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ARMANINO ADVISORY LLC

Return of Organization Exempt From Income Tax

Form 990

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

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN 30, 2024

B Check if applicable: C Name of organization: COMMUNITY FOUNDATION OF THE NAPA VALLEY
D Employer identification number: 68-0349777
E Telephone number: (707) 254-9565
G Gross receipts \$: 16,634,784.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status: 501(c)(3)
J Website: WWW.NAPAVALLEYCF.ORG
K Form of organization: Corporation
L Year of formation: 1994
M State of legal domicile: CA

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of officer: TERENCE MULLIGAN, PRESIDENT
Date
Print/Type preparer's name: KATY BROWN
Preparer's signature: KATY BROWN
Date: 02/28/25
Check if self-employed
PTIN: P00650274
Firm's name: ARMANINO ADVISORY LLC
Firm's EIN: 94-6214841
Firm's address: 2700 CAMINO RAMON, STE. 350, SAN RAMON, CA 94583-5004
Phone no. 925-790-2600

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

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 8,155,716. including 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. 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 \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 8,155,716.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and various organizational requirements.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
SANDY FASOLD, CFO - 707-254-9565
3299 CLAREMONT WAY, 4, NAPA, CA 94558

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) TERENCE MULLIGAN PRESIDENT | 40.00 3.00 | | | X | | | | 244,237. | 0. | 55,578. |
| (2) SANDY FASOLD CFO | 40.00 1.00 | | | X | | | | 145,225. | 0. | 26,931. |
| (3) JULIA DENATALE VP OF COMMUNITY IMPACT | 40.00 | | | | X | | | 136,884. | 0. | 24,569. |
| (4) DAWNINE DYER CHAIR | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (5) PETE RICHMOND CO-VICE CHAIR | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (6) PABLO ZATARAIN CO-VICE CHAIR (THRU 02/24) | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (7) LIZ CHRISTENSEN TREASURER | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (8) ERIKA LUBENSKY SECRETARY | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (9) COLLEEN CHAPPELLET DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (10) MARIA CISNEROS DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (11) J KEVIN CORLEY DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (12) BOB FIDDAMAN DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (13) INDIRA LOPEZ-JONES DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (14) MANBIN KHAIRA MONTEVERDI DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (15) ROBERT MURPHY DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (16) DAVID WHITMER DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|----------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| 1b Subtotal | | | | | | | 526,346. | 0. | 107,078. | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | 0. | 0. | 0. | |
| d Total (add lines 1b and 1c) | | | | | | | 526,346. | 0. | 107,078. | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|--|---------------------|
| POCKET HOUSING, LLC 863 CLOVER DRIVE, SANTA ROSA, CA 95401 | NAPA SONOMA ADU CENTER TECH 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 above) who received more than \$100,000 of compensation from the organization 2

Part VIII Statement of Revenue

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

| | | | | (A) | (B) | (C) | (D) | |
|--|--|--|---------------|----------------|------------------------------------|----------------------------|--|--|
| | | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a | Federated campaigns | 1a | | | | | |
| | b | Membership dues | 1b | | | | | |
| | c | Fundraising events | 1c | | | | | |
| | d | Related organizations | 1d | 27,284. | | | | |
| | e | Government grants (contributions) | 1e | | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above ... | 1f | 11,464,499. | | | | |
| | g | Noncash contributions included in lines 1a-1f | 1g | \$ 2,834,500. | | | | |
| | h | Total. Add lines 1a-1f | | | 11,491,783. | | | |
| Program Service Revenue | 2 a | ADMINISTRATIVE FEES | Business Code | 525920 | 37,035. | 37,035. | | |
| | b | SUPPORT. ORG. MGMT FEE | Business Code | 525920 | 25,000. | 25,000. | | |
| | c | | | | | | | |
| | d | | | | | | | |
| | e | | | | | | | |
| | f | All other program service revenue | | | | | | |
| | g | Total. Add lines 2a-2f | | | 62,035. | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | | 2,119,518. | | 2,119,518. | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 | Royalties | | | | | | |
| | 6 a | Gross rents | 6a | (i) Real | | | | |
| | | | | (ii) Personal | | | | |
| | | | | | | | | |
| | b | Less: rental expenses ... | 6b | | | | | |
| | c | Rental income or (loss) | 6c | | | | | |
| | d | Net rental income or (loss) | | | | | | |
| | 7 a | Gross amount from sales of assets other than inventory | 7a | (i) Securities | | | | |
| | | | | (ii) Other | | | | |
| | | | | | 2,961,448. | | | |
| | b | Less: cost or other basis and sales expenses | 7b | 3,090,856. | | | | |
| | c | Gain or (loss) | 7c | -129,408. | | | | |
| d | Net gain or (loss) | | | -129,408. | | -129,408. | | |
| 8 a | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | | | |
| b | Less: direct expenses | 8b | | | | | | |
| c | Net income or (loss) from fundraising events | | | | | | | |
| 9 a | Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| b | Less: direct expenses | 9b | | | | | | |
| c | Net income or (loss) from gaming activities | | | | | | | |
| 10 a | Gross sales of inventory, less returns and allowances | 10a | | | | | | |
| b | Less: cost of goods sold | 10b | | | | | | |
| c | Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | 11 a | | Business Code | | | | | |
| | b | | | | | | | |
| | c | | | | | | | |
| | d | All other revenue | | | | | | |
| | e | Total. Add lines 11a-11d | | | | | | |
| 12 | Total revenue. See instructions | | | 13,543,928. | 62,035. | 0. | 1,990,110. | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ... | 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, 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) | | | | |
| 7 Other salaries and wages | 741,003. | 463,486. | 99,054. | 178,463. |
| 8 Pension plan accruals and contributions (include 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. |
| 10 Payroll taxes | 86,318. | 45,760. | 22,814. | 17,744. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 50,086. | 50,086. | | |
| c Accounting | 53,550. | | 53,550. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 135,252. | 135,252. | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) | 345,095. | 279,862. | 50,767. | 14,466. |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 77,295. | 39,878. | 15,555. | 21,862. |
| 14 Information technology | 92,849. | 49,210. | 18,570. | 25,069. |
| 15 Royalties | | | | |
| 16 Occupancy | | | | |
| 17 Travel | 15,508. | 3,537. | 9,378. | 2,593. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... | | | | |
| 19 Conferences, conventions, and meetings | 191,974. | 54,033. | 8,455. | 129,486. |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 509. | 270. | 102. | 137. |
| 23 Insurance | 4,143. | 2,196. | 829. | 1,118. |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| a 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. | | 12,951. |
| d _____ | | | | |
| e All other expenses _____ | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 9,230,370. | 8,155,716. | 561,993. | 512,661. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

| | | (A) | | (B) |
|---|--|-------------------|-------------|-------------|
| | | Beginning of year | | End of year |
| Assets | 1 Cash - non-interest-bearing | | 1 | |
| | 2 Savings and temporary cash investments | 5,711,058. | 2 | 2,345,854. |
| | 3 Pledges and grants receivable, net | 1,275,130. | 3 | 2,810,609. |
| | 4 Accounts receivable, net | 14,426. | 4 | 23,559. |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | 534,961. | 7 | 785,354. |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | | 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 | 1,105. |
| | 11 Investments - publicly traded securities | 60,395,161. | 11 | 72,565,217. |
| | 12 Investments - other securities. See Part IV, line 11 | 1,346,094. | 12 | 1,156,641. |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| 15 Other assets. See Part IV, line 11 | 29,240. | 15 | 29,240. | |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 69,307,683. | 16 | 79,717,579. | |
| Liabilities | 17 Accounts payable and accrued expenses | 65,843. | 17 | 83,552. |
| | 18 Grants payable | 848,150. | 18 | 715,904. |
| | 19 Deferred revenue | 0. | 19 | 100,000. |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | 3,718,812. | 21 | 4,667,301. |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | 25 | |
| | 26 Total liabilities. Add lines 17 through 25 | 4,632,805. | 26 | 5,566,757. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 32,320,533. | 27 | 36,586,704. |
| | 28 Net assets with donor restrictions | 32,354,345. | 28 | 37,564,118. |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 64,674,878. | 32 | 74,150,822. |
| 33 Total liabilities and net assets/fund balances | 69,307,683. | 33 | 79,717,579. | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 13,543,928. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 9,230,370. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 4,313,558. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 64,674,878. |
| 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. |

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| b | Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X | |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | X | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____ | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____ | | |

Form **990** (2023)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s).

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 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 organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 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. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|---|------------|-------------|-------------|-------------|-------------|--------------------------|
| 7 Amounts from line 4 | 6,090,809. | 16,861,696. | 19,015,622. | 12,541,990. | 11,491,783. | 66,001,900. |
| 8 Gross income from interest, 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. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 71,851,127. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 216,025. |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|-------------------------------------|
| 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) | 14 | 68.42 % |
| 15 Public support percentage from 2022 Schedule A, Part II, line 14 | 15 | 61.24 % |
| 16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 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 and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

| | | | |
|---|--|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). | | | |
| 2 Activities Test. Answer lines 2a and 2b below. | | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | | | |
| b Did the activities described 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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | | |
| 3 Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i> | | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | | |
| 2a | | | |
| 2b | | | |
| 3a | | | |
| 3b | | | |

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

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

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

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 0.035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | | Current Year |
|---|---|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 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 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

Schedule A (Form 990) 2023

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

| Section D - Distributions | | Current Year |
|----------------------------------|---|---------------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>) | 5 |
| 6 | Other distributions (<i>describe in Part VI</i>). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions. | 8 |
| 9 | Distributable amount for 2023 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2023 | (iii) Distributable Amount for 2023 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2023 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2023 | | | |
| a From 2018 | | | |
| b From 2019 | | | |
| c From 2020 | | | |
| d From 2021 | | | |
| e 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: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2023 distributable amount | | | |
| c 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, <i>explain in Part VI</i> . See instructions. | | | |
| 6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 7 Excess distributions carryover to 2024. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2019 | | | |
| b Excess from 2020 | | | |
| c Excess from 2021 | | | |
| d Excess from 2022 | | | |
| e Excess from 2023 | | | |

Schedule A (Form 990) 2023

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization

COMMUNITY FOUNDATION OF THE NAPA VALLEY

Employer identification number

68-0349777

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2023)

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

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| 1 | <hr/> <hr/> <hr/> | \$ 1,520,479. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | <hr/> <hr/> <hr/> | \$ 1,400,322. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | <hr/> <hr/> <hr/> | \$ 1,155,602. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | <hr/> <hr/> <hr/> | \$ 801,180. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | <hr/> <hr/> <hr/> | \$ 655,572. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | <hr/> <hr/> <hr/> | \$ 534,028. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |

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

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|-------------------|-----------------------------------|----------------------------|---|
| 7 | <hr/> <hr/> <hr/> | \$ 437,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | <hr/> <hr/> <hr/> | \$ 400,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | <hr/> <hr/> <hr/> | \$ 306,621. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 10 | <hr/> <hr/> <hr/> | \$ 242,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

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

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|---|---|----------------------|
| 1 | PUBLICLY TRADED SECURITIES _____ _____ _____ | \$ 1,435,479. | 06/24/24 |
| 3 | PUBLICLY TRADED SECURITIES _____ _____ _____ | \$ 1,155,602. | 04/01/24 |
| 6 | PUBLICLY TRADED SECURITIES _____ _____ _____ | \$ 534,028. | 12/19/23 |
| | _____ _____ _____ | \$ _____ | _____ |
| | _____ _____ _____ | \$ _____ | _____ |
| | _____ _____ _____ | \$ _____ | _____ |

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

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

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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
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Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|--|--|--|---------------------|-------------------------------|--|--|--|--|---|---|--------------------|--------------|--|--|
| 1a Total lobbying expenditures to influence public opinion (grassroots lobbying) | | | | | | | | | | | | | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | |
| d Other exempt purpose expenditures | 9,230,370. | | | | | | | | | | | | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | 9,230,370. | | | | | | | | | | | | | |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns. | 611,519. | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | not over \$500,000, | 20% of the amount on line 1e. | over \$500,000 but not over \$1,000,000, | \$100,000 plus 15% of the excess over \$500,000. | over \$1,000,000 but not over \$1,500,000, | \$175,000 plus 10% of the excess over \$1,000,000. | over \$1,500,000 but not over \$17,000,000, | \$225,000 plus 5% of the excess over \$1,500,000. | over \$17,000,000, | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | |
| not over \$500,000, | 20% of the amount on line 1e. | | | | | | | | | | | | | |
| over \$500,000 but not over \$1,000,000, | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | |
| over \$1,000,000 but not over \$1,500,000, | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | |
| over \$1,500,000 but not over \$17,000,000, | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | |
| over \$17,000,000, | \$1,000,000. | | | | | | | | | | | | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | 152,880. | | | | | | | | | | | | | |
| h Subtract line 1g from line 1a. If zero or less, enter -0- | 0. | | | | | | | | | | | | | |
| i Subtract line 1f from line 1c. If zero or less, enter -0- | 0. | | | | | | | | | | | | | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|----------|----------|----------|----------|------------|
| Calendar year (or fiscal year beginning in) | (a) 2020 | (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 | | | | | |
| d Grassroots nontaxable amount | 188,626. | 133,206. | 202,129. | 152,880. | 676,841. |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 1,015,262. |
| f Grassroots lobbying expenditures | | | | | |

Schedule C (Form 990) 2023

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)).

Table with 3 main columns: (a) Yes, (a) No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?; 2b If "Yes," enter the amount of any tax incurred under section 4912; 2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; 2d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Table with 2 main columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?; 5 Taxable amount of lobbying and political expenditures. See instructions

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Blank lines for providing supplemental information as required by the instructions.

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

2023

Open to Public
Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|------------------------------|
| 1 Total number at end of year | 60 | 36 |
| 2 Aggregate value of contributions to (during year) | 4,345,200. | 1,849,884. |
| 3 Aggregate value of grants from (during year) | 3,608,337. | 730,677. |
| 4 Aggregate value at end of year | 14,200,540. | 9,580,097. |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply):

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included on line 2a | 2c |
| d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 \$ _____

(ii) Assets included in Form 990, Part X \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 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 | 4,630,533. | 2,954,856. | -2,752,431. | 5,145,186. | 161,152. |
| 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 | 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 %
 - c Term endowment .0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations? | | X |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 7,235. | 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. |

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

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

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

PART IV, LINE 2B:

AS OF JUNE 30, 2024, THE FOUNDATION MAINTAINED A TOTAL OF \$4,667,301 FOR

OTHER NONPROFIT ORGANIZATIONS IN WHICH THE ORGANIZATIONS TRANSFERRED

ASSETS TO THE FOUNDATION AND NAMED THEMSELVES AS BENEFICIARIES.

PART V, LINE 4:

THE ANNUAL SPENDING POLICY IS INTENDED TO ENABLE THE NAPA VALLEY COMMUNITY

FOUNDATION'S ENDOWMENT FUNDS TO PROVIDE PERMANENT SUPPORT TO A VARIETY OF

EDUCATIONAL, ENVIRONMENTAL, SOCIAL, AND CULTURAL NEEDS THROUGHOUT NAPA

COUNTY.

PART X, LINE 2:

Part XIII Supplemental Information *(continued)*

THE FOUNDATION IS A TAX-EXEMPT FOUNDATION UNDER SECTION 501(C) (3) OF THE
 INTERNAL REVENUE CODE. THE FOUNDATION IS ALSO EXEMPT FROM STATE INCOME
 TAXES UNDER PROVISIONS OF THE CALIFORNIA REVENUE AND TAXATION CODE.
 ACCORDINGLY, THE CONSOLIDATED FINANCIAL STATEMENTS CONTAIN NO PROVISION
 FOR INCOME TAXES.

THE FOUNDATION EVALUATES ITS TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN
 TO DETERMINE WHETHER THE TAX POSITIONS ARE "MORE-LIKELY-THAN-NOT" OF BEING
 SUSTAINED BY THE APPLICABLE TAX AUTHORITY. TAX POSITIONS NOT DEEMED TO
 MEET THE "MORE-LIKELY-THAN-NOT" THRESHOLD ARE RECORDED AS AN EXPENSE IN
 THE APPLICABLE YEAR. AS OF JUNE 30, 2024, THE FOUNDATION DOES NOT HAVE ANY
 SIGNIFICANT UNCERTAIN TAX POSITIONS FOR WHICH A RESERVE WOULD BE
 NECESSARY.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of 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 SAN RAFAEL, CA 94903 | 95-3667812 | 501(C)(3) | 5,000. | 0. | | | FOR GENERAL/OPERATING SUPPORT |
| 10,000 DEGREES 1401 LOS GAMOS DRIVE, SUITE 205 SAN RAFAEL, CA 94903 | 95-3667812 | 501(C)(3) | 5,000. | 0. | | | FOR GENERAL SUPPORT OF NAPA COUNTY PROGRAMS |
| 10,000 DEGREES 1401 LOS GAMOS DRIVE, SUITE 205 SAN RAFAEL, CA 94903 | 95-3667812 | 501(C)(3) | 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) and government organizations listed in the line 1 table 206.

3 Enter total number of other organizations listed in the line 1 table 11.

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

Schedule I (Form 990) 2023

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| ABODE SERVICES 40849 FREMONT BLVD FREMONT, CA 94538 | 94-3087060 | 501(C)(3) | 250. | 0. | | | FOR THE HOLIDAY DRIVE TO HELP THE DISABLED AND SENIOR CITIZENS OF NAPA |
| ABODE SERVICES 40849 FREMONT BLVD FREMONT, CA 94538 | 94-3087060 | 501(C)(3) | 4,500. | 0. | | | FOR SERVICES FOR HOMELESS VETERANS IN NAPA COUNTY |
| ABODE SERVICES 40849 FREMONT BLVD FREMONT, CA 94538 | 94-3087060 | 501(C)(3) | 10,000. | 0. | | | FOR SUPPORT OF NAPA COUNTY PROGRAMS |
| AG 4 YOUTH UPVALLEY RANCHERS INC. 1200 FOSTER ROAD NAPA, CA 94558 | 36-4716996 | 501(C)(3) | 500. | 0. | | | TO EXPAND YOUTH PARTICIPATION IN THE AG4YOUTH PROGRAM IN NAPA COUNTY |
| AG 4 YOUTH UPVALLEY RANCHERS INC. 1200 FOSTER ROAD NAPA, CA 94558 | 36-4716996 | 501(C)(3) | 5,000. | 0. | | | TO EXPAND YOUTH PARTICIPATION IN THE AG4YOUTH PROGRAM IN NAPA COUNTY |
| AG 4 YOUTH UPVALLEY RANCHERS INC. 1200 FOSTER ROAD NAPA, CA 94558 | 36-4716996 | 501(C)(3) | 25,000. | 0. | | | FOR GENERAL/OPERATING SUPPORT |
| 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 SAN FRANCISCO, CA 94141 | 94-3296338 | 501(C)(3) | 1,500. | 0. | | | TO SUPPORT THE NAPA AIM 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 |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| AIM HIGH FOR HIGH SCHOOL PO BOX 410715 SAN FRANCISCO, CA 94141 | 94-3296338 | 501(C)(3) | 5,000. | 0. | | | TO SUPPORT THE NAPA AIM HIGH 2024 SUMMER PROGRAM |
| AIM HIGH FOR HIGH SCHOOL PO BOX 410715 SAN FRANCISCO, CA 94141 | 94-3296338 | 501(C)(3) | 7,500. | 0. | | | FOR GENERAL SUPPORT OF NAPA COUNTY PROGRAMS |
| AIM HIGH FOR HIGH SCHOOL PO BOX 410715 SAN FRANCISCO, CA 94141 | 94-3296338 | 501(C)(3) | 9,000. | 0. | | | TO SUPPORT THE NAPA AIM HIGH 2024 SUMMER PROGRAM |
| AIM HIGH FOR HIGH SCHOOL PO BOX 410715 SAN FRANCISCO, CA 94141 | 94-3296338 | 501(C)(3) | 10,000. | 0. | | | FOR SUPPORT OF THE NAPA AIM HIGH 2024 SUMMER PROGRAM |
| ALDEA, INC. PO BOX 841 NAPA, CA 94559 | 94-2159248 | 501(C)(3) | 2,000. | 0. | | | FOR GENERAL SUPPORT |
| ALDEA, INC. PO BOX 841 NAPA, CA 94559 | 94-2159248 | 501(C)(3) | 10,000. | 0. | | | FOR GENERAL SUPPORT OF NAPA COUNTY PROGRAMS |
| AMERICAN CANYON COMMUNITY AND PARKS FOUNDATION (ACCPF) - 101 W AMERICAN CANYON ROAD, STE 508-102 - AMERICAN CANYON, CA 94503 | 47-3226686 | 501(C)(3) | 1,500. | 0. | | | FOR THE WATERSHED EXPLORERS PROGRAM |
| AMERICAN CANYON COMMUNITY AND PARKS FOUNDATION (ACCPF) - 101 W AMERICAN CANYON ROAD, STE 508-102 - AMERICAN CANYON, CA 94503 | 47-3226686 | 501(C)(3) | 2,000. | 0. | | | FOR THE SCHOOL-BASED EDUCATION PROGRAMS |
| AMERICAN CANYON COMMUNITY AND PARKS FOUNDATION (ACCPF) - 101 W AMERICAN CANYON ROAD, STE 508-102 - AMERICAN CANYON, CA 94503 | 47-3226686 | 501(C)(3) | 10,000. | 0. | | | FOR THE WATERSHED EXPLORERS PROGRAM |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| 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 - CHICAGO, IL 60606 | 13-5613797 | 501(C)(3) | 5,000. | 0. | | | FOR SUPPORT OF CHICAGO HEART BALL CAMPAIGN |
| ARTS COUNCIL NAPA VALLEY 3299 CLAREMONT WAY, STE 5 NAPA, CA 94558 | 94-2710866 | 501(C)(3) | 1,500. | 0. | | | FOR THE NAPA VALLEY EDUCATION ALLIANCE |
| ARTS COUNCIL NAPA VALLEY 3299 CLAREMONT WAY, STE 5 NAPA, CA 94558 | 94-2710866 | 501(C)(3) | 3,000. | 0. | | | FOR THE NAPA VALLEY EDUCATION ALLIANCE |
| ARTS COUNCIL NAPA VALLEY 3299 CLAREMONT WAY, STE 5 NAPA, CA 94558 | 94-2710866 | 501(C)(3) | 6,000. | 0. | | | FOR THE NAPA VALLEY EDUCATION ALLIANCE |
| ARTS COUNCIL NAPA VALLEY 3299 CLAREMONT WAY, STE 5 NAPA, CA 94558 | 94-2710866 | 501(C)(3) | 7,000. | 0. | | | TO COVER PROJECT EXPENSES FOR PHASE 1 OF THE MURAL AND DIGITAL ART FOR 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 PO BOX 5135 SAN FRANCISCO, CA 94111 | 20-1826827 | 501(C)(3) | 25,000. | 0. | | | FOR SUPPORT OF THE BUILD BETTER, BUILD MORE CAMPAIGN |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| BLUE OAK SCHOOL 1436 POLK STREET NAPA, CA 94559 | 95-4803542 | 501(C)(3) | 2,500. | 0. | | | FOR THE FUND A NEED ON 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 STREET - ST. HELENA, CA 94574 | 68-0226714 | 501(C)(3) | 2,500. | 0. | | | FOR GENERAL/OPERATING SUPPORT |
| BOYS & GIRLS CLUBS OF ST. HELENA AND CALISTOGA INC - 1420 TAINTER STREET - ST. HELENA, CA 94574 | 68-0226714 | 501(C)(3) | 2,500. | 0. | | | FOR GENERAL SUPPORT. THIS GIFT WAS MADE POSSIBLE BY THE GENEROSITY OF ANNE CARVER AND DENNIS SUTRO |
| BOYS AND GIRLS CLUBS OF NAPA VALLEY - 1515 PUEBLO AVENUE - NAPA, CA 94558 | 94-6033413 | 501(C)(3) | 5,000. | 0. | | | FOR GENERAL SUPPORT OF AMERICAN CANYON LOCATION |
| BRIDGE RESTORATION MINISTRY - NAPA P.O. BOX 3453 NAPA, CA 94558 | 30-1209160 | 501(C)(3) | 4,000. | 0. | | | FOR SUPPORT OF THE 2024 SPRING FUNDRAISING CAMPAIGN |
| BRIDGE RESTORATION MINISTRY - NAPA P.O. BOX 3453 NAPA, CA 94558 | 30-1209160 | 501(C)(3) | 7,000. | 0. | | | FOR GENERAL SUPPORT. THIS GRANT WAS MADE POSSIBLE BY AN ANONYMOUS 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 |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| BROWN UNIVERSITY OFFICE OF GIFT ACCOUNTING 350 EDDY STREET, SIXTH FLOOR - PROVIDENCE, RI 0290 | 05-0258809 | 501(C)(3) | 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 |
| CALIFORNIA NURSE-MIDWIVES FOUNDATION - 60 29TH ST #321 - SAN FRANCISCO, CA 94110 | 84-3622602 | 501(C)(3) | 15,000. | 0. | | | FOR THE HIRING OF A CONSULTANT WHO WOULD DO GRANT WRITING FOR THE FOUNDATION |
| CALISTOGA JOINT UNIFIED SCHOOL DISTRICT - 1520 LAKE STREET - CALISTOGA, CA 94515 | 52-1557245 | 501(C)(3) | 1,500. | 0. | | | TO STRENGTHEN THE AVID PROGRAM, INCLUDING TEACHER TRAINING, REGISTRATION FEES, |
| CALISTOGA JOINT UNIFIED SCHOOL DISTRICT - 1520 LAKE STREET - CALISTOGA, CA 94515 | 52-1557246 | 501(C)(3) | 6,523. | 0. | | | TO STRENGTHEN THE AVID PROGRAM, INCLUDING TEACHER TRAINING, REGISTRATION FEES, |
| CALISTOGA JOINT UNIFIED SCHOOL DISTRICT - 1520 LAKE STREET - CALISTOGA, CA 94515 | 52-1557247 | 501(C)(3) | 10,000. | 0. | | | TO STRENGTHEN THE AVID PROGRAM, INCLUDING TEACHER TRAINING, REGISTRATION FEES, |
| CAL-TECH PUMP WELL & WATER TREATMENT INC. - PO BOX 1261 - MIDDLETOWN, CA 95461 | 46-5682611 | | 2,712. | 0. | | | FOR 2020 NAPA COUNTY WILDFIRE RECOVERY FOR DISASTER CASE MANAGEMENT CLIENT WANDA HUDSPETH FOR |
| CAL-TECH PUMP WELL & WATER TREATMENT INC. - PO BOX 1261 - MIDDLETOWN, CA 95461 | 46-5682611 | | 25,729. | 0. | | | FOR 2020 NAPA COUNTY WILDFIRE RECOVERY FOR DISASTER CASE MANAGEMENT CLIENT WANDA HUDSPETH FOR |
| CANINE GUARDIANS ASSISTANCE DOGS 2300 ARTHUR STREET NAPA, CA 94559 | 38-3917740 | 501(C)(3) | 7,000. | 0. | | | FOR SUPPORT OF THE ASSISTANCE DOG TRAINING PROGRAM |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| 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 | 501(C)(3) | 2,500. | 0. | | | FOR GENERAL SUPPORT |
| CASA, A VOICE FOR CHILDREN 1804 SOSCOL AVENUE, STE 201 NAPA, CA 94559 | 20-3594007 | 501(C)(3) | 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 |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| 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 |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| CHILD START, INC. 439 DEVLIN ROAD NAPA, CA 94558 | 68-0442009 | 501(C)(3) | 5,000. | 0. | | | FOR THE RAISING A READER PROGRAM |
| CHILDREN'S AIDS ART PROGRAMME 100 SOUTH STREET, STE 305 SAUSALITO, CA 94965 | 26-0118652 | 501(C)(3) | 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 |

Schedule I (Form 990)

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

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| COLLABRIA CARE 414 SOUTH JEFFERSON STREET NAPA, CA 94559 | 68-0393144 | 501(C)(3) | 9,000. | 0. | | | TO SUPPORT PALLIATIVE CARE SERVICES TO PATIENTS WITH A CANCER DIAGNOSIS AND SUPPORT SERVICES TO |
| COLLABRIA CARE 414 SOUTH JEFFERSON STREET NAPA, CA 94559 | 68-0393144 | 501(C)(3) | 12,500. | 0. | | | FOR GENERAL SUPPORT OF NAPA COUNTY PROGRAMS |
| COMMUNITY ACTION OF NAPA VALLEY COMMUNITY ACTION ADMINISTRATION 2521 OLD SONOMA ROAD - NAPA, CA 94558 | 94-1610851 | 501(C)(3) | 5,000. | 0. | | | FOR SUPPORT OF THE NAPA FOOD BANK PROGRAM. THIS GRANT WAS MADE POSSIBLE BY THE GENEROSITY OF AN |
| COMMUNITY ACTION OF NAPA VALLEY COMMUNITY ACTION ADMINISTRATION 2521 OLD SONOMA ROAD - NAPA, CA 94558 | 94-1610851 | 501(C)(3) | 5,000. | 0. | | | FOR GENERAL/OPERATING 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 2521 OLD SONOMA ROAD - NAPA, CA 94558 | 94-1610851 | 501(C)(3) | 20,000. | 0. | | | FOR THE MEALS ON WHEELS AND CONGREGATE DINING PROGRAM |
| COMMUNITY HEALTH INITIATIVE NAPA COUNTY INC. - 2140 JEFFERSON STREET, STE D - NAPA, CA 94559 | 25-1924934 | 501(C)(3) | 2,000. | 0. | | | FOR PROGRAMS IN NAPA COUNTY |
| COMMUNITY HEALTH INITIATIVE NAPA COUNTY INC. - 2140 JEFFERSON STREET, STE D - NAPA, CA 94559 | 25-1924934 | 501(C)(3) | 2,000. | 0. | | | FOR PROGRAMS IN NAPA COUNTY |
| COMMUNITY HEALTH INITIATIVE NAPA COUNTY INC. - 2140 JEFFERSON STREET, STE D - NAPA, CA 94559 | 25-1924934 | 501(C)(3) | 2,500. | 0. | | | FOR GENERAL/OPERATING SUPPORT |

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

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| 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 GROW INITIATIVE |
| 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 |

Schedule I (Form 990)

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

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| COPE FAMILY CENTER 707 RANDOLPH STREET NAPA, CA 94559 | 94-2322399 | 501(C)(3) | 1,200. | 0. | | | TO MAINTAIN THE MULTI-AGENCY PHONE SYSTEM FOR GIFT CARD DISTRIBUTION TO |
| COPE FAMILY CENTER 707 RANDOLPH STREET NAPA, CA 94559 | 94-2322399 | 501(C)(3) | 1,500. | 0. | | | FOR THE PARENT AS TEACHER PROGRAM |
| COPE FAMILY CENTER 707 RANDOLPH STREET NAPA, CA 94559 | 94-2322399 | 501(C)(3) | 2,000. | 0. | | | FOR GENERAL SUPPORT OF COMMUNITY LEADERS COALITION |
| COPE FAMILY CENTER 707 RANDOLPH STREET NAPA, CA 94559 | 94-2322399 | 501(C)(3) | 10,000. | 0. | | | FOR GENERAL/OPERATING SUPPORT |
| COPE FAMILY CENTER 707 RANDOLPH STREET NAPA, CA 94559 | 94-2322399 | 501(C)(3) | 10,000. | 0. | | | FOR \$15,000 IN GIFT CARDS AND \$2,500 TO HELP SUPPORT OPERATIONS FOR DISTRIBUTION OF EMERGENCY |
| COPE FAMILY CENTER 707 RANDOLPH STREET NAPA, CA 94559 | 94-2322399 | 501(C)(3) | 15,000. | 0. | | | FOR GENERAL SUPPORT OF COMMUNITY LEADERS COALITION |
| COPE FAMILY CENTER 707 RANDOLPH STREET NAPA, CA 94559 | 94-2322399 | 501(C)(3) | 20,000. | 0. | | | FOR THE PARENTS AS TEACHERS PROGRAM |
| COPE FAMILY CENTER 707 RANDOLPH STREET NAPA, CA 94559 | 94-2322399 | 501(C)(3) | 25,000. | 0. | | | FOR GENERAL SUPPORT |
| COPE FAMILY CENTER 707 RANDOLPH STREET NAPA, CA 94559 | 94-2322399 | 501(C)(3) | 30,000. | 0. | | | FOR GENERAL SUPPORT OF COMMUNITY LEADERS COALITION |

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

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| CR UNITED CONSTRUCTION, INC. PO BOX 1723 MIDDLETOWN, CA 95461 | 87-3269116 | | 15,300. | 0. | | | 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 |
| DEPAUL UNIVERSITY 1 E. JACKSON BLVD CHICAGO, IL 60604 | 36-2167048 | 501(C)(3) | 31,250. | 0. | | | FOR GENERAL SUPPORT OF DR. THERESA KEPIC ENDOWED SCHOLARSHIP AND FRANK NAEYMI-RAD ENDOWED |
| DIRECT RELIEF 6100 WALLACE BECKNELL ROAD SANTA BARBARA, CA 93117 | 95-1831116 | 501(C)(3) | 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 |

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

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|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| 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 | 51-0158789 | 501(C)(3) | 5,000. | 0. | | | FOR YOUTH PROGRAMS |
| ENVIRONMENTAL TRAVELING COMPANIONS 2 MARINA BLVD FORT MASON CENTER C38 SAN FRANCISCO, CA 94123 | 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 |

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

Schedule I (Form 990)

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

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

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

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| 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 |

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| 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 |

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| 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 |
| 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 |
| 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 |
| HIGHWAY 29 MEDIA COMPANY 1887 MULBERRY STREET YOUNTVILLE, CA 94599 | 88-4416319 | | 29,585. | 0. | | | TO SUPPORT PUBLIC INTEREST JOURNALISM IN NAPA COUNTY, INCLUDING BUT NOT LIMITED TO |
| HOLY ASSUMPTION MONASTERY 1519 WASHINGTON STREET CALISTOGA, CA 94515 | 94-2903160 | 501(C)(3) | 1,000. | 0. | | | FOR THE ST. NICHOLAS HOUSE, IN MEMORY OF THOMAS J. BUNDROS |
| HOLY ASSUMPTION MONASTERY 1519 WASHINGTON STREET CALISTOGA, CA 94515 | 94-2903160 | 501(C)(3) | 10,000. | 0. | | | FOR GENERAL/OPERATING SUPPORT |
| HOWELL MOUNTAIN LAND MANAGEMENT, LLC - PO BOX 172 - POPE VALLEY, CA 94567 | 88-0744948 | | 13,390. | 0. | | | FOR 2020 NAPA COUNTY WILDFIRE RECOVERY FOR DISASTER CASE MANAGEMENT CLIENT WANDA HUDSPETH FOR |
| HUMANE SOCIETY OF NAPA COUNTY PO BOX 695 NAPA, CA 94559 | 23-7315010 | 501(C)(3) | 500. | 0. | | | FOR GENERAL SUPPORT |
| HUMANE SOCIETY OF NAPA COUNTY PO BOX 695 NAPA, CA 94559 | 23-7315010 | 501(C)(3) | 5,059. | 0. | | | FOR GENERAL SUPPORT |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| HUMANE SOCIETY OF NAPA COUNTY PO BOX 695 NAPA, CA 94559 | 23-7315010 | 501(C)(3) | 10,000. | 0. | | | FOR GENERAL/OPERATING SUPPORT |
| HUMANE SOCIETY OF NAPA COUNTY PO BOX 695 NAPA, CA 94559 | 23-7315010 | 501(C)(3) | 25,000. | 0. | | | FOR SUPPORT OF THE BEHAVIORAL DOG TRAINING PROGRAM |
| IF GIVEN A CHANCE PO BOX 2607 NAPA, CA 94558 | 91-1852336 | 501(C)(3) | 10,000. | 0. | | | FOR GENERAL/OPERATING SUPPORT |
| ILLINOIS INSTITUTE OF TECHNOLOGY 7565 SOLUTION CENTER CHICAGO, IL 60677 | 36-2170136 | 501(C)(3) | 50,000. | 0. | | | FOR THE MARTHA EVENS FUND FOR ENHANCING COMPUTER SCIENCE IN HEALTHCARE (INFORMATICS) TRAINING |
| ILLINOIS STATE UNIVERSITY FOUNDATION - CAMPUS BOX 8000 - NORMAL, IL 61790 | 37-6025713 | 501(C)(3) | 50,000. | 0. | | | FOR SUPPORT OF THE MULTICULTURAL CENTER ENHANCEMENT FUND, FOR THE DR. FRANK NAEYMI-RAD AND |
| IMMIGRATION INSTITUTE OF THE BAY AREA - 58 2ND STREET 3RD FLOOR - SAN FRANCISCO, CA 94105 | 94-1156554 | 501(C)(3) | 250. | 0. | | | FOR GENERAL OPERATIONS, TO SUPPORT COMMUNITY ROOTS OF NAPA |
| IMMIGRATION INSTITUTE OF THE BAY AREA - 58 2ND STREET 3RD FLOOR - SAN FRANCISCO, CA 94105 | 94-1156554 | 501(C)(3) | 2,500. | 0. | | | FOR GENERAL OPERATIONS, TO SUPPORT COMMUNITY ROOTS OF NAPA |
| IMMIGRATION INSTITUTE OF THE BAY AREA - 58 2ND STREET 3RD FLOOR - SAN FRANCISCO, CA 94105 | 94-1156554 | 501(C)(3) | 5,000. | 0. | | | TO SUPPORT NAPA COUNTY PROGRAMS |
| IMMIGRATION INSTITUTE OF THE BAY AREA - 58 2ND STREET 3RD FLOOR - SAN FRANCISCO, CA 94105 | 94-1156554 | 501(C)(3) | 10,500. | 0. | | | FOR VINEYARD WORKER IMMIGRATION WORK |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| 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/OPERATING 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 |
| IMMIGRATION INSTITUTE OF THE BAY AREA - 58 2ND STREET 3RD FLOOR - SAN FRANCISCO, CA 94105 | 94-1156554 | 501(C)(3) | 15,800. | 0. | | | FOR A PASS-THROUGH FROM COUNTY OF NAPA FOR CITIZENSHIP LEGAL SERVICES IN NAPA COUNTY |
| IMMIGRATION INSTITUTE OF THE BAY AREA - 58 2ND STREET 3RD FLOOR - SAN FRANCISCO, CA 94105 | 94-1156554 | 501(C)(3) | 40,000. | 0. | | | FOR GENERAL SUPPORT |
| IMMIGRATION INSTITUTE OF THE BAY AREA - 58 2ND STREET 3RD FLOOR - SAN FRANCISCO, CA 94105 | 94-1156554 | 501(C)(3) | 98,500. | 0. | | | FOR PARTICIPATION IN THE CITIZENSHIP LEGAL SERVICES (CLS) COLLABORATIVE THAT IS |
| J DAVID GLADSTONE INSTITUTES 1650 OWENS STREET SAN FRANCISCO, CA 94158 | 23-7203666 | 501(C)(3) | 15,000. | 0. | | | FOR SUPPORT OF THE GLADSTONE INSTITUTE ALZHEIMERS RESEARCH PROGRAM |
| JAMESON ANIMAL RESCUE RANCH 1224 ADAMS STREET, STE C ST. HELENA, CA 94574 | 47-1230166 | 501(C)(3) | 500. | 0. | | | FOR GENERAL/OPERATING SUPPORT IN MEMORY OF DAVID STEVENS |
| JAMESON ANIMAL RESCUE RANCH 1224 ADAMS STREET, STE C ST. HELENA, CA 94574 | 47-1230166 | 501(C)(3) | 500. | 0. | | | FOR GENERAL/OPERATING SUPPORT, IN HONOR OF AMANDA HARLAN MALTAS' LEADERSHIP |
| JAMESON ANIMAL RESCUE RANCH 1224 ADAMS STREET, STE C ST. HELENA, CA 94574 | 47-1230166 | 501(C)(3) | 1,000. | 0. | | | FOR GENERAL/OPERATING SUPPORT |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| JAMESON ANIMAL RESCUE RANCH 1224 ADAMS STREET, STE C ST. HELENA, CA 94574 | 47-1230166 | 501(C)(3) | 25,000. | 0. | | | FOR SUPPORT OF SMALL ANIMAL PROGRAMS IN NAPA COUNTY. THIS GRANT WILL BE PAID \$25,000 PER YEAR |
| JAMESON ANIMAL RESCUE RANCH 1224 ADAMS STREET, STE C ST. HELENA, CA 94574 | 47-1230166 | 501(C)(3) | 25,000. | 0. | | | FOR SUPPORT OF SMALL ANIMAL PROGRAMS IN NAPA COUNTY. THIS GRANT WILL BE PAID \$25,000 PER YEAR |
| JDRF INTERNATIONAL PO BOX 5018 HAGERSTOWN, MD 21741 | 23-1907729 | 501(C)(3) | 25,000. | 0. | | | FOR THE ILLINOIS ONE DREAM GALA FUND-A-CURE |
| JDRF INTERNATIONAL PO BOX 5018 HAGERSTOWN, MD 21741 | 23-1907729 | 501(C)(3) | 25,000. | 0. | | | FOR THE ILLINOIS ONE DREAM GALA FUND-A-CURE |
| JIM CLIFTON PO BOX 128 POPE VALLEY, CA 94567 | 94-2274093 | | 1,605. | 0. | | | FOR 2020 NAPA COUNTY WILDFIRE RECOVERY FOR DISASTER CASE MANAGEMENT CLIENT WANDA HUDSPETH FOR |
| JIM CLIFTON PO BOX 128 POPE VALLEY, CA 94567 | 94-2274093 | | 100,319. | 0. | | | FOR 2020 NAPA COUNTY WILDFIRE RECOVERY FOR DISASTER CASE MANAGEMENT CLIENT WANDA HUDSPETH FOR |
| JOHN TAYLOR BUILDERS LLC 635 AALNUT LANE ANGWIN, CA 94508 | | | 5,500. | 0. | | | FOR 2020 NAPA COUNTY WILDFIRE RECOVERY FOR DISASTER CASE MANAGEMENT CLIENT WANDA HUDSPETH FOR |
| LARK TRADITIONAL ARTS PO BOX 1724 MENDOCINO, CA 95460 | 83-2424940 | 501(C)(3) | 40,000. | 0. | | | FOR GENERAL/OPERATING SUPPORT |
| LUNCHTIME PRODUCTIONS INC. 1241 ADAMS STREET, STE 1114 ST. HELENA, CA 94574 | 30-0839728 | 501(C)(3) | 1,000. | 0. | | | FOR SUPPORT OF IN-SCHOOL DRAMA RESIDENCY AT BEL AIRE PARK ELEMENTARY SCHOOL |

Schedule I (Form 990)

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

| (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 FUND |
| 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 |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| MENTIS 1272 HAYES STREET NAPA, CA 94559 | 94-1236934 | 501(C)(3) | 2,500. | 0. | | | FOR YOUTH TRAUMA RECOVERY 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 |
| MENTIS 1272 HAYES STREET NAPA, CA 94559 | 94-1236934 | 501(C)(3) | 15,000. | 0. | | | FOR GENERAL/OPERATING SUPPORT |
| MENTIS 1272 HAYES STREET NAPA, CA 94559 | 94-1236934 | 501(C)(3) | 20,000. | 0. | | | FOR SUPPORT OF THE BUILDING TEEN RESILIENCE 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 |
| MOLLY'S ANGELS 433 SOSCOL AVENUE, STE B151 NAPA, CA 94559 | 31-1675725 | 501(C)(3) | 500. | 0. | | | FOR GENERAL/OPERATING SUPPORT |
| MOLLY'S ANGELS 433 SOSCOL AVENUE, STE B151 NAPA, CA 94559 | 31-1675725 | 501(C)(3) | 1,000. | 0. | | | FOR GENERAL SUPPORT |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| 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 NAPA, CA 94558 | 88-0747034 | 501(C)(3) | 2,000. | 0. | | | FOR GENERAL/OPERATING 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 NAPA, CA 94581 | 68-0358441 | 501(C)(3) | 5,000. | 0. | | | FOR GENERAL/OPERATING SUPPORT |
| NAPA BUNNIES 1240 HEMLOCK STREET NAPA, CA 94559 | 87-1171768 | 501(C)(3) | 10,000. | 0. | | | FOR GENERAL SUPPORT |
| NAPA COMMUNITY ANIMAL RESPONSE TEAM - PO BOX 67 - NAPA, CA 94559 | 82-3738768 | 501(C)(3) | 20,000. | 0. | | | FOR SUPPORT OF SMALL ANIMAL PROGRAMS IN NAPA COUNTY |
| NAPA COUNTY ANIMAL SHELTER AND ADOPTION CENTER - 942 HARTLE COURT - NAPA, CA 94558 | | NAPA COUNTY ANIM | 250. | 0. | | | FOR GENERAL SUPPORT, IN MEMORY OF THOMAS EDWARD TULL III. THIS GRANT WAS MADE POSSIBLE BY THE |
| NAPA COUNTY ANIMAL SHELTER AND ADOPTION CENTER - 942 HARTLE COURT - NAPA, CA 94558 | | NAPA COUNTY ANIM | 30,000. | 0. | | | FOR GENERAL SUPPORT. THIS GRANT WILL BE PAID \$30,000 PER YEAR OVER TWO YEARS |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| NAPA COUNTY ANIMAL SHELTER AND ADOPTION CENTER - 942 HARTLE COURT - NAPA, CA 94558 | | NAPA COUNTY ANIM | 30,000. | 0. | | | FOR GENERAL SUPPORT. THIS GRANT WILL BE PAID \$30,000 PER YEAR OVER TWO YEARS |
| NAPA COUNTY CHILDREN AND FAMILIES COMMISSION - 1302 JEFFERSON STREET, STE 100A - NAPA, CA 94559 | 68-0455676 | NAPA COUNTY ANIM | 5,000. | 0. | | | TO SUPPORT THE FLORECER PROGRAM IN NAPA COUNTY |
| NAPA COUNTY LAND TRUST 1700 SOSCOL AVENUE, STE 20 NAPA, CA 94559 | 94-2315096 | 501(C)(3) | 500. | 0. | | | FOR GENERAL SUPPORT |
| NAPA COUNTY LAND TRUST 1700 SOSCOL AVENUE, STE 20 NAPA, CA 94559 | 94-2315096 | 501(C)(3) | 500. | 0. | | | FOR GENERAL SUPPORT |
| NAPA COUNTY LAND TRUST 1700 SOSCOL AVENUE, STE 20 NAPA, CA 94559 | 94-2315096 | 501(C)(3) | 5,000. | 0. | | | IN SUPPORT OF CORNERSTONE 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 NAPA, CA 94559 | 94-6000525 | NAPA COUNTY LIBR | 500. | 0. | | | FOR THE PURCHASE OF CHILDREN'S BOOKS IN SPANISH FOR COMMUNITY DISTRIBUTION |
| NAPA COUNTY LIBRARY 580 COOMBS STREET NAPA, CA 94559 | 94-6000525 | NAPA COUNTY LIBR | 3,000. | 0. | | | FOR THE LITERACY CENTER |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| NAPA COUNTY LIBRARY 580 COOMBS STREET NAPA, CA 94559 | 94-6000525 | NAPA COUNTY LIBR | 3,500. | 0. | | | FOR THE LITERACY CENTER |
| NAPA COUNTY OFFICE OF EDUCATION 2121 IMOLA AVENUE NAPA, CA 94559 | 94-6002406 | NAPA COUNTY OFFI | 500. | 0. | | | FOR THE WELDING AND CULINARY CTE PROGRAM AT CAMILLE CREEK COMMUNITY SCHOOL |
| NAPA COUNTY OFFICE OF EDUCATION 2121 IMOLA AVENUE NAPA, CA 94559 | 94-6002406 | NAPA COUNTY OFFI | 5,000. | 0. | | | FOR THE WELDING AND CULINARY CTE PROGRAM AT CAMILLE CREEK COMMUNITY SCHOOL |
| NAPA COUNTY OFFICE OF EDUCATION 2121 IMOLA AVENUE NAPA, CA 94559 | 94-6002406 | NAPA COUNTY OFFI | 7,000. | 0. | | | FOR THE WELDING AND CULINARY CTE PROGRAM AT CAMILLE CREEK COMMUNITY SCHOOL |
| NAPA COUNTY RESOURCE CONSERVATION DISTRICT - 1303 JEFFERSON STREET, STE 500B - NAPA, CA 94559 | 94-1569332 | NAPA COUNTY RESO | 500. | 0. | | | FOR CALIFORNIA WILDFIRE AND FOREST RESILIENCE TASK FORCE |
| NAPA COUNTY RESOURCE CONSERVATION DISTRICT - 1303 JEFFERSON STREET, STE 500B - NAPA, CA 94559 | 94-1569332 | NAPA COUNTY RESO | 1,000. | 0. | | | FOR SUPPORT OF THE FISH PASSAGE RESTORATION PROJECT |
| NAPA COUNTY RESOURCE CONSERVATION DISTRICT - 1303 JEFFERSON STREET, STE 500B - NAPA, CA 94559 | 94-1569332 | NAPA COUNTY RESO | 1,500. | 0. | | | FOR SUPPORT OF THE FISH PASSAGE RESTORATION PROJECT |
| 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 AVE, SUITE B160 - NAPA, CA 94559 | 56-2498308 | 501(C)(3) | 1,000. | 0. | | | TO EXPAND THE YOUTHCANS NEXT STEPS PROGRAM |

Schedule I (Form 990)

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

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

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| NAPA VALLEY COMMUNITY COLLEGE DISTRICT AUXILIARY SERVICES ORGANIZATION - 2277 NAPA-VALLEJO HWY - NAPA, CA 94559 | 46-2918583 | 501(C)(3) | 2,000. | 0. | | | FOR THE BASIC NEEDS CENTER FOOD PANTRY |
| NAPA VALLEY COMMUNITY COLLEGE DISTRICT AUXILIARY SERVICES ORGANIZATION - 2277 NAPA-VALLEJO HWY - NAPA, CA 94559 | 46-2918583 | 501(C)(3) | 3,500. | 0. | | | FOR THE PROJECT DISCOVERY PROGRAM |
| NAPA VALLEY COMMUNITY ORGANIZATIONS ACTIVE IN DISASTER - 3299 CLAREMONT WAY, STE 2 - NAPA, CA 94558 | 92-0361721 | 501(C)(3) | 2,500. | 0. | | | TO HELP SUPPORT OPERATIONS FOR DISTRIBUTION OF EMERGENCY 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 ORGANIZATIONS ACTIVE IN DISASTER - 3299 CLAREMONT WAY, STE 2 - NAPA, CA 94558 | 92-0361721 | 501(C)(3) | 100,000. | 0. | | | FOR GENERAL SUPPORT FOR THE OPERATIONS OF NAPA VALLEY COMMUNITY ORGANIZATIONS ACTIVE IN |
| NAPA VALLEY EDUCATION FOUNDATION 2425 JEFFERSON STREET, ROOM #105 NAPA, CA 94558 | 68-0005743 | 501(C)(3) | 2,500. | 0. | | | FOR THE SUMMER MENTOR PROGRAM |
| NAPA VALLEY EDUCATION FOUNDATION 2425 JEFFERSON STREET, ROOM #105 NAPA, CA 94558 | 68-0005743 | 501(C)(3) | 2,500. | 0. | | | FOR PROFESSIONAL DEVELOPMENT FOR VALLEY OAK HIGH SCHOOL, AND COLLEGE AND CAREER |
| NAPA VALLEY EDUCATION FOUNDATION 2425 JEFFERSON STREET, ROOM #105 NAPA, CA 94558 | 68-0005743 | 501(C)(3) | 5,000. | 0. | | | FOR THE MUSIC CONNECTION PROGRAM |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| NAPA VALLEY EDUCATION FOUNDATION 2425 JEFFERSON STREET, ROOM #105 NAPA, CA 94558 | 68-0005743 | 501(C)(3) | 5,000. | 0. | | | TO SUPPORT THE CAREER CONNECTION PROGRAM |
| 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 CONNECTION PROGRAM |
| 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 |

Schedule I (Form 990)

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

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

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| NAPA VALLEY GRAPEGROWERS FOUNDATION - 831 LATOUR COURT, STE A - NAPA, CA 94558 | 82-2012860 | 501(C)(3) | 12,500. | 0. | | | TO SUPPORT THE OAKVILLE CAMPAIGN. THIS GRANT WILL BE PAYABLE IN 2 EQUAL 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 |
| 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 |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| 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 |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| NIMBUS ARTS 649 MAIN STREET ST. HELENA, CA 94574 | 27-1503762 | 501(C)(3) | 500. | 0. | | | FOR EDUCATION PROGRAMS |
| NIMBUS ARTS 649 MAIN STREET ST. HELENA, CA 94574 | 27-1503762 | 501(C)(3) | 500. | 0. | | | FOR GENERAL/OPERATING 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 ST. HELENA, CA 94574 | 27-1503762 | 501(C)(3) | 1,000. | 0. | | | FOR GENERAL/OPERATING SUPPORT |
| NIMBUS ARTS 649 MAIN STREET ST. HELENA, CA 94574 | 27-1503762 | 501(C)(3) | 1,000. | 0. | | | FOR GENERAL/OPERATING SUPPORT |
| NIMBUS ARTS 649 MAIN STREET ST. HELENA, CA 94574 | 27-1503762 | 501(C)(3) | 2,000. | 0. | | | FOR EDUCATION PROGRAMS |
| NIMBUS ARTS 649 MAIN STREET ST. HELENA, CA 94574 | 27-1503762 | 501(C)(3) | 2,000. | 0. | | | FOR GENERAL SUPPORT. THIS GIFT WAS MADE POSSIBLE BY THE GENEROSITY OF ANNE CARVER AND DENNIS SUTRO |
| NIMBUS ARTS 649 MAIN STREET ST. HELENA, CA 94574 | 27-1503762 | 501(C)(3) | 15,000. | 0. | | | FOR GENERAL/OPERATING SUPPORT |
| NIMBUS ARTS 649 MAIN STREET ST. HELENA, CA 94574 | 27-1503762 | 501(C)(3) | 30,000. | 0. | | | FOR GENERAL/OPERATING SUPPORT |

Schedule I (Form 990)

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

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| 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 |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558 | 75-3149095 | 501(C)(3) | 2,500. | 0. | | | FOR THE PARENT UNIVERSITY PROGRAM IN NAPA COUNTY |
| ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558 | 75-3149095 | 501(C)(3) | 2,500. | 0. | | | FOR THE VOICES PROGRAM IN NAPA COUNTY |
| ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558 | 75-3149095 | 501(C)(3) | 2,500. | 0. | | | FOR THE VOLUNTEER INCOME TAX ASSISTANCE PROGRAM (VITA) |
| ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558 | 75-3149095 | 501(C)(3) | 2,500. | 0. | | | TO HELP SUPPORT OPERATIONS FOR DISTRIBUTION OF EMERGENCY FOOD ASSISTANCE IN THE |
| ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558 | 75-3149095 | 501(C)(3) | 2,540. | 0. | | | FOR A PASS-THROUGH FROM COUNTY OF NAPA FOR CITIZENSHIP LEGAL SERVICES IN NAPA COUNTY |
| ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558 | 75-3149095 | 501(C)(3) | 3,000. | 0. | | | FOR THE YOUTH LEADERSHIP ACADEMIES |
| ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558 | 75-3149095 | 501(C)(3) | 5,000. | 0. | | | FOR GENERAL/OPERATING SUPPORT |
| ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558 | 75-3149095 | 501(C)(3) | 5,000. | 0. | | | FOR SUPPORT OF YOUTH LEADERSHIP ACADEMIES IN NAPA COUNTY |
| ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558 | 75-3149095 | 501(C)(3) | 6,000. | 0. | | | FOR THE VOICES PROGRAM IN NAPA COUNTY |

Schedule I (Form 990)

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

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558 | 75-3149095 | 501(C)(3) | 7,500. | 0. | | | FOR THE VOLUNTEER INCOME TAX ASSISTANCE PROGRAM (VITA) |
| ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558 | 75-3149095 | 501(C)(3) | 10,000. | 0. | | | FOR SUPPORT OF YOUTH LEADERSHIP ACADEMIES |
| ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558 | 75-3149095 | 501(C)(3) | 10,000. | 0. | | | FOR YOUTH LEADERSHIP ACADEMIES |
| ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558 | 75-3149095 | 501(C)(3) | 10,000. | 0. | | | FOR THE NAPA HOUSING STABILITY PROGRAM |
| ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558 | 75-3149095 | 501(C)(3) | 10,000. | 0. | | | FOR SUPPORT OF YOUTH LEADERSHIP ACADEMIES IN NAPA COUNTY |
| ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558 | 75-3149095 | 501(C)(3) | 15,000. | 0. | | | FOR SUPPORT OF THE LGBTQ CONNECTION PROGRAM IN NAPA COUNTY |
| ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558 | 75-3149095 | 501(C)(3) | 20,000. | 0. | | | FOR PARTICIPATION IN THE CITIZENSHIP LEGAL SERVICES (CLS) COLLABORATIVE THAT IS |
| ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558 | 75-3149095 | 501(C)(3) | 20,000. | 0. | | | FOR THE VOLUNTEER INCOME TAX ASSISTANCE (VITA) PROGRAM |
| ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558 | 75-3149095 | 501(C)(3) | 25,000. | 0. | | | FOR GENERAL SUPPORT |

Schedule I (Form 990)

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

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558 | 75-3149095 | 501(C)(3) | 40,000. | 0. | | | FOR HOUSING NAVIGATION 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 780 LINCOLN AVENUE NAPA, CA 94558 | 75-3149095 | 501(C)(3) | 80,000. | 0. | | | FOR HOUSING NAVIGATION SERVICES |
| OSF HEALTHCARE FOUNDATION 124 SW ADAMS ST PEORIA, IL 61602 | 37-1259284 | 501(C)(3) | 25,000. | 0. | | | TO SUPPORT HEALTH CARE INITIATIVES IN RURAL COMMUNITIES |
| PACIFIC UNION COLLEGE ATTN: ADVANCEMENT ONE ANGWIN AVENUE ANGWIN, CA 94508 | 94-1279798 | 501(C)(3) | 8,000. | 0. | | | FOR THE UTT ENDOWMENT FUND |
| PARTNERS IN HEALTH, A NONPROFIT CORPORATION - PO BOX 996 - FREDERICK, MD 21705 | 04-3567502 | 501(C)(3) | 5,000. | 0. | | | FOR GENERAL/OPERATING SUPPORT |
| PARTNERS IN HEALTH, A NONPROFIT CORPORATION - PO BOX 996 - FREDERICK, MD 21705 | 04-3567502 | 501(C)(3) | 10,000. | 0. | | | FOR GENERAL SUPPORT. THIS GRANT IS MADE POSSIBLE BY 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 |

Schedule I (Form 990)

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

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|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| PLANNED PARENTHOOD SHASTA-DIABLO INC. - 2185 PACHECO STREET - CONCORD, CA 94520 | 94-1575233 | 501(C)(3) | 1,000. | 0. | | | FOR GENERAL/OPERATING SUPPORT |
| PLANNED PARENTHOOD SHASTA-DIABLO INC. - 2185 PACHECO STREET - CONCORD, CA 94520 | 94-1575233 | 501(C)(3) | 1,000. | 0. | | | FOR GENERAL/OPERATING SUPPORT |
| PLANNED PARENTHOOD SHASTA-DIABLO INC. - 2185 PACHECO STREET - CONCORD, CA 94520 | 94-1575233 | 501(C)(3) | 15,000. | 0. | | | FOR SUPPORT OF NAPA COUNTY PROGRAMS |
| PLANNED PARENTHOOD SHASTA-DIABLO INC. - 2185 PACHECO STREET - CONCORD, CA 94520 | 94-1575233 | 501(C)(3) | 30,000. | 0. | | | FOR GENERAL SUPPORT |
| POPE VALLEY ANIMAL RESCUE 2174 STAGECOACH CANYON ROAD POPE VALLEY, CA 94567 | 93-2101159 | 501(C)(3) | 8,000. | 0. | | | FOR OPERATION SUPPORT AND TO HELP SUBSIDIZE COSTS FOR SPAY/NEUTER SERVICES FOR SMALL ANIMALS IN NAPA |
| PUERTAS ABIERTAS COMMUNITY RESOURCE CENTER / SUN INC. - PO BOX 3009 - NAPA, CA 94558 | 20-3126333 | 501(C)(3) | 1,800. | 0. | | | FOR A PASS-THROUGH FROM COUNTY OF NAPA FOR CITIZENSHIP LEGAL SERVICES IN NAPA COUNTY |
| PUERTAS ABIERTAS COMMUNITY RESOURCE CENTER / SUN INC. - PO BOX 3009 - NAPA, CA 94558 | 20-3126333 | 501(C)(3) | 2,500. | 0. | | | FOR GENERAL SUPPORT |
| PUERTAS ABIERTAS COMMUNITY RESOURCE CENTER / SUN INC. - PO BOX 3009 - NAPA, CA 94558 | 20-3126333 | 501(C)(3) | 2,500. | 0. | | | TO HELP SUPPORT OPERATIONS FOR DISTRIBUTION OF EMERGENCY FOOD ASSISTANCE IN THE |
| PUERTAS ABIERTAS COMMUNITY RESOURCE CENTER / SUN INC. - PO BOX 3009 - NAPA, CA 94558 | 20-3126333 | 501(C)(3) | 10,000. | 0. | | | FOR PARTICIPATION IN THE CITIZENSHIP LEGAL SERVICES (CLS) COLLABORATIVE THAT IS |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| PUERTAS ABIERTAS COMMUNITY RESOURCE CENTER / SUN INC. - PO BOX 3009 - NAPA, CA 94558 | 20-3126333 | 501(C)(3) | 15,000. | 0. | | | FOR GENERAL/OPERATING SUPPORT |
| PUERTAS ABIERTAS COMMUNITY RESOURCE CENTER / SUN INC. - PO BOX 3009 - NAPA, CA 94558 | 20-3126333 | 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 |
| RIPPLE EFFECT ANIMAL PROJECT 536 SILVERADO TRAIL NAPA, CA 94559 | 84-3913071 | 501(C)(3) | 25,000. | 0. | | | FOR GENERAL SUPPORT. THIS GRANT WILL BE PAID \$25,000 PER YEAR OVER TWO YEARS |
| RIPPLE EFFECT ANIMAL PROJECT 536 SILVERADO TRAIL NAPA, CA 94559 | 84-3913071 | 501(C)(3) | 25,000. | 0. | | | FOR GENERAL SUPPORT. THIS GRANT WILL BE PAID \$25,000 PER YEAR OVER TWO YEARS |
| RUTHLESS KINDNESS 10355 BURGANDY WAY SEBASTOPOL, CA 95472 | 84-2838142 | 501(C)(3) | 6,000. | 0. | | | FOR SUPPORT OF MOBILE VETERINARY CLINICS FOR SMALL ANIMALS IN NAPA COUNTY |
| SAFE PASSAGE 49 FARM VIEW DRIVE SUITE 302 NEW GLOUCESTER, ME 04260 | 01-0532835 | 501(C)(3) | 5,000. | 0. | | | FOR GENERAL/OPERATING SUPPORT |
| SALVATION ARMY - GOLDEN STATE DIVISION - 832 FOLSOM STREET - SAN FRANCISCO, CA 94107 | 94-1156347 | 501(C)(3) | 5,000. | 0. | | | FOR SPONSORSHIP OF THE FLOWER POWER 2024 |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| 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 PROGRAMS |
| 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 |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| SANTA ROSA SYMPHONY ASSOCIATION 50 SANTA ROSA AVENUE, STE 410 SANTA ROSA, CA 95404 | 94-6134075 | 501(C)(3) | 80,000. | 0. | | | FOR GENERAL/OPERATING SUPPORT |
| SECURE FAMILIES COLLABORATIVE 422 LARKFIELD CENTER #227 SANTA ROSA, CA 95403 | 86-2152312 | 501(C)(3) | 10,940. | 0. | | | FOR GENERAL/OPERATING SUPPORT |
| SECURE FAMILIES COLLABORATIVE 422 LARKFIELD CENTER #227 SANTA ROSA, CA 95403 | 86-2152312 | 501(C)(3) | 40,000. | 0. | | | FOR GENERAL SUPPORT |
| SERENITY HOMES OF NAPA VALLEY 1971 LERNHART STREET NAPA, CA 94559 | 20-2233852 | 501(C)(3) | 15,000. | 0. | | | FOR SHORT-TERM RENT SUBSIDIES FOR NAPA COUNTY 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 NAPA, CA 94559 | 81-5288335 | 501(C)(3) | 10,000. | 0. | | | FOR GENERAL SUPPORT |
| SOUTHERN CALIFORNIA EQUESTRIAN SPORTS - TERRE JOSLIN C/O GUTHRIE'S TAX SERVICE 1902 ORANGE TREE LANE, STE 130 - REDLANDS, CA | 20-8082196 | 501(C)(3) | 7,500. | 0. | | | FOR THE ALL EQUESTRIAN FUND, IN HONOR OF KRISTEN AGGERS FUNDRAISING EFFORTS |
| SOUTHERN CALIFORNIA EQUESTRIAN SPORTS - TERRE JOSLIN C/O GUTHRIE'S TAX SERVICE 1902 ORANGE TREE LANE, STE 130 - REDLANDS, CA | 20-8082196 | 501(C)(3) | 20,000. | 0. | | | FOR THE ALL EQUESTRIAN FUND, IN HONOR OF KRISTEN AGGERS FUNDRAISING EFFORTS |
| ST. HELENA HIGH SCHOOL 1401 GRAYSON AVENUE ST. HELENA, CA 94574 | | 501(C)(3) | 500. | 0. | | | FOR SCHOLARSHIPS FOR THE CLASS OF 2024 |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| ST. HELENA HIGH SCHOOL 1401 GRAYSON AVENUE ST. HELENA, CA 94574 | | 501(C)(3) | 860. | 0. | | | FOR ONE SCHOLARSHIP FOR THE CLASS OF 2024 |
| ST. HELENA HIGH SCHOOL 1401 GRAYSON AVENUE ST. HELENA, CA 94574 | | 501(C)(3) | 1,523. | 0. | | | FOR THE 2024 KIRSTEN VENGE MEMORIAL SCHOLARSHIP AT ST. HELENA HIGH SCHOOL |
| ST. HELENA HIGH SCHOOL 1401 GRAYSON AVENUE ST. HELENA, CA 94574 | | 501(C)(3) | 2,000. | 0. | | | FOR TWO, \$1,000 SCHOLARSHIPS FOR THE CLASS OF 2024 |
| ST. HELENA HIGH SCHOOL 1401 GRAYSON AVENUE ST. HELENA, CA 94574 | | 501(C)(3) | 16,000. | 0. | | | FOR THE NEAL FAMILY SCHOLARSHIPS FOR THE CLASS OF 2024 |
| ST. HELENA HOSPITAL FOUNDATION 10 WOODLAND ROAD ST. HELENA, CA 94574 | 20-1384250 | 501(C)(3) | 7,500. | 0. | | | FOR SUPPORT OF THE 2024 ROCK OUT KNOCK OUT CANCER 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 10 WOODLAND ROAD ST. HELENA, CA 94574 | 20-1384250 | 501(C)(3) | 15,000. | 0. | | | FOR SUPPORT OF THE MOBILE HEALTH DIABETES MONITORING STUDY |
| ST. HELENA PRESCHOOL FOR ALL 465 MAIN STREET ST. HELENA, CA 94574 | 46-4214921 | 501(C)(3) | 1,000. | 0. | | | TO PROVIDE LOW-INCOME CHILDREN OPPORTUNITIES TO PARTICIPATE IN PRESCHOOL PROGRAMS |
| ST. HELENA PRESCHOOL FOR ALL 465 MAIN STREET ST. HELENA, CA 94574 | 46-4214921 | 501(C)(3) | 5,000. | 0. | | | TO PROVIDE LOW-INCOME CHILDREN OPPORTUNITIES TO PARTICIPATE IN PRESCHOOL PROGRAMS |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| 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. | | | 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 |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| 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 |
| SUTTER BAY HOSPITALS 30 MARK WEST SPRINGS ROAD SANTA ROSA, CA 95403 | 94-0562680 | 501(C)(3) | 2,500. | 0. | | | FOR THE GROVE PROGRAM AT SUTTER SANTA ROSA REGIONAL HOSPITAL FOUNDATION, IN HONOR OF |
| SUTTER BAY HOSPITALS 30 MARK WEST SPRINGS ROAD SANTA ROSA, CA 95403 | 94-0562680 | 501(C)(3) | 2,500. | 0. | | | FOR THE GROVE PROGRAM AT SUTTER SANTA ROSA REGIONAL HOSPITAL FOUNDATION. THIS GIFT WAS |
| THE INDEPENDENT INSTITUTE 100 SWAN WAY OAKLAND, CA 94621 | 94-3008370 | 501(C)(3) | 5,000. | 0. | | | FOR GENERAL SUPPORT |
| THE UC DAVIS FOUNDATION UC DAVIS CONFERENCE CENTER, 2ND FLOOR ONE SHIELDS AVENUE - DAVIS, CA 95616 | 94-6081352 | 501(C)(3) | 13,000. | 0. | | | FOR SUPPORT OF THE AGGIE JUMPSTART PROGRAM, FUND# ADOII58 |
| THE UC DAVIS FOUNDATION UC DAVIS CONFERENCE CENTER, 2ND FLOOR ONE SHIELDS AVENUE - DAVIS, CA 95616 | 94-6081352 | 501(C)(3) | 50,000. | 0. | | | FOR SUPPORT OF THE AGGIE JUMPSTART PROGRAM, FUND# ADOII58 |
| TRUSTEES OF BOSTON UNIVERSITY GIFT PROCESSING C/O JPMORGAN CHASE & CO. PO BOX 22605 - NEW YORK, NY 10087 | 04-2103547 | 501(C)(3) | 50,000. | 0. | | | FOR SUPPORT OF ECOTECHNOLOGY & LANDSCAPE RESTORATION RESEARCH |
| TRUSTEES OF BOSTON UNIVERSITY GIFT PROCESSING C/O JPMORGAN CHASE & CO. PO BOX 22605 - NEW YORK, NY 10087 | 04-2103547 | 501(C)(3) | 50,000. | 0. | | | FOR SUPPORT OF ECOTECHNOLOGY & LANDSCAPE RESTORATION RESEARCH |
| UC REGENTS, UNIVERSITY OF CALIFORNIA, DAVIS - ONE SHIELDS AVENUE - DAVIS, CA 95616 | 94-6036494 | 501(C)(3) | 2,500. | 0. | | | FOR THE CALIFORNIA WINE INDUSTRY ENDOWED MANAGEMENT EDUCATION AWARD (ACCOUNT# 04917) |

Schedule I (Form 990)

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

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|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| 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 MASTER GARDENERS PROGRAM |
| 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 INCOME 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 EMERGENCY 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. THIS GRANT WAS MADE POSSIBLE BY THE GENEROSITY OF AN ANONYMOUS DONOR |

Schedule I (Form 990)

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

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|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| 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 |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| UPVALLEY FAMILY CENTERS OF NAPA COUNTY - 1440 SPRING STREET - ST. HELENA, CA 94574 | 80-0023012 | 501(C)(3) | 25,000. | 0. | | | FOR GENERAL SUPPORT |
| UPVALLEY FAMILY CENTERS OF NAPA COUNTY - 1440 SPRING STREET - ST. HELENA, CA 94574 | 80-0023012 | 501(C)(3) | 26,500. | 0. | | | FOR PARTICIPATION IN THE CITIZENSHIP LEGAL SERVICES (CLS) COLLABORATIVE THAT IS |
| UPVALLEY FAMILY CENTERS OF NAPA COUNTY - 1440 SPRING STREET - ST. HELENA, CA 94574 | 80-0023012 | 501(C)(3) | 30,000. | 0. | | | FOR HOUSING NAVIGATION SERVICES |
| UPVALLEY FAMILY CENTERS OF NAPA COUNTY - 1440 SPRING STREET - ST. HELENA, CA 94574 | 80-0023012 | 501(C)(3) | 50,000. | 0. | | | FOR PROGRAM SUPPORT OF, AND PARTICIPATION IN, THE WORKFORCE PATHWAYS COLLABORATIVE FOR |
| UPVALLEY FAMILY CENTERS OF NAPA COUNTY - 1440 SPRING STREET - ST. HELENA, CA 94574 | 80-0023012 | 501(C)(3) | 60,000. | 0. | | | FOR HOUSING NAVIGATION SERVICES |
| VINCENTIAN INTERNATIONAL MISSION SERVICES - 13245 TESSON FERRY ROAD - SAINT LOUIS, MO 63128 | 85-1197036 | 501(C)(3) | 2,000. | 0. | | | FOR GENERAL SUPPORT |
| VINCENTIAN INTERNATIONAL MISSION SERVICES - 13245 TESSON FERRY ROAD - SAINT LOUIS, MO 63128 | 85-1197036 | 501(C)(3) | 50,000. | 0. | | | FOR GENERAL SUPPORT |
| VINTAGE HIGH SCHOOL 1375 TROWER AVENUE NAPA, CA 94558 | | 501(C)(3) | 1,000. | 0. | | | FOR TWO (\$500) SCHOLARSHIPS TO PEER SUPPORT & PSYCHOLOGY STUDENTS AS SELECTED BY |
| VINTAGE HIGH SCHOOL 1375 TROWER AVENUE NAPA, CA 94558 | | 501(C)(3) | 4,000. | 0. | | | FOR SUPPORT OF THE CHORAL PROGRAM |

Schedule I (Form 990)

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

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| WAGGIN TRAILS RESCUE FOUNDATION 1905 COLOMBARD WAY YOUNTVILLE, CA 94599 | 46-0896202 | 501(C)(3) | 12,000. | 0. | | | FOR THE RESCUE AND TRANSPORT PROGRAM OF SMALL ANIMALS FROM NAPA COUNTY |
| WAYFINDER FAMILY SERVICES 8391 AUBURN BLVD CITRUS HEIGHTS, CA 95610 | 95-1977659 | 501(C)(3) | 5,000. | 0. | | | FOR SUPPORT OF NAPA COUNTY PROGRAMS |
| WAYFINDER FAMILY SERVICES 8391 AUBURN BLVD CITRUS HEIGHTS, CA 95610 | 95-1977659 | 501(C)(3) | 10,000. | 0. | | | FOR GENERAL SUPPORT OF NAPA COUNTY PROGRAMS |
| WE CARE ANIMAL RESCUE 1345 CHARTER OAK AVENUE ST. HELENA, CA 94574 | 94-2864103 | 501(C)(3) | 30,000. | 0. | | | FOR GENERAL SUPPORT. THIS GRANT WILL BE PAID \$30,000 PER YEAR OVER TWO YEARS |
| WE CARE ANIMAL RESCUE 1345 CHARTER OAK AVENUE ST. HELENA, CA 94574 | 94-2864103 | 501(C)(3) | 30,000. | 0. | | | FOR GENERAL SUPPORT. THIS GRANT WILL BE PAID \$30,000 PER YEAR OVER TWO YEARS |
| WEILL CORNELL MEDICAL COLLEGE OF CORNELL UNIVERSITY - 1300 YORK AVENUE - NEW YORK, NY 10065 | 15-0532082 | 501(C)(3) | 50,000. | 0. | | | FOR DNA CLINICAL INTENT (LEAP OF FAITH/DR. COLE) |
| WEILL CORNELL MEDICAL COLLEGE OF CORNELL UNIVERSITY - 1300 YORK AVENUE - NEW YORK, NY 10065 | 15-0532082 | 501(C)(3) | 50,000. | 0. | | | FOR HEALTH INFORMATICS CURRICULA (LEAP OF FAITH/DR. COLE) |
| WHISKERS, TAILS AND FERALS 1370 TRANCAS STREET, #206 NAPA, CA 94558 | 68-0437611 | 501(C)(3) | 10,000. | 0. | | | FOR SUPPORT OF SMALL ANIMAL PROGRAMS IN NAPA 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 |

Schedule I (Form 990)

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

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| WORLD CENTRAL KITCHEN INC. ATTN: DONOR SERVICES TEAM PO BOX 96 WASHINGTON, DC 20090 | 27-3521132 | 501(C)(3) | 1,000. | 0. | | | FOR GENERAL/OPERATING SUPPORT, IN MEMORY OF MARY CHICOS |
| WORLD CENTRAL KITCHEN INC. ATTN: DONOR SERVICES TEAM PO BOX 96 WASHINGTON, DC 20090 | 27-3521132 | 501(C)(3) | 1,500. | 0. | | | FOR GENERAL SUPPORT |
| WORLD CENTRAL KITCHEN INC. ATTN: DONOR SERVICES TEAM PO BOX 96 WASHINGTON, DC 20090 | 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 96 WASHINGTON, DC 20090 | 27-3521132 | 501(C)(3) | 4,500. | 0. | | | FOR SUPPORT OF MAUI RELIEF |
| WORLD CENTRAL KITCHEN INC. ATTN: DONOR SERVICES TEAM PO BOX 96 WASHINGTON, DC 20090 | 27-3521132 | 501(C)(3) | 5,000. | 0. | | | FOR GENERAL SUPPORT |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| EDUCATIONAL ENRICHMENT SUMMER PROGRAM | 3 | 20,344. | 0. | | |
| COLLEGE SCHOLARSHIPS - FINANCIAL AID | 88 | 618,377. | 0. | | |
| EMERGENCY BENEFITS PROGRAM | 1 | 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 GRANTEEES, INCLUDING TAX RETURNS AND AUDITED FINANCIALS (WHERE AVAILABLE), AND REQUIRES ALL ORGANIZATION RECEIVING GRANT DISTRIBUTIONS TO AGREE THAT SUCH DISTRIBUTIONS SHALL BE USED ONLY FOR THE CHARITABLE PURPOSES OUTLINED IN A GRANT LETTER THAT ACCOMPANIES PAYMENT. IN MANY CASES, WE REQUIRE GRANTEE

Part IV Supplemental Information

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: 10,000 DEGREES

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF 2024/2025 NAPA VALLEY COLLEGE SCHOLARSHIPS, IN HONOR OF KIM MAZZUCA REAL WOMAN 2024

NAME OF ORGANIZATION OR GOVERNMENT: ARTS COUNCIL NAPA VALLEY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO COVER PROJECT EXPENSES FOR PHASE 1 OF THE MURAL AND DIGITAL ART FOR NVCF'S 30TH ANNIVERSARY. THIS GRANT LETTER SERVES AS A MEMORANDUM OF UNDERSTANDING (MOU)

NAME OF ORGANIZATION OR GOVERNMENT:

CALISTOGA JOINT UNIFIED SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO STRENGTHEN THE AVID PROGRAM, INCLUDING TEACHER TRAINING, REGISTRATION FEES, COLLEGE TOURS, AND PARENT ENGAGEMENT ACTIVITIES

NAME OF ORGANIZATION OR GOVERNMENT:

CALISTOGA JOINT UNIFIED SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO STRENGTHEN THE AVID PROGRAM, INCLUDING TEACHER TRAINING, REGISTRATION FEES, COLLEGE TOURS, AND PARENT ENGAGEMENT ACTIVITIES

NAME OF ORGANIZATION OR GOVERNMENT:

CALISTOGA JOINT UNIFIED SCHOOL DISTRICT

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

Part IV Supplemental Information

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

ENGAGEMENT ACTIVITIES

NAME OF ORGANIZATION OR GOVERNMENT:

CAL-TECH PUMP WELL & WATER TREATMENT INC.

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

RECOVERY FOR DISASTER CASE MANAGEMENT CLIENT WANDA HUDSPETH FOR WELL AND

WATER WORK ON HER REBUILD

NAME OF ORGANIZATION OR GOVERNMENT:

CAL-TECH PUMP WELL & WATER TREATMENT INC.

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

RECOVERY FOR DISASTER CASE MANAGEMENT CLIENT WANDA HUDSPETH FOR WELL AND

WATER WORK ON HER REBUILD

NAME OF ORGANIZATION OR GOVERNMENT: CB PLUMBING

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

RECOVERY FOR DISASTER CASE MANAGEMENT CLIENT WANDA HUDSPETH FOR

CONSTRUCTION ON HER REBUILD

NAME OF ORGANIZATION OR GOVERNMENT: CFNV CHARITABLE REAL ESTATE FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: TO MOVE FUNDS FROM GIFT #016030

ESTATE OF RICHARD MOYER TO COVER A PORTION OF CREFS FENCE REPLACEMENT

NAME OF ORGANIZATION OR GOVERNMENT: CFNV CHARITABLE REAL ESTATE FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP PAY FOR ONGOING BUILDING

IMPROVEMENTS TO THE SATO FAMILY NONPROFIT CENTER AT 3299 CLAREMONT WAY,

NAPA

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

Part IV Supplemental Information

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

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

Part IV Supplemental Information

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 ORGANIZATION OR GOVERNMENT: HIGHWAY 29 MEDIA COMPANY

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

Part IV Supplemental Information

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: HOWELL MOUNTAIN LAND MANAGEMENT, LLC
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR 2020 NAPA COUNTY WILDFIRE
RECOVERY FOR DISASTER CASE MANAGEMENT CLIENT WANDA HUDSPETH FOR LAND
MANAGEMENT ON HER REBUILD

NAME OF ORGANIZATION OR GOVERNMENT: ILLINOIS STATE UNIVERSITY FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF THE MULTICULTURAL
CENTER ENHANCEMENT FUND, FOR THE DR. FRANK NAEYMI-RAD AND DR. THERESA A.
KEPIC ROOM

NAME OF ORGANIZATION OR GOVERNMENT: IMMIGRATION INSTITUTE OF THE BAY AREA
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR PARTICIPATION IN THE CITIZENSHIP
LEGAL SERVICES (CLS) COLLABORATIVE THAT IS PART OF NAPA VALLEY COMMUNITY
FOUNDATION'S ONE NAPA VALLEY INITIATIVE. THIS GRANT COVERS THE PERIOD
FROM JULY 1, 2023 THROUGH JUNE 30, 2024

NAME OF ORGANIZATION OR GOVERNMENT: JAMESON ANIMAL RESCUE RANCH
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF SMALL ANIMAL PROGRAMS
IN NAPA COUNTY. THIS GRANT WILL BE PAID \$25,000 PER YEAR OVER TWO YEARS

NAME OF ORGANIZATION OR GOVERNMENT: JAMESON ANIMAL RESCUE RANCH
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF SMALL ANIMAL PROGRAMS

Part IV Supplemental Information

IN NAPA COUNTY. THIS GRANT WILL BE PAID \$25,000 PER YEAR OVER TWO YEARS

NAME OF ORGANIZATION OR GOVERNMENT: JIM CLIFTON

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

RECOVERY FOR DISASTER CASE MANAGEMENT CLIENT WANDA HUDSPETH FOR

CONSTRUCTION ON HER REBUILD

NAME OF ORGANIZATION OR GOVERNMENT: JIM CLIFTON

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

RECOVERY FOR DISASTER CASE MANAGEMENT CLIENT WANDA HUDSPETH FOR

CONSTRUCTION ON HER REBUILD

NAME OF ORGANIZATION OR GOVERNMENT: JOHN TAYLOR BUILDERS LLC

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

RECOVERY FOR DISASTER CASE MANAGEMENT CLIENT WANDA HUDSPETH FOR

CONSTRUCTION ON HER REBUILD

NAME OF ORGANIZATION OR GOVERNMENT:

NAPA COUNTY ANIMAL SHELTER AND ADOPTION CENTER

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

THOMAS EDWARD TULL III. THIS GRANT WAS MADE POSSIBLE BY THE GENEROSITY OF

RICHARD AND SUSAN

NAME OF ORGANIZATION OR GOVERNMENT:

NAPA VALLEY CHILD ADVOCACY NETWORK, INCORPORATED

(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

Part IV Supplemental Information

STORMS

NAME OF ORGANIZATION OR GOVERNMENT:

NAPA VALLEY COMMUNITY ORGANIZATIONS ACTIVE IN DISASTER

(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

STORMS

NAME OF ORGANIZATION OR GOVERNMENT:

NAPA VALLEY COMMUNITY ORGANIZATIONS ACTIVE IN DISASTER

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

OPERATIONS OF NAPA VALLEY COMMUNITY ORGANIZATIONS ACTIVE IN DISASTER

(COAD) JULY 2023 THROUGH JUNE 2024

NAME OF ORGANIZATION OR GOVERNMENT: NAPA VALLEY EDUCATION FOUNDATION

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

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

MARIA CISNEROS

NAME OF ORGANIZATION OR GOVERNMENT: NAPA VALLEY FARMWORKER FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR 2023 HARVEST STOMP FUND-A-NEED.

THIS GRANT WAS MADE POSSIBLE BY THE GENEROSITY OF MARLA LEDE-BRUDER,

BIDDER #119

NAME OF ORGANIZATION OR GOVERNMENT: NAPA VALLEY GRAPEGROWERS FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE OAKVILLE CAMPAIGN.

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

Part IV Supplemental Information

2025

NAME OF ORGANIZATION OR GOVERNMENT: NAPA VALLEY GRAPEGROWERS FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE OAKVILLE CAMPAIGN.

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

2025

NAME OF ORGANIZATION OR GOVERNMENT: NAPA VALLEY UNIFIED SCHOOL DISTRICT

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

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

ENGAGEMENT ACTIVITIES

NAME OF ORGANIZATION OR GOVERNMENT: NAPA VALLEY UNIFIED SCHOOL DISTRICT

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

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

ENGAGEMENT ACTIVITIES

NAME OF ORGANIZATION OR GOVERNMENT: NAPA VALLEY UNIFIED SCHOOL DISTRICT

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

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

ENGAGEMENT ACTIVITIES

NAME OF ORGANIZATION OR GOVERNMENT: NAPA VALLEY UNIFIED SCHOOL DISTRICT

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

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

ENGAGEMENT ACTIVITIES

NAME OF ORGANIZATION OR GOVERNMENT: ON THE MOVE

Part IV Supplemental Information

(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
STORMS

NAME OF ORGANIZATION OR GOVERNMENT: ON THE MOVE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR PARTICIPATION IN THE CITIZENSHIP
LEGAL SERVICES (CLS) COLLABORATIVE THAT IS PART OF NAPA VALLEY COMMUNITY
FOUNDATION'S ONE NAPA VALLEY INITIATIVE. THIS GRANT COVERS THE PERIOD
FROM JULY 1, 2023 THROUGH JUNE 30, 2024

NAME OF ORGANIZATION OR GOVERNMENT: ON THE MOVE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR PROGRAM SUPPORT OF, AND
PARTICIPATION IN, THE WORKFORCE PATHWAYS COLLABORATIVE FOR 2023/2024

NAME OF ORGANIZATION OR GOVERNMENT: POPE VALLEY ANIMAL RESCUE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR OPERATION SUPPORT AND TO HELP
SUBSIDIZE COSTS FOR SPAY/NEUTER SERVICES FOR SMALL ANIMALS IN NAPA COUNTY

NAME OF ORGANIZATION OR GOVERNMENT:

PUERTAS ABIERTAS COMMUNITY RESOURCE CENTER / SUN INC.

(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
STORMS

NAME OF ORGANIZATION OR GOVERNMENT:

PUERTAS ABIERTAS COMMUNITY RESOURCE CENTER / SUN INC.

Part IV Supplemental Information

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

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

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

FROM JULY 1, 2023 THROUGH JUNE 30, 2024

NAME OF ORGANIZATION OR GOVERNMENT: SUTTER BAY HOSPITALS

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE GROVE PROGRAM AT SUTTER

SANTA ROSA REGIONAL HOSPITAL FOUNDATION, IN HONOR OF CHARLOTTE CARLSON.

THIS GRANT WAS MADE POSSIBLE BY THE GENEROSITY OF ANNE CARVER

NAME OF ORGANIZATION OR GOVERNMENT: SUTTER BAY HOSPITALS

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE GROVE PROGRAM AT SUTTER

SANTA ROSA REGIONAL HOSPITAL FOUNDATION. THIS GIFT WAS MADE POSSIBLE BY

THE GENEROSITY OF ANNE CARVER AND DENNIS SUTRO

NAME OF ORGANIZATION OR GOVERNMENT:

UPVALLEY FAMILY CENTERS OF NAPA COUNTY

(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

STORMS

NAME OF ORGANIZATION OR GOVERNMENT:

UPVALLEY FAMILY CENTERS OF NAPA COUNTY

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

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

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

FROM JULY 1, 2023 THROUGH JUNE 30, 2024

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

UPVALLEY FAMILY CENTERS OF NAPA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR PROGRAM SUPPORT OF, AND

PARTICIPATION IN, THE WORKFORCE PATHWAYS COLLABORATIVE FOR 2023/2024

NAME OF ORGANIZATION OR GOVERNMENT: VINTAGE HIGH SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR TWO (\$500) SCHOLARSHIPS TO PEER

SUPPORT & PSYCHOLOGY STUDENTS AS SELECTED BY VINTAGE HIGH SCHOOL FACULTY

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

COMMUNITY FOUNDATION OF THE NAPA VALLEY

Employer identification number

68-0349777

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

| | Yes | No |
|-----------|-----|----|
| 1b | | |
| 2 | | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) TERENCE MULLIGAN PRESIDENT | (i) | 237,574. | 0. | 6,663. | 31,879. | 23,699. | 299,815. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) SANDY FASOLD CFO | (i) | 145,225. | 0. | 0. | 7,261. | 19,670. | 172,156. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) JULIA DENATALE VP OF COMMUNITY IMPACT | (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) | | | | | | | |
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| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITY FOUNDATION OF THE NAPA VALLEY

Employer identification number

68-0349777

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | X | 16 | 2,834,500. FMV | |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other () | | | | |
| 26 Other () | | | | |
| 27 Other () | | | | |
| 28 Other () | | | | |

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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?
 b If "Yes," describe the arrangement in Part II.
 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?
 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
 b If "Yes," describe in Part II.
 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

| | Yes | No |
|-----|-----|----|
| 30a | | X |
| 31 | X | |
| 32a | | X |

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

Schedule M (Form 990) 2023

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

SCHEDULE M, PART I, COLUMN (B):

THIS NUMBER REFLECTS THE NUMBER OF CONTRIBUTIONS, NOT THE NUMBER OF ITEMS CONTRIBUTED.

Multiple horizontal lines for data entry.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

COMMUNITY FOUNDATION OF THE NAPA VALLEY

Employer identification number

68-0349777

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AS WELL, WE BELIEVE THERE IS STRENGTH IN NUMBERS - THAT BY WORKING

TOGETHER, WE CAN HELP MORE PEOPLE MORE QUICKLY THAN ANY ONE DONOR

ACTING ALONE. WE MULTIPLY THE IMPACT OF INDIVIDUAL GIVERS, POOLING

RESOURCES FOR THE COMMON GOOD IN OUR COMMUNITY IMPACT FUNDS. WE SERVE

AS A CATALYST FOR POSITIVE CHANGE IN NAPA COUNTY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ESL CLASSES TO MORE THAN 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

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

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

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

COUNTIES TO PROVIDE TECHNICAL ASSISTANCE TO IMPROVE ADU PERMITTING

POLICIES AND PROCESSES, AND LAUNCHED A "STANDARD ADU PLANS" PROGRAM, IN

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

GALLERY. THE CENTER ALSO PARTNERED WITH THE COUNTY OF NAPA LOCAL

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

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

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

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

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

STAFF, VOLUNTEERS AND CONTRACTORS WILL COMPLETE A CONFLICT OF INTEREST

DISCLOSURE STATEMENT IDENTIFYING ANY SIGNIFICANT AFFILIATION AND/OR

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

USING THE FOLLOWING GUIDELINES:

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

IMMEDIATE FAMILY MEMBER WITH ANY LOCAL CHARITABLE OR COMMUNITY

ORGANIZATION(S).

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

IMMEDIATE FAMILY MEMBER WITH LOCAL BUSINESS ENTERPRISE(S).

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

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

ANY POSSIBLE CONFLICTS SHALL BE DISCLOSED BEFORE ANY BOARD OR COMMITTEE

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

DISCLOSURE. AFTER ACKNOWLEDGING THE POTENTIAL CONFLICT, THE

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

OTHER MEMBERS REGARDING THIS MATTER. THE BOARD/COMMITTEE/STAFF

MEMBER/VOLUNTEER/CONTRACTOR MAY ALSO ANSWER PERTINENT QUESTIONS SINCE

PERSONAL KNOWLEDGE ON THE ISSUE MAY BE OF ASSISTANCE TO THE OTHER MEMBERS

IN REACHING THEIR DECISIONS. THE BOARD/COMMITTEE/STAFF MEMBER, HOWEVER,

WILL ABSTAIN FROM VOTING ON THIS ISSUE.

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

PROCESS FOR REVIEWING COMPENSATION:

NVCF PRESIDENT

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

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

PRESIDENT'S PERFORMANCE.

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

AND CEOS OF MEDIUM-SIZED COMMUNITY FOUNDATIONS IN CALIFORNIA AND

NATIONWIDE.

* THE PRESIDENT PREPARES AN EXTENSIVE, WRITTEN SELF-ASSESSMENT OF HIS

PERFORMANCE THAT IS BASED ON SPECIFIC, MEASURABLE, ATTAINABLE, RELEVANT AND

TIMELY GOALS AGREED UPON DURING THE PRIOR YEAR'S PERFORMANCE REVIEW WITH

THE EC.

* THE SELF ASSESSMENT IS SENT TO THE EC AT LEAST ONE WEEK BEFORE THEIR

REVIEW MEETING.

* AT THE REVIEW MEETING, MEMBERS OF THE EC BRING COMMENTS AND SUGGESTED

REVISIONS TO THE SELF ASSESSMENT DOCUMENT, AND ENGAGE THE PRESIDENT IN A

CONVERSATION ABOUT PRIOR YEAR AND COMING YEAR GOALS FOR THE PRESIDENT AND

NVCF.

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

REVISED DOCUMENT CALLED THE SUPERVISOR ASSESSMENT.

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

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

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

ADJUSTMENTS, IF ANY, BASED ON THE REVIEW OF COMPS, THE PERFORMANCE OF THE

PRESIDENT, AND THE OVERALL PERFORMANCE OF NVCF.

* THE FULL BOARD VOTES ON ANY CHANGES TO COMPENSATION RECOMMENDED BY THE

EC.

OTHER NVCF OFFICERS AND KEY EMPLOYEES

* THE PRESIDENT MEETS ANNUALLY WITH EACH OF HIS DIRECT REPORTS TO PRIVATELY

REVIEW THEIR PERFORMANCE.

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

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

SELF-ASSESSMENT OF HIS/HER PERFORMANCE THAT IS BASED ON SPECIFIC,
MEASURABLE, ATTAINABLE, RELEVANT AND TIMELY GOALS AGREED UPON DURING THE
PRIOR YEAR'S PERFORMANCE REVIEW WITH THE PRESIDENT.

* THE SELF ASSESSMENT IS SENT TO THE PRESIDENT AT LEAST ONE WEEK BEFORE
THEIR REVIEW MEETING; THE PRESIDENT THEN PREPARES A SUPERVISOR ASSESSMENT
BASED ON THE SELF ASSESSMENT DOCUMENT.

* IN PREPARATION FOR THE REVIEW MEETING, THE PRESIDENT REVIEWS SALARY COMPS
FOR SIMILAR POSITIONS IN MEDIUM-SIZED COMMUNITY FOUNDATIONS IN CALIFORNIA
AND NATIONWIDE.

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

* ALL SALARY ADJUSTMENTS ARE CONTEMPLATED IN THE OPERATING BUDGET OF NVCF,
WHICH IS APPROVED BY THE BOARD OF DIRECTORS ANNUALLY.

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

AS A COMMUNITY CORPORATION, WE ARE ACCOUNTABLE TO THE PUBLIC. THE FOLLOWING
ORGANIZATIONAL AND FINANCIAL DOCUMENTS OF NVCF WILL BE AVAILABLE (FOR
INSPECTION OR COPYING) AT NVCF'S OFFICE DURING NORMAL BUSINESS HOURS AT NO
CHARGE:

* IRS FORM 1023 - APPLICATION FOR RECOGNITION OF EXEMPTION UNDER SECTION
501(C)(3) OF THE INTERNAL REVENUE CODE

* ARTICLES OF INCORPORATION

* INTERNAL REVENUE SERVICE DETERMINATION LETTER

* CALIFORNIA TAX EXEMPT LETTER

* CONFLICT OF INTEREST POLICY

* AUDITED FINANCIAL STATEMENTS

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

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

* ANNUAL REPORTS

* INVESTMENT POLICY

* DETAILS OF FUNDS AND FEES

ALL OF THE AFOREMENTIONED ORGANIZATIONAL AND FINANCIAL DOCUMENTS WILL ALSO

BE POSTED ON THE ORGANIZATION'S WEB SITE. NVCF WILL MAKE BEST EFFORTS TO

ENSURE THAT THE DOCUMENTS POSTED ON THE WEB SITE ARE THE MOST UPDATED

VERSIONS OF SUCH DOCUMENTS.

THE PUBLIC INSPECTION COPY OF THE FORM 990 WILL NOT INCLUDE THE SCHEDULE OF

CONTRIBUTORS (SCHEDULE B).

WHEN RESPONDING TO A PUBLIC INSPECTION REQUEST FOR ANY ORGANIZATIONAL OR

FINANCIAL DOCUMENT BY ANYONE, NVCF SHALL FULFILL SUCH REQUEST IN A TIMELY

FASHION WITHOUT INQUIRING AS TO THE REASON FOR THE PUBLIC INSPECTION

REQUEST.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

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

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
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Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|--|---|-------------------------------|---|---|--|----|
| | | | | | | Yes | No |
| CFNV CHARITABLE REAL ESTATE FUND - 01-0816065, 3299 CLAREMONT STREET, SUITE 4, NAPA, CA 94558 | CONDUCTS OR SUPPORTS ACTIVITIES FOR THE BENEFIT OF THE FOUNDATION. | CALIFORNIA | 501(C)(3) | LINE 12A, I | COMMUNITY FOUNDATION OF THE NAPA VALLEY | X | |
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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-------------------------|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
| | | | | | | | | Yes | No |
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|--------------------------------------|-------------------------------|------------------------|--|
| (1) CFNV CHARITABLE REAL ESTATE FUND | D | 718,000. | CASH |
| (2) CFNV CHARITABLE REAL ESTATE FUND | A | 1,282. | CASH |
| (3) CFNV CHARITABLE REAL ESTATE FUND | B | 606,643. | CASH |
| (4) | | | |
| (5) | | | |
| (6) | | | |

