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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Community Foundation of the Napa Valley

Doing Business As
Napa Valley Community Foundation

Number and street (or P O box if mail is not delivered to street address) | Room/suite
3299 Claremont Way No 2

City or town, state or country, and ZIP + 4
Napa, CA 94558

D Employer identification number
68-0349777

E Telephone number
(707) 254-9565

G Gross receipts $ 10,344,548

F Name and address of principal officer
Terence Mulligan
3299 Claremont Way No 2
Napa, CA 94558

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (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

1 Briefly describe the organization's mission or most significant activities
To mobilize resources, promote philanthropy and provide leadership on vital issues in Napa County

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	14
5	Total number of employees (Part V, line 2a)	**5**	7
6	Total number of volunteers (estimate if necessary)	**6**	5
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	2,594,284	1,917,817
	9 Program service revenue (Part VIII, line 2g)	0	55,476
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	236,815	-21,585
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	54,647	0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,885,746	1,951,708
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,056,092	3,087,149
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	535,899	536,929
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶160,055		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	233,875	180,596
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,825,866	3,804,674
	19 Revenue less expenses Subtract line 18 from line 12	59,880	-1,852,966

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	17,761,950	15,469,505
	21 Total liabilities (Part X, line 26)	5,407,691	3,943,369
	22 Net assets or fund balances Subtract line 21 from line 20	12,354,259	11,526,136

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

Sign Here

****** | 2010-11-08
Signature of officer | Date

Terence Mulligan President
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ BARBARA CYPHERS	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Armanino McKenna LLP 12667 Alcosta Boulevard Suite 500 San Ramon, CA 945834427			EIN ▶ 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

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, 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

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 ☑ 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 ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 3,404,792 including grants of $ 3,087,149) (Revenue $ 55,476)

Provided grants to over 100 organizations covering a variety of charitable purposes including youth, health, family services, food, shelter, and other humanitarian efforts, education, religion, and the arts

4b (Code) (Expenses $ including grants of $) (Revenue $)

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

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 3,404,792

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? **Yes** **No**			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional **12A** No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	6		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	7		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		No
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		No
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . .	1a 14		
b	Enter the number of voting members that are independent . .	1b 14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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 in Schedule O	9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☑ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

Sandy Fasold CFO
3299 Claremont Way No 2
Napa, CA 94558
(707) 254-9565

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

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 Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See 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 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(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			
TERENCE MULLIGAN PRESIDENT	40 00	X		X	X			201,000	0	21,809
JANET PAGANO CHAIR	1 00	X		X				0	0	0
DAVID FREED VICE CHAIR	1 00	X		X				0	0	0
MARK FARLEY TREASURER	1 00	X		X				0	0	0
KRIS JAEGER SECRETARY	1 00	X		X				0	0	0
TOM RIMERMAN DIRECTOR	1 00	X						0	0	0
KATHERINE OHLANDT DIRECTOR	1 00	X						0	0	0
ANNIE BENNET DIRECTOR	1 00	X						0	0	0
JOE CARRILLO MD DIRECTOR	1 00	X						0	0	0
MARIA CISNEROS DIRECTOR	1 00	X						0	0	0
DAVE GAW DIRECTOR	1 00	X						0	0	0
RICK JONES DIRECTOR	1 00	X						0	0	0
ANNE CARVER DIRECTOR	1 00	X						0	0	0
MELISSA RODEZNO DIRECTOR	1 00	X						0	0	0
DOROTHY LIND-SALMON DIRECTOR	1 00	X						0	0	0

1b Total . . . . . ▶	201,000	0	21,809

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 1

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

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d 53,317				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 1,864,500				
	g	Noncash contributions included in lines 1a-1f $ 126,479				
	h	**Total.** Add lines 1a-1f . . . . . ▶	1,917,817			
Program Service Revenue		Business Code				
	2a	Administrative Fee Inc 525,920	55,476	55,476		
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	55,476			
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	269,796			269,796
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross Rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 8,101,459				
	b	Less cost or other basis and sales expenses 8,392,840				
	c	Gain or (loss) -291,381				
	d	Net gain or (loss) . . . . . ▶	-291,381			-291,381
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from fundraising events . . ▶				
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶				
		Miscellaneous Revenue / Business Code				
	11a					
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶				
	12	**Total revenue.** See Instructions . . . ▶	1,951,708	55,476	0	-21,585

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	3,087,149	3,087,149		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	205,601	71,960	51,400	82,241
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	250,120	114,556	117,733	17,831
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	14,045	5,828	5,387	2,830
9 Other employee benefits	36,357	16,152	12,037	8,168
10 Payroll taxes	30,806	12,608	11,433	6,765
11 Fees for services (non-employees)				
a Management				
b Legal	2,459		615	1,844
c Accounting	13,500		13,500	
d Lobbying				
e Professional fundraising *See Part IV, line 17*				
f Investment management fees	35,884	35,884		
g Other	2,917	1,203	1,331	383
12 Advertising and promotion	2,641			2,641
13 Office expenses	20,877	8,566	9,585	2,726
14 Information technology	11,954	4,931	5,454	1,569
15 Royalties				
16 Occupancy	30,480	30,480		
17 Travel	1,984	1,510	180	294
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	29,769	6,632	3,627	19,510
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,534	633	700	201
23 Insurance	2,432	1,003	1,110	319
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a Marketing	11,084			11,084
b Staff Training & Recrui	8,513	3,512	3,884	1,117
c Dues & Subscriptions	4,056	1,673	1,851	532
d Other	512	512		
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	3,804,674	3,404,792	239,827	160,055
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		1,933,114	2	1,903,960
	3	Pledges and grants receivable, net		235,837	3	197,303
	4	Accounts receivable, net			4	86,825
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		120,000	5	100,000
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 67,620			
	b	Less accumulated depreciation	10b 66,149	3,006	10c	1,471
	11	Investments—publicly traded securities		14,744,222	11	12,582,221
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		574,081	13	466,441
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		151,690	15	131,284
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		17,761,950	16	15,469,505
Liabilities	17	Accounts payable and accrued expenses		36,438	17	47,314
	18	Grants payable		311,565	18	446,845
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		5,059,688	25	3,449,210
	26	**Total liabilities.** Add lines 17 through 25		5,407,691	26	3,943,369
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		8,446,439	27	8,074,344
	28	Temporarily restricted net assets		640,212	28	747,992
	29	Permanently restricted net assets		3,267,608	29	2,703,800
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		12,354,259	33	11,526,136
	34	Total liabilities and net assets/fund balances		17,761,950	34	15,469,505

Part XI Financial Statements and Reporting

			Yes	No
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 in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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 in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
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 in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Community Foundation of the Napa Valley

Employer identification number
68-0349777

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☑ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	3,838,884	8,028,805	5,497,108	2,594,284	1,917,817	21,876,898
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	3,838,884	8,028,805	5,497,108	2,594,284	1,917,817	21,876,898
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,419,418
6 **Public Support.** Subtract line 5 from line 4						19,457,480

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	3,838,884	353,411	5,497,108	2,594,284	1,917,817	21,876,898
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	306,340	353,411	365,566	236,922	269,796	1,532,035
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						23,408,933

12	Gross receipts from related activities, etc (See instructions)	12	202,320

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	83 120 %
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15	62 010 %

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in 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 IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** 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—2008.** 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

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" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	52	16
2	Aggregate contributions to (during year)	1,032,040	224,606
3	Aggregate grants from (during year)	1,797,040	193,150
4	Aggregate value at end of year	6,716,056	860,305

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

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

Part II Conservation Easements. Complete if the organization answered "Yes" to 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 (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 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 in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 and enforcing conservation easements during the year ▶ _____

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

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

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

3 Using the organization's accession and other records, check any of the following that are a 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 programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

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" to 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 XIV 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? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	2,870,698	3,084,037			
b Contributions	-563,808	156,274			
c Investment earnings or losses	396,098	-297,369			
d Grants or scholarships					
e Other expenditures for facilities and programs	43,946	72,244			
f Administrative expenses					
g End of year balance	2,659,042	2,870,698			

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ 100 000 % %
- c Term endowment ▶ %

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	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(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		12,482	11,011	1,471
e Other		55,138	55,138	0
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				1,471

Part VII Investments—Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Funds held as agent	3,449,210
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	3,449,210

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,951,708
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,804,674
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,852,966
4	Net unrealized gains (losses) on investments	4	1,045,249
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-20,406
9	Total adjustments (net) Add lines 4 - 8	9	1,024,843
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-828,123

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

1	Total revenue, gains, and other support per audited financial statements			1	2,976,551
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	1,045,249		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-20,406		
e	Add lines **2a** through **2d**			2e	1,024,843
3	Subtract line **2e** from line **1**			3	1,951,708
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	1,951,708

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

1	Total expenses and losses per audited financial statements			1	3,804,674
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	3,804,674
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	3,804,674

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	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	Description of Uncertain Tax Positions Under FIN 48	As of June 30, 2010, the company does not have any significant uncertain tax positions for which a reserve would be necessary
Part XI, Line 8 - Other Adjustments		Change in Split Interest Agreement - Unrealized -20406
Part XII, Line 2d - Other Adjustments		Change in Split Interest Agreement - Unrealized -20406

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

OMB No 1545-0047

2009

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 Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

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

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 219

3 Enter total number of other organizations . . . ▶ 219

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) 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 non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 Napa Valley Community Foundation 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 organizations in Napa County, analyzes financial information about prospective grantees, including tax returns and audited financials (where available), and requires all organizations 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, NVCF also requires grantee organizations to complete a written grant report within a year of receiving funds

Additional Data Return to Form

Software ID:
Software Version:
EIN: 68-0349777
Name: Community Foundation of the Napa Valley

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Alternative for Better Living PO Box 566 701 School Street Napa, CA 94558	94-3306094	501(C)3	897				to pay costs to set up a wireless computer network
Alternative for Better Living PO Box 566 701 School Street Napa, CA 94558	94-3306094	501(C)3	5,000				for anger management workshops at St Helena High School
American Cancer Society - San Luis Obispo Unit1540 W Branch St Arroyo Grande, CA 93420	94-1170350	501(C)3	5,000				for support of the San Luis Obispo Unit This grant is a result of fundraising at Edna Valley Vineyard
American Canyon Family Resource Center3431 Broadway Suite A-5 American Canyon, CA 94503	36-4612853	501(C)3	5,000				for general support, in recognition of your organization's role in providing safety net services to vulnerable residents
American Canyon Family Resource Center3431 Broadway Suite A-5 American Canyon, CA 94503	36-4612853	501(C)3	8,750				for the SparkPoint Center program
American Canyon Family Resource Center3431 Broadway Suite A-5 American Canyon, CA 94503	36-4612853	501(C)3	7,500				for general support, in recognition of your organization's role in providing safety net services to vulnerable residents
Angwin Community Teen CenterPO Box 268 Angwin, CA 94508	13-4293407	501(C)3	1,180				to hire consultants to write grants and develop accounting policies and procedures
Angwin Community Teen CenterPO Box 268 Angwin, CA 94508	13-4293407	501(C)3	5,000				for general support
Angwin Community Teen CenterPO Box 268 Angwin, CA 94508	13-4293407	501(C)3	5,000				for general support
Angwin Community Teen CenterPO Box 268 Angwin, CA 94508	13-4293407	501(C)3	18,500				for general support and capacity building

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Angwin Community Teen CenterPO Box 268 Angwin, CA 94508	13-4293407	501(C)3	2,500				to create a documentary film about the needs of youth in Angwin and St Helena, and for youth-led presentations of "Call and Response"
Area Agency on Aging - Serving Napa and SolanoPO Box 3069 Vallejo, CA 94590	94-2742309	501(C)3	10,000				for fall prevention and home modification programs for Napa County seniors
Arts Council of Napa Valley 1041 Jefferson Street Suite 4 Napa, CA 94559	94-2710866	501(C)3	35,000				for general support
Arts Council of Napa Valley 1041 Jefferson Street Suite 4 Napa, CA 94559	94-2710866	501(C)3	25,000				for the Arts in Education Program
Arts Council of Napa Valley 1041 Jefferson Street Suite 4 Napa, CA 94559	94-2710866	501(C)3	500				for general support
Arts Council of Napa Valley 1041 Jefferson Street Suite 4 Napa, CA 94559	94-2710866	501(C)3	2,000				for fiscal sponsorship of Wandering Rose's InDIYpendent Culture Faire in May 2010
Arts Council of Napa Valley 1041 Jefferson Street Suite 4 Napa, CA 94559	94-2710866	501(C)3	2,500				for fiscal sponsorship of Wandering Rose, to be used at their discretion
Arts Council of Napa Valley 1041 Jefferson Street Suite 4 Napa, CA 94559	94-2710866	501(C)3	25,000				for a challenge grant to support NVarts 2010
Big Brothers Big Sisters of the North Bay Inc190 Camino Oruga Suite 4 Napa, CA 94558	94-2502278	501(C)3	7,500				for the Youth4Youth mentoring program in American Canyon
Big Brothers Big Sisters of the North Bay Inc190 Camino Oruga Suite 4 Napa, CA 94558	94-2502278	501(C)3	5,000				for programs in Napa County

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Big Brothers Big Sisters of the North Bay Inc190 Camino Oruga Suite 4 Napa,CA 94558	94-2502278	501(C)3	5,000				for peer mentoring afterschool programs in Napa County
Big Brothers Big Sisters of the North Bay Inc190 Camino Oruga Suite 4 Napa,CA 94558	94-2502278	501(C)3	5,000				for the Youth4Youth Mentoring program in St Helena
Blue Oak School1436 Polk Street Napa,CA 94559	95-4803542	501(C)3	5,000				for an Annual Fund donation for the 2009-2010 school year
Blue Oak School1436 Polk Street Napa,CA 94559	95-4803542	501(C)3	10,000				for underwriting "Beneath the Canopy 2010" Blue Oak School Auction
Blue Oak School1436 Polk Street Napa,CA 94559	95-4803542	501(C)3	2,500				for "fund-a-need" focused on diversity financial aid
Boys & Girls Clubs of St Helena and Calistoga1420 Tainter Street St Helena,CA 94574	68-0226714	501(C)3	4,000				for the Diversion/Intervention Program for Calistoga youth ages 14-24
Boys & Girls Clubs of St Helena and Calistoga1420 Tainter Street St Helena,CA 94574	68-0226714	501(C)3	5,000				for the Diversion/Intervention Program for St Helena youth ages 14-24
Boys and Girls Clubs of Napa Valley1515 Pueblo Avenue Napa,CA 94558	94-6033413	501(C)3	5,000				for special events at the Spot 6t teen program at the American Canyon Clubhouse
Boys and Girls Clubs of Napa Valley1515 Pueblo Avenue Napa,CA 94558	94-6033413	501(C)3	500				for general support, in memory of Jane Clark
Calistoga Community Center & Pool ProjectPO Box 946 Calistoga,CA 94515	68-0346236	501(C)3	5,000				for the Vamos Lifeguard Training and Water Safety Instruction program for Calistoga youth ages 14-24

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Calistoga Family Center 1500 Cedar St Calistoga, CA 94515	80-0023012	501(C)3	7,500				for general support, in recognition of your organization's role in providing safety net services to vulnerable residents
Calistoga Family Center 1500 Cedar St Calistoga, CA 94515	80-0023012	501(C)3	10,000				for general support
Calistoga Family Center 1500 Cedar St Calistoga, CA 94515	80-0023012	501(C)3	10,000				for general support
Calistoga Family Center 1500 Cedar St Calistoga, CA 94515	80-0023012	501(C)3	2,500				for general support
Calistoga Family Center 1500 Cedar St Calistoga, CA 94515	80-0023012	501(C)3	500				for general support
Calistoga Family Center 1500 Cedar St Calistoga, CA 94515	80-0023012	501(C)3	15,000				for general support, in recognition of your organization's role in providing safety net services to vulnerable residents
Calistoga Family Center 1500 Cedar St Calistoga, CA 94515	80-0023012	501(C)3	5,000				for the Calistoga Student Assistance Program
CASA A Voice for Children 1804 Soscol Avenue Suite 203 Napa, CA 94559	20-3594007	501(C)3	12,800				for general support
CASA A Voice for Children 1804 Soscol Avenue Suite 203 Napa, CA 94559	20-3594007	501(C)3	1,500				for promotional bookmarks
CASA A Voice for Children 1804 Soscol Avenue Suite 203 Napa, CA 94559	20-3594007	501(C)3	5,000				for general support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CASA A Voice for Children 1804 Soscol Avenue Suite 203 Napa,CA 94559	20-3594007	501(C)3	5,000				for general support
CASA A Voice for Children 1804 Soscol Avenue Suite 203 Napa,CA 94559	20-3594007	501(C)3	5,000				for clothing and other essential items for CASA's children clients
CASA A Voice for Children 1804 Soscol Avenue Suite 203 Napa,CA 94559	20-3594007	501(C)3	250				for general support
Center for Land-Based Learning5265 Putah Creek Road Winters,CA 95694	68-0472121	501(C)3	5,000				for the SLEWS program in Napa County
CFNV Charitable Real Estate Fund3299 Claremont Way Suite 2 napa,CA 94558	01-0816065	501(C)3	374,500				For solar energy conversion
Clinic Ole Foundation1141 Pear Tree Lane Ste 260 Napa,CA 94558	68-0149424	501(C)3	400				for general support in memory of Lorrain Kongsgaard
Clinic Ole Foundation1141 Pear Tree Lane Ste 260 Napa,CA 94558	68-0149424	501(C)3	5,000				for general support
Community Action Napa Valley2310 Laurel Street Suite 1 Napa,CA 94559	94-1610851	501(C)3	5,000				for the Napa Valley Food Bank program, in recognition of its role in providing safety net services to vulnerable residents
Community Action Napa Valley2310 Laurel Street Suite 1 Napa,CA 94559	94-1610851	501(C)3	2,500				to pay moving costs for the Napa Valley Food Bank program
Community Action Napa Valley2310 Laurel Street Suite 1 Napa,CA 94559	94-1610851	501(C)3	2,500				new refrigeration equipment for the Napa Valley Food Bank program

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Community Action Napa Valley2310 Laurel Street Suite 1 Napa,CA 94559	94-1610851	501(C)3	250				for Project Homeless Connect event
Community Action Napa Valley2310 Laurel Street Suite 1 Napa,CA 94559	94-1610851	501(C)3	5,000				for the Senior Nutrition Program
Community Action Napa Valley2310 Laurel Street Suite 1 Napa,CA 94559	94-1610851	501(C)3	250				for the Napa Valley Food Bank Program and the Senior Nutrition Program
Community Action Napa Valley2310 Laurel Street Suite 1 Napa,CA 94559	94-1610851	501(C)3	500				for the Napa Valley Food Bank program
Community Action Napa Valley2310 Laurel Street Suite 1 Napa,CA 94559	94-1610851	501(C)3	15,000				for Senior Nutrition's senior and non-senior Meals On Wheels programs, in recognition of your organization's role in providing safety net services to vulnerable residents
Community Action Napa Valley2310 Laurel Street Suite 1 Napa,CA 94559	94-1610851	501(C)3	500				for the Napa Valley Food Bank program
Community Health Clinic Ole 1141 Pear Tree Lane Suite 100 Napa,CA 94558	23-7221695	501(C)3	2,549				to purchase a new autoclave for the Napa Sister Ann Community Dental Clinic site
Community Health Clinic Ole 1141 Pear Tree Lane Suite 100 Napa,CA 94558	23-7221695	501(C)3	1,652				to purchase a flexible sigmoidoscope
Community Health Clinic Ole 1141 Pear Tree Lane Suite 100 Napa,CA 94558	23-7221695	501(C)3	500				for general support
Community Health Clinic Ole 1141 Pear Tree Lane Suite 100 Napa,CA 94558	23-7221695	501(C)3	500				for general support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Community Health Clinic Ole 1141 Pear Tree Lane Suite 100 Napa,CA 94558	23-7221695	501(C)3	25,000				for general support
Community Resources for Children3299 Claremont Way Suite 1 Napa,CA 94558	94-2524785	501(C)3	7,500				for the Emergency Childcare or Toy Library/Early Learning Center programs, in recognition of your role in providing safety net services to vulnerable residents
Community Resources for Children3299 Claremont Way Suite 1 Napa,CA 94558	94-2524785	501(C)3	1,527				to purchase a laptop computer, projector and printer
Community Resources for Children3299 Claremont Way Suite 1 Napa,CA 94558	94-2524785	501(C)3	1,500				for Art program for younger children in Toy Library
Community Resources for Children3299 Claremont Way Suite 1 Napa,CA 94558	94-2524785	501(C)3	2,500				for the Emergency Childcare program, in recognition of your organization's role in providing safety net services to vulnerable residents
Connolly Ranch Education Center3141 Browns Valley Road Napa,CA 94558	80-0493340	501(C)3	5,000				For a challenge grant for Connolly Ranch's general fund
Connolly Ranch Education Center3141 Browns Valley Road Napa,CA 94558	80-0493340	501(C)3	1,000				for general support
Cope Family Center1340 Fourth Street Napa,CA 94559	94-2322399	501(C)3	10,000				for general support, in recognition of your organization's role in providing safety net services to vulnerable residents
Cope Family Center1340 Fourth Street Napa,CA 94559	94-2322399	501(C)3	4,720				for the second phase of Cope's Talent Management Project
Cope Family Center1340 Fourth Street Napa,CA 94559	94-2322399	501(C)3	500				in memory of James Schwab

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Cope Family Center1340 Fourth Street Napa,CA 94559	94-2322399	501(C)3	2,500				for general support
Cope Family Center1340 Fourth Street Napa,CA 94559	94-2322399	501(C)3	250				for general support
Cope Family Center1340 Fourth Street Napa,CA 94559	94-2322399	501(C)3	500				for general support
Cope Family Center1340 Fourth Street Napa,CA 94559	94-2322399	501(C)3	20,000				for general support, in recognition of your organization's role in providing safety net services to vulnerable residents
Cope Family Center1340 Fourth Street Napa,CA 94559	94-2322399	501(C)3	500				for parent classes and workshops
CyberMill Inc3299 Claremont Way Suite 4 Napa,CA 94558	94-3337533	501(C)3	12,000				for the PC 2 Home program
CyberMill Inc3299 Claremont Way Suite 4 Napa,CA 94558	94-3337533	501(C)3	20,000				for general support
CyberMill Inc3299 Claremont Way Suite 4 Napa,CA 94558	94-3337533	501(C)3	54,571				for general support
Dreamcatchers Empowerment Network1320 2nd Street Napa,CA 94559	71-0877008	501(C)3	10,000				for supported education and employment-related support services for youth in American Canyon
Family Service of Napa Valley709 Franklin Street Napa,CA 94559	94-1236934	501(C)3	7,500				for general support, in recognition of your organization's role in providing safety net services to vulnerable residents

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Family Service of Napa Valley709 Franklin Street Napa,CA 94559	94-1236934	501(C)3	4,720				to hire a consultant to implement changes to client services database, to convert client paper files to electronic format, and to purchase new computer equipment
Family Service of Napa Valley709 Franklin Street Napa,CA 94559	94-1236934	501(C)3	5,000				for general support
Family Service of Napa Valley709 Franklin Street Napa,CA 94559	94-1236934	501(C)3	12,500				for general support, in recognition of your organization's role in providing safety net services to vulnerable residents
Family Service of Napa Valley709 Franklin Street Napa,CA 94559	94-1236934	501(C)3	5,000				for the School Bridges Program that provides mental health services to students at Calistoga Jr/Sr High School and Palisades Continuation High School
Family Service of Napa Valley709 Franklin Street Napa,CA 94559	94-1236934	501(C)3	10,000				for assistance to qualified Napa County residents as referred and coordinated by Jim Featherstone at County of Napa Health and Human Services Agency
Festival Association Napa Valley233 Sansome St Suite 960 San Francisco,CA 94104	26-4008029	501(C)3	150,000				for a three-year grant of $50,000 per year to support the Napa Valley Festival del Sole
First Presbyterian Church of Napa1333 Third Street Napa,CA 94559		Church	3,000				for The Table program, in recognition of its role in providing safety net services to vulnerable residents
First Presbyterian Church of Napa1333 Third Street Napa,CA 94559		Church	7,500				for The Table program, in recognition of your organization's role in providing safety net services to vulnerable residents
First Presbyterian Church of Napa1333 Third Street Napa,CA 94559		Church	1,000				for general support
Foundation for the Performing Arts CenterPO Box 1137 San Luis Obispo,CA 93406	77-0129605	501(C)3	5,000				for general support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Girls on the Run Napa Valley PO Box 2002 St Helena, CA 94574	55-0906534	501(C)3	7,500				for general support
Girls on the Run Napa Valley PO Box 2002 St Helena, CA 94574	55-0906534	501(C)3	3,000				for general support
Girls on the Run Napa Valley PO Box 2002 St Helena, CA 94574	55-0906534	501(C)3	500				for general support
Greater Napa Valley Fair Housing Center603 Cabot Way Napa, CA 94559	42-1576121	501(C)3	5,000				for general support, in recognition of your organization's role in providing safety net services to vulnerable residents
Greater Napa Valley Fair Housing Center603 Cabot Way Napa, CA 94559	42-1576121	501(C)3	1,173				to purchase a laptop computer, a desktop computer and a portable tripod screen
Greater Napa Valley Fair Housing Center603 Cabot Way Napa, CA 94559	42-1576121	501(C)3	10,000				for general support, in recognition of your organization's role in helping people affected by the foreclosure crisis
Housing and Economic Rights AdvocatesPO Box 29435 Oakland, CA 94604	20-2573758	501(C)3	150,000				for foreclosure intervention and prevention services in Napa County
Human Translation1241 Adams Street Ste 1096 St Helena, CA 94574	73-1724556	501(C)3	20,000				for disaster relief and development aid in response to Typhoon Ketsana, in Balang, Siem Reap Province, Cambodia
If Given A ChancePO Box 2607 Napa, CA 94558	91-1852336	501(C)3	5,000				for general support
If Given A ChancePO Box 2607 Napa, CA 94558	91-1852336	501(C)3	1,000				for the If Given a Chance scholarship fund

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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If Given A ChancePO Box 2607 Napa,CA 94558	91-1852336	501(C)3	7,500				for general support
KnowledgeWorks Foundation co New Technology NetworkSC21Napa1229 Hayes Street Napa,CA 94559	31-1321973	501(C)3	501				for general support of the New Technology Network/SC21 Napa program
KnowledgeWorks Foundation co New Technology NetworkSC21Napa1229 Hayes Street Napa,CA 94559	31-1321973	501(C)3	25,000				for general support of the New Technology Network/SC21 Napa program
Legal Aid of Napa Valley1001 Second St Suite 225 Napa,CA 94559	94-1649624	501(C)3	5,000				for the Housing Services program, in recognition of its role in providing safety net services to vulnerable residents
Legal Aid of Napa Valley1001 Second St Suite 225 Napa,CA 94559	94-1649624	501(C)3	1,482				for the Executive Director and Development Director to attend a four-day training on Kemps Case Works, Legal Aid's client case management database system
Legal Aid of Napa Valley1001 Second St Suite 225 Napa,CA 94559	94-1649624	501(C)3	5,000				for general support
Legal Aid of Napa Valley1001 Second St Suite 225 Napa,CA 94559	94-1649624	501(C)3	250				for general support
Legal Aid of Napa Valley1001 Second St Suite 225 Napa,CA 94559	94-1649624	501(C)3	15,000				for the Housing Services program, in recognition of your organization's role in helping people affected by the foreclosure crisis
Legal Aid of Napa Valley1001 Second St Suite 225 Napa,CA 94559	94-1649624	501(C)3	2,500				for the Pro Bono Recognition event
Legal Aid of Napa Valley1001 Second St Suite 225 Napa,CA 94559	94-1649624	501(C)3	7,500				for general support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Loyd Wolfe Juvenile Justice Network2310 First Street Napa,CA 94559	68-0345721	501(C)3	4,248				to hire a consultant to develop and implement a fund development communication and outreach plan, design and print marketing materials and implement a donor database system
Loyd Wolfe Juvenile Justice Network2310 First Street Napa,CA 94559	68-0345721	501(C)3	1,000				for support of the October 18th event
Loyd Wolfe Juvenile Justice Network2310 First Street Napa,CA 94559	68-0345721	501(C)3	2,000				for transportation for American Canyon teens in substance abuse treatment programs
Loyd Wolfe Juvenile Justice Network2310 First Street Napa,CA 94559	68-0345721	501(C)3	10,000				for general support
Loyd Wolfe Juvenile Justice Network2310 First Street Napa,CA 94559	68-0345721	501(C)3	10,000				for Wolfe Center's anti-drug and anti-gang education programs
Loyd Wolfe Juvenile Justice Network2310 First Street Napa,CA 94559	68-0345721	501(C)3	7,500				for general support of Wolfe Center
Loyd Wolfe Juvenile Justice Network2310 First Street Napa,CA 94559	68-0345721	501(C)3	1,000				for an incentive and nutritional snack program for the students in Wolfe Center prevention and treatment programs at Calistoga Jr /Sr High School
Loyd Wolfe Juvenile Justice Network2310 First Street Napa,CA 94559	68-0345721	501(C)3	2,000				for an incentive and nutritional snack program for the students in Wolfe Center prevention and treatment programs at St Helena High School and RLS Middle School
Napa County Family and Foster Care Association 1025 Banbury Ct Napa,CA 94558	68-0414371	501(C)3	10,000				to support the 2010 Educational Trips
Napa County Hispanic NetworkPO Box 6227 Napa,CA 94581	68-0220885	501(C)3	1,000				for sponsorship of a student scholarship

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Napa County Hispanic NetworkPO Box 6227 Napa,CA 94581	68-0220885	501(C)3	7,500				2010 Napa Police Academy scholarship program
Napa Emergency Women's Services1141 Pear Tree Lane Suite 220 Napa,CA 94559	94-2745889	501(C)3	5,000				for general support, in recognition of your organization's role in providing safety net services to vulnerable residents
Napa Emergency Women's Services1141 Pear Tree Lane Suite 220 Napa,CA 94559	94-2745889	501(C)3	3,129				to purchase and install new client tracking database software
Napa Emergency Women's Services1141 Pear Tree Lane Suite 220 Napa,CA 94559	94-2745889	501(C)3	15,000				for general support
Napa Emergency Women's Services1141 Pear Tree Lane Suite 220 Napa,CA 94559	94-2745889	501(C)3	100,000				for general support
Napa Emergency Women's Services1141 Pear Tree Lane Suite 220 Napa,CA 94559	94-2745889	501(C)3	2,000				for general support
Napa Emergency Women's Services1141 Pear Tree Lane Suite 220 Napa,CA 94559	94-2745889	501(C)3	500				for general support
Napa Emergency Women's Services1141 Pear Tree Lane Suite 220 Napa,CA 94559	94-2745889	501(C)3	5,000				for general support, in recognition of your organization's role in providing safety net services to vulnerable residents
Napa Emergency Women's Services1141 Pear Tree Lane Suite 220 Napa,CA 94559	94-2745889	501(C)3	500				for domestic violence prevention and education workshops at Calistoga Jr /Sr High and Palisades Continuation High schools
Napa High School Spirit Leader Boosters Inc2475 Jefferson Street Napa,CA 94558	26-4319451	501(C)3	5,000				for travel costs to National Competition

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Napa Valley Cinco de Mayo IncPO Box 1036 Calistoga,CA 94515	74-3063428	501(C)3	5,000				for general support
Napa Valley College Foundation2277 Napa-Vallejo Highway Napa,CA 94558	23-7003565	501(C)3	5,000				for general support in memory of Chris McCarthy
Napa Valley Community Housing5 Financial Plaza Suite 200 Napa,CA 94558	94-2442233	501(C)3	4,720				to upgrade backup system, purchase seven desktop computers, make upgrades to network hub and DSL router, and to send two staff to software training conference
Napa Valley Community Housing5 Financial Plaza Suite 200 Napa,CA 94558	94-2442233	501(C)3	250				for general support
Napa Valley Community Housing5 Financial Plaza Suite 200 Napa,CA 94558	94-2442233	501(C)3	1,500				for Third Annual Golf Tournament
Napa Valley Hospice & Adult Day Services414 South Jefferson Street Napa,CA 94559	68-0393144	501(C)3	15,000				for the Adult Day Services program
Napa Valley Hospice & Adult Day Services414 South Jefferson Street Napa,CA 94559	68-0393144	501(C)3	500				for general support
Napa Valley Hospice & Adult Day Services414 South Jefferson Street Napa,CA 94559	68-0393144	501(C)3	20,000				for the Adult Day Services program
Napa Valley Opera House 433 Soscol Avenue Suite A-100 Napa,CA 94559	68-0051718	501(C)3	25,000				for general support
Napa Valley Opera House 433 Soscol Avenue Suite A-100 Napa,CA 94559	68-0051718	501(C)3	500				for general support

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Napa Valley Opera House 433 Soscol Avenue Suite A-100 Napa,CA 94559	68-0051718	501(C)3	250				for general support
Napa Valley Opera House 433 Soscol Avenue Suite A-100 Napa,CA 94559	68-0051718	501(C)3	1,500				to offset rental costs for Wandering Rose's "Battle of the Bands" production in 40391
Napa Valley Support Services650 Imperial Way Suite 202 Napa,CA 94559	51-0186054	501(C)3	20,000				for general support
Napa Valley Support Services650 Imperial Way Suite 202 Napa,CA 94559	51-0186054	501(C)3	3,068				to purchase a new phone system, installation and training
Napa Valley Symphony Association Inc1100 Lincoln Ave Suite 108 Napa,CA 94558	94-6102867	501(C)3	5,000				for general support
Napa Valley Unified Educational Foundation2425 Jefferson Street Napa,CA 94558	68-0005743	501(C)3	2,872				for The Music Connection to purchase new computer equipment and upgrade its QuickBooks software
Napa Valley Unified Educational Foundation2425 Jefferson Street Napa,CA 94558	68-0005743	501(C)3	3,000				for the Music Connection program
Napa Valley Unified Educational Foundation2425 Jefferson Street Napa,CA 94558	68-0005743	501(C)3	10,000				for the Music Connection's workshops, clinics and instrument rental
Napa Valley Unified School District2425 Jefferson Street Napa,CA 94558		Public School	25,000				to strengthen the AVID program at Napa Valley Unified School District's four middle schools and two high schools for the 2009-2010 academic year
Napa Valley Unified School District2425 Jefferson Street Napa,CA 94558		Public School	5,000				for the AVID program

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Napa Valley Youth Symphony IncPO Box 6594 Napa,CA 94581	14-1843988	501(C)3	5,000				for general support
Napa Valley Youth Symphony IncPO Box 6594 Napa,CA 94581	14-1843988	501(C)3	2,000				for general support
Napa Valley Youth Symphony IncPO Box 6594 Napa,CA 94581	14-1843988	501(C)3	40,000				for general support
On the Move2301 Yajome Street Napa,CA 94558	75-3149095	501(C)3	3,304				to hire two consultants to help build a donor development fundraising plan and to help establish On The Move as a Medi-Cal contractor
On the Move2301 Yajome Street Napa,CA 94558	75-3149095	501(C)3	250				for the V O I C E S program
On the Move2301 Yajome Street Napa,CA 94558	75-3149095	501(C)3	300				for a new basketball hoop at V O I C E S
On the Move2301 Yajome Street Napa,CA 94558	75-3149095	501(C)3	100,000				for the V O I C E S program in Napa County
Oxbow School530 Third Street Napa,CA 94559	94-3265708	501(C)3	30,000				for scholarship funds
Oxbow School530 Third Street Napa,CA 94559	94-3265708	501(C)3	1,000				for the fundraiser, "Celebrating Architecture A tribute to Stanley Saitowitz"
Oxbow School530 Third Street Napa,CA 94559	94-3265708	501(C)3	3,000				for general support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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ParentsCAN Inc1909 Jefferson Street Napa,CA 94558	56-2498308	501(C)3	5,000				for general support, in recognition of your organization's role in providing safety net services to vulnerable residents
ParentsCAN Inc1909 Jefferson Street Napa,CA 94558	56-2498308	501(C)3	2,500				for support of the September 25, 2009 event, to be used at the discretion of the Executive Director
ParentsCAN Inc1909 Jefferson Street Napa,CA 94558	56-2498308	501(C)3	10,000				for training services and support groups for parents/caregivers of children that have mental illness, behavioral challenges or other similar disabilities that impair learning
ParentsCAN Inc1909 Jefferson Street Napa,CA 94558	56-2498308	501(C)3	7,500				for general support, in recognition of your organization's role in providing safety net services to vulnerable residents
ParentsCAN Inc1909 Jefferson Street Napa,CA 94558	56-2498308	501(C)3	2,500				for the October 1, 2010 'Grand Traditions Gala,' to be used at the discretion of the Executive Director
Paws for Healing1370 Trancas Street PMB 127 Napa,CA 94558	68-0437315	501(C)3	5,000				for a challenge grant
Paws for Healing1370 Trancas Street PMB 127 Napa,CA 94558	68-0437315	501(C)3	1,500				for the R E A D program in Napa County
Paws for Healing1370 Trancas Street PMB 127 Napa,CA 94558	68-0437315	501(C)3	500				for training expenses and prizes for children for the Paws for Reading program in Napa County
Planned Parenthood Shasta-Diablo2185 Pacheco St Concord,CA 94520	94-1575233	501(C)3	4,720				to support the partial replacement and upgrade of an outdated network system the Napa Health Center, replacement of an autoclave for the Napa Health Center and a new PC for the health educators at the Napa education office
Planned Parenthood Shasta-Diablo2185 Pacheco St Concord,CA 94520	94-1575233	501(C)3	25,000				for education programs and medical services provided to clients in Napa County

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Planned Parenthood Shasta-Diablo2185 Pacheco St Concord,CA 94520	94-1575233	501(C)3	3,900				for the SHUSH teen peer education program in St Helena
Puertas Abiertas Community Resource CenterPO Box 3009 952 Napa Street Napa,CA 94558	20-3126333	501(C)3	5,000				for Puertas Abiertas Community Resource Center, in recognition of its role in providing safety net services to vulnerable residents
Puertas Abiertas Community Resource CenterPO Box 3009 952 Napa Street Napa,CA 94558	20-3126333	501(C)3	2,571				to purchase the ResourceAce Data Management System and software, and to pay for installation and training costs
Puertas Abiertas Community Resource CenterPO Box 3009 952 Napa Street Napa,CA 94558	20-3126333	501(C)3	5,000				for general support to Puertas Abiertas (Open Doors) in Napa
Puertas Abiertas Community Resource CenterPO Box 3009 952 Napa Street Napa,CA 94558	20-3126333	501(C)3	3,000				for the Puertas Abiertas Community Resource Center, in recognition of the Center's role in providing safety net services to vulnerable residents
Puertas Abiertas Community Resource CenterPO Box 3009 952 Napa Street Napa,CA 94558	20-3126333	501(C)3	1,000				for general support
Puertas Abiertas Community Resource CenterPO Box 3009 952 Napa Street Napa,CA 94558	20-3126333	501(C)3	5,000				for general support
Salvation Army - Napa Corps PO Box 2250 Napa,CA 945582250	94-1156347	501(C)3	1,500				for the Feeding Program, in recognition of its role in providing safety net services to vulnerable residents
Salvation Army - Napa Corps PO Box 2250 Napa,CA 945582250	94-1156347	501(C)3	500				for general support
Salvation Army - Napa Corps PO Box 2250 Napa,CA 945582250	94-1156347	501(C)3	7,500				for the Feeding Program, in recognition of your organization's role in providing safety net services to vulnerable residents

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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SAPTA Foundation co Dori Kirk Asst Treasurer1040 Main Street Suite 103 Napa, CA 94559	20-0840027	501(C)3	100,000				for general support
Schwab Fund for Charitable Giving101 Montgomery Street San Francisco, CA 94104	31-1640316	501(C)3	444,428				for TIKKUN Endowment Schwab # 6454-5180
Sebastopol Rotary Education FoundationPO Box 213 Sebastopol, CA 95473	68-0238967	501(C)3	5,000				for general support
Solano Community Foundation1261 Travis Boulevard Suite 320 Fairfield, CA 94533	68-0354961	501(C)3	15,000				for general support to help vulnerable people in Solano County
St Helena Catholic Church 1340 Tainter Street St Helena, CA 94574		Church	5,000				for operating expenses for day-labor center
St Helena Catholic Church 1340 Tainter Street St Helena, CA 94574		Church	1,400				for computer system and phone set up for the Work Connection Program
St Helena Community Food Pantry1777 Main Street PO Box 108 St Helena, CA 94574	68-0317752	501(C)3	3,000				for general support, in recognition of your organization's role in providing safety net services to vulnerable residents
St Helena Community Food Pantry1777 Main Street PO Box 108 St Helena, CA 94574	68-0317752	501(C)3	3,000				for general support, in recognition of your organization's role in providing safety net services to vulnerable residents
St Helena Family Center 1440 Spring Street St Helena, CA 94574	68-0362076	501(C)3	5,000				for general support, in recognition of your organization's role in providing safety net services to vulnerable residents
St Helena Family Center 1440 Spring Street St Helena, CA 94574	68-0362076	501(C)3	3,191				to pay for direct mail campaign materials design, printing, postage, shipping and delivery costs, and supplies and materials

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St Helena Family Center 1440 Spring Street St Helena, CA 94574	68-0362076	501(C)3	10,000				for general support
St Helena Family Center 1440 Spring Street St Helena, CA 94574	68-0362076	501(C)3	3,000				for the CLARO and Mariposa programs
St Helena Family Center 1440 Spring Street St Helena, CA 94574	68-0362076	501(C)3	10,000				for general support
St Helena Family Center 1440 Spring Street St Helena, CA 94574	68-0362076	501(C)3	250				for general support
St Helena Family Center 1440 Spring Street St Helena, CA 94574	68-0362076	501(C)3	5,000				for general support, in recognition of your organization's role in providing safety net services to vulnerable residents
St Helena Family Center 1440 Spring Street St Helena, CA 94574	68-0362076	501(C)3	9,000				for the CLARO and Mariposa afterschool programs in St Helena
St Helena High School1401 Grayson Avenue St Helena, CA 94574		Public School	2,500				for the AVID program at St Helena High School
St Helena High School1401 Grayson Avenue St Helena, CA 94574		Public School	64,350				for scholarships for the Class of 2010
St Helena Hospital Foundation10 Woodland Road St Helena, CA 94574	20-1384250	501(C)3	500				for general support
St Helena Hospital Foundation10 Woodland Road St Helena, CA 94574	20-1384250	501(C)3	50,000				for the capital campaign

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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St John the Baptist Catholic Church960 Caymus Street Napa,CA 94559	94-1002748	501(C)3	7,500				for general support
St John the Baptist Catholic Church960 Caymus Street Napa,CA 94559	94-1002748	501(C)3	2,500				to support of the Five Year Plan
St John the Baptist Catholic Church960 Caymus Street Napa,CA 94559	94-1002748	501(C)3	2,500				for the Legacy Fund
St John the Baptist Catholic Church960 Caymus Street Napa,CA 94559	94-1002748	501(C)3	1,000				for the Youth program
Summer Search Foundation Napa-Sonoma159 H Street Petaluma,CA 94952	68-0200138	501(C)3	20,000				for a challenge grant for Summer Search Napa County programs and operations
Summer Search Foundation Napa-Sonoma159 H Street Petaluma,CA 94952	68-0200138	501(C)3	10,000				for Napa services and students
Summer Search Foundation Napa-Sonoma159 H Street Petaluma,CA 94952	68-0200138	501(C)3	500				for general support
Summer Search Foundation Napa-Sonoma159 H Street Petaluma,CA 94952	68-0200138	501(C)3	5,000				sponsorship for the Summer Search "2010 North Bay Leader" luncheon
Summer Search Foundation Napa-Sonoma159 H Street Petaluma,CA 94952	68-0200138	501(C)3	2,500				for St Helena High School students to receive Summer Search's mentoring, summer experience and college-resource services
The French-American Cultural Foundation540 Bush Street Third Floor San Francisco,CA 94108	94-3343354	501(C)3	5,000				for The Pathway Home film project by Laurent BECUE-RENARD

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Turquoise Mountain Foundation4504 Macomb St NW Washington, DC 90016	75-3256903	501(C)3	6,000				for the schools for Kabul project
University of Mississippi Foundation ThePO Box 249 University, MS 38677	23-7310293	501(C)3	15,400				for support of the Southern Foodways Alliance at The University of Mississippi's Center for the Study of Southern Culture
Vanguard Charitable Endowment ProgramPO Box 55766 Boston, MA 022055766	23-2888152	501(C)3	18,273				for the purpose of closing the Dorothy Gundling Fund for Music and the Arts
Vine Village4059 Old Sonoma Road Napa, CA 94559	23-7296716	501(C)3	1,580				to produce a new marketing brochure
Vine Village4059 Old Sonoma Road Napa, CA 94559	23-7296716	501(C)3	5,000				for general support
Vine Village4059 Old Sonoma Road Napa, CA 94559	23-7296716	501(C)3	15,000				for general support
Vine Village4059 Old Sonoma Road Napa, CA 94559	23-7296716	501(C)3	250				for general support
Vine Village4059 Old Sonoma Road Napa, CA 94559	23-7296716	501(C)3	250				for general support, in honor of Caroline Simmons and Mike Price
Women's Initiative1398 Valencia St San Francisco, CA 94110	94-3081525	501(C)3	100,000				for the launch of the Women's Initiative program in Santa Rosa to serve Napa, Sonoma, Mendocino clients

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Community Foundation of the Napa Valley

Employer identification number
68-0349777

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
TERENCE MULLIGAN	(i)	130,000	62,000	9,000	6,000	15,809	222,809	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶**See separate instructions.**

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Community Foundation of the Napa Valley

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Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

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

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Terence Mulligan Relocation		X	200,000	100,000		No	Yes		Yes	
Total . . . . . ▶ $				100,000						

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

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

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

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

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Employer identification number
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Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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	8	126,479	FMV
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

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

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

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

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Employer identification number
68-0349777

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		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 The AC shall conduct a review of the Form 990 Once the AC has completed its initial review of the Form 990, a meeting or conference call will be scheduled with the preparer of the Form 990, if necessary, to discuss any questions, comments, and suggested revisions identified by the AC 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 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		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		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 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 adjustment, if any, based on the review of comps, the performance of the President, and the overall performance of NVCF * The full Board votes on any changes to compensation recommended by the EC Other NVCF Officers and Key Employees * The President meets annually with each of his direct reports to privately review their performance * This meeting is conducted no more than six weeks after the anniversary of the date of hire of each direct report * Prior to this meeting, each direct report prepares an extensive, written 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 18		REVIEW OF FORM 990 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 three weeks prior to the filing deadline After the draft of the Form 990 has been obtained by the AC, they will have no more than two weeks to complete their review The AC shall conduct a review of the Form 990 However, if the AC deems it necessary to conduct a more detailed review, they will contact the preparer of the Form 990 to request copies of any relevant detailed tax return workpapers Once the AC has completed its initial review of the Form 990, a meeting or conference call will be scheduled with the preparer of the Form 990 if necessary to discuss any questions, comments, and suggested revisions identified by the AC The preparer of the Form 990 shall make any revisions to the Form 990 as soon as feasibly possible to ensure that the Form 990 is filed with the Internal Revenue Service on a timely basis All of the questions, comments, and suggested revisions set forth by the AC should be documented, along with any responses from the preparer of the Form 990, if applicable After the Form 990 has been reviewed by the AC and a final copy is prepared, staff will e-mail the final form 990 to all NVCF Board Members before the 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 C, line 19		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 990s - 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 When responding to a public inspection request for any organizational or financial document by anyone, NVCF shall fulfill such request in a timely fashion without inquiring as to the reason for the public inspection request

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

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2009

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Employer identification number
68-0349777

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

(a) Name, address, and EIN 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
CFNV Charitable Real Estate Fund 3299 Claremont Street Suite 2 Napa, CA 94558 01-0816065	Conducts or supports activities for the benefit of the Foundation	CA	501(c)(3)	Line 11a, I	Community Foundation of the Napa Valley

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c Gift, grant, or capital contribution from other organization(s)	1c		No
d Loans or loan guarantees to or for other organization(s)	1d	Yes	
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j	Yes	
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n		No
o Reimbursement paid to other organization for expenses	1o		No
p Reimbursement paid by other organization for expenses	1p		No
q Other transfer of cash or property to other organization(s)	1q		No
r Other transfer of cash or property from other organization(s)	1r	Yes	

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 other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	CFNV Charitable Real Estate Fund	A	1,879
(2)	cFNV Charitable Real Estate Fund	B	374,500
(3)	cFNV Charitable Real Estate Fund	D	100,000
(4)	cFNV Charitable Real Estate Fund	J	30,480
(5)	cFNV Charitable Real Estate Fund	R	76,670
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproprtionate allocations? Yes	(f) No	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No