

# **PUBLIC DISCLOSURE COPY**

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**ARMANINO ADVISORY LLC**

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

OMB No. 1545-0047

Form **990**

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

**2024**  
Open to Public Inspection

**A** For the **2024** calendar year, or tax year beginning **JUL 1, 2024** and ending **JUN 30, 2025**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization COMMUNITY FOUNDATION OF THE NAPA VALLEY		<b>D</b> Employer identification number 68-0349777	
	Doing business as NAPA VALLEY COMMUNITY FOUNDATION			
	Number and street (or P.O. box if mail is not delivered to street address) 3299 CLAREMONT WAY		Room/suite 4	<b>E</b> Telephone number (707) 254-9565
	City or town, state or province, country, and ZIP or foreign postal code NAPA, CA 94558		<b>G</b> Gross receipts \$ 21,426,203.	
	<b>F</b> Name and address of principal officer: TERENCE MULLIGAN SAME AS C ABOVE		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number	

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527  
**J** Website: WWW.NAPAVALLEYCF.ORG  
**K** Form of organization:  Corporation  Trust  Association  Other **L** Year of formation: 1994 **M** State of legal domicile: CA

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: TO MOBILIZE RESOURCES, PROMOTE PHILANTHROPY AND PROVIDE LEADERSHIP ON VITAL ISSUES IN NAPA COUNTY.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	16
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	16
	<b>5</b> Total number of individuals employed in calendar year 2024 (Part V, line 2a)	<b>5</b>	13
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	50
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	11,491,783.	14,574,573.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	62,035.	79,763.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,990,110.	2,696,309.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13,543,928.	17,350,645.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	6,751,873.	5,968,055.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	1,451,509.	1,665,659.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	811,295.	
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,026,988.	1,170,647.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	9,230,370.	8,804,361.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	4,313,558.	8,546,284.
	<b>21</b> Total liabilities (Part X, line 26)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	79,717,579.	96,591,211.
		5,566,757.	8,378,485.
		74,150,822.	88,212,726.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer TERENCE MULLIGAN, PRESIDENT		Date	
	Type or print name and title			
<b>Paid Preparer Use Only</b>	Preparer's name KATY BROWN	Preparer's signature KATY BROWN	Date 02/27/26	Check if self-employed <input type="checkbox"/> PTIN P00650274
	Firm's name ARMANINO ADVISORY LLC	Firm's address 2700 CAMINO RAMON, STE. 350 SAN RAMON, CA 94583-5004	Firm's EIN 94-6214841	Phone no. 925-790-2600

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code: ) (Expenses \$ 7,419,342. including grants of \$ 5,968,055. ) (Revenue \$ 79,763. ) PROVIDED GRANTS TO 258 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 12-YEAR PERIOD ENDING 6/30/25 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 7,419,342.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members 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			267,984.	0.	66,545.	
(2) SANDY FASOLD CFO	40.00 3.00			X			152,380.	0.	36,772.	
(3) JULIA DENATALE VP OF COMMUNITY IMPACT	40.00					X	137,916.	0.	26,999.	
(4) CAITLIN CHILDS SR DIR OF COMMS & MARKETING	40.00					X	115,550.	0.	14,367.	
(5) DAWNINE DYER CHAIR	1.00	X		X			0.	0.	0.	
(6) PETE RICHMOND CO-VICE CHAIR	1.00	X		X			0.	0.	0.	
(7) ROBERT MURPHY TREASURER	1.00	X		X			0.	0.	0.	
(8) ERIKA LUBENSKY SECRETARY	1.00	X		X			0.	0.	0.	
(9) MEACHAN BECKER DIRECTOR	1.00	X					0.	0.	0.	
(10) COLLEEN CHAPPELLET DIRECTOR	1.00	X					0.	0.	0.	
(11) MARIA CISNEROS DIRECTOR	1.00	X					0.	0.	0.	
(12) J KEVIN CORLEY DIRECTOR	1.00	X					0.	0.	0.	
(13) BOB FIDDAMAN DIRECTOR	1.00	X					0.	0.	0.	
(14) MICHAEL HOLMAN DIRECTOR	1.00	X					0.	0.	0.	
(15) RICK JONES DIRECTOR	1.00	X					0.	0.	0.	
(16) INDIRA LOPEZ-JONES DIRECTOR	1.00	X					0.	0.	0.	
(17) MANBIN KHAIRA MONTEVERDI DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JANELLE SELICK DIRECTOR	1.00	X						0.	0.	0.
(19) DOUG SHAFER DIRECTOR	1.00	X						0.	0.	0.
(20) MAYA DALLA VALLE DIRECTOR	1.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								673,830.	0.	144,683.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								673,830.	0.	144,683.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 4

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
POCKET HOUSING, LLC 863 CLOVER DRIVE, SANTA ROSA, CA 95401	NAPA SONOMA ADU CENTER TECH ASSISTANCE	238,157.
BAKER STREET ADVISORS, 575 MARKET STREET, 6TH FLOOR, SAN FRANCISCO, CA 94105	INVESTMENT MANAGEMENT	156,691.

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

**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	<b>1a</b>					
	<b>b</b>	Membership dues .....	<b>1b</b>					
	<b>c</b>	Fundraising events .....	<b>1c</b>					
	<b>d</b>	Related organizations .....	<b>1d</b>	68,450.				
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	14,506,123.				
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 1,334,369.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		14,574,573.				
Program Service Revenue	<b>2 a</b>	ADMINISTRATIVE FEES	Business Code	525920	54,763.	54,763.		
	<b>b</b>	SUPPORT. ORG. MGMT FEE	Business Code	525920	25,000.	25,000.		
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b>	All other program service revenue .....						
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....			79,763.			
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....			2,533,751.		2,533,751.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....						
	<b>5</b>	Royalties .....						
	<b>6 a</b>	Gross rents .....	<b>6a</b>	(i) Real				
				(ii) Personal				
	<b>b</b>	Less: rental expenses ...	<b>6b</b>					
	<b>c</b>	Rental income or (loss)	<b>6c</b>					
	<b>d</b>	Net rental income or (loss) .....						
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities				
				(ii) Other				
					4,238,116.			
	<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b>	4,075,558.				
	<b>c</b>	Gain or (loss) .....	<b>7c</b>	162,558.				
<b>d</b>	Net gain or (loss) .....			162,558.		162,558.		
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b>	Less: direct expenses .....	<b>8b</b>						
<b>c</b>	Net income or (loss) from fundraising events .....							
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b>	Less: direct expenses .....	<b>9b</b>						
<b>c</b>	Net income or (loss) from gaming activities .....							
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b>	Less: cost of goods sold .....	<b>10b</b>						
<b>c</b>	Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b>		Business Code					
	<b>b</b>							
	<b>c</b>							
	<b>d</b>	All other revenue .....						
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....						
<b>12</b>	<b>Total revenue.</b> See instructions .....			17,350,645.	79,763.	0.	2,696,309.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	5,421,865.	5,421,865.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	546,190.	546,190.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	529,229.	192,342.	260,662.	76,225.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	914,758.	535,003.	119,077.	260,678.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	35,662.	22,623.	4,958.	8,081.
<b>9</b> Other employee benefits .....	91,299.	55,430.	13,952.	21,917.
<b>10</b> Payroll taxes .....	94,711.	48,461.	23,622.	22,628.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	24,680.	24,680.		
<b>c</b> Accounting .....	53,812.		53,812.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	148,793.	148,793.		
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	311,333.	278,408.	32,925.	
<b>12</b> Advertising and promotion .....				
<b>13</b> Office expenses .....	58,357.	30,838.	11,006.	16,513.
<b>14</b> Information technology .....	96,044.	50,903.	19,209.	25,932.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....				
<b>17</b> Travel .....	16,326.	2,160.	11,842.	2,324.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	362,060.	31,048.	12,554.	318,458.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	509.	270.	102.	137.
<b>23</b> Insurance .....	5,852.	3,102.	1,170.	1,580.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> <u>MARKETING</u>	45,454.	249.		45,205.
<b>b</b> <u>DUES &amp; SUBSCRIPTIONS</u>	41,526.	25,267.	5,092.	11,167.
<b>c</b> <u>STAFF TRAINING &amp; RECRUI</u>	5,901.	1,710.	3,741.	450.
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	8,804,361.	7,419,342.	573,724.	811,295.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	2,345,854.	<b>2</b>	1,660,124.
	<b>3</b> Pledges and grants receivable, net .....	2,810,609.	<b>3</b>	4,650,130.
	<b>4</b> Accounts receivable, net .....	23,559.	<b>4</b>	49,479.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	785,354.	<b>7</b>	808,990.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 7,235.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 6,639.		
		1,105.	<b>10c</b>	596.
	<b>11</b> Investments - publicly traded securities .....	72,565,217.	<b>11</b>	88,454,726.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	1,156,641.	<b>12</b>	937,926.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 .....	29,240.	<b>15</b>	29,240.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	79,717,579.	<b>16</b>	96,591,211.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	83,552.	<b>17</b>	121,434.
	<b>18</b> Grants payable .....	715,904.	<b>18</b>	941,732.
	<b>19</b> Deferred revenue .....	100,000.	<b>19</b>	0.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	4,667,301.	<b>21</b>	7,315,319.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	5,566,757.	<b>26</b>	8,378,485.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	36,586,704.	<b>27</b>	45,656,119.
	<b>28</b> Net assets with donor restrictions .....	37,564,118.	<b>28</b>	42,556,607.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	74,150,822.	<b>32</b>	88,212,726.
	<b>33</b> Total liabilities and net assets/fund balances .....	79,717,579.	<b>33</b>	96,591,211.

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	17,350,645.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	8,804,361.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	8,546,284.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	74,150,822.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	5,515,620.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	88,212,726.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? \_\_\_\_\_  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? \_\_\_\_\_
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits \_\_\_\_\_

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

Form **990** (2024)



**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	16,861,696.	19,015,622.	12,541,990.	11,491,783.	14,574,573.	74,485,664.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	16,861,696.	19,015,622.	12,541,990.	11,491,783.	14,574,573.	74,485,664.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						17,834,289.
<b>6 Public support.</b> Subtract line 5 from line 4.						56,651,375.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 .....	16,861,696.	19,015,622.	12,541,990.	11,491,783.	14,574,573.	74,485,664.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	641,174.	1,002,976.	1,276,051.	2,119,518.	2,533,751.	7,573,470.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						82,059,134.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	266,124.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	69.04 %
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 .....	<b>15</b>	68.42 %
<b>16a 33 1/3% support test - 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2023.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2024.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (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. Add lines 1 through 5; 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. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2023 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 2024 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2024. 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 - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2024

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 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-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to under distributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

Schedule A (Form 990) 2024

**Part VI**

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

Lined area for supplemental information.

**Schedule B  
(Form 990)**

(Rev. December 2024)  
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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

Name of the organization

COMMUNITY FOUNDATION OF THE NAPA VALLEY

Employer identification number

68-0349777

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 2,800,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 1,704,284.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 1,347,935.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 934,212.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 654,022.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 565,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 350,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 312,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 296,467.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
9	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ 202,350.	07/09/24
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization  COMMUNITY FOUNDATION OF THE NAPA VALLEY	Employer identification number  68-0349777
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2024**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization <p style="text-align: center;">COMMUNITY FOUNDATION OF THE NAPA VALLEY</p>	Employer identification number (EIN) <p style="text-align: center;">68-0349777</p>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

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

**For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.** **Schedule C (Form 990) 2024**

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....		
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....		
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....		
<b>d</b> Other exempt purpose expenditures .....	8,804,361.	
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....	8,804,361.	
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.	590,218.	
<b>IF the amount on line 1e, column (a) or (b), is:</b>	<b>THEN the lobbying nontaxable amount is:</b>	
not over \$500,000	20% of the amount on line 1e.	
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	
over \$17,000,000	\$1,000,000.	
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....	147,555.	
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.	
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.	
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
<b>2a</b> Lobbying nontaxable amount	532,822.	808,516.	611,519.	590,218.	2,543,075.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					3,814,613.
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount	133,206.	202,129.	152,880.	147,555.	635,770.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					953,655.
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2024

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 columns: (a) Yes, (a) No, (b) Amount. Rows include questions about lobbying activities like volunteers, paid staff, media, mailings, etc.

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 questions about dues, lobbying expenditures, and carryover.

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 3 columns: Question, Yes, No. Rows include questions about dues, section 162(e) expenditures, and carryover.

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.

**SCHEDULE D**  
**(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

**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 .....	67	38
2 Aggregate value of contributions to (during year) .....	3,702,308.	2,829,018.
3 Aggregate value of grants from (during year) .....	2,629,401.	565,653.
4 Aggregate value at end of year .....	16,346,147.	13,044,237.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

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

Protection of natural habitat     Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included 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 ..... \$ \_\_\_\_\_

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

**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	36,818,329.	31,378,409.	27,297,238.	23,895,594.	17,584,566.
b Contributions	2,412,490.	2,123,389.	2,294,692.	7,024,210.	1,950,000.
c Net investment earnings, gains, and losses	5,318,235.	4,630,533.	2,954,856.	-2,752,431.	5,145,186.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,709,310.	1,314,002.	1,168,377.	870,135.	784,158.
f Administrative expenses					
g End of year balance	42,839,744.	36,818,329.	31,378,409.	27,297,238.	23,895,594.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 30.9700 %
  - b Permanent endowment 69.0300 %
  - c Term endowment .0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes                                 | No                                  |
|--|-------------------------------------|-------------------------------------|
| (i) Unrelated organizations?   |                                     | <input checked="" type="checkbox"/> |
| (ii) Related organizations?  |                                     | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input checked="" type="checkbox"/> |                                     |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		7,235.	6,639.	596.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				596.

**Part VII Investments - Other Securities**

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

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

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

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

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

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

**Part XIII Supplemental Information**

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

PART IV, LINE 2B:

AS OF JUNE 30, 2025, THE FOUNDATION MAINTAINED A TOTAL OF \$7,315,319 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:

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, 2025, THE FOUNDATION DOES NOT HAVE ANY SIGNIFICANT UNCERTAIN TAX POSITIONS FOR WHICH A RESERVE WOULD BE NECESSARY.



**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**Attach to Form 990.**  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
10,000 DEGREES 1401 LOS GAMOS DRIVE, SUITE 205 SAN RAFAEL, CA 94903	95-3667812	501(C)(3)	25,000.	0.			FOR SUPPORT OF NAPA COUNTY PROGRAMS
10,000 DEGREES 1401 LOS GAMOS DRIVE, SUITE 205 SAN RAFAEL, CA 94903	95-3667812	501(C)(3)	10,000.	0.			FOR SUPPORT OF THE NAPA PROGRAM
10,000 DEGREES 1401 LOS GAMOS DRIVE, SUITE 205 SAN RAFAEL, CA 94903	95-3667812	501(C)(3)	10,000.	0.			FOR COLLEGE SCHOLARSHIPS FOR NAPA COUNTY STUDENTS
10,000 DEGREES 1401 LOS GAMOS DRIVE, SUITE 205 SAN RAFAEL, CA 94903	95-3667812	501(C)(3)	10,000.	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)	10,000.	0.			FOR GENERAL SUPPORT, IN HONOR OF TO KATRIN CIAFFA AND HER TIRELESS WORK FOR THOUSANDS OF STUDENTS
10,000 DEGREES 1401 LOS GAMOS DRIVE, SUITE 205 SAN RAFAEL, CA 94903	95-3667812	501(C)(3)	500.	0.			FOR GENERAL SUPPORT, IN MEMORY OF FRANK FARELLA

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 121.

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

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

**Schedule I (Form 990) (Rev. 12-2024)**

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
10,000 DEGREES 1401 LOS GAMOS DRIVE, SUITE 205 SAN RAFAEL, CA 94903	95-3667812	501(C)(3)	4,000.	0.			FOR GENERAL SUPPORT
10,000 DEGREES 1401 LOS GAMOS DRIVE, SUITE 205 SAN RAFAEL, CA 94903	95-3667812	501(C)(3)	19,467.	0.			FOR THE COMMUNITY COLLEGE ACCESS AND SUCCESS 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 SUPPORT
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
AIM HIGH FOR HIGH SCHOOL PO BOX 410715 SAN FRANCISCO, CA 94141-0715	94-3296338	501(C)(3)	1,000.	0.			TO SUPPORT THE NAPA AIM HIGH SUMMER PROGRAM
AIM HIGH FOR HIGH SCHOOL PO BOX 410715 SAN FRANCISCO, CA 94141-0715	94-3296338	501(C)(3)	15,000.	0.			TO SUPPORT THE NAPA AIM HIGH SUMMER PROGRAM
AIM HIGH FOR HIGH SCHOOL PO BOX 410715 SAN FRANCISCO, CA 94141-0715	94-3296338	501(C)(3)	7,500.	0.			FOR GENERAL SUPPORT OF NAPA COUNTY PROGRAMS
ALDEA, INC. PO BOX 841 NAPA, CA 94559	94-2159248	501(C)(3)	7,500.	0.			FOR GENERAL SUPPORT OF NAPA COUNTY PROGRAMS
ALDEA, INC. PO BOX 841 NAPA, CA 94559	94-2159248	501(C)(3)	2,000.	0.			FOR GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMADOR COMMUNITY FOUNDATION 571 SOUTH STATE HWY 49 JACKSON, CA 95642	68-0447992	501(C)(3)	18,000.	0.			FOR THE AMADOR PROMISE FUND SPECIFICALLY FOR EDUCATION INCLUDING COLLEGE SCHOLARSHIPS AND
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
AMERICAN CANYON COMMUNITY AND PARKS FOUNDATION (ACCPF) - 101 W AMERICAN CANYON ROAD, STE 508-102 - AMERICAN CANYON, CA 94503	47-3226686	501(C)(3)	5,000.	0.			FOR GENERAL/OPERATING SUPPORT
AMERICAN CANYON COMMUNITY AND PARKS FOUNDATION (ACCPF) - 101 W AMERICAN CANYON ROAD, STE 508-102 - AMERICAN CANYON, CA 94503	47-3226686	501(C)(3)	14,000.	0.			FOR THE WATERSHED EXPLORERS & MIDDLE SCHOOL 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)	3,000.	0.			FOR EDUCATION PROGRAMS, INCLUDING THE WATERSHED EXPLORERS AND AFTERSCHOOL ENRICHMENT CLASSES
AMERICAN CANYON COMMUNITY AND PARKS FOUNDATION (ACCPF) - 101 W AMERICAN CANYON ROAD, STE 508-102 - AMERICAN CANYON, CA 94503	47-3226686	501(C)(3)	500.	0.			FOR THE WATERSHED EXPLORERS & MIDDLE SCHOOL 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)	300.	0.			FOR GENERAL/OPERATING SUPPORT, IN HONOR OF FRAN LEMOS' 95TH BIRTHDAY
AMERICAN CANYON COMMUNITY CATS 101 W AMERICAN CANYON RD STE 508-216 - AMERICAN CANYON, CA 94503	93-4235727	501(C)(3)	12,000.	0.			FOR GENERAL SUPPORT
AMERICAN HEART ASSOCIATION (AHA) CHICAGO - 300 S RIVERSIDE PLAZA - CHICAGO, IL 60606	13-5613797	501(C)(3)	35,000.	0.			TO ADDRESS HEALTH DISPARITIES IN ILLINOIS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTS COUNCIL NAPA VALLEY 3299 CLAREMONT WAY, STE 5 NAPA, CA 94558	94-2710866	501(C)(3)	1,000.	0.			FOR THE NAPA VALLEY EDUCATION ALLIANCE
ARTS COUNCIL NAPA VALLEY 3299 CLAREMONT WAY, STE 5 NAPA, CA 94558	94-2710866	501(C)(3)	18,850.	0.			TO COVER ARTIST AND PROJECT EXPENSES FOR THE CREATION OF THE MURAL AND DIGITAL ART FOR NVCF'S
ARTS COUNCIL NAPA VALLEY 3299 CLAREMONT WAY, STE 5 NAPA, CA 94558	94-2710866	501(C)(3)	10,000.	0.			FOR THE NAPA VALLEY EDUCATION ALLIANCE
AUCTION NAPA VALLEY PO BOX 141 ST. HELENA, CA 94574	94-2702203	501(C)(3)	5,000.	0.			FOR THE FUND-A-NEED TO SUPPORT SUMMER AND AFTER-SCHOOL PROGRAMS IN NAPA COUNTY
AUCTION NAPA VALLEY PO BOX 141 ST. HELENA, CA 94574	94-2702203	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT
AUCTION NAPA VALLEY PO BOX 141 ST. HELENA, CA 94574	94-2702203	501(C)(3)	10,000.	0.			FOR THE 2025 FUND-A-NEED
BLUE OAK SCHOOL 1436 POLK STREET NAPA, CA 94559	95-4803542	501(C)(3)	5,000.	0.			FOR THE FUND-A-NEED
BLUE OAK SCHOOL 1436 POLK STREET NAPA, CA 94559	95-4803542	501(C)(3)	4,000.	0.			FOR THE FUND-A-NEED
BRANNAN CENTER PO BOX 466 CALISTOGA, CA 94515-9998	84-4849621	501(C)(3)	20,000.	0.			FOR SUPPORT OF THE AVL SYSTEM

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
BRANNAN CENTER PO BOX 466 CALISTOGA, CA 94515-9998	84-4849621	501(C)(3)	100,000.	0.			FOR AUDIO/VISUAL SYSTEM SUPPORT
BREAKTHROUGH T1D PO BOX 5021 HAGERSTOWN, MD 21741-5021	23-1907729	501(C)(3)	25,000.	0.			FOR SUPPORT OF THE ILLINOIS CHAPTER
BRIDGE RESTORATION MINISTRY - NAPA P.O. BOX 3453 NAPA, CA 94558	30-1209160	501(C)(3)	6,060.	0.			FOR GENERAL SUPPORT
CALIFORNIA COMMUNITY FOUNDATION 717 W TEMPLE STREET LOS ANGELES, CA 90012	95-3510055	501(C)(3)	10,000.	0.			FOR THE WILDFIRE RECOVERY FUND
CALIFORNIA COMMUNITY FOUNDATION 717 W TEMPLE STREET LOS ANGELES, CA 90012	95-3510055	501(C)(3)	500.	0.			FOR THE WILDFIRE RECOVERY FUND
CALIFORNIA COMMUNITY FOUNDATION 717 W TEMPLE STREET LOS ANGELES, CA 90012	95-3510055	501(C)(3)	14,333.	0.			FOR THE WILDFIRE RECOVERY FUND
CALIFORNIA NATIVE PLANT SOCIETY - NAPA CHAPTER - 2201 IMOLA AVENUE - NAPA, CA 94559	94-6116403	501(C)(3)	5,270.	0.			FOR THE MONARCH CONSERVATION EDUCATION PROGRAM
CALIFORNIA NATIVE PLANT SOCIETY - NAPA CHAPTER - 2201 IMOLA AVENUE - NAPA, CA 94559	94-6116403	501(C)(3)	250.	0.			FOR GENERAL SUPPORT
CALIFORNIA NURSE-MIDWIVES FOUNDATION - 60 29TH ST #321 - SAN FRANCISCO, CA 94110	84-3622602	501(C)(3)	15,000.	0.			FOR CONTINUED SUPPORT OF GRANT WRITING AND FUNDING OPPORTUNITIES OR DEVELOPMENT OPPORTUNITIES

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
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	52-1557245	501(C)(3)	1,000.	0.			TO SUPPORT THE EVERY 15 MINUTES DRIVING SAFETY EVENT ON APRIL 17, 2025. THIS GRANT WAS MADE
CALISTOGA JOINT UNIFIED SCHOOL DISTRICT - 1520 LAKE STREET - CALISTOGA, CA 94515	52-1557245	501(C)(3)	15,000.	0.			TO STRENGTHEN THE AVID PROGRAM, INCLUDING TEACHER TRAINING, REGISTRATION FEES,
CANINE GUARDIANS ASSISTANCE DOGS 2300 ARTHUR STREET NAPA, CA 94559	38-3917740	501(C)(3)	10,000.	0.			FOR SUPPORT OF THE ASSISTANCE DOG TRAINING PROGRAM IN NAPA COUNTY
CASA, A VOICE FOR CHILDREN 1804 SOSCOL AVENUE, STE 201 NAPA, CA 94559	20-3594007	501(C)(3)	5,000.	0.			FOR GENERAL/OPERATING SUPPORT
CASA, A VOICE FOR CHILDREN 1804 SOSCOL AVENUE, STE 201 NAPA, CA 94559	20-3594007	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
CASA, A VOICE FOR CHILDREN 1804 SOSCOL AVENUE, STE 201 NAPA, CA 94559	20-3594007	501(C)(3)	2,500.	0.			FOR GENERAL SUPPORT
CHALLENGED ATHLETES INC. 9591 WAPLES STREET SAN DIEGO, CA 92121	33-0739596	501(C)(3)	15,000.	0.			FOR THE FUND A NEED
CHILD START, INC. 439 DEVLIN ROAD NAPA, CA 94558	68-0442009	501(C)(3)	500.	0.			FOR THE RAISING A READER 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
CHILD START, INC. 439 DEVLIN ROAD NAPA, CA 94558	68-0442009	501(C)(3)	2,500.	0.			FOR THE RAISING A READER PROGRAM
CHILD START, INC. 439 DEVLIN ROAD NAPA, CA 94558	68-0442009	501(C)(3)	5,000.	0.			FOR THE RAISING A READER PROGRAM
CITY OF NAPA FIRE DEPARTMENT 1600 CLAY STREET NAPA, CA 94559		CITY OF NAPA FIR	10,000.	0.			TO SUPPORT TWO STAFF ATTENDANCE AT A 3-DAY RESILIENCY TRAINING SESSION SO THEY ARE
CITY OF NAPA PARKS AND RECREATION SERVICES DEPARTMENT - 1500 JEFFERSON STREET - NAPA, CA 94558		CITY OF NAPA PAR	22,027.	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)	250.	0.			FOR THE ADULT DAY SERVICES PROGRAM
COLLABRIA CARE 414 SOUTH JEFFERSON STREET NAPA, CA 94559	68-0393144	501(C)(3)	18,000.	0.			FOR GENERAL SUPPORT OF NAPA COUNTY PROGRAMS
COLLABRIA CARE 414 SOUTH JEFFERSON STREET NAPA, CA 94559	68-0393144	501(C)(3)	7,000.	0.			FOR THE ADULT DAY HEALTH AND PALLIATIVE CARE PROGRAMS
COLLABRIA CARE 414 SOUTH JEFFERSON STREET NAPA, CA 94559	68-0393144	501(C)(3)	4,026.	0.			FOR THE ADULT DAY HEALTH PROGRAM
COLLABRIA CARE 414 SOUTH JEFFERSON STREET NAPA, CA 94559	68-0393144	501(C)(3)	2,000.	0.			FOR GENERAL 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.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY ACTION OF NAPA VALLEY COMMUNITY ACTION ADMINISTRATION 2521 OLD SONOMA ROAD - NAPA, CA 94558	94-1610851	501(C)(3)	14,000.	0.			FOR THE MEALS ON WHEELS AND CONGREGATE DINING PROGRAM
COMMUNITY ACTION OF NAPA VALLEY COMMUNITY ACTION ADMINISTRATION 2521 OLD SONOMA ROAD - NAPA, CA 94558	94-1610851	501(C)(3)	10,000.	0.			FOR THE NAPA VALLEY FOOD BANK PROGRAM
COMMUNITY HEALTH INITIATIVE NAPA COUNTY INC. - 2140 JEFFERSON STREET, STE D - NAPA, CA 94559	25-1924934	501(C)(3)	2,500.	0.			FOR SPONSORSHIP OF THE MAY 5TH EVENT
COMMUNITY HEALTH INITIATIVE NAPA COUNTY INC. - 2140 JEFFERSON STREET, STE D - NAPA, CA 94559	25-1924934	501(C)(3)	3,500.	0.			FOR GENERAL/OPERATING SUPPORT
COMMUNITY HEALTH INITIATIVE NAPA COUNTY INC. - 2140 JEFFERSON STREET, STE D - NAPA, CA 94559	25-1924934	501(C)(3)	12,000.	0.			FOR GENERAL SUPPORT. THIS GRANT WAS MADE POSSIBLE BY THE GENEROSITY OF LEE AND CRISTINA HUDSON
COMMUNITY HEALTH INITIATIVE NAPA COUNTY INC. - 2140 JEFFERSON STREET, STE D - NAPA, CA 94559	25-1924934	501(C)(3)	4,000.	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)	10,000.	0.			FOR GENERAL SUPPORT
COMMUNITY INITIATIVES 1000 BROADWAY SUITE #480 OAKLAND, CA 94607	94-3255070	501(C)(3)	125,000.	0.			FOR THE INITIAL TRANSFER OF ASSETS FOR THE ADU CENTER
COMMUNITY INITIATIVES 1000 BROADWAY SUITE #480 OAKLAND, CA 94607	94-3255070	501(C)(3)	100,000.	0.			FOR GENERAL SUPPORT OF THE ADU 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
COMMUNITY RESOURCES FOR CHILDREN 3299 CLAREMONT WAY, STE 1 NAPA, CA 94558	94-2524785	501(C)(3)	12,000.	0.			FOR GENERAL SUPPORT. THIS GRANT WAS MADE POSSIBLE BY THE GENEROSITY OF LEE AND CRISTINA HUDSON
COMMUNITY RESOURCES FOR CHILDREN 3299 CLAREMONT WAY, STE 1 NAPA, CA 94558	94-2524785	501(C)(3)	49,231.	0.			TO PROVIDE UP TO \$50,000 IN REIMBURSEMENTS TO LE PETIT ELEPHANT TO PAY FOR THE FOLLOWING DURING THE
COMMUNITY RESOURCES FOR CHILDREN 3299 CLAREMONT WAY, STE 1 NAPA, CA 94558	94-2524785	501(C)(3)	28,758.	0.			FOR GENERAL SUPPORT
COMMUNITY RESOURCES FOR CHILDREN 3299 CLAREMONT WAY, STE 1 NAPA, CA 94558	94-2524785	501(C)(3)	15,000.	0.			TO SUPPORT THE LEARN AND GROW PROGRAM
COMMUNITY RESOURCES FOR CHILDREN 3299 CLAREMONT WAY, STE 1 NAPA, CA 94558	94-2524785	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT
CONGREGATION BETH SHALOM 1455 ELM STREET NAPA, CA 94559	23-7296339	501(C)(3)	12,500.	0.			FOR THE EDUCATION DIRECTOR SALARY FUND
COPE FAMILY CENTER 707 RANDOLPH STREET NAPA, CA 94559	94-2322399	501(C)(3)	8,000.	0.			FOR THE PARENTS AS TEACHERS PROGRAM
COPE FAMILY CENTER 707 RANDOLPH STREET NAPA, CA 94559	94-2322399	501(C)(3)	14,000.	0.			FOR FISCAL SPONSORSHIP OF COMMUNITY LEADERS COALITION'S PARTICIPATION IN NAPA VALLEY TOGETHERS
COPE FAMILY CENTER 707 RANDOLPH STREET NAPA, CA 94559	94-2322399	501(C)(3)	20,000.	0.			FOR GIFT CARDS FOR FOOD REPLENISHMENT FOR HOUSEHOLDS AFFECTED BY PUBLIC SAFETY POWER

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COPE FAMILY CENTER 707 RANDOLPH STREET NAPA, CA 94559	94-2322399	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT OF COMMUNITY LEADERS COALITION
COPE FAMILY CENTER 707 RANDOLPH STREET NAPA, CA 94559	94-2322399	501(C)(3)	1,500.	0.			FOR GENERAL SUPPORT OF COMMUNITY LEADERS COALITION
COPE FAMILY CENTER 707 RANDOLPH STREET NAPA, CA 94559	94-2322399	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT
COPE FAMILY CENTER 707 RANDOLPH STREET NAPA, CA 94559	94-2322399	501(C)(3)	20,000.	0.			FOR GIFT CARDS FOR FOOD REPLENISHMENT FOR HOUSEHOLDS AFFECTED BY PUBLIC SAFETY POWER
COPE FAMILY CENTER 707 RANDOLPH STREET NAPA, CA 94559	94-2322399	501(C)(3)	12,000.	0.			FOR THE PARENTS AS TEACHERS (PAT) PROGRAM. THIS GRANT WAS MADE POSSIBLE BY THE
COPE FAMILY CENTER 707 RANDOLPH STREET NAPA, CA 94559	94-2322399	501(C)(3)	50,000.	0.			FOR THE PARENTS AS TEACHERS PROGRAM
COPE FAMILY CENTER 707 RANDOLPH STREET NAPA, CA 94559	94-2322399	501(C)(3)	10,000.	0.			FOR THE PARENTS AS TEACHERS PROGRAM
DESERT COMMUNITY FOUNDATION 75-105 MERLE DRIVE STE 300 PALM DESERT, CA 92211	95-4725924	501(C)(3)	25,000.	0.			FOR THE HIDEAWAY SCHOLARSHIP FUND
DIRECT RELIEF 6100 WALLACE BECKNELL ROAD SANTA BARBARA, CA 93117	95-1831116	501(C)(3)	80,000.	0.			FOR GENERAL/OPERATING SUPPORT

Schedule I (Form 990)

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DOCTORS WITHOUT BORDERS USA INC. PO BOX 5030 HAGERSTOWN, MD 21741-5030	13-3433452	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT. THIS GRANT WAS MADE POSSIBLE BY THE GENEROSITY OF LARRY TURLEY AND SUZANNE
DOCTORS WITHOUT BORDERS USA INC. PO BOX 5030 HAGERSTOWN, MD 21741-5030	13-3433452	501(C)(3)	45,000.	0.			FOR GENERAL/OPERATING SUPPORT
DOWNTOWN NAPA FARMERS MARKET CORPORATION - PO BOX 10822 - NAPA, CA 94581	32-0285560	501(C)(3)	2,500.	0.			FOR GENERAL SUPPORT
DOWNTOWN NAPA FARMERS MARKET CORPORATION - PO BOX 10822 - NAPA, CA 94581	32-0285560	501(C)(3)	500.	0.			FOR GENERAL/OPERATING SUPPORT
DOWNTOWN NAPA FARMERS MARKET CORPORATION - PO BOX 10822 - NAPA, CA 94581	32-0285560	501(C)(3)	1,500.	0.			FOR THE FOOD ASSISTANCE PROGRAM INCLUDING MARKET MATCH AND FRUITS & VEGGIES BUCKS
DOWNTOWN NAPA FARMERS MARKET CORPORATION - PO BOX 10822 - NAPA, CA 94581	32-0285560	501(C)(3)	500.	0.			FOR THE FOOD ASSISTANCE MATCHING PROGRAM
ENVIRONMENTAL TRAVELING COMPANIONS 2 MARINA BLVD FORT MASON CENTER C38 SAN FRANCISCO, CA 94123	51-0158789	501(C)(3)	6,500.	0.			FOR GENERAL SUPPORT
FIRST CHRISTIAN CHURCH OF NAPA 2659 FIRST STREET NAPA, CA 94558	94-1681282	501(C)(3)	5,000.	0.			FOR THE HOLIDAY GIFT FUND
FRIENDS AND FOUNDATION ST. HELENA PUBLIC LIBRARY - PO BOX 171 - ST. HELENA, CA 94574	26-3043296	501(C)(3)	250.	0.			FOR GENERAL SUPPORT

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FRIENDS AND FOUNDATION ST. HELENA PUBLIC LIBRARY - PO BOX 171 - ST. HELENA, CA 94574	26-3043296	501(C)(3)	1,000.	0.			FOR EDUCATION PROGRAMS
FRIENDS AND FOUNDATION ST. HELENA PUBLIC LIBRARY - PO BOX 171 - ST. HELENA, CA 94574	26-3043296	501(C)(3)	4,000.	0.			FOR SUPPORT OF THE CHILDREN'S LIBRARY. THIS GRANT WAS MADE POSSIBLE BY THE GENEROSITY OF
FRIENDS OF THE CAMEO PO BOX 682 ST. HELENA, CA 94574	46-1415228	501(C)(3)	4,500.	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
FRIENDS OF THE CAMEO PO BOX 682 ST. HELENA, CA 94574	46-1415228	501(C)(3)	2,000.	0.			FOR GENERAL SUPPORT
FRIENDS OF THE CAMEO PO BOX 682 ST. HELENA, CA 94574	46-1415228	501(C)(3)	2,000.	0.			FOR GENERAL/OPERATING SUPPORT
FRIENDS OF THE CHILDREN 44 NE MORRIS ST. PORTLAND, OR 97212	93-1300690	501(C)(3)	25,000.	0.			FOR SUPPORT OF THE NEW COACHELLA CHAPTER START UP OPERATIONS
FRIENDS OF THE NAPA COUNTY ANIMAL SHELTER AND ADOPTION CENTER INC - PO BOX 715 - NAPA, CA 94559	82-0702572	501(C)(3)	30,000.	0.			TO HELP SUBSIDIZE COSTS FOR EMERGENCY MEDICAL FEES FOR SMALL ANIMALS IN NAPA COUNTY. THIS GRANT

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GIRLS ON THE RUN NAPA & SOLANO, INC. - 3299 CLAREMONT WAY, STE 5 - NAPA, CA 94558	55-0906534	501(C)(3)	7,500.	0.			FOR THE NAPA COUNTY PROGRAM
GIRLS ON THE RUN NAPA & SOLANO, INC. - 3299 CLAREMONT WAY, STE 5 - NAPA, CA 94558	55-0906534	501(C)(3)	12,000.	0.			TO FURTHER SUPPORT AND DEVELOP GOTR IN SONOMA AND FOR STUDENT SCHOLARSHIPS
GIRLS ON THE RUN NAPA & SOLANO, INC. - 3299 CLAREMONT WAY, STE 5 - NAPA, CA 94558	55-0906534	501(C)(3)	5,000.	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)	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)	7,500.	0.			FOR THE NAPA COUNTY PROGRAM
GRACE EPISCOPAL CHURCH 1314 SPRING STREET ST. HELENA, CA 94574	94-2847540	501(C)(3)	10,000.	0.			FOR SUPPORT OF MEALS FOR OUR COMMUNITY
GRACE EPISCOPAL CHURCH 1314 SPRING STREET ST. HELENA, CA 94574	94-2847540	501(C)(3)	10,000.	0.			FOR OUTREACH
GRACE EPISCOPAL CHURCH 1314 SPRING STREET ST. HELENA, CA 94574	94-2847540	501(C)(3)	15,000.	0.			FOR SUPPORT OF MEALS FOR OUR COMMUNITY
GRACE EPISCOPAL CHURCH 1314 SPRING STREET ST. HELENA, CA 94574	94-2847540	501(C)(3)	15,000.	0.			FOR SUPPORT OF MEALS FOR OUR COMMUNITY

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GRACE EPISCOPAL CHURCH 1314 SPRING STREET ST. HELENA, CA 94574	94-2847540	501(C)(3)	15,000.	0.			FOR OPERATING EXPENSES
GRACE EPISCOPAL CHURCH 1314 SPRING STREET ST. HELENA, CA 94574	94-2847540	501(C)(3)	10,000.	0.			FOR SUPPORT OF MEALS FOR OUR COMMUNITY
GRACE EPISCOPAL CHURCH 1314 SPRING STREET ST. HELENA, CA 94574	94-2847540	501(C)(3)	6,000.	0.			FOR SUPPORT OF MEALS FOR OUR COMMUNITY
GRACE EPISCOPAL CHURCH 1314 SPRING STREET ST. HELENA, CA 94574	94-2847540	501(C)(3)	12,000.	0.			FOR SUPPORT OF MEALS FOR OUR COMMUNITY
GRACE EPISCOPAL CHURCH 1314 SPRING STREET ST. HELENA, CA 94574	94-2847540	501(C)(3)	7,000.	0.			FOR SUPPORT OF COMMON TABLE ON SPRING STREET
GREATER NAPA FAIR HOUSING CENTER 1303 JEFFERSON ST., STE 200A NAPA, CA 94559	42-1576121	501(C)(3)	5,000.	0.			TO PROVIDE GENERAL SUPPORT (\$2,500) AND FOR STAFF BENEFITS INCLUDING BONUSES AND HOLIDAY LUNCH
GUIDE DOGS FOR THE BLIND, INC. PO BOX 151200 SAN RAFAEL, CA 94915-1200	94-1196195	501(C)(3)	2,500.	0.			FOR GENERAL/OPERATING SUPPORT
GUIDE DOGS FOR THE BLIND, INC. PO BOX 151200 SAN RAFAEL, CA 94915-1200	94-1196195	501(C)(3)	3,500.	0.			FOR GENERAL SUPPORT, IN MEMORY OF JANET FIRTH, MOTHER OF JOAN BOYD
GUNILDA RIANDA SENIOR CENTER ASSOCIATION - 1475 MAIN STREET - ST. HELENA, CA 94574	20-2411077	501(C)(3)	250.	0.			FOR PROGRAMS IN NAPA COUNTY

Schedule I (Form 990)

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

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GUNILDA RIANDA SENIOR CENTER ASSOCIATION - 1475 MAIN STREET - ST. HELENA, CA 94574	20-2411077	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT
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)	3,000.	0.			FOR GENERAL SUPPORT. THIS GRANT WAS MADE POSSIBLE BY THE GENEROSITY OF LARRY TURLEY AND SUZANNE
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)	2,500.	0.			FOR GENERAL SUPPORT. THIS GRANT WAS MADE POSSIBLE BY THE GENEROSITY OF ANNE CARVER AND DENIS SUTRO
HUMANE SOCIETY OF NAPA COUNTY PO BOX 695 NAPA, CA 94559	23-7315010	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
HUMANE SOCIETY OF NAPA COUNTY PO BOX 695 NAPA, CA 94559	23-7315010	501(C)(3)	500.	0.			FOR GENERAL/OPERATING SUPPORT
HUMANE SOCIETY OF NAPA COUNTY PO BOX 695 NAPA, CA 94559	23-7315010	501(C)(3)	60,000.	0.			FOR GENERAL SUPPORT. THIS GRANT WILL BE PAID \$30,000 PER YEAR OVER TWO YEARS
HUMANE SOCIETY OF NAPA COUNTY PO BOX 695 NAPA, CA 94559	23-7315010	501(C)(3)	25,000.	0.			TO SUPPORT THE PET ASSISTANCE AND SUPPORT (PAS) PROGRAM

Schedule I (Form 990)

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HUMANE SOCIETY OF NAPA COUNTY PO BOX 695 NAPA, CA 94559	23-7315010	501(C)(3)	500.	0.			FOR GENERAL SUPPORT
IF GIVEN A CHANCE PO BOX 2607 NAPA, CA 94558	91-1852336	501(C)(3)	10,000.	0.			FOR GENERAL/OPERATING SUPPORT
IF GIVEN A CHANCE PO BOX 2607 NAPA, CA 94558	91-1852336	501(C)(3)	2,500.	0.			FOR GENERAL SUPPORT
IF GIVEN A CHANCE PO BOX 2607 NAPA, CA 94558	91-1852336	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
IF GIVEN A CHANCE PO BOX 2607 NAPA, CA 94558	91-1852336	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
ILLINOIS INSTITUTE OF TECHNOLOGY 7565 SOLUTION CENTER CHICAGO, IL 60677-7005	36-2170136	501(C)(3)	24,000.	0.			FOR SUPPORT OF DESIGNING NAPAS VITICULTURAL FUTURE: LANDSCAPE ARCHITECTURE SOLUTIONS
IMMIGRATION INSTITUTE OF THE BAY AREA - 58 2ND STREET 3RD FLOOR - SAN FRANCISCO, CA 94105	94-1156554	501(C)(3)	25,000.	0.			TO SUPPORT NAPA COUNTY PROGRAMS. THIS GRANT WAS MADE POSSIBLE BY THE GENEROSITY OF ART
IMMIGRATION INSTITUTE OF THE BAY AREA - 58 2ND STREET 3RD FLOOR - SAN FRANCISCO, CA 94105	94-1156554	501(C)(3)	55,000.	0.			FOR PARTICIPATION IN THE CITIZENSHIP LEGAL SERVICES (CLS) COLLABORATIVE THAT IS
IMMIGRATION INSTITUTE OF THE BAY AREA - 58 2ND STREET 3RD FLOOR - SAN FRANCISCO, CA 94105	94-1156554	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT OF NAPA COUNTY PROGRAMS

Schedule I (Form 990)

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IMMIGRATION INSTITUTE OF THE BAY AREA - 58 2ND STREET 3RD FLOOR - SAN FRANCISCO, CA 94105	94-1156554	501(C)(3)	135,500.	0.			FOR PARTICIPATION IN THE CITIZENSHIP LEGAL SERVICES (CLS) COLLABORATIVE THAT IS
IMMIGRATION INSTITUTE OF THE BAY AREA - 58 2ND STREET 3RD FLOOR - SAN FRANCISCO, CA 94105	94-1156554	501(C)(3)	25,000.	0.			FOR SUPPORT OF YOUR WORK IN THE ONE NAPA VALLEY INITIATIVE IN NAPA COUNTY. THIS GRANT WAS
IMMIGRATION INSTITUTE OF THE BAY AREA - 58 2ND STREET 3RD FLOOR - SAN FRANCISCO, CA 94105	94-1156554	501(C)(3)	15,000.	0.			FOR SUPPORT OF NAPA COUNTY PROGRAMS
IMMIGRATION INSTITUTE OF THE BAY AREA - 58 2ND STREET 3RD FLOOR - SAN FRANCISCO, CA 94105	94-1156554	501(C)(3)	25,000.	0.			FOR IIBAS WORK IN NAPA COUNTY, MADE POSSIBLE BY ART BERLINER AND MARIAN LEVER
IMMIGRATION INSTITUTE OF THE BAY AREA - 58 2ND STREET 3RD FLOOR - SAN FRANCISCO, CA 94105	94-1156554	501(C)(3)	500.	0.			FOR SUPPORT OF NAPA COUNTY PROGRAMS, IN HONOR OF THE WORK OF POLLY WEBBER ON BEHALF OF
IMMIGRATION INSTITUTE OF THE BAY AREA - 58 2ND STREET 3RD FLOOR - SAN FRANCISCO, CA 94105	94-1156554	501(C)(3)	7,500.	0.			FOR SUPPORT OF NAPA COUNTY PROGRAMS
IMMIGRATION INSTITUTE OF THE BAY AREA - 58 2ND STREET 3RD FLOOR - SAN FRANCISCO, CA 94105	94-1156554	501(C)(3)	20,000.	0.			FOR PARTICIPATION IN NAPA VALLEY TOGETHERS EFFORTS TOWARD ADVANCING COMMUNITY POWER AND
J DAVID GLADSTONE INSTITUTES 1650 OWENS STREET SAN FRANCISCO, CA 94158	23-7203666	501(C)(3)	20,000.	0.			FOR SUPPORT OF THE GLADSTONE INSTITUTE ALZHEIMERS RESEARCH PROGRAM
JUSTIN-SIENA HIGH SCHOOL 4026 MAHER STREET NAPA, CA 94558	94-2168313	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT

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MARIN COUNTY OFFICE OF EDUCATION PO BOX 4925 SAN RAFAEL, CA 94913	94-6022431	MARIN COUNTY OFF	5,000.	0.			FOR GENERAL SUPPORT OF SCHOOLS RULE MARIN EDUCATION FOUNDATION
MARIN FOSTER CARE ASSOCIATION 55 MITCHELL BLVD, #2 SAN RAFAEL, CA 94903	47-5237365	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT. THIS GRANT WAS MADE POSSIBLE BY THE GENEROSITY OF LARRY TURLEY AND SUZANNE
MARIN FOSTER CARE ASSOCIATION 55 MITCHELL BLVD, #2 SAN RAFAEL, CA 94903	47-5237365	501(C)(3)	2,500.	0.			FOR THE FUND A NEED
MASSACHUSETTS INSTITUTE OF TECHNOLOGY - 600 MEMORIAL DRIVE, W98-200 - CAMBRIDGE, MA 02139-4822	04-2103594	501(C)(3)	1,800.	0.			FOR SUPPORT OF MIT HILLEL ACCOUNT #2010900
MASSACHUSETTS INSTITUTE OF TECHNOLOGY - 600 MEMORIAL DRIVE, W98-200 - CAMBRIDGE, MA 02139-4822	04-2103594	501(C)(3)	50,000.	0.			TO SUPPORT RESTORE AND THRIVE: 415 FOR THE NEXT 100 YEARS CAMPAIGN (FUND #3766600)
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)	5,000.	0.			FOR THE CAPITAL CAMPAIGN
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)	50,000.	0.			FOR THE CAPITAL CAMPAIGN

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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)	12,000.	0.			FOR GENERAL SUPPORT
MENTIS 1272 HAYES STREET NAPA, CA 94559	94-1236934	501(C)(3)	10,000.	0.			FOR THE CAPITAL CAMPAIGN
MENTIS 1272 HAYES STREET NAPA, CA 94559	94-1236934	501(C)(3)	5,100.	0.			FOR GENERAL SUPPORT
MENTIS 1272 HAYES STREET NAPA, CA 94559	94-1236934	501(C)(3)	3,000.	0.			FOR THE BUILDING TEEN RESILIENCE IN OUR SCHOOLS INITIATIVE
MENTIS 1272 HAYES STREET NAPA, CA 94559	94-1236934	501(C)(3)	10,000.	0.			TO SUPPORT THE FOUNDATION OF WELLNESS PROGRAM (FOW)
MENTIS 1272 HAYES STREET NAPA, CA 94559	94-1236934	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
MIGRATION POLICY INSTITUTE 1275 K STREET NW STE 800 WASHINGTON, DC 20005	52-2279789	501(C)(3)	95,000.	0.			FOR THE PURPOSES OF GENERATING AND PUBLISHING A SOCIODEMOGRAPHIC PROFILE OF IMMIGRANTS IN
MIKE ATKINS TEACHING MINISTRIES, INC. - PO BOX 322 - CASHIERS, NC 28717	83-0331299	501(C)(3)	5,000.	0.			FOR GENERAL/OPERATING SUPPORT

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MOLLY'S ANGELS 433 SOSCOL AVENUE, STE B151 NAPA, CA 94559	31-1675725	501(C)(3)	1,000.	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
MOLLY'S ANGELS 433 SOSCOL AVENUE, STE B151 NAPA, CA 94559	31-1675725	501(C)(3)	5,000.	0.			FOR GENERAL/OPERATING SUPPORT
MONARCH JUSTICE CENTER 5 FINANCIAL PLAZA #205 NAPA, CA 94558	88-0747034	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT
MONARCH JUSTICE CENTER 5 FINANCIAL PLAZA #205 NAPA, CA 94558	88-0747034	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT
NAPA BUNNIES 1240 HEMLOCK STREET NAPA, CA 94559	87-1171768	501(C)(3)	28,000.	0.			FOR GENERAL SUPPORT. THIS GRANT WILL BE PAID \$14,000 PER YEAR OVER TWO YEARS
NAPA COMMUNITIES FIREWISE FOUNDATION - PO BOX 2336 - NAPA, CA 94558	26-0147748	501(C)(3)	2,000.	0.			FOR MAINTENANCE IN THE SILVERADO AREA
NAPA COMMUNITIES FIREWISE FOUNDATION - PO BOX 2336 - NAPA, CA 94558	26-0147748	501(C)(3)	25,000.	0.			FOR THE VALLEY STEWARDS FUND TO ENHANCE WILDFIRE RESILIENCE THROUGH FUEL REDUCTION, STRUCTURAL
NAPA COMMUNITIES FIREWISE FOUNDATION - PO BOX 2336 - NAPA, CA 94558	26-0147748	501(C)(3)	50,000.	0.			FOR THE ENHANCED RESILIENCE SITES 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 COMMUNITY ANIMAL RESPONSE TEAM - PO BOX 67 - NAPA, CA 94559	82-3738768	501(C)(3)	44,000.	0.			FOR SUPPORT OF SMALL ANIMAL PROGRAMS IN NAPA COUNTY. THIS GRANT WILL BE PAID \$22,000 PER YEAR
NAPA COUNTY LAND TRUST 1700 SOSCOL AVENUE, STE 20 NAPA, CA 94559	94-2315096	501(C)(3)	250.	0.			FOR GENERAL SUPPORT
NAPA COUNTY LAND TRUST 1700 SOSCOL AVENUE, STE 20 NAPA, CA 94559	94-2315096	501(C)(3)	500.	0.			FOR GENERAL SUPPORT
NAPA COUNTY LAND TRUST 1700 SOSCOL AVENUE, STE 20 NAPA, CA 94559	94-2315096	501(C)(3)	15,000.	0.			FOR GENERAL/OPERATING 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)	1,000.	0.			FOR 15 MEMBERSHIPS
NAPA COUNTY LAND TRUST 1700 SOSCOL AVENUE, STE 20 NAPA, CA 94559	94-2315096	501(C)(3)	20,000.	0.			FOR OPERATING COSTS
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	4,000.	0.			FOR THE LITERACY CENTER

Schedule I (Form 990)

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NAPA COUNTY LIBRARY 580 COOMBS STREET NAPA, CA 94559	94-6000525	NAPA COUNTY LIBR	3,000.	0.			FOR THE LITERACY CENTER
NAPA COUNTY OFFICE OF EDUCATION 2121 IMOLA AVENUE NAPA, CA 94559	94-6002406	NAPA COUNTY OFFI	6,000.	0.			TO SUPPORT PAID INTERNSHIP OPPORTUNITIES FOR CAMILLE CREEK STUDENTS
NAPA COUNTY OFFICE OF EDUCATION 2121 IMOLA AVENUE NAPA, CA 94559	94-6002406	NAPA COUNTY OFFI	500.	0.			FOR THE WELDING PROGRAM AT CAMILLE CREEK COMMUNITY SCHOOL
NAPA COUNTY OFFICE OF EDUCATION 2121 IMOLA AVENUE NAPA, CA 94559	94-6002406	NAPA COUNTY OFFI	13,000.	0.			FOR THE WELDING PROGRAM AT CAMILLE CREEK COMMUNITY SCHOOL
NAPA COUNTY SHERIFF VOLUNTEER SEARCH AND RESCUE - 1535 AIRPORT BOULEVARD - NAPA, CA 94558	68-0358135	501(C)(3)	45,000.	0.			TO PURCHASE A POLARIS RANGER QUAD VEHICLE FOR USE IN WILDLAND SEARCH AND RESCUE OPERATIONS
NAPA PARKS AND RECREATION FOUNDATION - PO BOX 10875 - NAPA, CA 94581	68-0138358	501(C)(3)	5,000.	0.			FOR THE NAPA SENIOR CENTER
NAPA PARKS AND RECREATION FOUNDATION - PO BOX 10875 - NAPA, CA 94581	68-0138358	501(C)(3)	1,000.	0.			TO HELP SUBSIDIZE SUMMER CAMP FEES FOR CHILDREN
NAPA VALLEY CHILD ADVOCACY NETWORK, INCORPORATED - 433 SOSCOL AVE, SUITE B160 - NAPA, CA 94559	56-2498308	501(C)(3)	500.	0.			FOR GENERAL SUPPORT. THIS GRANT WAS MADE POSSIBLE BY ROBERT EYLER, PH.D., PROFESSOR OF ECONOMICS AT
NAPA VALLEY CHILD ADVOCACY NETWORK, INCORPORATED - 433 SOSCOL AVE, SUITE B160 - NAPA, CA 94559	56-2498308	501(C)(3)	12,000.	0.			TO SUPPORT 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.)

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NAPA VALLEY CHILD ADVOCACY NETWORK, INCORPORATED - 433 SOSCOL AVE, SUITE B160 - NAPA, CA 94559	56-2498308	501(C)(3)	1,000.	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 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)	50,000.	0.			FOR SUPPORT OF EARLY CHILDHOOD & YOUTH PROGRAMS
NAPA VALLEY CHILD ADVOCACY NETWORK, INCORPORATED - 433 SOSCOL AVE, SUITE B160 - NAPA, CA 94559	56-2498308	501(C)(3)	1,000.	0.			TO SUPPORT THE YOUTHCANS NEXT STEPS PROGRAM
NAPA VALLEY COMMUNITY ORGANIZATIONS ACTIVE IN DISASTER - 3299 CLAREMONT WAY, STE 2 - NAPA, CA 94558	92-0361721	501(C)(3)	300,000.	0.			FOR GENERAL SUPPORT
NAPA VALLEY EDUCATION FOUNDATION 2425 JEFFERSON STREET, ROOM #105 NAPA, CA 94558	68-0005743	501(C)(3)	17,510.	0.			TO SUPPORT THE CAREER CONNECTION PROGRAM
NAPA VALLEY EDUCATION FOUNDATION 2425 JEFFERSON STREET, ROOM #105 NAPA, CA 94558	68-0005743	501(C)(3)	4,000.	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, IN HONOR OF MARIA CISNEROS

Schedule I (Form 990)

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

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NAPA VALLEY EDUCATION FOUNDATION 2425 JEFFERSON STREET, ROOM #105 NAPA, CA 94558	68-0005743	501(C)(3)	7,000.	0.			FOR THE CAREER READINESS INITIATIVE
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 EDUCATION FOUNDATION 2425 JEFFERSON STREET, ROOM #105 NAPA, CA 94558	68-0005743	501(C)(3)	5,000.	0.			FOR THE MUSIC CONNECTION PROGRAM
NAPA VALLEY FESTIVAL ASSOCIATION PO BOX 6221 NAPA, CA 94581	26-4008029	501(C)(3)	10,000.	0.			FOR 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 GRAPEGROWERS FOUNDATION - 831 LATOUR COURT, STE A - NAPA, CA 94558	82-2012860	501(C)(3)	10,000.	0.			FOR GENERAL/OPERATING SUPPORT
NAPA VALLEY GRAPEGROWERS FOUNDATION - 831 LATOUR COURT, STE A - NAPA, CA 94558	82-2012860	501(C)(3)	25,000.	0.			TO SUPPORT THE OAKVILLE CAPITAL CAMPAIGN
NAPA VALLEY SUPPORT SERVICES 1119 JORDAN LANE NAPA, CA 94558	51-0186054	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
NAPA VALLEY UNIFIED SCHOOL DISTRICT - 2425 JEFFERSON STREET - NAPA, CA 94558	52-1550087	501(C)(3)	1,000.	0.			FOR THE ENVIRONMENTAL SCIENCE AND GARDENING PROGRAM

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

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NAPA VALLEY UNIFIED SCHOOL DISTRICT - 2425 JEFFERSON STREET - NAPA, CA 94558	52-1550087	501(C)(3)	2,500.	0.			TO STRENGTHEN THE AVID PROGRAM, INCLUDING TEACHER TRAINING, REGISTRATION FEES,
NAPA VALLEY UNIFIED SCHOOL DISTRICT - 2425 JEFFERSON STREET - NAPA, CA 94558	52-1550087	501(C)(3)	25,000.	0.			TO STRENGTHEN THE AVID PROGRAM, INCLUDING TEACHER TRAINING, REGISTRATION FEES,
NAPA VALLEY VINE TRAIL COALITION 3299 CLAREMONT WAY, STE 5 NAPA, CA 94558	26-3426758	501(C)(3)	10,000.	0.			FOR GENERAL/OPERATING SUPPORT
NAPLES CHILDREN & EDUCATION FOUNDATION - 999 VANDERBILT BEACH ROAD, STE #300 - NAPLES, FL 34108	65-1001650	501(C)(3)	10,000.	0.			FOR THE FUND-A-NEED, 2025 NAPLES WINTER WINE FESTIVAL
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)	55,000.	0.			FOR GENERAL SUPPORT
NEWS 1141 PEAR TREE LANE, STE 220 NAPA, CA 94558	94-2745889	501(C)(3)	45,000.	0.			FOR GENERAL SUPPORT
NEWS 1141 PEAR TREE LANE, STE 220 NAPA, CA 94558	94-2745889	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT
NEWS 1141 PEAR TREE LANE, STE 220 NAPA, CA 94558	94-2745889	501(C)(3)	2,500.	0.			FOR GENERAL SUPPORT

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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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NEWS 1141 PEAR TREE LANE, STE 220 NAPA, CA 94558	94-2745889	501(C)(3)	60,000.	0.			FOR GENERAL OPERATING SUPPORT. THIS GRANT WILL BE PAYABLE IN 12 EQUAL INSTALLMENTS FROM AUGUST
NEWS 1141 PEAR TREE LANE, STE 220 NAPA, CA 94558	94-2745889	501(C)(3)	250.	0.			FOR SUPPORT OF WALK-A-MILE NAPA VALLEY
NIMBUS ARTS 649 MAIN STREET ST. HELENA, CA 94574	27-1503762	501(C)(3)	4,500.	0.			FOR EDUCATION PROGRAMS
NIMBUS ARTS 649 MAIN STREET ST. HELENA, CA 94574	27-1503762	501(C)(3)	10,000.	0.			FOR GENERAL/OPERATING SUPPORT
NOTES FOR EDUCATION 51 BLACKBERRY DRIVE NAPA, CA 94558	27-2087987	501(C)(3)	10,000.	0.			FOR THE GARGIULO LEGACY FUND
NOVO MISSION INC. 1240 N. LAKEVIEW AVENUE, STE #120 ANAHEIM, CA 92807	95-3523150	501(C)(3)	5,000.	0.			FOR THE PRINCES FUND 5501
OLE HEALTH FOUNDATION 1141 PEAR TREE LANE, SUITE 100 NAPA, CA 94558	68-0149424	501(C)(3)	1,000.	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 THE FUND A NEED
OLE HEALTH FOUNDATION 1141 PEAR TREE LANE, SUITE 100 NAPA, CA 94558	68-0149424	501(C)(3)	25,000.	0.			FOR THE FUND A NEED - VIDA OLE!

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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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OLE HEALTH FOUNDATION 1141 PEAR TREE LANE, SUITE 100 NAPA, CA 94558	68-0149424	501(C)(3)	5,000.	0.			FOR THE FUND A NEED
ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558	75-3149095	501(C)(3)	20,000.	0.			FOR TRAUMA-INFORMED TRAINING FOR SCHOOL-BASED STAFF
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)	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)	20,000.	0.			FOR GENERAL SUPPORT. THIS GRANT WAS MADE POSSIBLE BY THE GENEROSITY OF LEE AND CRISTINA HUDSON
ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558	75-3149095	501(C)(3)	1,500.	0.			FOR SUPPORT OF YOUTH LEADERSHIP ACADEMIES IN NAPA COUNTY
ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558	75-3149095	501(C)(3)	9,500.	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 THE YOUTH LEADERSHIP ACADEMIES

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

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ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558	75-3149095	501(C)(3)	87,400.	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)	48,000.	0.			FOR PARTICIPATION IN NAPA VALLEY TOGETHERS EFFORTS TOWARD ADVANCING COMMUNITY POWER AND
ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558	75-3149095	501(C)(3)	10,000.	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)	15,000.	0.			FOR SUPPORT OF YOUTH LEADERSHIP ACADEMIES IN NAPA COUNTY
ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558	75-3149095	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT
ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558	75-3149095	501(C)(3)	65,000.	0.			FOR FISCAL SPONSORSHIP OF COMMUNITY LEADERS COALITION TO SUPPORT AND ADVANCE THREE
ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558	75-3149095	501(C)(3)	37,000.	0.			FOR PARTICIPATION IN THE CITIZENSHIP LEGAL SERVICES (CLS) COLLABORATIVE THAT IS
OPERATION MOBILIZATION PO BOX 444 TYRONE, GA 30290-0444	22-2513811	501(C)(3)	5,000.	0.			FOR SPONSORSHIP OF FREEDOM CHALLENGE NEW YORK CITY MATCH PROGRAM
OUR TOWN ST. HELENA 1250 CHURCH STREET SUITE D ST. HELENA, CA 94574	26-4247407	501(C)(3)	4,000.	0.			FOR HOUSING. THIS GRANT WAS MADE POSSIBLE BY THE GENEROSITY OF LARRY TURLEY AND SUZANNE

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OUR TOWN ST. HELENA 1250 CHURCH STREET SUITE D ST. HELENA, CA 94574	26-4247407	501(C)(3)	1,000.	0.			FOR GENERAL SUPPORT
PACIFIC UNION COLLEGE ATTN: ADVANCEMENT ONE ANGWIN AVENUE ANGWIN, CA 94508	94-1279798	501(C)(3)	1,000.	0.			FOR SUPPORT OF THE PUC FLIGHT CENTER
PARTNERS IN HEALTH, A NONPROFIT CORPORATION - PO BOX 996 - FREDERICK, MD 21705-9942	04-3567502	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT. THIS GRANT IS MADE POSSIBLE BY ANN BURCHILL
PARTNERS IN HEALTH, A NONPROFIT CORPORATION - PO BOX 996 - FREDERICK, MD 21705-9942	04-3567502	501(C)(3)	5,000.	0.			FOR GENERAL/OPERATING SUPPORT
PASADENA COMMUNITY FOUNDATION 301 E. COLORADO BLVD SUITE 810 PASADENA, CA 91101	20-0253310	501(C)(3)	2,500.	0.			FOR THE EATON CANYON FIRE RELIEF AND RECOVERY FUND
PASADENA COMMUNITY FOUNDATION 301 E. COLORADO BLVD SUITE 810 PASADENA, CA 91101	20-0253310	501(C)(3)	20,000.	0.			TO SUPPORT SENIORS WHO LOST THEIR HOMES DUE TO THE EATON FIRES
PASADENA HUMANE SOCIETY AND SPCA PHILANTHROPY DEPARTMENT 361 S. RAYM PASADENA, CA 91105	95-1643344	501(C)(3)	20,000.	0.			TO PROVIDE ASSISTANCE FOR ANIMALS IMPACTED BY THE EATON FIRES
PLANNED PARENTHOOD SHASTA-DIABLO INC. - 2185 PACHECO STREET - CONCORD, CA 94520	94-1575233	501(C)(3)	5,000.	0.			FOR SPONSORSHIP OF ACTS OF COURAGE 2025
PLANNED PARENTHOOD SHASTA-DIABLO INC. - 2185 PACHECO STREET - CONCORD, CA 94520	94-1575233	501(C)(3)	30,000.	0.			FOR GENERAL/OPERATING SUPPORT

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PLANNED PARENTHOOD SHASTA-DIABLO INC. - 2185 PACHECO STREET - CONCORD, CA 94520	94-1575233	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
PLANNED PARENTHOOD SHASTA-DIABLO INC. - 2185 PACHECO STREET - CONCORD, CA 94520	94-1575233	501(C)(3)	20,000.	0.			FOR SUPPORT OF NAPA COUNTY PROGRAMS
POPE VALLEY ANIMAL RESCUE 2174 STAGECOACH CANYON ROAD POPE VALLEY, CA 94567	93-2101159	501(C)(3)	12,000.	0.			FOR OPERATION SUPPORT AND TO HELP SUBSIDIZE COSTS FOR SPAY/NEUTER SERVICES FOR SMALL ANIMALS IN NAPA
PRISON FELLOWSHIP MINISTRIES PO BOX 1550 MERRIFIELD, VA 22116-1550	62-0988294	501(C)(3)	2,500.	0.			FOR SUPPORT OF CREATE: NEW BEGINNINGS PROGRAM FOR WOMEN, IN HONOR OF AND WITH GRATITUDE TO
PRISON FELLOWSHIP MINISTRIES PO BOX 1550 MERRIFIELD, VA 22116-1550	62-0988294	501(C)(3)	2,500.	0.			FOR GENERAL/OPERATING SUPPORT
PROJECT ANGEL FOOD 922 VINE STREET LOS ANGELES, CA 90038	95-4115863	501(C)(3)	10,000.	0.			TO SUPPORT LOS ANGELES RESIDENTS IN NEED AFFECTED BY THE FIRES
PROJECT: CAMP 1168 S SIERRA BONITA AVE. LOS ANGELES, CA 90019	84-4640242	501(C)(3)	15,000.	0.			TO SUPPORT THE COMMUNITIES WHERE SCHOOLS HAVE BEEN BURNED DUE TO THE FIRES IN LOS ANGELES
PROTESTANT EPISCOPAL CHURCH IN THE DIOCESE OF CALIFORNIA - 1100 CALIFORNIA STREET - SAN FRANCISCO, CA 94108	94-1156846	501(C)(3)	10,000.	0.			FOR THE DEAN'S FUND
PUERTAS ABIERTAS COMMUNITY RESOURCE CENTER / SUN INC. - PO BOX 3009 - NAPA, CA 94558	20-3126333	501(C)(3)	2,500.	0.			FOR PARTICIPATION IN NAPA VALLEY TOGETHERS EFFORTS TOWARD ADVANCING COMMUNITY POWER AND

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

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PUERTAS ABIERTAS COMMUNITY RESOURCE CENTER / SUN INC. - PO BOX 3009 - NAPA, CA 94558	20-3126333	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT
PUERTAS ABIERTAS COMMUNITY RESOURCE CENTER / SUN INC. - PO BOX 3009 - NAPA, CA 94558	20-3126333	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT
PUERTAS ABIERTAS COMMUNITY RESOURCE CENTER / SUN INC. - PO BOX 3009 - NAPA, CA 94558	20-3126333	501(C)(3)	3,500.	0.			FOR GENERAL SUPPORT
PUERTAS ABIERTAS COMMUNITY RESOURCE CENTER / SUN INC. - PO BOX 3009 - NAPA, CA 94558	20-3126333	501(C)(3)	23,000.	0.			FOR PARTICIPATION IN THE CITIZENSHIP LEGAL SERVICES (CLS) COLLABORATIVE THAT IS
PUERTAS ABIERTAS COMMUNITY RESOURCE CENTER / SUN INC. - PO BOX 3009 - NAPA, CA 94558	20-3126333	501(C)(3)	1,000.	0.			FOR SPONSORSHIP OF PURO CORAZN
PUERTAS ABIERTAS COMMUNITY RESOURCE CENTER / SUN INC. - PO BOX 3009 - NAPA, CA 94558	20-3126333	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT. THIS GRANT WAS MADE POSSIBLE BY THE GENEROSITY OF LEE AND CRISTINA HUDSON
PUERTAS ABIERTAS COMMUNITY RESOURCE CENTER / SUN INC. - PO BOX 3009 - NAPA, CA 94558	20-3126333	501(C)(3)	76,098.	0.			FOR PARTICIPATION IN THE CITIZENSHIP LEGAL SERVICES (CLS) COLLABORATIVE THAT IS
PUERTAS ABIERTAS COMMUNITY RESOURCE CENTER / SUN INC. - PO BOX 3009 - NAPA, CA 94558	20-3126333	501(C)(3)	30,000.	0.			FOR GENERAL SUPPORT
ROSALIND FRANKLIN UNIVERSITY OF MEDICINE AND SCIENCE - 3333 GREEN BAY ROAD - NORTH CHICAGO, IL 60064	36-2181973	501(C)(3)	25,000.	0.			FOR THE DIVISION OF INSTITUTIONAL ADVANCEMENT FOR SUPPORT OF ARTIFICIAL INTELLIGENCE IN

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
RUTHLESS KINDNESS 10355 BURGANDY WAY SEBASTOPOL, CA 95472	84-2838142	501(C)(3)	10,000.	0.			FOR SUPPORT OF MOBILE VETERINARY CLINICS FOR SMALL ANIMALS IN NAPA COUNTY
SAATORI LLC 1532 THIRD STREET NAPA, CA 94559	46-4396140		5,000.	0.			FOR CONSULTING SUPPORT FOR FAIR HOUSING NAPA VALLEY, REFERENCE INVOICE #1166
SAINT HELENA FORUM FOR INNOVATION AND CREATIVITY - 2480 SPRING MOUNTAIN ROAD - ST. HELENA, CA 94574	83-2095334	501(C)(3)	5,000.	0.			FOR GENERAL/OPERATING SUPPORT
SAINT HELENA FORUM FOR INNOVATION AND CREATIVITY - 2480 SPRING MOUNTAIN ROAD - ST. HELENA, CA 94574	83-2095334	501(C)(3)	1,000.	0.			FOR GENERAL/OPERATING SUPPORT
SALVATION ARMY - GOLDEN STATE DIVISION - 832 FOLSOM STREET - SAN FRANCISCO, CA 94107	94-1156347	501(C)(3)	10,000.	0.			FOR FLOWER POWER 2024 FUND-A-NEED
SALVATION ARMY - GOLDEN STATE DIVISION - 832 FOLSOM STREET - SAN FRANCISCO, CA 94107	94-1156347	501(C)(3)	10,000.	0.			TO THE CULINARY TRAINING ACADEMY FOR HOLIDAY LUNCH 2024 SPONSORSHIP
SALVATION ARMY - GOLDEN STATE DIVISION - 832 FOLSOM STREET - SAN FRANCISCO, CA 94107	94-1156347	501(C)(3)	25,000.	0.			FOR THE 2025 GALA IN SUPPORT OF THE CULINARY TRAINING ACADEMY IN SAN FRANCISCO
SALVATION ARMY - NAPA CORPS 590 FRANKLIN STREET NAPA, CA 94559	94-1156347	501(C)(3)	250.	0.			FOR GENERAL SUPPORT
SALVATION ARMY - NAPA CORPS 590 FRANKLIN STREET NAPA, CA 94559	94-1156347	501(C)(3)	25,000.	0.			FOR SUPPORT OF THE CULINARY TRAINING ACADEMY

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 95404-4908	94-6134075	501(C)(3)	2,500.	0.			FOR GENERAL SUPPORT. THIS GRANT WAS MADE POSSIBLE BY THE GENEROSITY OF ANNE CARVER AND DENIS SUTRO
SANTA ROSA SYMPHONY ASSOCIATION 50 SANTA ROSA AVENUE, STE 410 SANTA ROSA, CA 95404-4908	94-6134075	501(C)(3)	20,000.	0.			FOR THE INSTITUTE FOR MUSIC EDUCATION
SANTA ROSA SYMPHONY ASSOCIATION 50 SANTA ROSA AVENUE, STE 410 SANTA ROSA, CA 95404-4908	94-6134075	501(C)(3)	30,000.	0.			FOR GENERAL/OPERATING SUPPORT
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)	500.	0.			FOR UNRESTRICTED SUPPORT, IN RECOGNITION OF ALL THE WONDERFUL WORK BY HEATHER AND ALL HER VOLUNTEERS
SHARE THE CARE NAPA VALLEY 162 SOUTH COOMBS STREET NAPA, CA 94559	81-5288335	501(C)(3)	11,000.	0.			FOR GENERAL SUPPORT
SHARE THE CARE NAPA VALLEY 162 SOUTH COOMBS STREET NAPA, CA 94559	81-5288335	501(C)(3)	500.	0.			FOR GENERAL SUPPORT
SIERRA HARVEST 313 RAILROAD AVENUE, STE 201 NEVADA CITY, CA 95959	90-1026798	501(C)(3)	5,000.	0.			FOR SUPPORT OF THE FARM TO SCHOOL PROGRAM. THIS GRANT WAS MADE POSSIBLE BY THE GENEROSITY OF
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

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 FARMERS MARKET PO BOX 70 ST. HELENA, CA 94574	35-2367794	501(C)(3)	1,000.	0.			FOR GENERAL SUPPORT
ST. HELENA FARMERS MARKET PO BOX 70 ST. HELENA, CA 94574	35-2367794	501(C)(3)	4,000.	0.			FOR GENERAL SUPPORT. THIS GRANT WAS MADE POSSIBLE BY THE GENEROSITY OF LARRY TURLEY AND SUZANNE
ST. HELENA FARMERS MARKET PO BOX 70 ST. HELENA, CA 94574	35-2367794	501(C)(3)	500.	0.			FOR GENERAL SUPPORT
ST. HELENA HOSPITAL FOUNDATION 10 WOODLAND ROAD ST. HELENA, CA 94574	20-1384250	501(C)(3)	15,000.	0.			FOR \$10,000.00 IN SUPPORT OF RUNWAY FOR RED AND \$5,000.00 IN SUPPORT OF THE ELAINE M. JONES
ST. HELENA HOSPITAL FOUNDATION 10 WOODLAND ROAD ST. HELENA, CA 94574	20-1384250	501(C)(3)	1,000.	0.			FOR THE MARTIN ONEIL CANCER CENTER IN MEMORY OF ELAINE JONES
ST. HELENA HOSPITAL FOUNDATION 10 WOODLAND ROAD ST. HELENA, CA 94574	20-1384250	501(C)(3)	5,000.	0.			FOR THE ANNUAL FUND
ST. HELENA HOSPITAL FOUNDATION 10 WOODLAND ROAD ST. HELENA, CA 94574	20-1384250	501(C)(3)	750.	0.			FOR THE MARTIN ONEIL CANCER CENTER IN MEMORY OF ELAINE JONES
ST. HELENA HOSPITAL FOUNDATION 10 WOODLAND ROAD ST. HELENA, CA 94574	20-1384250	501(C)(3)	2,000.	0.			FOR THE MARTIN ONEIL CANCER CENTER IN MEMORY OF ELAINE JONES
ST. HELENA HOSPITAL FOUNDATION 10 WOODLAND ROAD ST. HELENA, CA 94574	20-1384250	501(C)(3)	5,000.	0.			FOR THE MARTIN ONEIL CANCER CENTER IN MEMORY OF ELAINE JONES

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 HOSPITAL FOUNDATION 10 WOODLAND ROAD ST. HELENA, CA 94574	20-1384250	501(C)(3)	500.	0.			FOR THE MARTIN ONEIL CANCER CENTER IN HONOR OF ELAINE JONES
ST. HELENA MONTESSORI SCHOOL, INC. 880 COLLEGE AVENUE ST. HELENA, CA 94574	68-0187708	501(C)(3)	5,000.	0.			FOR THE FUND-A-NEED ON BEHALF OF JASON AND CAMILLE LEDE FOR FESTA PRIMAVERA 2025, BIDDER
ST. HELENA PRESCHOOL FOR ALL 465 MAIN STREET ST. HELENA, CA 94574	46-4214921	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT
ST. HELENA PRESCHOOL FOR ALL 465 MAIN STREET ST. HELENA, CA 94574	46-4214921	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT. THIS GRANT WILL BE PAID IN 3 EQUAL INSTALLMENTS IN JULY 2024, 2025 AND 2026
ST. HELENA PRESCHOOL FOR ALL 465 MAIN STREET ST. HELENA, CA 94574	46-4214921	501(C)(3)	500.	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)	10,000.	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)	50,000.	0.			FOR GENERAL SUPPORT. THIS GRANT WAS MADE POSSIBLE BY THE GENEROSITY OF ART BERLINER AND MARIAN LEVER
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
SUSTAINABLE ST. HELENA AN ENVIRONMENTAL ALLIANCE - PO BOX 402 - SAINT HELENA, CA 94574	86-3594916	501(C)(3)	5,620.	0.			FOR THE ST. HELENA COMMUNITY FOREST. THIS GRANT WAS MADE POSSIBLE BY THE GENEROSITY OF JOSH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE COMMUNITY FOUNDATION FOR THE CENTRAL SAVANNAH RIVER AREA, INC - PO BOX 31358 - AUGUSTA, GA 30903	58-2184345	501(C)(3)	50,000.	0.			IN SUPPORT OF THE AUGUSTA LITERACY INITIATIVE FOR THE LAMAR-MILLEDGE ELEMENTARY AND W.S.
THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY - 550 DANA STREET - SAN LUIS OBISPO, CA 93401	77-0496500	501(C)(3)	5,000.	0.			FOR THE VINEYARD & FARMWORKER SCHOLARSHIP FUND. THIS GRANT WAS MADE POSSIBLE BY THE
THE INDEPENDENT INSTITUTE 100 SWAN WAY STE 200 OAKLAND, CA 946211428	94-3008370	501(C)(3)	10,000.	0.			FOR THE GOLDEN GATEWAY
THE INDEPENDENT INSTITUTE 100 SWAN WAY STE 200 OAKLAND, CA 946211428	94-3008370	501(C)(3)	10,000.	0.			FOR THE GOLDEN GATEWAY
THE INDEPENDENT INSTITUTE 100 SWAN WAY STE 200 OAKLAND, CA 946211428	94-3008370	501(C)(3)	2,000.	0.			TO SUPPORT THE BEYOND HOMELESS PROJECT
THE UC DAVIS FOUNDATION UC DAVIS CONFERENCE CENTER, 2ND FLOOR ONE SHIELDS AVENUE - DAVIS, CA 95616-5	94-6081352	501(C)(3)	2,500.	0.			TO SUPPORT THE HURLEY AND THELMA COUCHMAN SCHOLARSHIP FUND, FUND# 324068
THE UC DAVIS FOUNDATION UC DAVIS CONFERENCE CENTER, 2ND FLOOR ONE SHIELDS AVENUE - DAVIS, CA 95616-5	94-6081352	501(C)(3)	25,000.	0.			TO SUPPORT THE HURLEY AND THELMA COUCHMAN SCHOLARSHIP FUND, FUND# 324068
UPVALLEY FAMILY CENTERS OF NAPA COUNTY - 1440 SPRING STREET - ST. HELENA, CA 94574	80-0023012	501(C)(3)	40,000.	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)	25,000.	0.			FOR GENERAL SUPPORT

Schedule I (Form 990)

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UPVALLEY FAMILY CENTERS OF NAPA COUNTY - 1440 SPRING STREET - ST. HELENA, CA 94574	80-0023012	501(C)(3)	1,000.	0.			TO SUPPORT THE NINOS ACTIVOS/ACTIVE KIDS PROGRAM
UPVALLEY FAMILY CENTERS OF NAPA COUNTY - 1440 SPRING STREET - ST. HELENA, CA 94574	80-0023012	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT IN CELEBRATION OF THE ORGANIZATION'S 25TH ANNIVERSARY
UPVALLEY FAMILY CENTERS OF NAPA COUNTY - 1440 SPRING STREET - ST. HELENA, CA 94574	80-0023012	501(C)(3)	25,000.	0.			FOR SUPPORT OF EARLY CHILDHOOD & YOUTH PROGRAMS
UPVALLEY FAMILY CENTERS OF NAPA COUNTY - 1440 SPRING STREET - ST. HELENA, CA 94574	80-0023012	501(C)(3)	1,000.	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)	19,000.	0.			FOR GENERAL SUPPORT. THIS GRANT WAS MADE POSSIBLE BY THE GENEROSITY OF LEE AND CRISTINA HUDSON
UPVALLEY FAMILY CENTERS OF NAPA COUNTY - 1440 SPRING STREET - ST. HELENA, CA 94574	80-0023012	501(C)(3)	500.	0.			FOR SUPPORT OF NAPA VALLEY PICKLEBALL CLASSIC COMMUNITY PADDLE PARTNER
UPVALLEY FAMILY CENTERS OF NAPA COUNTY - 1440 SPRING STREET - ST. HELENA, CA 94574	80-0023012	501(C)(3)	20,000.	0.			FOR UP VALLEY IMMIGRATION SERVICES
UPVALLEY FAMILY CENTERS OF NAPA COUNTY - 1440 SPRING STREET - ST. HELENA, CA 94574	80-0023012	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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UPVALLEY FAMILY CENTERS OF NAPA COUNTY - 1440 SPRING STREET - ST. HELENA, CA 94574	80-0023012	501(C)(3)	10,000.	0.			FOR THE UPVALLEY FAMILY CENTERS 25TH ANNIVERSARY CHALLENGE, A CHALLENGE INITIATED BY REDWOOD
UPVALLEY FAMILY CENTERS OF NAPA COUNTY - 1440 SPRING STREET - ST. HELENA, CA 94574	80-0023012	501(C)(3)	9,500.	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)	15,000.	0.			TO SUPPORT THE NINOS ACTIVOS/ACTIVE KIDS PROGRAM
UPVALLEY FAMILY CENTERS OF NAPA COUNTY - 1440 SPRING STREET - ST. HELENA, CA 94574	80-0023012	501(C)(3)	2,500.	0.			FOR PARTICIPATION IN NAPA VALLEY TOGETHERS EFFORTS TOWARD ADVANCING COMMUNITY POWER AND
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)	69,606.	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)	25,000.	0.			FOR GENERAL SUPPORT. THIS GRANT WAS MADE POSSIBLE BY THE GENEROSITY OF ANNE CARVER AND DENIS SUTRO
VINTAGE HIGH SCHOOL 1375 TROWER AVENUE NAPA, CA 94558	26-3422184	501(C)(3)	4,000.	0.			FOR SUPPORT OF THE CHORAL PROGRAM
WAGGIN TRAILS RESCUE FOUNDATION 1905 COLOMBARD WAY YOUNTVILLE, CA 94599	46-0896202	501(C)(3)	14,000.	0.			FOR THE RESCUE AND TRANSPORT PROGRAM OF SMALL ANIMALS FROM NAPA COUNTY

Schedule I (Form 990)

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WHISKERS, TAILS AND FERALS 1370 TRANCAS STREET, #206 NAPA, CA 94558	68-0437611	501(C)(3)	12,000.	0.			FOR SUPPORT OF SMALL ANIMAL PROGRAMS IN NAPA COUNTY
WILDLIFE RESCUE CENTER OF NAPA COUNTY - PO BOX 2571 - NAPA, CA 94558	68-0271705	501(C)(3)	60,000.	0.			FOR GENERAL SUPPORT. THIS GRANT WILL BE PAID \$30,000 PER YEAR OVER TWO YEARS
WINE COUNTRY ANIMAL LOVERS PO BOX 3 CALISTOGA, CA 94515	27-1454400	501(C)(3)	44,000.	0.			TO HELP SUBSIDIZE COSTS FOR SPAY/NEUTER SERVICES AND EMERGENCY MEDICAL FEES FOR SMALL ANIMALS IN

**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	36,054.	0.		
COLLEGE SCHOLARSHIPS - FINANCIAL AID	100	497,046.	0.		
EMERGENCY BENEFITS PROGRAM	10	13,090.	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 ORGANIZATIONS TO COMPLETE A WRITTEN GRANT REPORT WITHIN A YEAR OF RECEIVING FUNDS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: AMADOR COMMUNITY FOUNDATION  
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE AMADOR PROMISE FUND SPECIFICALLY FOR EDUCATION INCLUDING COLLEGE SCHOLARSHIPS AND THE HIGH SCHOOL AVID PROGRAM. THIS GRANT WAS MADE POSSIBLE BY THE GENEROSITY OF LARRY TURLEY AND SUZANNE CHAMBERS TURLEY

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT: ARTS COUNCIL NAPA VALLEY  
(H) PURPOSE OF GRANT OR ASSISTANCE: TO COVER ARTIST AND PROJECT EXPENSES FOR THE CREATION 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 SUPPORT THE EVERY 15 MINUTES DRIVING SAFETY EVENT ON APRIL 17, 2025. THIS GRANT WAS MADE POSSIBLE BY THE GENEROSITY OF BARBARA LENCIONI

NAME OF ORGANIZATION OR GOVERNMENT: CALISTOGA JOINT UNIFIED SCHOOL DISTRICT  
(H) PURPOSE OF GRANT OR ASSISTANCE: TO STRENGTHEN THE AVID PROGRAM, INCLUDING TEACHER TRAINING, REGISTRATION FEES, COLLEGE TOURS, AND PARENT ENGAGEMENT ACTIVITIES

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF NAPA FIRE DEPARTMENT  
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT TWO STAFF ATTENDANCE AT A 3-DAY RESILIENCY TRAINING SESSION SO THEY ARE BETTER ABLE TO PUSH THROUGH THE TRAUMA THEYVE ENCOUNTERED ON THE JOB, AND THEREBY CONTINUE TO KEEP THE NAPA COMMUNITY SAFE

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: COMMUNITY RESOURCES FOR CHILDREN  
(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE UP TO \$50,000 IN REIMBURSEMENTS TO LE PETIT ELEPHANT TO PAY FOR THE FOLLOWING DURING THE MEDIATION AND SETTLEMENT PHASE OF THE LAWSUIT THAT IS CURRENTLY PREVENTING THE ESTABLISHMENT OF NEW CHILDCARE SLOTS: LEGAL COUNSEL TO REPRESENT LE PETIT ELEPHANT DURING MEDIATION; LEGAL COUNSEL TO DEVELOP A LITIGATION ASSESSMENT IN PARALLEL WITH MEDIATION, WHICH MUST BE SHARED WITH NAPA VALLEY COMMU

NAME OF ORGANIZATION OR GOVERNMENT: COPE FAMILY CENTER  
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR FISCAL SPONSORSHIP OF COMMUNITY LEADERS COALITION'S PARTICIPATION IN NAPA VALLEY TOGETHERS EFFORTS TOWARD ADVANCING COMMUNITY POWER AND CAPACITY BUILDING, TO SUPPORT THE PLANNING WORK AND CAPACITY NEEDS OF THE COLLABORATIVE, MADE POSSIBLE BY ST. JOSEPH FUND

NAME OF ORGANIZATION OR GOVERNMENT: COPE FAMILY CENTER  
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GIFT CARDS FOR FOOD REPLENISHMENT FOR HOUSEHOLDS AFFECTED BY PUBLIC SAFETY POWER SHUTOFFS

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT: COPE FAMILY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GIFT CARDS FOR FOOD

REPLENISHMENT FOR HOUSEHOLDS AFFECTED BY PUBLIC SAFETY POWER SHUTOFFS

NAME OF ORGANIZATION OR GOVERNMENT: COPE FAMILY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE PARENTS AS TEACHERS (PAT)

PROGRAM. THIS GRANT WAS MADE POSSIBLE BY THE GENEROSITY OF LEE AND CRISTINA HUDSON

NAME OF ORGANIZATION OR GOVERNMENT: DOCTORS WITHOUT BORDERS USA INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT. THIS GRANT WAS MADE POSSIBLE BY THE GENEROSITY OF LARRY TURLEY AND SUZANNE CHAMBERS TURLEY

NAME OF ORGANIZATION OR GOVERNMENT:

FRIENDS AND FOUNDATION ST. HELENA PUBLIC LIBRARY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF THE CHILDREN'S LIBRARY. THIS GRANT WAS MADE POSSIBLE BY THE GENEROSITY OF LARRY TURLEY AND SUZANNE CHAMBERS TURLEY

NAME OF ORGANIZATION OR GOVERNMENT:

FRIENDS OF THE NAPA COUNTY ANIMAL SHELTER AND ADOPTION CENTER INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP SUBSIDIZE COSTS FOR EMERGENCY MEDICAL FEES FOR SMALL ANIMALS IN NAPA COUNTY. THIS GRANT WILL BE PAID \$15,000 PER YEAR OVER TWO YEARS

NAME OF ORGANIZATION OR GOVERNMENT: GREATER NAPA FAIR HOUSING CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE GENERAL SUPPORT (\$2,500) AND FOR STAFF BENEFITS INCLUDING BONUSES AND HOLIDAY LUNCH (\$2,500). THIS GRANT WAS MADE ON BEHALF OF NVFH BOARD OF DIRECTORS

NAME OF ORGANIZATION OR GOVERNMENT:

GUNILDA RIANDA SENIOR CENTER ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT. THIS GRANT WAS MADE POSSIBLE BY THE GENEROSITY OF LARRY TURLEY AND SUZANNE CHAMBERS TURLEY

NAME OF ORGANIZATION OR GOVERNMENT: ILLINOIS INSTITUTE OF TECHNOLOGY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF DESIGNING NAPAS VITICULTURAL FUTURE: LANDSCAPE ARCHITECTURE SOLUTIONS MERGING ART AND SCIENCE

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

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT NAPA COUNTY PROGRAMS. THIS GRANT WAS MADE POSSIBLE BY THE GENEROSITY OF ART BERLINER AND MARIAN LEVER

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 AND NAPA VALLEY TOGETHER

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

**Part IV Supplemental Information**

FROM JULY 1, 2024 THROUGH JUNE 30, 2025

NAME OF ORGANIZATION OR GOVERNMENT: IMMIGRATION INSTITUTE OF THE BAY AREA  
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF YOUR WORK IN THE ONE NAPA VALLEY INITIATIVE IN NAPA COUNTY. THIS GRANT WAS MADE POSSIBLE BY THE GENEROSITY OF CINDY AND EVAN GOLDBERG

NAME OF ORGANIZATION OR GOVERNMENT: IMMIGRATION INSTITUTE OF THE BAY AREA  
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF NAPA COUNTY PROGRAMS, IN HONOR OF THE WORK OF POLLY WEBBER ON BEHALF OF IMMIGRANTS TO THE US

NAME OF ORGANIZATION OR GOVERNMENT: IMMIGRATION INSTITUTE OF THE BAY AREA  
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR PARTICIPATION IN NAPA VALLEY TOGETHERS EFFORTS TOWARD ADVANCING COMMUNITY POWER AND CAPACITY BUILDING, TO SUPPORT THE PLANNING WORK AND CAPACITY NEEDS OF THE COLLABORATIVE, MADE POSSIBLE BY ST. JOSEPH FUND

NAME OF ORGANIZATION OR GOVERNMENT: MARIN FOSTER CARE ASSOCIATION  
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT. THIS GRANT WAS MADE POSSIBLE BY THE GENEROSITY OF LARRY TURLEY AND SUZANNE CHAMBERS TURLEY

NAME OF ORGANIZATION OR GOVERNMENT: MIGRATION POLICY INSTITUTE  
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE PURPOSES OF GENERATING AND PUBLISHING A SOCIODEMOGRAPHIC PROFILE OF IMMIGRANTS IN NAPA COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: NAPA COMMUNITIES FIREWISE FOUNDATION  
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE VALLEY STEWARDS FUND TO ENHANCE WILDFIRE RESILIENCE THROUGH FUEL REDUCTION, STRUCTURAL HARDENING, COMMUNITY EDUCATION, AND EQUITABLE ACCESS TO RESOURCES FOR DISADVANTAGED LANDOWNERS IN NAPA COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: NAPA COMMUNITY ANIMAL RESPONSE TEAM  
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF SMALL ANIMAL PROGRAMS IN NAPA COUNTY. THIS GRANT WILL BE PAID \$22,000 PER YEAR OVER TWO YEARS.

NAME OF ORGANIZATION OR GOVERNMENT: NAPA VALLEY CHILD ADVOCACY NETWORK, INCORPORATED  
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT. THIS GRANT WAS MADE POSSIBLE BY ROBERT EYLER, PH.D., PROFESSOR OF ECONOMICS AT SONOMA STATE UNIVERSITY

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: NEWS  
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT. THIS GRANT WILL BE PAYABLE IN 12 EQUAL INSTALLMENTS FROM AUGUST 2024 TO JULY 2025 (\$5,000 PER MONTH)

**Part IV Supplemental Information**

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, 2024 THROUGH JUNE 30, 2025

NAME OF ORGANIZATION OR GOVERNMENT: ON THE MOVE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR PARTICIPATION IN NAPA VALLEY TOGETHERS EFFORTS TOWARD ADVANCING COMMUNITY POWER AND CAPACITY BUILDING, TO SUPPORT THE PLANNING WORK AND CAPACITY NEEDS OF THE COLLABORATIVE, MADE POSSIBLE BY ST. JOSEPH FUND

NAME OF ORGANIZATION OR GOVERNMENT: ON THE MOVE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR FISCAL SPONSORSHIP OF COMMUNITY LEADERS COALITION TO SUPPORT AND ADVANCE THREE INTERCONNECTED AREAS OF WORK CENTRAL TO CLCS MISSION: 1) POWER BUILDING AND ADVOCACY FOR SAFETY NET SERVICES, 2) LEADERSHIP TRANSITION AND INFRASTRUCTURE SUPPORT, AND 3) PARTICIPATORY GRANTMAKING IN PARTNERSHIP WITH NVCF AND NAPA COUNTY COMMUNITY MEMBERS

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 AND NAPA VALLEY TOGETHER

NAME OF ORGANIZATION OR GOVERNMENT: OUR TOWN ST. HELENA

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR HOUSING. THIS GRANT WAS MADE POSSIBLE BY THE GENEROSITY OF LARRY TURLEY AND SUZANNE CHAMBERS TURLEY

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: PRISON FELLOWSHIP MINISTRIES

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF CREATE: NEW BEGINNINGS PROGRAM FOR WOMEN, IN HONOR OF AND WITH GRATITUDE TO MARTHA ACKERMAN & STEPH SEGEL

NAME OF ORGANIZATION OR GOVERNMENT:

PUERTAS ABIERTAS COMMUNITY RESOURCE CENTER / SUN INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR PARTICIPATION IN NAPA VALLEY TOGETHERS EFFORTS TOWARD ADVANCING COMMUNITY POWER AND CAPACITY BUILDING, TO SUPPORT THE PLANNING WORK AND CAPACITY NEEDS OF THE COLLABORATIVE, MADE POSSIBLE BY ST. JOSEPH FUND

NAME OF ORGANIZATION OR GOVERNMENT:

PUERTAS ABIERTAS COMMUNITY RESOURCE CENTER / SUN INC.

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

NAME OF ORGANIZATION OR GOVERNMENT:

PUERTAS ABIERTAS COMMUNITY RESOURCE CENTER / SUN INC.

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

**Part IV Supplemental Information**

FOUNDATION'S ONE NAPA VALLEY INITIATIVE. THIS GRANT COVERS THE PERIOD FROM JULY 1, 2024 THROUGH JUNE 30, 2025

NAME OF ORGANIZATION OR GOVERNMENT:

ROSALIND FRANKLIN UNIVERSITY OF MEDICINE AND SCIENCE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE DIVISION OF INSTITUTIONAL ADVANCEMENT FOR SUPPORT OF ARTIFICIAL INTELLIGENCE IN SIMULATION CASE DEVELOPMENT AND LEARNER ASSESSMENT

NAME OF ORGANIZATION OR GOVERNMENT: SIERRA HARVEST

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF THE FARM TO SCHOOL PROGRAM. THIS GRANT WAS MADE POSSIBLE BY THE GENEROSITY OF LARRY TURLEY AND SUZANNE CHAMBERS TURLEY

NAME OF ORGANIZATION OR GOVERNMENT: ST. HELENA FARMERS MARKET

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT. THIS GRANT WAS MADE POSSIBLE BY THE GENEROSITY OF LARRY TURLEY AND SUZANNE CHAMBERS TURLEY

NAME OF ORGANIZATION OR GOVERNMENT: ST. HELENA HOSPITAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR \$10,000.00 IN SUPPORT OF RUNWAY FOR RED AND \$5,000.00 IN SUPPORT OF THE ELAINE M. JONES MEMORIAL SCHOLARSHIP FUND

NAME OF ORGANIZATION OR GOVERNMENT: ST. HELENA MONTESSORI SCHOOL, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE FUND-A-NEED ON BEHALF OF JASON AND CAMILLE LEDE FOR FESTA PRIMAVERA 2025, BIDDER #95

NAME OF ORGANIZATION OR GOVERNMENT:

SUSTAINABLE ST. HELENA AN ENVIRONMENTAL ALLIANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE ST. HELENA COMMUNITY FOREST. THIS GRANT WAS MADE POSSIBLE BY THE GENEROSITY OF JOSH HARRINGTON

NAME OF ORGANIZATION OR GOVERNMENT:

THE COMMUNITY FOUNDATION FOR THE CENTRAL SAVANNAH RIVER AREA, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF THE AUGUSTA LITERACY INITIATIVE FOR THE LAMAR-MILLEDGE ELEMENTARY AND W.S. HORNSBY ELEMENTARY SCHOOLS. THIS GRANT WAS MADE POSSIBLE BY THE GENEROSITY OF LARRY TURLEY AND SUZANNE CHAMBERS TURLEY

NAME OF ORGANIZATION OR GOVERNMENT:

THE COMMUNITY FOUNDATION SAN LUIS OBISPO COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE VINEYARD & FARMWORKER SCHOLARSHIP FUND. THIS GRANT WAS MADE POSSIBLE BY THE GENEROSITY OF LARRY TURLEY AND SUZANNE CHAMBERS TURLEY

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 AND NAPA VALLEY TOGETHER

NAME OF ORGANIZATION OR GOVERNMENT:

UPVALLEY FAMILY CENTERS OF NAPA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE UPVALLEY FAMILY CENTERS 25TH ANNIVERSARY CHALLENGE, A CHALLENGE INITIATED BY REDWOOD CREDIT UNION

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT:

UPVALLEY FAMILY CENTERS OF NAPA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR PARTICIPATION IN NAPA VALLEY TOGETHERS EFFORTS TOWARD ADVANCING COMMUNITY POWER AND CAPACITY BUILDING, TO SUPPORT THE PLANNING WORK AND CAPACITY NEEDS OF THE COLLABORATIVE, MADE POSSIBLE BY ST. JOSEPH FUND

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, 2024 THROUGH JUNE 30, 2025

NAME OF ORGANIZATION OR GOVERNMENT: WINE COUNTRY ANIMAL LOVERS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP SUBSIDIZE COSTS FOR SPAY/NEUTER SERVICES AND EMERGENCY MEDICAL FEES FOR SMALL ANIMALS IN NAPA COUNTY. THIS GRANT WILL BE PAID \$22,000 PER YEAR OVER TWO YEARS.

**SCHEDULE J  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization <b>COMMUNITY FOUNDATION OF THE NAPA VALLEY</b>	Employer identification number <b>68-0349777</b>
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**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<b>b</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 .....	<b>1b</b>	
<b>2</b> 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? .....	<b>2</b>	
<b>3</b> 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 type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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:		
<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	X
<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? .....	<b>4b</b>	X
<b>c</b> Participate in or receive payment from an equity-based compensation arrangement? .....	<b>4c</b>	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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:		
<b>a</b> The organization? .....	<b>5a</b>	X
<b>b</b> Any related organization? .....	<b>5b</b>	X
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> 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:		
<b>a</b> The organization? .....	<b>6a</b>	X
<b>b</b> Any related organization? .....	<b>6b</b>	X
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> 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 .....	<b>7</b>	X
<b>8</b> 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 .....	<b>8</b>	X
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) (Rev. 12-2024)

**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)	267,984.	0.	0.	33,765.	32,780.	334,529.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SANDY FASOLD CFO	(i)	152,380.	0.	0.	7,966.	28,806.	189,152.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JULIA DENATALE VP OF COMMUNITY IMPACT	(i)	137,916.	0.	0.	7,293.	19,706.	164,915.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2024**

**Open to Public  
Inspection**

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

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

Department of the Treasury  
Internal Revenue Service

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	12	1,334,369.	PUBLICLY TRADED EXCHANGE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported on 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? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2024

**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)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization COMMUNITY FOUNDATION OF THE NAPA VALLEY	Employer identification number 68-0349777
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FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:  
 AS WELL, WE BELIEVE THERE IS STRENGTH IN NUMBERS - THAT BY WORKING  
 TOGETHER, WE CAN HELP MORE PEOPLE MORE QUICKLY THAN ANY ONE DONOR  
 ACTING ALONE. WE MULTIPLY THE IMPACT OF INDIVIDUAL GIVERS, POOLING  
 RESOURCES FOR THE COMMON GOOD IN OUR COMMUNITY IMPACT FUNDS. WE SERVE  
 AS A CATALYST FOR POSITIVE CHANGE IN NAPA COUNTY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:  
 ESL CLASSES TO NEARLY 14,000 RESIDENTS, HELPED MORE THAN 8,250 SUBMIT  
 APPLICATIONS FOR CITIZENSHIP AND OTHER IMMIGRATION BENEFITS TO THE U.S.  
 GOVERNMENT, AND ENABLED ALMOST 2,600 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) AND SPUN THE PROJECT OFF IN FEBRUARY 2025 TO A SEPARATE FISCAL  
 SPONSOR, COMMUNITY INITIATIVES. IN THE FIVE YEAR-PERIOD BETWEEN THE  
 LAUNCH AND THE SPINOFF, NEARLY 850 FEASIBILITY REPORTS WERE ISSUED TO  
 HOMEOWNERS TO HELP THEM CONSTRUCT ADUS, AND NEARLY 100 OF THESE  
 HOMEOWNERS HAVE COMMITTED TO RENTING TO LOW-INCOME FAMILIES AT  
 SUBSIDIZED RATES, VIA A PARTNERSHIP WITH THE COUNTY OF NAPA'S  
 AFFORDABLE ADU FORGIVABLE LOAN PROGRAM.

THE NAPA VALLEY DISASTER RELIEF FUND (DISASTER RELIEF FUND) AND ITS  
 RELATED FUND, THE 2020 NAPA COUNTY WILDFIRE FUND, WERE ACTIVE DURING  
 THE FISCAL YEAR ENDING AT 6/30/2025, 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, 2025. THESE  
 GRANTS PROVIDED SERVICES AND FINANCIAL ASSISTANCE TO THOSE IN LONG-TERM  
 RECOVERY STILL RECOVERING FROM THE 2020 WILDFIRES. GRANTS ALSO WERE  
 MADE DURING THE PERIOD TO SUPPORT NAPA VALLEY COMMUNITY ORGANIZATIONS  
 ACTIVE IN DISASTERS (COAD), A NETWORK OF NONPROFIT, FAITH COMMUNITY AND  
 GOVERNMENT SECTOR GROUPS WHOSE MISSION IS TO IMPROVE COORDINATION AND  
 COMMUNICATION BEFORE, DURING AND AFTER A DISASTER. ADDITIONAL GRANTS  
 FUNDED THE FIRE PREVENTION EFFORTS OF NAPA COMMUNITIES FIREWISE  
 FOUNDATION.

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

Name of the organization COMMUNITY FOUNDATION OF THE NAPA VALLEY	Employer identification number 68-0349777
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WILL BE SCHEDULED WITH THE PREPARER OF THE FORM 990, IF NECESSARY, TO DISCUSS ANY QUESTIONS, COMMENTS, AND SUGGESTED REVISIONS IDENTIFIED BY THE AC. THE PREPARER OF THE FORM 990 SHALL MAKE ANY REVISIONS TO THE FORM 990 AS SOON AS FEASIBLY POSSIBLE TO ENSURE THAT THE FORM 990 IS FILED WITH THE INTERNAL REVENUE SERVICE ON A TIMELY BASIS. ALL OF THE QUESTIONS, COMMENTS, AND SUGGESTED REVISIONS SET FORTH BY THE AC SHOULD BE DOCUMENTED, ALONG WITH ANY RESPONSES FROM THE PREPARER OF THE FORM 990, IF APPLICABLE. AFTER THE FORM 990 HAS BEEN REVIEWED BY THE AC AND A FINAL COPY IS PREPARED, STAFF WILL E-MAIL THE FINAL FORM 990 TO ALL NVCF BOARD MEMBERS BEFORE THE FORM 990 IS FILED AND WILL MAKE A PRESENTATION AT THE NEXT FULL BOARD OF DIRECTORS MEETING TO UPDATE THE BOARD REGARDING THE REVIEW OF THE FORM 990, IF NECESSARY.

FORM 990, PART VI, SECTION B, LINE 12C:

MONITORING / ENFORCING THE CONFLICT OF INTEREST POLICY:

ONCE A YEAR OR AS NEEDED, BOARD AND ADVISORY COMMITTEE MEMBERS, FOUNDATION STAFF, VOLUNTEERS AND CONTRACTORS WILL COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT IDENTIFYING ANY SIGNIFICANT AFFILIATION AND/OR POSITION HELD BY SELF OR ANY IMMEDIATE FAMILY MEMBER WITH ANY ORGANIZATION USING THE FOLLOWING GUIDELINES:

- A. ANY SIGNIFICANT AFFILIATION AND/OR POSITION HELD BY SELF OR ANY IMMEDIATE FAMILY MEMBER WITH ANY LOCAL CHARITABLE OR COMMUNITY ORGANIZATION(S).
- B. ANY SIGNIFICANT AFFILIATION AND/OR POSITION HELD BY SELF OR ANY IMMEDIATE FAMILY MEMBER WITH LOCAL BUSINESS ENTERPRISE(S).
- C. ANY OTHER SIGNIFICANT INVOLVEMENTS WITH ORGANIZATIONS THAT MAY CREATE AN INTEREST OR BIAS WITH RESPECT TO THE FOUNDATION'S ACTION.

ANY POSSIBLE CONFLICTS SHALL BE DISCLOSED BEFORE ANY BOARD OR COMMITTEE MEETING DISCUSSION BEGINS. THE MINUTES OF THE MEETING SHALL REFLECT THIS DISCLOSURE. AFTER ACKNOWLEDGING THE POTENTIAL CONFLICT, THE BOARD/COMMITTEE/STAFF MEMBER/VOLUNTEER/CONTRACTOR MAY BRIEFLY ADDRESS THE OTHER MEMBERS REGARDING THIS MATTER. THE BOARD/COMMITTEE/STAFF MEMBER/VOLUNTEER/CONTRACTOR MAY ALSO ANSWER PERTINENT QUESTIONS SINCE PERSONAL KNOWLEDGE ON THE ISSUE MAY BE OF ASSISTANCE TO THE OTHER MEMBERS IN REACHING THEIR DECISIONS. THE BOARD/COMMITTEE/STAFF MEMBER, HOWEVER, WILL ABSTAIN FROM VOTING ON THIS ISSUE.

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

PROCESS FOR REVIEWING COMPENSATION:

NVCF PRESIDENT

- \* THE EXECUTIVE COMMITTEE (EC) OF THE BOARD MEETS ANNUALLY TO REVIEW THE PRESIDENT'S PERFORMANCE.
- \* IN PREPARATION FOR THIS MEETING, THEY REVIEW SALARY COMPS FOR PRESIDENTS 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

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



**SCHEDULE R  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization <p align="center">COMMUNITY FOUNDATION OF THE NAPA VALLEY</p>	Employer identification number <p align="center">68-0349777</p>
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**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
CFNV CHARITABLE REAL ESTATE FUND - 01-0816065, 3299 CLAREMONT STREET, SUITE 4, NAPA, CA 94558	CONDUCTS OR SUPPORTS ACTIVITIES FOR THE BENEFIT OF THE FOUNDATION.	CALIFORNIA	501(C)(3)	LINE 12A, I	COMMUNITY FOUNDATION OF THE NAPA VALLEY	X	

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

Schedule R (Form 990) (Rev. 1-2025)



**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CFNV CHARITABLE REAL ESTATE FUND	D	718,000.	CASH
(2) CFNV CHARITABLE REAL ESTATE FUND	A	1,303.	CASH
(3) CFNV CHARITABLE REAL ESTATE FUND	C	68,450.	CASH
(4)			
(5)			
(6)			



