTA-DIABLO							
INC 2185 PACHECO STREET -							FOR GENERAL/OPERATING
CONCORD, CA 94520	94-1575233	501(C)(3)	1,000.	0.			SUPPORT
PLANNED PARENTHOOD SHASTA-DIABLO							
INC 2185 PACHECO STREET -							FOR SUPPORT OF NAPA
CONCORD, CA 94520	94-1575233	501(C)(3)	15,000.	0.			COUNTY PROGRAMS
			, -	-			
PLANNED PARENTHOOD SHASTA-DIABLO							
INC 2185 PACHECO STREET -							
CONCORD, CA 94520	94-1575233	501(C)(3)	30,000.	0.			FOR GENERAL SUPPORT
			, -	-			FOR OPERATION SUPPORT AND
POPE VALLEY ANIMAL RESCUE							TO HELP SUBSIDIZE COSTS
2174 STAGECOACH CANYON ROAD							FOR SPAY/NEUTER SERVICES
POPE VALLEY, CA 94567	93-2101159	501(C)(3)	8,000.	0.			FOR SMALL ANIMALS IN NAPA
•			,				FOR A PASS-THROUGH FROM
PUERTAS ABIERTAS COMMUNITY							COUNTY OF NAPA FOR
RESOURCE CENTER / SUN INC PO							CITIZENSHIP LEGAL
BOX 3009 - NAPA, CA 94558	20-3126333	501(C)(3)	1,800.	0.			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
·							TO HELP SUPPORT
PUERTAS ABIERTAS COMMUNITY							OPERATIONS FOR
RESOURCE CENTER / SUN INC PO							DISTRIBUTION OF EMERGENCY
BOX 3009 - NAPA, CA 94558	20-3126333	501(C)(3)	2,500.	0.			FOOD ASSISTANCE IN THE
·			,				FOR PARTICIPATION IN THE
PUERTAS ABIERTAS COMMUNITY							CITIZENSHIP LEGAL
RESOURCE CENTER / SUN INC PO							SERVICES (CLS)
BOX 3009 - NAPA, CA 94558	20-3126333	501(C)(3)	10,000.	0.			COLLABORATIVE THAT IS

Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PUERTAS ABIERTAS COMMUNITY							
RESOURCE CENTER / SUN INC PO							FOR GENERAL/OPERATING
BOX 3009 - NAPA, CA 94558	20-3126333	501(C)(3)	15,000.	0.			SUPPORT
DUEDMAG ADTERMAG GOMMUNIMY							
PUERTAS ABIERTAS COMMUNITY RESOURCE CENTER / SUN INC PO							
	20-3126333	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT
BOX 3009 - NAPA, CA 94558	20-3120333	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT
PUERTAS ABIERTAS COMMUNITY							
RESOURCE CENTER / SUN INC PO							
BOX 3009 - NAPA, CA 94558	20-3126333	501(C)(3)	16,000.	0.			FOR GENERAL SUPPORT
,			,				
PUERTAS ABIERTAS COMMUNITY							
RESOURCE CENTER / SUN INC PO							
BOX 3009 - NAPA, CA 94558	20-3126333	501(C)(3)	40,000.	0.			FOR GENERAL SUPPORT
							FOR GENERAL SUPPORT. THIS
RIPPLE EFFECT ANIMAL PROJECT							GRANT WILL BE PAID
536 SILVERADO TRAIL							\$25,000 PER YEAR OVER TWO
NAPA, CA 94559	84-3913071	501(C)(3)	25,000.	0.			YEARS
							FOR GENERAL SUPPORT. THIS
RIPPLE EFFECT ANIMAL PROJECT							GRANT WILL BE PAID
536 SILVERADO TRAIL				_			\$25,000 PER YEAR OVER TWO
NAPA, CA 94559	84-3913071	501(C)(3)	25,000.	0.			YEARS
DUMUU 700 WTWDW700							FOR SUPPORT OF MOBILE
RUTHLESS KINDNESS							VETERINARY CLINICS FOR
10355 BURGANDY WAY	04 2020142	E01/G)/3)	6 000	_			SMALL ANIMALS IN NAPA
SEBASTOPOL, CA 95472	84-2838142	501(C)(3)	6,000.	0.			COUNTY
SAFE PASSAGE							
49 FARM VIEW DRIVE SUITE 302							FOR GENERAL/OPERATING
NEW GLOUCESTER, ME 04260	01-0532835	501(C)(3)	5,000.	0.			SUPPORT
			1 ,,,,,,	•			
SALVATION ARMY - GOLDEN STATE							
DIVISION - 832 FOLSOM STREET - SAN							FOR SPONSORSHIP OF THE
FRANCISCO, CA 94107	94-1156347	501(C)(3)	5,000.	0.			FLOWER POWER 2024

Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule i (Form 990), Pa I	π II.) Τ	Τ
(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
SALVATION ARMY - GOLDEN STATE DIVISION - 832 FOLSOM STREET - SAN FRANCISCO, CA 94107	94-1156347	501(C)(3)	10,000.	0.			FOR THE HOLIDAY LUNCH (\$5000) AND THE WAY OUT PROGRAM (\$5000)
SALVATION ARMY - NAPA CORPS 590 FRANKLIN STREET NAPA, CA 94559	94-1156347	501(C)(3)	5,000.	0.			FOR THE FEEDING AND MEALS
SALVATION ARMY - NAPA CORPS 590 FRANKLIN STREET NAPA, CA 94559	94-1156347	501(C)(3)	7,500.	0.			FOR THE FEEDING PROGRAMS
SALVATION ARMY - NAPA CORPS 590 FRANKLIN STREET NAPA, CA 94559	94-1156347	501(C)(3)	10,000.	0.			FOR SPONSORSHIP OF THE OUT OF THE FIRE 2024
SALVATION ARMY - NAPA CORPS 590 FRANKLIN STREET NAPA, CA 94559	94-1156347	501(C)(3)	25,000.	0.			FOR THE NAPA CORPS OUT OF THE FIRE FUND A NEED
SALVATION ARMY - NAPA CORPS 590 FRANKLIN STREET NAPA, CA 94559	94-1156347	501(C)(3)	30,000.	0.			FOR THE OUT OF THE FIRE FUND A NEED, TO SUPPORT THE NAPA CORPS CULINARY TRAINING ACADEMY
SAN FRANCISCO PERFORMANCES INC 500 SUTTER STREET SUITE 710 SAN FRANCISCO, CA 94102	94-2600147	501(C)(3)	1,800.	0.			FOR GENERAL/OPERATING SUPPORT
SAN FRANCISCO PERFORMANCES INC 500 SUTTER STREET SUITE 710 SAN FRANCISCO, CA 94102	94-2600147	501(C)(3)	7,500.	0.			FOR GENERAL/OPERATING SUPPORT
SANTA ROSA SYMPHONY ASSOCIATION 50 SANTA ROSA AVENUE, STE 410 SANTA ROSA, CA 95404	94-6134075	501(C)(3)	25,000.	0.			FOR THE CENTER FOR MUSIC AND LEARNING TASK FORCE

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt 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
SANTA ROSA SYMPHONY ASSOCIATION							
50 SANTA ROSA AVENUE, STE 410							FOR GENERAL/OPERATING
SANTA ROSA, CA 95404	94-6134075	501(C)(3)	80,000.	0.			SUPPORT
SECURE FAMILIES COLLABORATIVE							
422 LARKFIELD CENTER #227							FOR GENERAL/OPERATING
SANTA ROSA, CA 95403	86-2152312	501(C)(3)	10,940.	0.			SUPPORT
SECURE FAMILIES COLLABORATIVE							
422 LARKFIELD CENTER #227							
SANTA ROSA, CA 95403	86-2152312	501(C)(3)	40,000.	0.			FOR GENERAL SUPPORT
DANIA KODA, CA 73403	00 2132312	501(0)(3)	40,000.	· ·			FOR GENERAL BUTTORT
SERENITY HOMES OF NAPA VALLEY							FOR SHORT-TERM RENT
1971 LERNHART STREET							SUBSIDIES FOR NAPA COUNTY
NAPA, CA 94559	20-2233852	501(C)(3)	15,000.	0.			DRUG COURT CLIENTS
•							
SHARE THE CARE NAPA VALLEY							
162 SOUTH COOMBS STREET							
NAPA, CA 94559	81-5288335	501(C)(3)	1,000.	0.			FOR GENERAL SUPPORT
SHARE THE CARE NAPA VALLEY							
162 SOUTH COOMBS STREET	04 5000005	504 (5) (2)	10.000				L.,
NAPA, CA 94559	81-5288335	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
SOUTHERN CALIFORNIA EQUESTRIAN							FOR THE ALL EQUESTRIAN
SPORTS - TERRE JOSLIN C/O GUTHRIE'S TAX SERVICE 1902 ORANGE							FUND, IN HONOR OF KRISTEN AGGERS FUNDRAISING
TREE LANE, STE 130 - REDLANDS, CA	20-8082196	501 (C) (3)	7,500.	0.			EFFORTS
SOUTHERN CALIFORNIA EQUESTRIAN	20 0002130	301(0)(3)	7,300.	<u> </u>			FOR THE ALL EQUESTRIAN
SPORTS - TERRE JOSLIN C/O							FUND, IN HONOR OF KRISTEN
GUTHRIE'S TAX SERVICE 1902 ORANGE							AGGERS FUNDRAISING
TREE LANE, STE 130 - REDLANDS, CA	20-8082196	501(C)(3)	20,000.	0.			EFFORTS
ST. HELENA HIGH SCHOOL							
1401 GRAYSON AVENUE							FOR SCHOLARSHIPS FOR THE
ST. HELENA, CA 94574		501(C)(3)	500.	0.			CLASS OF 2024

Part II Continuation of Grants and Other	r Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	raye i
(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. HELENA HIGH SCHOOL							
1401 GRAYSON AVENUE							FOR ONE SCHOLARSHIP FOR
ST. HELENA, CA 94574		501(C)(3)	860.	0.			THE CLASS OF 2024
<u> </u>		501(0)(0)		••			FOR THE 2024 KIRSTEN
ST. HELENA HIGH SCHOOL							VENGE MEMORIAL
1401 GRAYSON AVENUE							SCHOLARSHIP AT ST. HELENA
ST. HELENA, CA 94574		501(C)(3)	1,523.	0.			HIGH SCHOOL
•							
ST. HELENA HIGH SCHOOL							FOR TWO, \$1,000
1401 GRAYSON AVENUE							SCHOLARSHIPS FOR THE
ST. HELENA, CA 94574		501(C)(3)	2,000.	0.			CLASS OF 2024
ST. HELENA HIGH SCHOOL							FOR THE NEAL FAMILY
1401 GRAYSON AVENUE							SCHOLARSHIPS FOR THE
ST. HELENA, CA 94574		501(C)(3)	16,000.	0.			CLASS OF 2024
GE UDI DIN HOGDIENI DOINDARION							TOD GUDDODE OF THE 2024
ST. HELENA HOSPITAL FOUNDATION							FOR SUPPORT OF THE 2024
10 WOODLAND ROAD	20 1204250	E01/G\/3\	7 500	,			ROCK OUT KNOCK OUT CANCER
ST. HELENA, CA 94574	20-1384250	501(C)(3)	7,500.	0.			EVENT
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							FOR SUPPORT OF THE MOBILE
10 WOODLAND ROAD							HEALTH DIABETES
ST. HELENA, CA 94574	20-1384250	501(C)(3)	15,000.	0.			MONITORING STUDY
							TO PROVIDE LOW-INCOME
ST. HELENA PRESCHOOL FOR ALL							CHILDREN OPPORTUNITIES TO
465 MAIN STREET							PARTICIPATE IN PRESCHOOL
ST. HELENA, CA 94574	46-4214921	501(C)(3)	1,000.	0.			PROGRAMS
							TO PROVIDE LOW-INCOME
ST. HELENA PRESCHOOL FOR ALL							CHILDREN OPPORTUNITIES TO
465 MAIN STREET							PARTICIPATE IN PRESCHOOL
ST. HELENA, CA 94574	46-4214921	501(C)(3)	5,000.	0.			PROGRAMS

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	r ago r
(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. HELENA PRESCHOOL FOR ALL 465 MAIN STREET ST. HELENA, CA 94574	46-4214921	501(C)(3)	15,000.	0.			FOR GENERAL/OPERATING SUPPORT
ST. HELENA PRESCHOOL FOR ALL 465 MAIN STREET ST. HELENA, CA 94574	46-4214921	501(C)(3)	25,000.	0.			FOR GENERAL/OPERATING SUPPORT
ST. HELENA PUBLIC SCHOOLS FOUNDATION - PO BOX 305 - ST. HELENA, CA 94574	94-2891817	501(C)(3)	5,000.	0.		1	FOR GIVE BIG! ST. HELENA, TO BENEFIT ST. HELENA PUBLIC SCHOOLS
ST. JOHN THE BAPTIST CATHOLIC CHURCH - 960 CAYMUS STREET - NAPA, CA 94559	94-1002748	501(C)(3)	5,000.	0.			FOR SUPPORT OF THE BLESSING OF THE WORKERS
ST. JOHN THE BAPTIST CATHOLIC CHURCH - 960 CAYMUS STREET - NAPA, CA 94559	94-1002748	501(C)(3)	25,000.	0.			FOR SUPPORT OF THE BLESSING OF THE WORKERS
SUMMER SEARCH 304 12TH ST, SUITE 4A OAKLAND, CA 94607	68-0200138	501(C)(3)	500.	0.			FOR GENERAL/OPERATING SUPPORT
SUMMER SEARCH 304 12TH ST, SUITE 4A OAKLAND, CA 94607	68-0200138	501(C)(3)	4,000.	0.			TO SUPPORT SUMMER SEARCH'S NAPA COUNTY PROGRAMS
SUMMER SEARCH 304 12TH ST, SUITE 4A OAKLAND, CA 94607	68-0200138	501(C)(3)	5,000.	0.			FOR SUPPORT OF NAPA COUNTY PROGRAM
SUMMER SEARCH 304 12TH ST, SUITE 4A OAKLAND, CA 94607	68-0200138	501(C)(3)	9,000.	0.			TO SUPPORT SUMMER SEARCH'S NAPA COUNTY PROGRAMS

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt 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
SUPPORT FOR FAMILIES OF CHILDREN							
WITH DISABILITIES - 832 FOLSOM ST.							
STE 1001 - SAN FRANCISCO, CA 94107	94-2819062	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
DAN FRANCISCO, CA 74107	J4 2013002	501(0)(5)	3,000.	· ·			FOR THE GROVE PROGRAM AT
SUTTER BAY HOSPITALS							SUTTER SANTA ROSA
30 MARK WEST SPRINGS ROAD							REGIONAL HOSPITAL
SANTA ROSA, CA 95403	94-0562680	501(C)(3)	2,500.	0.			FOUNDATION, IN HONOR OF
BANTA RODA, CA 93403	J4 0302000	501(0)(5)	2,500.	· ·			FOR THE GROVE PROGRAM AT
SUTTER BAY HOSPITALS							SUTTER SANTA ROSA
30 MARK WEST SPRINGS ROAD							REGIONAL HOSPITAL
	04 0562690	E01/G\/3\	2 500	0.			
SANTA ROSA, CA 95403	94-0562680	501(C)(3)	2,500.	0.			FOUNDATION. THIS GIFT WAS
THE INDEPENDENT INSTITUTE							
100 SWAN WAY							
	04 2000270	E01/G\/3\	F 000	_			EOD GENERAL GURRORE
OAKLAND, CA 94621	94-3008370	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
THE UC DAVIS FOUNDATION							EOD GUDDODE OF MUE AGGLE
UC DAVIS CONFERENCE CENTER, 2ND							FOR SUPPORT OF THE AGGIE
FLOOR ONE SHIELDS AVENUE - DAVIS,	04 6001353	E01/G\/3\	12 000	,			JUMPSTART PROGRAM, FUND#
CA 95616	94-6081352	D01(C)(3)	13,000.	0.			ADOII58
THE UC DAVIS FOUNDATION							
UC DAVIS CONFERENCE CENTER, 2ND							FOR SUPPORT OF THE AGGIE
FLOOR ONE SHIELDS AVENUE - DAVIS,							JUMPSTART PROGRAM, FUND#
CA 95616	94-6081352	501(C)(3)	50,000.	0.			ADOII58
TRUSTEES OF BOSTON UNIVERSITY							L
GIFT PROCESSING C/O JPMORGAN CHASE							FOR SUPPORT OF
& CO. PO BOX 22605 - NEW YORK, NY				_			ECOTECHNOLOGY & LANDSCAPE
10087	04-2103547	501(C)(3)	50,000.	0.			RESTORATION RESEARCH
TRUSTEES OF BOSTON UNIVERSITY							L
GIFT PROCESSING C/O JPMORGAN CHASE							FOR SUPPORT OF
& CO. PO BOX 22605 - NEW YORK, NY							ECOTECHNOLOGY & LANDSCAPE
10087	04-2103547	501(C)(3)	50,000.	0.			RESTORATION RESEARCH
							FOR THE CALIFORNIA WINE
UC REGENTS, UNIVERSITY OF							INDUSTRY ENDOWED
CALIFORNIA, DAVIS - ONE SHIELDS							MANAGEMENT EDUCATION
AVENUE - DAVIS, CA 95616	94-6036494	501(C)(3)	2,500.	0.			AWARD (ACCOUNT# 04917)

(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
UC REGENTS, UNIVERSITY OF CALIFORNIA, DAVIS - ONE SHIELDS AVENUE - DAVIS, CA 95616	94-6036494	501(C)(3)	2,500.	0.			FOR THE NAPA COUNTY UC
UNITARIAN UNIVERSALIST SOCIETY OF SACRAMENTO - 2425 SIERRA BLVD - SACRAMENTO, CA 95825	94-1251132	501(C)(3)	5,000.	0.			FOR THE REFUGEE SUPPORT PROGRAM, FOR ASSISTANCE TO AFGHAN FAMILIES
UPVALLEY FAMILY CENTERS OF NAPA COUNTY - 1440 SPRING STREET - ST. HELENA, CA 94574	80-0023012	501(C)(3)	1,000.	0.			FOR GENERAL/OPERATING SUPPORT
UPVALLEY FAMILY CENTERS OF NAPA COUNTY - 1440 SPRING STREET - ST. HELENA, CA 94574	80-0023012	501(C)(3)	1,000.	0.			FOR SUPPORT OF THE FIRST ANNUAL NAPA VALLEY PICKLEBALL CLASSIC
UPVALLEY FAMILY CENTERS OF NAPA COUNTY - 1440 SPRING STREET - ST. HELENA, CA 94574	80-0023012	501(C)(3)	1,500.	0.			TO SUPPORT THE NINOS ACTIVOS 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 INCOMI TAX ASSISTANCE PROGRAM (VITA)
UPVALLEY FAMILY CENTERS OF NAPA COUNTY - 1440 SPRING STREET - ST. HELENA, CA 94574	80-0023012	501(C)(3)	2,500.	0.			TO HELP SUPPORT OPERATIONS FOR DISTRIBUTION OF EMERGENC FOOD ASSISTANCE IN THE
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 SUPPORT. THI GRANT WAS MADE POSSIBLE BY THE GENEROSITY OF AN ANONYMOUS DONOR

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	r ugo r
(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)	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 GENERAL SUPPORT
UPVALLEY FAMILY CENTERS OF NAPA COUNTY - 1440 SPRING STREET - ST. HELENA, CA 94574	80-0023012	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
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)	16,000.	0.			TO SUPPORT THE NINOS ACTIVOS 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
UPVALLEY FAMILY CENTERS OF NAPA COUNTY - 1440 SPRING STREET - ST. HELENA, CA 94574	80-0023012	501(C)(3)	20,000.	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)	25,000.	0.			FOR GENERAL/OPERATING SUPPORT
UPVALLEY FAMILY CENTERS OF NAPA COUNTY - 1440 SPRING STREET - ST. HELENA, CA 94574	80-0023012	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT. THIS GIFT WAS MADE POSSIBLE BY THE GENEROSITY OF ANNE CARVER AND DENNIS SUTRO

Part II Continuation of Grants and Other A	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	raye i
(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 GENERAL SUPPORT
			20,000.	•			FOR PARTICIPATION IN THE
UPVALLEY FAMILY CENTERS OF NAPA							CITIZENSHIP LEGAL
COUNTY - 1440 SPRING STREET - ST.							SERVICES (CLS)
HELENA, CA 94574	80-0023012	501(C)(3)	26,500.	0.			COLLABORATIVE THAT IS
•							
UPVALLEY FAMILY CENTERS OF NAPA							
COUNTY - 1440 SPRING STREET - ST.							FOR HOUSING NAVIGATION
HELENA, CA 94574	80-0023012	501(C)(3)	30,000.	0.			SERVICES
							FOR PROGRAM SUPPORT OF,
UPVALLEY FAMILY CENTERS OF NAPA							AND PARTICIPATION IN, THE
COUNTY - 1440 SPRING STREET - ST.							WORKFORCE PATHWAYS
HELENA, CA 94574	80-0023012	501(C)(3)	50,000.	0.			COLLABORATIVE FOR
UPVALLEY FAMILY CENTERS OF NAPA							
COUNTY - 1440 SPRING STREET - ST.							FOR HOUSING NAVIGATION
HELENA, CA 94574	80-0023012	501(C)(3)	60,000.	0.			SERVICES
VINCENTIAN INTERNATIONAL MISSION							
SERVICES - 13245 TESSON FERRY ROAD							
- SAINT LOUIS, MO 63128	85-1197036	501(C)(3)	2,000.	0.			FOR GENERAL SUPPORT
TITNOTHER TOTAL MEGGEN							
VINCENTIAN INTERNATIONAL MISSION							
SERVICES - 13245 TESSON FERRY ROAD	05 1105036	501 (3) (3)	50.000	_			
- SAINT LOUIS, MO 63128	85-1197036	501(C)(3)	50,000.	0.			FOR GENERAL SUPPORT
WINDLE HIGH GOHOO							FOR TWO (\$500)
VINTAGE HIGH SCHOOL							SCHOLARSHIPS TO PEER
1375 TROWER AVENUE		501 (3) (3)	1 000	_			SUPPORT & PSYCHOLOGY
NAPA, CA 94558		501(C)(3)	1,000.	0.			STUDENTS AS SELECTED BY
VINTAGE HIGH SCHOOL							
1375 TROWER AVENUE							FOR SUPPORT OF THE CHORAL
		501/C)/3\	4 000	0.			PROGRAM
NAPA, CA 94558		501(C)(3)	4,000.	U .			Frogram

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(=, =	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
							FOR THE RESCUE AND
WAGGIN TRAILS RESCUE FOUNDATION							TRANSPORT PROGRAM OF
1905 COLOMBARD WAY							SMALL ANIMALS FROM NAPA
YOUNTVILLE, CA 94599	46-0896202	501(C)(3)	12,000.	0.			COUNTY
WAYFINDER FAMILY SERVICES							
8391 AUBURN BLVD							FOR SUPPORT OF NAPA
CITRUS HEIGHTS, CA 95610	95-1977659	501(C)(3)	5,000.	0.			COUNTY PROGRAMS
	20 2377003		,,,,,,	-			
WAYFINDER FAMILY SERVICES							
8391 AUBURN BLVD							FOR GENERAL SUPPORT OF
CITRUS HEIGHTS, CA 95610	95-1977659	501(C)(3)	10,000.	0.			NAPA COUNTY PROGRAMS
							FOR GENERAL SUPPORT. THIS
WE CARE ANIMAL RESCUE							GRANT WILL BE PAID
1345 CHARTER OAK AVENUE							\$30,000 PER YEAR OVER TWO
ST. HELENA, CA 94574	94-2864103	501(C)(3)	30,000.	0.			YEARS
							FOR GENERAL SUPPORT. THIS
WE CARE ANIMAL RESCUE							GRANT WILL BE PAID
1345 CHARTER OAK AVENUE							\$30,000 PER YEAR OVER TWO
ST. HELENA, CA 94574	94-2864103	501(C)(3)	30,000.	0.			YEARS
WEILL CORNELL MEDICAL COLLEGE OF							
CORNELL UNIVERSITY - 1300 YORK							FOR DNA CLINICAL INTENT
AVENUE - NEW YORK, NY 10065	15-0532082	501 (C) (3)	50,000.	0.			(LEAP OF FAITH/DR. COLE)
MIN TORK, NI 10005	13 0332002	301(0)(3)	30,000.				(IBM OF THIM) BR. COBB)
WEILL CORNELL MEDICAL COLLEGE OF							FOR HEALTH INFORMATICS
CORNELL UNIVERSITY - 1300 YORK							CURRICULA (LEAP OF
AVENUE - NEW YORK, NY 10065	15-0532082	501(C)(3)	50,000.	0.			FAITH/DR. COLE)
·							
WHISKERS, TAILS AND FERALS							FOR SUPPORT OF SMALL
1370 TRANCAS STREET, #206							ANIMAL PROGRAMS IN NAPA
NAPA, CA 94558	68-0437611	501(C)(3)	10,000.	0.			COUNTY
WOMEN BUSINESS LEADERS OF THE US							
HEALTH CARE INDUSTRY FOUNDATION -							
1201 WILSON BLVD SUITE 2700 -							
ARLINGTON, VA 22209	51-0410145	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT

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		
ORLD CENTRAL KITCHEN INC.		F01/G)/3)	1 000	0			FOR GENERAL/OPERATING SUPPORT, IN MEMORY OF		
VASHINGTON, DC 20090	27-3521132	501(C)(3)	1,000.	0.			MARY CHICOS		
WORLD CENTRAL KITCHEN INC. ATTN: DONOR SERVICES TEAM PO BOX 9	6 27-3521132	E01/GV/2V	1,500.	0.			FOR GENERAL SUPPORT		
WASHINGTON, DC 20090	27-3521132	501(C)(3)	1,500.	0.			FOR GENERAL SUPPORT		
WORLD CENTRAL KITCHEN INC. ATTN: DONOR SERVICES TEAM PO BOX 90 WASHINGTON, DC 20090	6 27-3521132	501(C)(3)	3,000.	0.			IN SUPPORT OF PEOPLE IN ISRAEL AND GAZA		
WORLD CENTRAL KITCHEN INC. ATTN: DONOR SERVICES TEAM PO BOX 90 WASHINGTON, DC 20090	6 27-3521132	501(C)(3)	4,500.	0.			FOR SUPPORT OF MAUI		
WORLD CENTRAL KITCHEN INC. ATTN: DONOR SERVICES TEAM PO BOX 9			5,222						
WASHINGTON, DC 20090	27-3521132	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT		

Schedule I (Form 990) 2023 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. (b) Number of (a) Type of grant or assistance (c) Amount of (d) Amount of non-(e) Method of valuation (f) Description of noncash assistance (book, FMV, appraisal, other) recipients cash grant cash assistance EDUCATIONAL ENRICHMENT SUMMER PROGRAM 20,344. 0 COLLEGE SCHOLARSHIPS - FINANCIAL AID 88 618,377, 0. EMERGENCY BENEFITS PROGRAM 5 000 0 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 GRANTEES INCLUDING TAX RETURNS AND AUDITED FINANCIALS (WHERE AVAILABLE). AND REOUIRES 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

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

Part IV Supplemental Information
NAME OF ORGANIZATION OR GOVERNMENT: CFNV CHARITABLE REAL ESTATE FUND
(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP PAY FOR ONGOING BUILDING AND
GARDEN IMPROVEMENTS TO THE SATO FAMILY NONPROFIT CENTER AT 3299 CLAREMONT
WAY, NAPA
NAME OF ORGANIZATION OR GOVERNMENT: CFNV CHARITABLE REAL ESTATE FUND
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GARDEN AND LANDSCAPE RENOVATIONS
TO THE SATO FAMILY NONPROFIT CENTER AT 3299 CLAREMONT WAY, NAPA
NAME OF ORGANIZATION OR GOVERNMENT:
CITY OF NAPA PARKS AND RECREATION SERVICES DEPARTMENT
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE MAINTENANCE OF TRAILS AND
CULVERTS AND THE INSTALLATION AND MAINTENANCE OF BENCHES IN ALSTON PARK
NAME OF ORGANIZATION OR GOVERNMENT: COLLABRIA CARE
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR PACE AND HOSPICE. THIS GIFT WAS
MADE POSSIBLE BY THE GENEROSITY OF ANNE CARVER AND DENNIS SUTRO
NAME OF ORGANIZATION OR GOVERNMENT: COLLABRIA CARE
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT PALLIATIVE CARE SERVICES
TO PATIENTS WITH A CANCER DIAGNOSIS AND SUPPORT SERVICES TO THEIR
FAMILIES AND CAREGIVERS
NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY ACTION OF NAPA VALLEY
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF THE NAPA FOOD BANK
PROGRAM. THIS GRANT WAS MADE POSSIBLE BY THE GENEROSITY OF AN ANONYMOUS
DONOR

Schedule I (Form 990) COMMUNITY FOUNDATION OF THE NAPA VALLEY Part IV Supplemental Information	68-0349777	Page 2
NAME OF ORGANIZATION OR GOVERNMENT: CONNOLLY RANCH EDUCATION CENTER		
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE 2024 SUMMER HIGH		
SCHOOL LEADERSHIP AND ENVIRONMENTAL STEWARDSHIP INTERNSHIP PROGRAM		
NAME OF ORGANIZATION OR GOVERNMENT: CONNOLLY RANCH EDUCATION CENTER		
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE 2024 SUMMER HIGH		
SCHOOL LEADERSHIP AND ENVIRONMENTAL STEWARDSHIP INTERNSHIP PROGRAM		
NAME OF ORGANIZATION OR GOVERNMENT: COPE FAMILY CENTER		
(H) PURPOSE OF GRANT OR ASSISTANCE: TO MAINTAIN THE 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: COPE FAMILY CENTER		
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR \$15,000 IN GIFT CARDS AND \$2,500		
TO HELP SUPPORT OPERATIONS FOR DISTRIBUTION OF EMERGENCY FOOD ASSISTANCE		
IN THE FORM OF GIFT CARDS TO HOUSEHOLDS AFFECTED BY LOSS OF POWER FOR 48		
HOURS OR MORE IN THE WINTER STORMS		
NAME OF ORGANIZATION OR GOVERNMENT: CR UNITED CONSTRUCTION, INC.		
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR 2020 NAPA COUNTY WILDFIRE		
RECOVERY FOR DISASTER CASE MANAGEMENT CLIENT WANDA HUDSPETH FOR		
CONSTRUCTION ON HER REBUILD GRANT REPORT: 1/31/24 FROM CATHOLIC CHARITIES		
NAME OF ORGANIZATION OR GOVERNMENT: DEPAUL UNIVERSITY		
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT OF DR. THERESA		
KEPIC ENDOWED SCHOLARSHIP AND FRANK NAEYMI-RAD ENDOWED SCHOLARSHIP	Cohodula I	(Form 990)

Part IV Supplemental Information
NAME OF ORGANIZATION OR GOVERNMENT: DON'T EVER GIVE UP INC
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE V FOUNDATION WINE
CELEBRATION FUND-A-NEED. THIS GRANT WAS MADE POSSIBLE BY THE GENEROSITY
OF, BIDDER #636 (CLIFF LEDE)
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

Schedule I (Form 990) COMMUNITY FOUNDATION OF THE NAPA VALLEY Part IV Supplemental Information	68-0349777	Page 2
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		
(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 ODGANIZATION OD GOVERNMENT, UIGURAY OO MEDIA GOVERNW		
NAME OF ORGANIZATION OR GOVERNMENT: HIGHWAY 29 MEDIA COMPANY		

NAME OF ORGANIZATION OR GOVERNMENT: JAMESON ANIMAL RESCUE RANCH

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF SMALL ANIMAL PROGRAMS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP SUPPORT OPERATIONS FOR

DISTRIBUTION OF EMERGENCY FOOD ASSISTANCE IN THE FORM OF GIFT CARDS TO

HOUSEHOLDS AFFECTED BY LOSS OF POWER FOR 48 HOURS OR MORE IN THE WINTER

THIS GRANT WILL BE PAYABLE IN 2 EQUAL INSTALLMENTS IN MAY 2024 AND MAY

NAME OF ORGANIZATION OR GOVERNMENT: ON THE MOVE

NAME OF ORGANIZATION OR GOVERNMENT:

PUERTAS ABIERTAS COMMUNITY RESOURCE CENTER / SUN INC.

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, 2023 THROUGH JUNE 30, 2024

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

COMMUNITY FOUNDATION OF THE NAPA VALLEY

Employer identification number 68-0349777

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
				l
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the 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.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X 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:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			l
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			l
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:			
	The organization?	5a		X
b	Any related organization?	5b		Х
	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:			
	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	lal		i

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

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-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) TERENCE MULLIGAN	(i)	237,574.	0.	6,663.	31,879.	23,699.	299,815.	0.
	(ii)	0.	0.	0.	0.	0.	0,	0.
(2) SANDY FASOLD	(i)	145,225.	0.	0.	7,261.	19,670.	172,156.	0.
	(ii)	0.	0.	0.	0.	0.	0,	0.
	(i)	136,884.	0.	0.	6,844.	17,725.	161,453.	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)							
-	(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.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Employer identification number

COMMUNITY FOUNDATION OF THE NAPA VALLEY 68-0349777 Types of Property Part I (a) (b) (c) (d) Number of Noncash contribution Check if Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded 2,834,500.FMV 10 Securities - Closely held stock Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 15 Real estate - Residential Real estate - Commercial 16 Real estate - Other 17 18 Collectibles Food inventory 19 Drugs and medical supplies 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 25 Other Other 26 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions _____29 for which the organization completed Form 8283, Part V, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 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? Х 30a **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? 32a If "Yes," describe in Part II. 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

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

332142 09-11-23 Schedule M (Form 990) 2023

SCHEDULE 0 (Form 990)

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.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number 68-0349777

COMMUNITY FOUNDATION OF THE NAPA VALLEY 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 WE MULTIPLY THE IMPACT OF INDIVIDUAL GIVERS. ACTING ALONE. 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 12,600 RESIDENTS, HELPED MORE THAN 7,320 SUBMIT APPLICATIONS FOR CITIZENSHIP AND OTHER IMMIGRATION BENEFITS TO THE U.S. GOVERNMENT, AND ENABLED 2,571 PEOPLE TO BECOME U.S. CITIZENS CONTINUED THE FIFTH 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 THE NAPA SONOMA ADU CENTER OFFICIALLY OPENED IN APRIL 2020 (ADUS). AND AS OF THE FISCAL YEAR END AT 6/30/2024, 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 630 OF WHOM RECEIVED A PERSONALIZED ADU FEASIBILITY ASSESSMENT OF THEIR HOME 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. WHICH A SELECTION OF MORE THAN 50 ADU PLANS ARE AVAILABLE IN AN ONLINE THE CENTER ALSO PARTNERED WITH THE COUNTY OF NAPA LOCAL

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

Schedule O (Form 990) 2023 Page **2**

Name of the organization **Employer identification number** COMMUNITY FOUNDATION OF THE NAPA VALLEY 68-0349777 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 6/30/2024. AS A RESULT OF THE RESIDUAL EFFECTS OF 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, 2024. THESE GRANTS PROVIDED SERVICES AND FINANCIAL ASSISTANCE TO THOSE RECOVERING FROM THE 2020 WILDFIRES AND/OR 2024 WINTER STORMS AND POWER OUTAGES. 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 FAMILY RESOURCE CENTERS TO PROVIDE HOMELESSNESS PREVENTION AND HOUSING NAVIGATION SERVICES TO THOSE STILL RECOVERING FINANCIALLY FROM THE COVID-19 PANDEMIC, AS WELL AS THE OPERATIONS OF FAIR HOUSING NAPA VALLEY TO PROTECT RENTERS FROM DISCRIMINATION AND LIVING IN UNINHABITABLE HOMES. GRANTS ALSO 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.

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization **Employer identification number** COMMUNITY FOUNDATION OF THE NAPA VALLEY 68-0349777 FORM 990, PART VI, SECTION B, LINE 11B: THE AUDIT COMMITTEE (AC) SHALL HAVE THE RESPONSIBILITY FOR REVIEWING THE FORM 990 TAX RETURN INCLUDING ALL PERTINENT SCHEDULES, BEFORE THEY ARE FILED WITH THE INTERNAL REVENUE SERVICE. A DRAFT OF THE FORM 990 SHOULD BE READY FOR REVIEW BY THE AC NO LATER THAN TWO WEEKS PRIOR TO THE FILING DEADLINE. AFTER THE DRAFT OF THE FORM 990 HAS BEEN OBTAINED BY THE AC. THEY WILL HAVE 7-10 DAYS TO COMPLETE THEIR REVIEW. THE AC SHALL CONDUCT A REVIEW OF THE FORM 990. HOWEVER, IF THE AC DEEMS IT NECESSARY TO CONDUCT A MORE DETAILED REVIEW. THEY WILL CONTACT THE PREPARER OF THE FORM 990 TO REQUEST COPIES OF ANY RELEVANT DETAILED TAX RETURN WORKPAPERS. ONCE THE AC HAS COMPLETED ITS INITIAL REVIEW OF THE FORM 990, A MEETING OR CONFERENCE CALL WILL BE SCHEDULED WITH THE PREPARER OF THE FORM 990, IF NECESSARY, TO DISCUSS ANY QUESTIONS, COMMENTS, AND SUGGESTED REVISIONS IDENTIFIED BY THE AC. THE PREPARER OF THE FORM 990 SHALL MAKE ANY REVISIONS TO THE FORM 990 AS SOON AS FEASIBLY POSSIBLE TO ENSURE THAT THE FORM 990 IS FILED WITH THE INTERNAL REVENUE SERVICE ON A TIMELY BASIS. ALL OF THE QUESTIONS, COMMENTS. AND SUGGESTED REVISIONS SET FORTH BY THE AC SHOULD BE DOCUMENTED ALONG WITH ANY RESPONSES FROM THE PREPARER OF THE FORM 990, IF APPLICABLE. AFTER THE FORM 990 HAS BEEN REVIEWED BY THE AC AND A FINAL COPY IS PREPARED. STAFF WILL E-MAIL THE FINAL FORM 990 TO ALL NVCF BOARD MEMBERS BEFORE THE FORM 990 IS FILED AND WILL MAKE A PRESENTATION AT THE NEXT FULL BOARD OF DIRECTORS MEETING TO UPDATE THE BOARD REGARDING THE REVIEW OF THE FORM 990, IF NECESSARY. FORM 990, PART VI, SECTION B, LINE 12C: MONITORING / ENFORCING THE CONFLICT OF INTEREST POLICY:

Schedule O (Form 990) 2023

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

Schedule O (Form 990) 2023 Page 2 Name of the organization **Employer identification number** COMMUNITY FOUNDATION OF THE NAPA VALLEY 68-0349777 STAFF, VOLUNTEERS AND CONTRACTORS WILL COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT IDENTIFYING ANY SIGNIFICANT AFFILIATION AND/OR POSITION HELD BY SELF OR ANY IMMEDIATE FAMILY MEMBER WITH ANY ORGANIZATION USING THE FOLLOWING GUIDELINES: A. ANY SIGNIFICANT AFFILIATION AND/OR POSITION HELD BY SELF OR ANY IMMEDIATE FAMILY MEMBER WITH ANY LOCAL CHARITABLE OR COMMUNITY ORGANIZATION(S). B. ANY SIGNIFICANT AFFILIATION AND/OR POSITION HELD BY SELF OR ANY IMMEDIATE FAMILY MEMBER WITH LOCAL BUSINESS ENTERPRISE(S). C. ANY OTHER SIGNIFICANT INVOLVEMENTS WITH ORGANIZATIONS THAT MAY CREATE AN INTEREST OR BIAS WITH RESPECT TO THE FOUNDATION'S ACTION. ANY POSSIBLE CONFLICTS SHALL BE DISCLOSED BEFORE ANY BOARD OR COMMITTEE MEETING DISCUSSION BEGINS. THE MINUTES OF THE MEETING SHALL REFLECT THIS DISCLOSURE. AFTER ACKNOWLEDGING THE POTENTIAL CONFLICT, THE BOARD/COMMITTEE/STAFF MEMBER/VOLUNTEER/CONTRACTOR MAY BRIEFLY ADDRESS THE OTHER MEMBERS REGARDING THIS MATTER. THE BOARD/COMMITTEE/STAFF MEMBER/VOLUNTEER/CONTRACTOR MAY ALSO ANSWER PERTINENT QUESTIONS SINCE PERSONAL KNOWLEDGE ON THE ISSUE MAY BE OF ASSISTANCE TO THE OTHER MEMBERS IN REACHING THEIR DECISIONS. THE BOARD/COMMITTEE/STAFF MEMBER. HOWEVER. WILL ABSTAIN FROM VOTING ON THIS ISSUE. FORM 990, PART VI, SECTION B, LINE 15: PROCESS FOR REVIEWING COMPENSATION:

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

Schedule O (Form 990) 2023

NVCF PRESIDENT

Schedule O (Form 990) 2023 Page 2 Name of the organization **Employer identification number** COMMUNITY FOUNDATION OF THE NAPA VALLEY 68-0349777 PRESIDENT'S PERFORMANCE. IN PREPARATION FOR THIS MEETING, THEY REVIEW SALARY COMPS FOR PRESIDENTS AND CEOS OF MEDIUM-SIZED COMMUNITY FOUNDATIONS IN CALIFORNIA AND NATIONWIDE. * THE PRESIDENT PREPARES AN EXTENSIVE, WRITTEN SELF-ASSESSMENT OF HIS PERFORMANCE THAT IS BASED ON SPECIFIC, MEASURABLE, ATTAINABLE, RELEVANT AND TIMELY GOALS AGREED UPON DURING THE PRIOR YEAR'S PERFORMANCE REVIEW WITH THE EC. * THE SELF ASSESSMENT IS SENT TO THE EC AT LEAST ONE WEEK BEFORE THEIR REVIEW MEETING. * AT THE REVIEW MEETING. MEMBERS OF THE EC BRING COMMENTS AND SUGGESTED REVISIONS TO THE SELF ASSESSMENT DOCUMENT, AND ENGAGE THE PRESIDENT IN A CONVERSATION ABOUT PRIOR YEAR AND COMING YEAR GOALS FOR THE PRESIDENT AND NVCF. * THE COMMENTS AND SUGGESTED EDITS TO THE SELF ASSESSMENT ARE FOLDED INTO A REVISED DOCUMENT CALLED THE SUPERVISOR ASSESSMENT. * THE SUPERVISOR ASSESSMENT IS SHARED WITH THE BOARD OF DIRECTORS IN EXECUTIVE SESSION, WITHOUT STAFF PRESENT, AT THE NEXT MEETING OF THE BOARD. * AT THIS BOARD MEETING, THE EC MAKES RECOMMENDATIONS FOR SALARY ADJUSTMENTS, IF ANY, BASED ON THE REVIEW OF COMPS, THE PERFORMANCE OF THE PRESIDENT, AND THE OVERALL PERFORMANCE OF NVCF. * THE FULL BOARD VOTES ON ANY CHANGES TO COMPENSATION RECOMMENDED BY THE EC. OTHER NVCF OFFICERS AND KEY EMPLOYEES * THE PRESIDENT MEETS ANNUALLY WITH EACH OF HIS DIRECT REPORTS TO PRIVATELY

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

Schedule O (Form 990) 2023

REVIEW THEIR PERFORMANCE.

<u>Schedule O (Form 990) 2023</u> Page **2**

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

Schedule O (Form 990) 2023	Page 2
Name of the organization COMMUNITY FOUNDATION OF THE NAPA VALLEY	Employer identification number 68-0349777
* 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)

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.

Department of the Treasury Internal Revenue Service

Name of the organization

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

COMMUNITY FOUNDATION OF THE NAPA VALLEY

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

68-0349777

Part I Identification of Disregarded Entities. Complete	e if the organization answered "Yes"	on Form 990, Part IV, line 33	3.			_	_		
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity					(f) Ssets Direct controlling entity			
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization a	answered "Yes" on Form 990), Part IV, line 34, b	pecause it had one	or more related tax-exe	mpt			
(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	(f) Direct controlling entity	1	g) 512(b)(13) rolled ity?		
		, , ,		501(c)(3))		Yes	No		
01-0816065, 3299 CLAREMONT STREET, SUITE 4,	CONDUCTS OR SUPPORTS ACTIVITIES FOR THE BENEFIT OF THE FOUNDATION.	CALIFORNIA	501(C)(3)	LINE 12A, I	COMMUNITY FOUNDATION OF THE NAPA VALLEY	x			

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		O 11 77 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
David 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
Part III	organizations treated as a partnership during the tax year.	

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	Disprop	ortionata	Code V-UBI	General o	Percentage
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
				1					1		

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	(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		Section 512(b)(13) controlled entity?	
		country)		,				Yes	No	
-										
-	-									
-										
	-									

Part V 1	Transactions With Related Organizations.	Complete if the organization answered	"Yes" on Form 99	0, Part IV, line 34.	, 35b, or 36.
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During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity b Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) f Dividends from related organization(s) f Dividends from related organization(s) 11 g Sale of assets to related organization(s) 12 13 14 15 16 17 17 18 19 19 19 10 10 10 11 11 11 11	es No				
b Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) f Dividends from related organization(s) f Sale of assets to related organization(s) g Sale or assets to related organization(s) g Sale or assets to related organization(s)					
b Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) f Dividends from related organization(s) f Sale of assets to related organization(s) g Sale or assets to related organization(s) g Sale or assets to related organization(s)	ζ				
c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) f Dividends from related organization(s) f Sale of assets to related organization(s) g Sale of assets to related organization(s)	ζ				
d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) f Dividends from related organization(s) f Sale of assets to related organization(s) 1d 2 1f 2 1g Sale of assets to related organization(s)	ζ				
f Dividends from related organization(s) g Sale of assets to related organization(s) 1g	ζ				
f Dividends from related organization(s) g Sale of assets to related organization(s) 1g	Х				
g Sale of assets to related organization(s)					
g Sale of assets to related organization(s)	Х				
	Х				
h Purchase of assets from related organization(s)	Х				
i Exchange of assets with related organization(s)					
j Lease of facilities, equipment, or other assets to related organization(s)					
k Lease of facilities, equipment, or other assets from related organization(s)	2				
Performance of services or membership or fundraising solicitations for related organization(s)					
m Performance of services or membership or fundraising solicitations by related organization(s)					
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Х				
o Sharing of paid employees with related organization(s)					
p Reimbursement paid to related organization(s) for expenses	ζ				
q Reimbursement paid by related organization(s) for expenses	2				
r Other transfer of cash or property to related organization(s)	Х				
s Other transfer of cash or property from related organization(s)	2				
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	718,000.	CASH
(2) CFNV CHARITABLE REAL ESTATE FUND	A	1,282.	CASH
(3) CFNV CHARITABLE REAL ESTATE FUND	В	606,643.	CASH
<u>(4)</u>			
<u>(</u> 5)			
<u>(6)</u>			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0000

332165 09-28-23 Schedule R (Form 990) 2023