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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

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

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 $ 7,666,694

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) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW NAPAVALLEYCF ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1994

M State of legal domicile CA

Part I Summary

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**	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	13
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	6
6	Total number of volunteers (estimate if necessary)	**6**	5
7a	Total 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)	4,704,537	2,665,428
	9 Program service revenue (Part VIII, line 2g)	51,936	52,154
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	371,648	388,348
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,128,121	3,105,930
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,802,788	2,689,857
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	605,777	595,458
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶137,718		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	260,428	321,880
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,668,993	3,607,195
	19 Revenue less expenses Subtract line 18 from line 12	2,459,128	-501,265

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	19,232,534	18,547,283
	21 Total liabilities (Part X, line 26)	4,277,134	4,392,115
	22 Net assets or fund balances Subtract line 21 from line 20	14,955,400	14,155,168

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

****** 2012-11-06
Signature of officer — Date

TERENCE MULLIGAN PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ LYNN HENLEY	Date	Check if self-employed ▶☐	Preparer's taxpayer identification number (see instructions) P00356034
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 ▶ 94-6214841 Phone no ▶ (925) 790-2600

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 3,221,795 including grants of $ 2,689,857) (Revenue $ 52,154)

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 ENGAGED IN COMMUNITY LEADERSHIP ACTIVITIES, INCLUDING CONVENING STAKEHOLDERS, NON-PROFIT AND LOCAL LEADERS ON IMPORTANT ISSUES FOR NAPA COUNTY

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** ▶ $ 3,221,795

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* (see instructions)?	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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *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 and IV*	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 and IV*	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
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

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 (or a family member thereof) 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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
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**

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	4		
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**	6		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**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 or securities account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for 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?			**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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**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**		
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**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	13		
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 governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		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	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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 15a or 15b, 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

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 made 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 made 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

Check if Schedule O contains a response to any question in this Part VII . . . . . .☐

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, if any 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 neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(1) KRIS JAEGER CHAIR	1 00	X		X				0	0	0
(2) JOE CARRILLO MD VICE CHAIR	1 00	X		X				0	0	0
(3) TOM RIMERMAN TREASURER	1 00	X		X				0	0	0
(4) DAVE GAW SECRETARY	1 00	X		X				0	0	0
(5) DAVID FREED DIRECTOR	1 00	X						0	0	0
(6) MARIA CISNEROS DIRECTOR	1 00	X						0	0	0
(7) RICK JONES DIRECTOR	1 00	X						0	0	0
(8) ANNE CARVER DIRECTOR	1 00	X						0	0	0
(9) MELISSA RODEZNO DIRECTOR	1 00	X						0	0	0
(10) PATRICK GLEESON DIRECTOR	1 00	X						0	0	0
(11) RICHARD MEESE DIRECTOR	1 00	X						0	0	0
(12) RODDRICK SWEENEY SR DIRECTOR	1 00	X						0	0	0
(13) CARRY THACHER DIRECTOR	1 00	X						0	0	0
(14) TERENCE MULLIGAN PRESIDENT	40 00			X				208,170	0	18,492
(15) MARIA TOFLE VP OF PHILANTHROPIC SERVICES	40 00					X		102,000	0	9,604

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								310,170	0	28,096

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

			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 or individual 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 Report compensation for the calendar year ending with or within the organization's tax year

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 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 196,237				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 2,469,191				
	g	Noncash contributions included in lines 1a-1f $ 101,644				
	h	**Total.** Add lines 1a-1f . . . . . ▶	2,665,428			
Program Service Revenue		Business Code				
	2a	ADMINISTRATIVE FEE INC 525920	52,154	52,154		
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	52,154			
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	331,545			331,545
	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 4,617,567				
	b	Less cost or other basis and sales expenses 4,560,764				
	c	Gain or (loss) 56,803				
	d	Net gain or (loss) . . . . . ▶	56,803			56,803
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 . . . ▶	3,105,930	52,154	0	388,348

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)
Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	2,689,857	2,689,857		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	192,594	96,298	48,148	48,148
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	312,103	159,057	122,515	30,531
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	14,736	7,410	5,006	2,320
9	Other employee benefits	39,730	22,658	9,836	7,236
10	Payroll taxes	36,295	18,364	12,273	5,658
11	Fees for services (non-employees)				
a	Management				
b	Legal	25,118	24,420		698
c	Accounting	23,475		23,475	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees	49,342	49,342		
g	Other	55,745	55,745		
12	Advertising and promotion				
13	Office expenses	16,540	6,824	5,117	4,599
14	Information technology	19,567	8,246	6,429	4,892
15	Royalties . .				
16	Occupancy	44,160	44,160		
17	Travel	3,966	1,954	1,588	424
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	45,110	13,827	6,641	24,642
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	975	433	308	234
23	Insurance	2,470	1,040	812	618
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	STAFF TRAINING & RCTMNT	14,289	14,249	40	
b	DUES & SUBSCRIPTIONS	8,892	3,748	2,921	2,223
c	TELEPHONE AND COMM	7,831	3,300	2,573	1,958
d	MARKETING	3,537			3,537
e					
f	All other expenses	863	863		
25	**Total functional expenses.** Add lines 1 through 24f	3,607,195	3,221,795	247,682	137,718
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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		729,725	2	403,017
	3	Pledges and grants receivable, net		1,143,334	3	1,584,183
	4	Accounts receivable, net		77,133	4	65,666
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		80,000	5	73,333
	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 73,499			
	b	Less accumulated depreciation	10b 66,514	8,086	10c	6,985
	11	Investments—publicly traded securities		16,768,601	11	15,972,003
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		322,920	13	179,400
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		102,735	15	262,696
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		19,232,534	16	18,547,283
Liabilities	17	Accounts payable and accrued expenses		64,080	17	35,557
	18	Grants payable		366,074	18	664,070
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		3,846,980	21	3,692,488
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		4,277,134	26	4,392,115
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		10,621,185	27	8,836,781
	28	Temporarily restricted net assets		568,979	28	382,800
	29	Permanently restricted net assets		3,765,236	29	4,935,587
		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		14,955,400	33	14,155,168
	34	Total liabilities and net assets/fund balances		19,232,534	34	18,547,283

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	3,105,930
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,607,195
3	Revenue less expenses Subtract line 2 from line 1	3	-501,265
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	14,955,400
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-298,967
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	14,155,168

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			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 separate basis, consolidated 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

2011

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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	5,497,108	2,594,284	1,917,817	4,704,537	2,665,428	17,379,174
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	5,497,108	2,594,284	1,917,817	4,704,537	2,665,428	17,379,174
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)						2,886,678
6 **Public Support.** Subtract line 5 from line 4						14,492,496

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	5,497,108	2,594,284	1,917,817	4,704,537	2,665,428	17,379,174
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	365,566	236,922	269,796	339,033	331,545	1,542,862
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)						18,922,036

12 Gross receipts from related activities, etc (See instructions)	12	278,028

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 2011 (line 6 column (f) divided by line 11 column (f))	14	76 590 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	84 480 %

16a **33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** 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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

Software ID:
Software Version:
EIN: 68-0349777
Name: COMMUNITY FOUNDATION OF THE NAPA VALLEY

Form 990, Special Condition Description:

Special Condition Description

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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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

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	14
2	Aggregate contributions to (during year)	1,036,248	10,922
3	Aggregate grants from (during year)	2,145,069	7,553
4	Aggregate value at end of year	7,430,554	1,923,904

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	4,023,894	2,659,042	2,870,698	3,084,037	
b Contributions	1,182,451	1,061,436	-563,808	156,274	
c Investment earnings or losses	67,511	363,106	396,098	-297,369	
d Grants or scholarships					
e Other expenditures for facilities and programs	114,868	59,690	43,946	72,244	
f Administrative expenses					
g End of year balance	5,158,988	4,023,894	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 ▶ 95 670 %
- c Term endowment ▶ 4 330 %

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		18,362	11,377	6,985
e Other		55,137	55,137	0
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				6,985

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
(1) Financial derivatives		
(2) 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	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

2. Fin 48 (ASC 740) 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 (ASC740)

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	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

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	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
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	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

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

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
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	
3	Subtract line **2e** from line **1**			3	
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	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

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 IV, LINE 2B	AS OF JUNE 30, 2012, THE FOUNDATION MAINTAINED A TOTAL OF $3,692,488 FOR OTHER NONPROFIT ORGANIZATIONS IN WHICH THE ORGANIZATIONS TRANSFERRED ASSETS TO THE FOUNDATION AND NAMED THEMSELVES AS BENEFICIARIES
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE ANNUAL SPENDING POLICY IS INTENDED TO ENABLE THE NAPA VALLEY COMMUNITY FOUNDATION'S ENDOWMENT FUNDS TO PROVIDE PERMANENT SUPPORT TO A VARIETY OF EDUCATIONAL, ENVIRONMENTAL, SOCIAL, AND CULTURAL NEEDS THROUGHOUT NAPA COUNTY
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE FOUNDATION IS A TAX-EXEMPT FOUNDATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE THE FOUNDATION IS ALSO EXEMPT FROM STATE INCOME TAXES UNDER PROVISIONS OF THE CALIFORNIA REVENUE AND TAXATION CODE ACCORDINGLY, THE CONSOLIDATED FINANCIAL STATEMENTS CONTAIN NO PROVISION FOR INCOME TAXES THE FOUNDATION EVALUATES ITS TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN TO DETERMINE WHETHER THE TAX POSITIONS ARE "MORE-LIKELY-THAN-NOT" OF BEING SUSTAINED BY THE APPLICABLE TAX AUTHORITY TAX POSITIONS NOT DEEMED TO MEET THE "MORE-LIKELY-THAN-NOT" THRESHOLD ARE RECORDED AS AN EXPENSE IN THE APPLICABLE YEAR AS OF JUNE 30, 2012, THE FOUNDATION DOES NOT HAVE ANY SIGNIFICANT UNCERTAIN TAX POSITIONS FOR WHICH A RESERVE WOULD BE NECESSARY

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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

2011

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 listed in the line 1 table . . . . ▶ 188

3 Enter total number of other organizations listed in the line 1 table . . . . ▶ 24

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
AG4YOUTH - UPVALLEY RANCHERS INC 3580 SODA CANYON RD NAPA,CA 945589458	36-4716996	501(C)(3)	30,000				FOR GENERAL SUPPORT
ALDEA INCPO BOX 841 NAPA,CA 94559	94-2159248	501(C)(3)	10,000				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
ALDEA INCPO BOX 841 NAPA,CA 94559	94- 2159248	501(C)(3)	2,500				TO INSTALL BILLBOARDS AS PART OF THE FOSTER AND ADOPTIVE PARENT PUBLIC AWARENESS CAMPAIGN
ALDEA INCPO BOX 841 NAPA,CA 94559	94- 2159248	501(C)(3)	2,167				FOR THE PURCHASE OF VOICE AND DATA EQUIPMENT AND CONFIGURATION FOR THE OAK STREET LOCATION

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
AMERICAN CANYON FAMILY RESOURCE CENTER3423 BROADWAY SUITE D-1 AMERICAN CANYON,CA 94503	36-4612853	501(C)(3)	3,900				FOR THE SPARKPOINT INTERNSHIP PROJECT
AMERICAN CANYON FAMILY RESOURCE CENTER3423 BROADWAY SUITE D-1 AMERICAN CANYON,CA 94503	36-4612853	501(C)(3)	1,300				TO PURCHASE TWO DESKTOP COMPUTERS, ONE LAPTOP, ONE PROJECTOR AND ONE PRINTER

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
ARTS COUNCIL NAPA VALLEY 1041 JEFFERSON STREET SUITE 4 NAPA,CA 94559	94-2710866	501(C)(3)	500				FOR FISCAL SPONSORSHIP OF THE CAMEO CINEMA, TO BE USED AT THE CAMEO CINEMA'S DISCRETION
ARTS COUNCIL NAPA VALLEY 1041 JEFFERSON STREET SUITE 4 NAPA,CA 94559	94-2710866	501(C)(3)	1,000				FOR FISCAL SPONSORSHIP OF THE CAMEO CINEMA, TO BE USED AT THE CAMEO CINEMA'S DISCRETION

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
ARTS COUNCIL NAPA VALLEY 1041 JEFFERSON STREET SUITE 4 NAPA,CA 94559	94-2710866	501(C)(3)	5,000				FOR FISCAL SPONSORSHIP OF LUCKY PENNY PRODUCTIONS, TO BE USED AT LUCK PENNY PRODUCTIONS' DISCRETION
ARTS COUNCIL NAPA VALLEY 1041 JEFFERSON STREET SUITE 4 NAPA,CA 94559	94-2710866	501(C)(3)	90,000				FOR GENERAL SUPPORT, AND TO SUPPORT CAPACITY BUILDING OF ARTS COUNCIL 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
BICYCLES FOR HUMANITY SANTA ROSA2035 BENT TREE PLACE SANTA ROSA,CA 95404	26-2247343	501(C)(3)	15,000				FOR GENERAL SUPPORT
BLUE OAK SCHOOL1436 POLK STREET NAPA,CA 94559	95-4803542	501(C)(3)	50,000				FOR THE ANNUAL FUND 2011/2012

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
BLUE OAK SCHOOL1436 POLK STREET NAPA,CA 94559	95-4803542	501(C)(3)	2,500				FOR GENERAL SUPPORT
BLUE OAK SCHOOL1436 POLK STREET NAPA,CA 94559	95-4803542	501(C)(3)	10,000				TO UNDERWRITE THE "BENEATH THE CANOPY" BENEFIT AUCTION ON MARCH 3, 2012

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
BLUE OAK SCHOOL1436 POLK STREET NAPA,CA 94559	95-4803542	501(C)(3)	5,000				TO UNDERWRITE THE SPOKEN WORD POETRY PERFORMANCE AND WORKSHOP BY SARAH KAY AND PHIL KAYE
BOY SCOUTS OF AMERICA - MT DIABLO SILVERADO COUNCIL800 ELLINWOOD DRIVE PLEASANT HILL, CA 94523	94-1156249	501(C)(3)	500				FOR SUPPORT OF THE NAPA VALLEY DISTRICT

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
BOY SCOUTS OF AMERICA - MT DIABLO SILVERADO COUNCIL800 ELLINWOOD DRIVE PLEASANT HILL, CA 94523	94-1156249	501(C)(3)	5,000				FOR SUPPORT OF THE NAPA VALLEY DISTRICT
BOYS & GIRLS CLUBS OF ST HELENA AND CALISTOGA 1420 TAINTER STREET ST HELENA, CA 94574	68-0226714	501(C)(3)	7,500				FOR THE CALISTOGA YOUTH DIVERSION/INTERVENTION 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
BOYS & GIRLS CLUBS OF ST HELENA AND CALISTOGA 1420 TAINTER STREET ST HELENA, CA 94574	68-0226714	501(C)(3)	4,500				FOR THE ST HELENA YOUTH DIVERSION/INTERVENTION PROGRAM
BOYS & GIRLS CLUBS OF ST HELENA AND CALISTOGA 1420 TAINTER STREET ST HELENA, CA 94574	68-0226714	501(C)(3)	3,250				TO PURCHASE TWO LAPTOPS, UPGRADE THE MEMBERSHIP SOFTWARE, CONFIGURE THE SERVER AND TRAIN STAFF IN NEW TECHNOLOGY

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
BUCKELEW PROGRAMS900 5TH AVENUE SUITE 150 SAN RAFAEL,CA 94901	23-7088977	501(C)(3)	5,000				TO EXTEND PAID EMPLOYMENT TRAINING FOR AT LEAST FIVE OF BUCKELEW'S NAPA COUNTY CLIENTS
CALISTOGA AFFORDABLE HOUSING1332 LINCOLN AVE CALISTOGA,CA 94515	68-0472556	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
CALISTOGA FAMILY CENTER INC1500 CEDAR ST CALISTOGA,CA 94515	80-0023012	501(C)(3)	7,500				FOR THE CALISTOGA STUDENT ASSISTANCE PROGRAM
CALISTOGA FAMILY CENTER INC1500 CEDAR ST CALISTOGA,CA 94515	80-0023012	501(C)(3)	1,800				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
CALISTOGA FAMILY CENTER INC1500 CEDAR ST CALISTOGA,CA 94515	80-0023012	501(C)(3)	5,000				FOR GENERAL SUPPORT
CALISTOGA FAMILY CENTER INC1500 CEDAR ST CALISTOGA,CA 94515	80-0023012	501(C)(3)	20,000				FOR SUPPORT OF THE STUDENT ASSISTANCE PROGRAM AT CALISTOGA JR /SR HIGH SCHOOL, INCLUDING EXPANSION OF MENTAL HEALTH SERVICES, FOR THE 2011-12 SCHOOL YEAR

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 INC1500 CEDAR ST CALISTOGA,CA 94515	80-0023012	501(C)(3)	3,000				FOR GENERAL SUPPORT
CALISTOGA FAMILY CENTER INC1500 CEDAR ST CALISTOGA,CA 94515	80-0023012	501(C)(3)	100				FOR GENERAL SUPPORT, IN HONOR OF MS ELAINE SCZUKA

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 INC1500 CEDAR ST CALISTOGA,CA 94515	80-0023012	501(C)(3)	5,000				FOR SUPPORT OF THE STUDENT ASSISTANCE PROGRAM AT CALISTOGA JR /SR HIGH SCHOOL FOR THE 2011-12 SCHOOL YEAR
CALISTOGA JUNIOR & SENIOR HIGH SCHOOL 1608 LAKE STREET CALISTOGA,CA 94515		PUBLIC SCHOOL	10,000				FOR START-UP EQUIPMENT AND EXPENSES FOR THE SCHOOL'S SWIM TEAM

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)	10,000				FOR GENERAL SUPPORT
CENTER FOR LAND-BASED LEARNING5265 PUTAH CREEK ROAD WINTERS,CA 95694	68-0472121	501(C)(3)	5,000				FOR SUPPORT OF THE SLEWS PROGRAM 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
CENTER FOR LAND-BASED LEARNING5265 PUTAH CREEK ROAD WINTERS,CA 95694	68-0472121	501(C)(3)	2,500				TO SUPPORT THE SLEWS PROGRAM IN NAPA COUNTY FOR THE 2011-2012 SCHOOL YEAR
CHILD START INC 439 DEVLIN ROAD NAPA,CA 94558	68-0442009	501(C)(3)	1,000				FOR THE RASING A READER PROGRAM TO LAUNCH A NEW CLASSROOM

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
CHILD START INC439 DEVLIN ROAD NAPA,CA 94558	68-0442009	501(C)(3)	2,500				FOR SUPPORT OF THE JONES FAMILY FUND MATCHING CAMPAIGN FOR THE RAISING A READER PROGRAM
CHILD START INC439 DEVLIN ROAD NAPA,CA 94558	68-0442009	501(C)(3)	3,000				FOR SUPPORT OF THE E RICHARD JONES FAMILY FOUNDATION MATCHING CAMPAIGN FOR THE RAISING A READER PROGRAM

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

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CHILDREN'S HEALTH INITIATIVE NAPA COUNTY INC2160 JEFFERSON ST SUITE 110 NAPA,CA 94559	25-1924934	501(C)(3)	500				FOR GENERAL SUPPORT
CHILDREN'S HEALTH INITIATIVE NAPA COUNTY INC2160 JEFFERSON ST SUITE 110 NAPA,CA 94559	25-1924934	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
CHILDREN'S HEALTH INITIATIVE NAPA COUNTY INC2160 JEFFERSON ST SUITE 110 NAPA,CA 94559	25-1924934	501(C)(3)	2,500				FOR GENERAL SUPPORT
CHILDREN'S HEALTH INITIATIVE NAPA COUNTY INC2160 JEFFERSON ST SUITE 110 NAPA,CA 94559	25-1924934	501(C)(3)	2,870				TO PURCHASE SIX LAPTOP COMPUTERS, A LASER PRINTER /COPIER AND HIRE AN IT CONSULTANT TO SET UP THE COMPUTERS AND INSTALL SOFTWARE

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
CINEMA NAPA VALLEY DBA NAPA VALLEY FILM FESTIVAL PO BOX 10994 NAPA,CA 94581	27-1064967	501(C)(3)	5,000				FOR GENERAL SUPPORT
CINEMA NAPA VALLEY DBA NAPA VALLEY FILM FESTIVAL PO BOX 10994 NAPA,CA 94581	27-1064967	501(C)(3)	3,500				FOR PRODUCER FEES, TRAVEL AND MATERIALS FOR THE "PROM NIGHT IN MISSISSIPPI" STUDENT SCREENINGS

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
CITY OF NAPA PARKS AND RECREATION SERVICES DEPARTMENT1100 WEST STREET NAPA,CA 94559		GOVERNMENT AGENCY	2,500				FOR SUPPORT OF THE SENIOR ACTIVITY CENTER
CITY OF NAPA PARKS AND RECREATION SERVICES DEPARTMENT1100 WEST STREET NAPA,CA 94559		GOVERNMENT AGENCY	5,000				FOR SUPPORT OF THE SENIOR ACTIVITIES CENTER

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 OF NAPA VALLEY2310 LAUREL STREET SUITE 1 NAPA,CA 94559	94-1610851	501(C)(3)	10,000				FOR THE SENIOR NUTRITION PROGRAM
COMMUNITY ACTION OF NAPA VALLEY2310 LAUREL STREET SUITE 1 NAPA,CA 94559	94-1610851	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

(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 OF NAPA VALLEY2310 LAUREL STREET SUITE 1 NAPA,CA 94559	94-1610851	501(C)(3)	4,000				FOR THE NAPA VALLEY FOOD BANK PROGRAM
COMMUNITY ACTION OF NAPA VALLEY2310 LAUREL STREET SUITE 1 NAPA,CA 94559	94-1610851	501(C)(3)	250				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 OF NAPA VALLEY2310 LAUREL STREET SUITE 1 NAPA,CA 94559	94-1610851	501(C)(3)	5,000				FOR GENERAL SUPPORT
COMMUNITY ACTION OF NAPA VALLEY2310 LAUREL STREET SUITE 1 NAPA,CA 94559	94-1610851	501(C)(3)	24,999				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

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COMMUNITY HEALTH CLINIC OLE1141 PEAR TREE LANE SUITE 100 NAPA,CA 94558	23-7221695	501(C)(3)	1,600				FOR FISCAL SPONSORSHIP OF THE BI-NATIONAL HEALTH ALLIANCE OF NAPA COUNTY, TOWARDS EXPENSES FOR THE "LATINA WOMEN'S CONFERENCE" HELD ON MAY 8, 2012
COMMUNITY HEALTH CLINIC OLE1141 PEAR TREE LANE SUITE 100 NAPA,CA 94558	23-7221695	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
COMMUNITY HEALTH CLINIC OLE1141 PEAR TREE LANE SUITE 100 NAPA,CA 94558	23-7221695	501(C)(3)	2,500				FOR GENERAL SUPPORT
COMMUNITY HEALTH CLINIC OLE1141 PEAR TREE LANE SUITE 100 NAPA,CA 94558	23-7221695	501(C)(3)	6,000				FOR FISCAL SPONSORSHIP OF THE LATINO ELDER COALITION (LEC), FOR LEC'S SLATE OF OUTREACH PROGRAMS FOR 2012

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 OLE1141 PEAR TREE LANE SUITE 100 NAPA,CA 94558	23-7221695	501(C)(3)	4,333				TO HIRE CONSULTANTS FOR STRATEGIC PLANNING WITH THE BOARD OF DIRECTORS AND DEVELOP A RE-BRANDING PLAN FOR COMMUNITY HEALTH CLINIC OLE
COMMUNITY RESOURCES FOR CHILDREN3299 CLAREMONT WAY SUITE 1 NAPA,CA 94558	94-2524785	501(C)(3)	9,200				FOR A BILINGUAL ASSISTANT AND PARENT TRAINER FOR THE ACTIVE MINDS PROGRAM, FOR THE 2012-2013 SESSIONS

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

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COMMUNITY RESOURCES FOR CHILDREN3299 CLAREMONT WAY SUITE 1 NAPA,CA 94558	94-2524785	501(C)(3)	3,779				TO UPGRADE THE COMPUTER SERVER AND PURCHASE A TABLET WITH 3G MOBILE COMMUNICATIONS
CONGREGATION BETH SHALOM 1455 ELM STREET NAPA,CA 94559	23-7296339	CHURCH/SYNAGOGUE	5,000				FOR SUPPORT OF THE CONGREGATION'S ENGAGEMENT OF THE NEW RABBI

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

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CONGREGATION BETH SHALOM1455 ELM STREET NAPA,CA 94559	23-7296339	CHURCH/SYNAGOGUE	5,000				FOR THE YOUNG MENSCH SCHOLARSHIP FUND
CONNOLLY RANCH EDUCATION CENTER3141 BROWNS VALLEY ROAD NAPA,CA 94558	80-0493340	501(C)(3)	500				FOR THE SCHOLARSHIP PROGRAM

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

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CONNOLLY RANCH EDUCATION CENTER3141 BROWNS VALLEY ROAD NAPA,CA 94558	80-0493340	501(C)(3)	3,403				FOR CONSTRUCTION OF ADDITIONAL FENCING
CONNOLLY RANCH EDUCATION CENTER3141 BROWNS VALLEY ROAD NAPA,CA 94558	80-0493340	501(C)(3)	1,000				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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CONNOLLY RANCH EDUCATION CENTER3141 BROWNS VALLEY ROAD NAPA,CA 94558	80-0493340	501(C)(3)	867				TO PURCHASE A COMPUTER, PRINTER AND DESK
COPE FAMILY CENTER1340 FOURTH STREET NAPA,CA 94559	94-2322399	501(C)(3)	20,000				FOR THE BANK ON NAPA VALLEY (BONV) COLLABORATIVE, A FISCAL SPONSEE OF COPE FAMILY CENTER, FOR BONV'S STRATEGIC PLANNING PROCESS IN 2012

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)	10,000				FOR FISCAL SPONSORSHIP OF THE BANK ON NAPA VALLEY (BONV) COLLABORATIVE, FOR BONV'S STRATEGIC PLANNING PROCESS IN 2012
COPE FAMILY CENTER1340 FOURTH STREET NAPA,CA 94559	94-2322399	501(C)(3)	1,000				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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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)	500				FOR EDUCATIONAL PROGRAMS FOR PARENTS WITH YOUNG CHILDREN

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

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COPE FAMILY CENTER1340 FOURTH STREET NAPA,CA 94559	94-2322399	501(C)(3)	4,333				FOR CERTIFICATION IN THE HEALTHY FAMILIES AMERICA (HFA) HOME VISITATION MODEL IN ORDER TO EXPAND THE PROGRAM COUNTYWIDE
CYBERMILL INC 3299 CLAREMONT WAY SUITE 4 NAPA,CA 94558	94-3337533	501(C)(3)	0	524,333	FMV	SECURITIES	TO TRANSFER THE ENTIRE BALANCE OF THAT PORTION OF THE SATO FAMILY FUND THAT IS NOW INVESTED WITHIN NVCF ACCOUNT(S) AT MERRILL LYNCH NAPA TO CYBERMILL, INC , TO BE USED 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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CYBERMILL INC 3299 CLAREMONT WAY SUITE 4 NAPA,CA 94558	94-3337533	501(C)(3)	100,000				FOR GENERAL SUPPORT
FAMILY SERVICE OF THE NORTH BAY DBA FAMILY SERVICE OF NAPA VALLEY709 FRANKLIN STREET NAPA,CA 94559	94-1236934	501(C)(3)	7,500				FOR MENTAL HEALTH COUNSELING FOR CALISTOGA JUNIOR AND SENIOR HIGH SCHOOL AND PALISADES CONTINUATION HIGH SCHOOL

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

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FAMILY SERVICE OF THE NORTH BAY DBA FAMILY SERVICE OF NAPA VALLEY709 FRANKLIN STREET NAPA,CA 94559	94-1236934	501(C)(3)	10,000				FOR GENERAL SUPPORT
FAMILY SERVICE OF THE NORTH BAY DBA FAMILY SERVICE OF NAPA VALLEY709 FRANKLIN STREET NAPA,CA 94559	94-1236934	501(C)(3)	10,000				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
FAMILY SERVICE OF THE NORTH BAY DBA FAMILY SERVICE OF NAPA VALLEY709 FRANKLIN STREET NAPA,CA 94559	94-1236934	501(C)(3)	4,333				TO PURCHASE A DEDICATED SERVER AND TWO COMPUTER WORKSTATIONS AND HIRE A COMPUTER PROGRAMMER TO MAKE CHANGES TO THE EXISTING ACCESS DATABASE
FIRST PRESBYTERIAN CHURCH OF NAPA 1333 THIRD STREET NAPA,CA 94559		CHURCH/SYNAGOGUE	5,000				FOR THE TABLE PROGRAM, A FISCAL SPONSEE OF THE FIRST PRESBYTERIAN CHURCH OF NAPA

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

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GIRL SCOUTS OF NORTHERN CALIFORNIA7700 EDGEWATER DRIVE SUITE 340 OAKLAND,CA 94621	94-1551410	501(C)(3)	3,000				FOR SUPPORT OF THE NAPA UNIT
GIRL SCOUTS OF NORTHERN CALIFORNIA7700 EDGEWATER DRIVE SUITE 340 OAKLAND,CA 94621	94-1551410	501(C)(3)	5,000				FOR SUPPORT OF THE NAPA SERVICE UNIT

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

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GIRLS ON THE RUN NAPA VALLEYPO BOX 2002 ST HELENA,CA 94574	55-0906534	501(C)(3)	2,500				FOR THE GIRLS ON TRACK PROGRAM IN CALISTOGA
GIRLS ON THE RUN NAPA VALLEYPO BOX 2002 ST HELENA,CA 94574	55-0906534	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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GIRLS ON THE RUN NAPA VALLEYPO BOX 2002 ST HELENA,CA 94574	55-0906534	501(C)(3)	5,000				FOR TUITION SUBSIDIES
GIRLS ON THE RUN NAPA VALLEYPO BOX 2002 ST HELENA,CA 94574	55-0906534	501(C)(3)	300				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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GIRLS ON THE RUN NAPA VALLEY PO BOX 2002 ST HELENA,CA 94574	55-0906534	501(C)(3)	500				FOR GENERAL SUPPORT
HOUSING AND ECONOMIC RIGHTS ADVOCATESPO BOX 29435 OAKLAND,CA 94604	20-2573758	501(C)(3)	25,000				FOR FORECLOSURE INTERVENTION AND PREVENTION SERVICES IN NAPA COUNTY

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

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HOUSING AND ECONOMIC RIGHTS ADVOCATESPO BOX 29435 OAKLAND,CA 94604	20-2573758	501(C)(3)	50,000				FOR FORECLOSURE INTERVENTION AND PREVENTION SERVICES IN NAPA COUNTY
HOUSING AND ECONOMIC RIGHTS ADVOCATESPO BOX 29435 OAKLAND,CA 94604	20-2573758	501(C)(3)	25,000				FOR FORECLOSURE INTERVENTION AND PREVENTION SERVICES 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
HUMANE SOCIETY OF NAPA COUNTYPO BOX 695 NAPA,CA 94559	23-7315010	501(C)(3)	8,000				FOR GENERAL SUPPORT
HUMANE SOCIETY OF NAPA COUNTYPO BOX 695 NAPA,CA 94559	23-7315010	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

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IF GIVEN A CHANCEPO BOX 2607 NAPA,CA 94558	91-1852336	501(C)(3)	15,000				FOR GENERAL SUPPORT
LASALLIAN EDUCATION FUND 100 SHORELINE HIGHWAY BUILDING B SUITE 386 MILL VALLEY,CA 94941	68-0420745	501(C)(3)	20,000				FOR GENERAL SUPPORT

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LEGAL AID OF NAPA VALLEY 1001 SECOND ST SUITE 225 NAPA,CA 94559	94-1649624	501(C)(3)	10,000				FOR GENERAL SUPPORT
LEGAL AID OF NAPA VALLEY 1001 SECOND ST SUITE 225 NAPA,CA 94559	94-1649624	501(C)(3)	7,000				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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LEGAL AID OF NAPA VALLEY 1001 SECOND ST SUITE 225 NAPA,CA 94559	94-1649624	501(C)(3)	1,465				TO PURCHASE FOUR LOCKING FILING CABINETS AND TO HIRE AN INTERN TO CREATE A NEW FILING SYSTEM
LOYD WOLFE JUVENILE JUSTICE NETWORK2310 FIRST STREET NAPA,CA 94559	68-0345721	501(C)(3)	10,000				FOR GENERAL SUPPORT

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LOYD WOLFE JUVENILE JUSTICE NETWORK2310 FIRST STREET NAPA,CA 94559	68-0345721	501(C)(3)	3,500				FOR THE 2012 SUMMER SUBSTANCE ABUSE TREATMENT PROGRAM FOR CALISTOGA TEENS
LOYD WOLFE JUVENILE JUSTICE NETWORK2310 FIRST STREET NAPA,CA 94559	68-0345721	501(C)(3)	3,500				FOR THE 2012 SUMMER SUBSTANCE ABUSE TREATMENT PROGRAM FOR ST HELENA TEENS

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
LOYD WOLFE JUVENILE JUSTICE NETWORK2310 FIRST STREET NAPA, CA 94559	68-0345721	501(C)(3)	3,700				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

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
NAPA COUNTY LAND TRUST DBA LAND TRUST OF NAPA COUNTY 1700 SOSCOL AVENUE SUITE 20 NAPA,CA 94559	94-2315096	501(C)(3)	250				FOR GENERAL SUPPORT
NAPA COUNTY LAND TRUST DBA LAND TRUST OF NAPA COUNTY 1700 SOSCOL AVENUE SUITE 20 NAPA,CA 94559	94-2315096	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
NAPA COUNTY LAND TRUST DBA LAND TRUST OF NAPA COUNTY 1700 SOSCOL AVENUE SUITE 20 NAPA,CA 94559	94-2315096	501(C)(3)	500				FOR GENERAL SUPPORT
NAPA COUNTY LAND TRUST DBA LAND TRUST OF NAPA COUNTY 1700 SOSCOL AVENUE SUITE 20 NAPA,CA 94559	94-2315096	501(C)(3)	2,000				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
NAPA COUNTY LAND TRUST DBA LAND TRUST OF NAPA COUNTY 1700 SOSCOL AVENUE SUITE 20 NAPA,CA 94559	94-2315096	501(C)(3)	250				FOR GENERAL SUPPORT
NAPA COUNTY LAND TRUST DBA LAND TRUST OF NAPA COUNTY 1700 SOSCOL AVENUE SUITE 20 NAPA,CA 94559	94-2315096	501(C)(3)	2,500				FOR START-UP COSTS FOR THE LAND STEWARDSHIP (AKA "PERMANENT PRESERVE NETWORK") 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
NAPA COUNTY LAND TRUST DBA LAND TRUST OF NAPA COUNTY 1700 SOSCOL AVENUE SUITE 20 NAPA,CA 94559	94-2315096	501(C)(3)	5,000				FOR THE PERMANENT PRESERVE NETWORK PROGRAM, AS PART OF THE FUND AN ACRE CAMPAIGN
NAPA COUNTY LAND TRUST DBA LAND TRUST OF NAPA COUNTY 1700 SOSCOL AVENUE SUITE 20 NAPA,CA 94559	94-2315096	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
NAPA COUNTY OFFICE OF EDUCATION2121 IMOLA AVENUE NAPA,CA 94559		GOVERNMENT AGENCY	750				FOR CLASSROOM SUPPLIES FOR THE STATE-FUNDED PRESCHOOL PROGRAM
NAPA COUNTY OFFICE OF EDUCATION2121 IMOLA AVENUE NAPA,CA 94559		GOVERNMENT AGENCY	2,750				FOR THE AUTHOR'S FEE FOR THE 2011 NAPA COUNTY READS 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
NAPA COUNTY OFFICE OF EDUCATION2121 IMOLA AVENUE NAPA,CA 94559		GOVERNMENT AGENCY	5,000				FOR CLASSROOM SUPPLIES FOR THE STATE-FUNDED PRESCHOOL PROGRAM
NAPA COUNTY PROBATION DEPARTMENT1125 THIRD STREET 2ND FLOOR NAPA,CA 94559		GOVERNMENT AGENCY	15,000				FOR THE EVENING REPORTING CENTER 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
NAPA EMERGENCY WOMEN'S SERVICES1141 PEAR TREE LANE SUITE 220 NAPA,CA 94559	94-2745889	501(C)(3)	35,000				FOR GENERAL SUPPORT
NAPA EMERGENCY WOMEN'S SERVICES1141 PEAR TREE LANE SUITE 220 NAPA,CA 94559	94-2745889	501(C)(3)	250				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
NAPA VALLEY CHILD ADVOCACY NETWORK INCORPORATED DBA PARENTSCAN 1909 JEFFERSON STREET NAPA,CA 94558	56-2498308	501(C)(3)	15,000				FOR GENERAL SUPPORT
NAPA VALLEY CHILD ADVOCACY NETWORK INCORPORATED DBA PARENTSCAN 1909 JEFFERSON STREET NAPA,CA 94558	56-2498308	501(C)(3)	2,500				FOR SUPPORT OF THE 2012 GRAND TRADITIONS GALA, TO BE HELD ON SEPTEMBER 7, 2012

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
NAPA VALLEY CHILD ADVOCACY NETWORK INCORPORATED DBA PARENTSCAN 1909 JEFFERSON STREET NAPA,CA 94558	56-2498308	501(C)(3)	2,500				FOR GENERAL SUPPORT
NAPA VALLEY CHILD ADVOCACY NETWORK INCORPORATED DBA PARENTSCAN 1909 JEFFERSON STREET NAPA,CA 94558	56-2498308	501(C)(3)	4,333				TO HIRE A STRATEGIC PLANNING CONSULTANT FOR THE STAFF AND BOARD

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
NAPA VALLEY COLLEGE FOUNDATION2277 NAPA-VALLEJO HIGHWAY NAPA,CA 94558	23-7003565	501(C)(3)	3,000				FOR GENERAL SUPPORT
NAPA VALLEY COLLEGE FOUNDATION2277 NAPA-VALLEJO HIGHWAY NAPA,CA 94558	23-7003565	501(C)(3)	750				TO SUPPORT NAPA VALLEY COLLEGE'S HEALTH OCCUPATIONS 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
NAPA VALLEY COLLEGE FOUNDATION2277 NAPA-VALLEJO HIGHWAY NAPA,CA 94558	23-7003565	501(C)(3)	5,000				FOR SUPPORT OF THE 70TH ANNIVERSARY EVENT
NAPA VALLEY COLLEGE FOUNDATION2277 NAPA-VALLEJO HIGHWAY NAPA,CA 94558	23-7003565	501(C)(3)	5,000				TO SUPPORT NAPA VALLEY COLLEGE'S HEALTH OCCUPATIONS PROGRAMS

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
NAPA VALLEY GENEALOGICAL & BIOGRAPHICAL SOCIETY1701 MENLO AVENUE NAPA,CA 945584725	23-7444798	501(C)(3)	527				FOR GENERAL SUPPORT
NAPA VALLEY GENEALOGICAL & BIOGRAPHICAL SOCIETY1701 MENLO AVENUE NAPA,CA 945584725	23-7444798	501(C)(3)	2,587				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
NAPA VALLEY GENEALOGICAL & BIOGRAPHICAL SOCIETY1701 MENLO AVENUE NAPA,CA 945584725	23-7444798	501(C)(3)	25,000				FOR BUILDING RENOVATIONS
NAPA VALLEY HOSPICE & ADULT DAY SERVICES414 SOUTH JEFFERSON STREET NAPA,CA 94559	68-0393144	501(C)(3)	3,500				FOR THE SCHOOL BEREAVEMENT PROGRAM AT ST HELENA HIGH SCHOOL FOR THE 2012-2013 SCHOOL YEAR

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
NAPA VALLEY HOSPICE & ADULT DAY SERVICES414 SOUTH JEFFERSON STREET NAPA,CA 94559	68-0393144	501(C)(3)	3,000				FOR GENERAL SUPPORT
NAPA VALLEY HOSPICE & ADULT DAY SERVICES414 SOUTH JEFFERSON STREET NAPA,CA 94559	68-0393144	501(C)(3)	3,900				FOR THE NAPA VALLEY SCHOOL BEREAVEMENT PROGRAM FOR STUDENTS AT AMERICAN CANYON HIGH SCHOOL

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
NAPA VALLEY HOSPICE & ADULT DAY SERVICES 414 SOUTH JEFFERSON STREET NAPA,CA 94559	68-0393144	501(C)(3)	1,200				FOR SUPPORT OF THE ROMBAUER CHALLENGE GIFT PROGRAM
NAPA VALLEY HOSPICE & ADULT DAY SERVICES 414 SOUTH JEFFERSON STREET NAPA,CA 94559	68-0393144	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
NAPA VALLEY HOSPICE & ADULT DAY SERVICES414 SOUTH JEFFERSON STREET NAPA,CA 94559	68-0393144	501(C)(3)	300				FOR GENERAL SUPPORT, IN MEMORY OF ROSEMARIE CONOLLY (OF ST HELENA)
NAPA VALLEY HOSPICE & ADULT DAY SERVICES414 SOUTH JEFFERSON STREET NAPA,CA 94559	68-0393144	501(C)(3)	4,333				TO HIRE A CONSULTANT TO CREATE A NEW BUSINESS MODEL FOR THE ADULT DAY HEALTH CARE PROGRAM, KNOWN AS ADULT DAY SERVICES (ADS)

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
NAPA VALLEY LANGUAGE ACADEMY2700 KILBURN AVE NAPA,CA 94559	94-3314527	PUBLIC SCHOOL	7,300				FOR THE PACENT LEARNING SOLUTIONS PROGRAM
NAPA VALLEY OPERA HOUSE INC1040 MAIN STREET SUITE 110 NAPA,CA 94559	68-0051718	501(C)(3)	250				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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NAPA VALLEY OPERA HOUSE INC1040 MAIN STREET SUITE 110 NAPA,CA 94559	68-0051718	501(C)(3)	5,000				FOR SUPPORT OF THE CAMPAIGN TO PAY OFF THE REMAINING CAPITAL DEBT ON THE NVOH BUILDING
NAPA VALLEY OPERA HOUSE INC1040 MAIN STREET SUITE 110 NAPA,CA 94559	68-0051718	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
NAPA VALLEY OPERA HOUSE INC1040 MAIN STREET SUITE 110 NAPA,CA 94559	68-0051718	501(C)(3)	30,000				FOR SUPPORT OF THE CAMPAIGN TO PAY OFF THE REMAINING CAPITAL DEBT ON THE NVOH BUILDING
NAPA VALLEY SUPPORT SERVICES1700 2ND STREET SUITE 212 NAPA,CA 94559	51-0186054	501(C)(3)	15,000				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
NAPA VALLEY SUPPORT SERVICES1700 2ND STREET SUITE 212 NAPA,CA 94559	51-0186054	501(C)(3)	650				TO PURCHASE AND INSTALL A NEW PHONE SYSTEM
NAPA VALLEY UNIFIED EDUCATIONAL FOUNDATION2425 JEFFERSON STREET NAPA,CA 94558	68-0005743	501(C)(3)	3,500				FOR EQUIPMENT FOR MUSIC CONNECTION'S BEFORE AND AFTER SCHOOL MUSIC PROGRAM AT AMERICAN CANYON HIGH SCHOOL

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
NAPA VALLEY UNIFIED EDUCATIONAL FOUNDATION2425 JEFFERSON STREET NAPA,CA 94558	68-0005743	501(C)(3)	4,000				FOR THE MUSIC CONNECTION PROGRAM
NAPA VALLEY UNIFIED EDUCATIONAL FOUNDATION2425 JEFFERSON STREET NAPA,CA 94558	68-0005743	501(C)(3)	1,000				FOR SPONSORSHIP OF THE TASTE FOR KNOWLEDGE EVENT ON OCTOBER 22, 2011

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
NAPA VALLEY UNIFIED EDUCATIONAL FOUNDATION2425 JEFFERSON STREET NAPA,CA 94558	68-0005743	501(C)(3)	3,510				TO HIRE A CONSULTANT TO ASSIST WITH BOARD DEVELOPMENT
NAPA VALLEY YOUTH SYMPHONY INCPO BOX 6594 NAPA,CA 94581	14-1843988	501(C)(3)	40,000				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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NAPA VALLEY YOUTH SYMPHONY INCPO BOX 6594 NAPA,CA 94581	14-1843988	501(C)(3)	3,250				FOR GENERAL SUPPORT
NAPA VALLEY YOUTH SYMPHONY INCPO BOX 6594 NAPA,CA 94581	14-1843988	501(C)(3)	250				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
NAPALEARNS THE NAPA VALLEY PARTNERSHIP FOR 21ST CENTURY EDUCATIONPO BOX 7057 NAPA,CA 94558	27-2705006	501(C)(3)	500,000				FOR GENERAL SUPPORT THROUGH 2015
ON THE MOVE780 LINCOLN AVE NAPA,CA 94558	75-3149095	501(C)(3)	3,500				FOR GENERAL SUPPORT FOR THE NAPA LGBTQ PROJECT, A FISCAL SPONSEE OF ON THE MOVE

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
ON THE MOVE 780 LINCOLN AVE NAPA,CA 94558	75-3149095	501(C)(3)	7,500				FOR EMPLOYMENT PROGRAM FOR LOW-INCOME, HIGH RISK YOUTH IN CALISTOGA
ON THE MOVE 780 LINCOLN AVE NAPA,CA 94558	75-3149095	501(C)(3)	5,000				FOR EMPLOYMENT PROGRAM FOR LOW-INCOME, HIGH RISK YOUTH IN ST HELENA

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
ON THE MOVE 780 LINCOLN AVE NAPA,CA 94558	75-3149095	501(C)(3)	500				FOR IMPROVEMENTS TO THE KITCHEN
ON THE MOVE 780 LINCOLN AVE NAPA,CA 94558	75-3149095	501(C)(3)	15,000				TO SUPPORT THE LEADERSHIP ACADEMIES PROGRAM THROUGH THE 2011-2012 ACADEMIC YEAR

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
ON THE MOVE780 LINCOLN AVE NAPA,CA 94558	75-3149095	501(C)(3)	250				FOR THE VOICES PROGRAM, IN HONOR OF DARCY HUNT'S BIRTHDAY CELEBRATION
OPERATION FREEDOMS PAWS 777 1ST STREET PMB 515 GILROY,CA 950209072	45-2566382	501(C)(3)	5,000				FOR OPERATION FREEDOMS PAWS TO WORK WITH VETERANS AT THE PATHWAY HOME PROGRAM IN YOUNTVILLE, CA

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
OPERATION FREEDOMS PAWS 777 1ST STREET PMB 515 GILROY,CA 950209072	45-2566382	501(C)(3)	1,000				FOR GENERAL SUPPORT
OXBOW SCHOOL THE530 THIRD STREET NAPA,CA 94559	94-3265708	501(C)(3)	30,000				FOR SCHOLARSHIPS

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
OXBOW SCHOOL THE530 THIRD STREET NAPA,CA 94559	94-3265708	501(C)(3)	10,000				FOR SUPPORT OF FINANCIAL ASSISTANCE
OXBOW SCHOOL THE530 THIRD STREET NAPA,CA 94559	94-3265708	501(C)(3)	2,500				FOR THE SCHOLARSHIP PROGRAM

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

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PEDIATRIC DENTAL INITIATIVE OF THE NORTH COAST 1380 19TH HOLE DRIVE WINDSOR,CA 95492	34-2012430	501(C)(3)	10,000				FOR DENTAL SURGERY AND OUTREACH SERVICES TO CHILDREN, AGES INFANT TO 14, RESIDING IN NAPA COUNTY
PLANNED PARENTHOOD SHASTA-DIABLO DBA PLANNED PARENTHOOD SHASTA PACIFIC 2185 PACHECO ST CONCORD,CA 94520	94-1575233	501(C)(3)	40,000				TO SUPPORT THE NAPA COUNTY PPSP CLINICS' ELECTRONIC HEALTH RECORDS PROJECT, AND INCREASE STAFFING AT THE NAPA CLINIC LOCATIONS

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
PLANNED PARENTHOOD SHASTA-DIABLO DBA PLANNED PARENTHOOD SHASTA PACIFIC 2185 PACHECO ST CONCORD,CA 94520	94-1575233	501(C)(3)	4,500				FOR THE SHUSH (ST HELENA UPHOLDS SEXUAL HEALTH) PEER EDUCATION PROGRAM FOR ST HELENA HIGH SCHOOL STUDENTS
PUERTAS ABIERTAS COMMUNITY RESOURCE CENTER PO BOX 3009 NAPA,CA 94558	20-3126333	501(C)(3)	1,800				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
PUERTAS ABIERTAS COMMUNITY RESOURCE CENTERPO BOX 3009 NAPA,CA 94558	20-3126333	501(C)(3)	2,000				FOR SUPPORT OF THE BOCCE BALL TOURNAMENT ON MAY 19, 2012 AND BILL DODD'S ANNUAL GOLF TOURNAMENT ON DECEMBER 10, 2012
PUERTAS ABIERTAS COMMUNITY RESOURCE CENTERPO BOX 3009 NAPA,CA 94558	20-3126333	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

(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
PUERTAS ABIERTAS COMMUNITY RESOURCE CENTER PO BOX 3009 NAPA,CA 94558	20-3126333	501(C)(3)	3,000				FOR GENERAL SUPPORT
QUEEN OF THE VALLEY HOSPITAL FOUNDATION1000 TRANCAS STREET NAPA,CA 94558	23-7081153	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
QUEEN OF THE VALLEY HOSPITAL FOUNDATION1000 TRANCAS STREET NAPA,CA 94558	23-7081153	501(C)(3)	500				FOR GENERAL SUPPORT
QUEEN OF THE VALLEY HOSPITAL FOUNDATION1000 TRANCAS STREET NAPA,CA 94558	23-7081153	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
REGENTS OF THE UNIVERSITY OF CALIFORNIAONE SHIELDS AVENUE DAVIS,CA 95616	94-6036494	501(C)(3)	2,000				FOR SUPPORT OF THE UC MASTER GARDENERS OF NAPA COUNTY PROGRAM (DIRECT EXPENSES ONLY)
REGENTS OF THE UNIVERSITY OF CALIFORNIAONE SHIELDS AVENUE DAVIS,CA 95616	94-6036494	501(C)(3)	750				FOR SUPPORT OF THE 2011-12 CALIFORNIA WINE INDUSTRY MANAGEMENT EDUCATION AWARD

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
REGENTS OF THE UNIVERSITY OF CALIFORNIAONE SHIELDS AVENUE DAVIS,CA 95616	94-6036494	501(C)(3)	2,500				FOR SUPPORT OF THE CALIFORNIA WINE INDUSTRY MANAGEMENT EDUCATION AWARD ENDOWMENT
SERENITY HOMES OF NAPA VALLEY 1971 LERNHART ST NAPA,CA 94559	20-2233852	501(C)(3)	10,000				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
SILVERADO MIDDLE SCHOOL PARENT FACULTY CLUB1133 COOMBSVILLE RD NAPA,CA 94558	26-2191276	501(C)(3)	5,265				FOR THE TECHNOLOGY PURCHASE MATCHING GRANT FROM THE REEL MEMORIES AUCTION FUNDRAISER ON MAY 19, 2012
SOLANO NETWORK OF MENTAL HEALTH CONSUMERS CIRCLE OF FRIENDS PO BOX 4644 VALLEJO,CA 94590	94-3388089	501(C)(3)	2,000				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
SOLANO NETWORK OF MENTAL HEALTH CONSUMERS CIRCLE OF FRIENDSPO BOX 4644 VALLEJO,CA 94590	94-3388089	501(C)(3)	3,687				TO PURCHASE FOUR COMPUTERS, ONE PRINTER, AND A WIRELESS ROUTER AND PHONE SYSTEM
ST HELENA FAMILY CENTER 1440 SPRING STREET ST HELENA,CA 94574	68-0362076	501(C)(3)	4,500				FOR THE CLARA (CHALLENGING LATINAS THROUGH AWARENESS, RESOURCES AND ACTIONS) YOUTH MENTORING PROGRAM FOR LATINA GIRLS IN ST HELENA

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
ST HELENA FAMILY CENTER 1440 SPRING STREET ST HELENA,CA 94574	68-0362076	501(C)(3)	2,500				FOR THE ENGLISH AS A SECOND LANGUAGE PROGRAM
ST HELENA FAMILY CENTER 1440 SPRING STREET ST HELENA,CA 94574	68-0362076	501(C)(3)	250				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
ST HELENA FAMILY CENTER 1440 SPRING STREET ST HELENA, CA 94574	68-0362076	501(C)(3)	1,000				FOR GENERAL SUPPORT
ST HELENA FAMILY CENTER 1440 SPRING STREET ST HELENA, CA 94574	68-0362076	501(C)(3)	4,333				TO UPGRADE THE CLIENT DATABASE AND BUSINESS MANAGEMENT SOFTWARE AND PROVIDE STAFF TRAINING FOR THE ST HELENA AND CALISTOGA FAMILY CENTERS

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
ST HELENA HIGH SCHOOL1401 GRAYSON AVENUE ST HELENA,CA 94574		PUBLIC SCHOOL	1,500				FOR PEER-TO-PEER MATH TUTORING AT ST HELENA HIGH SCHOOL, FUNDS NOT TO BE USED FOR FIELD TRIPS
ST HELENA HIGH SCHOOL1401 GRAYSON AVENUE ST HELENA,CA 94574		PUBLIC SCHOOL	1,000				FOR THE ATHLETIC SCHOLARSHIP

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
ST HELENA HIGH SCHOOL1401 GRAYSON AVENUE ST HELENA,CA 94574		PUBLIC SCHOOL	1,000				FOR GRADUATING SENIOR SCHOLARSHIPS
ST HELENA HIGH SCHOOL1401 GRAYSON AVENUE ST HELENA,CA 94574		PUBLIC SCHOOL	51,000				FOR GRADUATING SENIOR SCHOLARSHIPS

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
ST HELENA HOSPITAL FOUNDATION10 WOODLAND ROAD ST HELENA,CA 94574	20-1384250	501(C)(3)	50,000				FOR THE CARDIAC CENTER FUND A NEED CHALLENGE GRANT
ST JOHN THE BAPTIST CATHOLIC SCHOOL983 NAPA STREET NAPA,CA 94559	68-0078036	PUBLIC SCHOOL	1,500				FOR THE STAFF ROOM RENOVATION PROJECT

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
ST JOHN THE BAPTIST CATHOLIC CHURCH960 CAYMUS STREET NAPA,CA 94559	94-1002748	CHURCH/SYNAGOGUE	10,000				FOR THE BUILDING FAITH AND FUTURE FUND
ST JOHN THE BAPTIST CATHOLIC SCHOOL983 NAPA STREET NAPA,CA 94559	68-0078036	PUBLIC SCHOOL	500				FOR THE JOG-A-THON ON OCTOBER 14, 2011

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
ST JOHN THE BAPTIST CATHOLIC CHURCH960 CAYMUS STREET NAPA,CA 94559	94-1002748	CHURCH/SYNAGOGUE	1,250				FOR SUPPORT OF THE MEN'S CLUB
SUMMER SEARCH FOUNDATION NAPA-SONOMA 159 H STREET PETALUMA,CA 94952	68-0200138	501(C)(3)	2,000				FOR COLLEGE MENTORING AND EXPERIENTIAL EDUCATION TRIPS FOR LOW-INCOME CALISTOGA STUDENTS

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
SUMMER SEARCH FOUNDATION NAPA-SONOMA159 H STREET PETALUMA,CA 94952	68-0200138	501(C)(3)	3,000				FOR COLLEGE MENTORING AND EXPERIENTIAL EDUCATION TRIPS FOR LOW-INCOME ST HELENA STUDENTS
SUMMER SEARCH FOUNDATION NAPA-SONOMA159 H STREET PETALUMA,CA 94952	68-0200138	501(C)(3)	5,000				TO PROVIDE COLLEGE-READINESS MENTORING AND COLLEGE AND CAREER COUNSELING SERVICES TO FIVE HIGH SCHOOL AND TWO COLLEGE STUDENTS FROM AMERICAN CANYON

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
SUMMER SEARCH FOUNDATION NAPA-SONOMA159 H STREET PETALUMA,CA 94952	68-0200138	501(C)(3)	2,500				FOR SUPPORT OF THE APRIL 2012 MATCHING GRANT EVENT
SUMMER SEARCH FOUNDATION NAPA-SONOMA159 H STREET PETALUMA,CA 94952	68-0200138	501(C)(3)	5,000				FOR SUPPORT OF THE "WHERE CHANGE BEGINS" DINNER ON APRIL 4, 2012

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
SUTHERLAND EDWARDS LLC1204 PRESERVATION PARK WAY OAKLAND,CA 946121201		N/A	35,000				TO SUPPORT CAPACITY BUILDING OF NAPA VALLEY ARTS COUNCIL'S BOARD OF DIRECTORS AND ADMINISTRATIVE INFRASTRUCTURE
THEATRE BAY AREA 1663 MISSION STREET SUITE 525 SAN FRANCISCO, CA 94103	94-2476071	501(C)(3)	6,000				FOR THE WILL GLICKMAN AWARD 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
THEATRE BAY AREA1663 MISSION STREET SUITE 525 SAN FRANCISCO, CA 94103	94-2476071	501(C)(3)	6,000				FOR THE GLICKMAN AWARD
TIDES CENTERPO BOX 29907 SAN FRANCISCO, CA 941290907	94-3213100	501(C)(3)	23,428				FOR THE PATHWAY HOME PROGRAM, A FISCAL SPONSEE OF TIDES CENTER

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
TIDES CENTERPO BOX 29907 SAN FRANCISCO, CA 941290907	94-3213100	501(C)(3)	24,999				FOR THE PATHWAY HOME PROGRAM, A FISCAL SPONSEE OF TIDES CENTER
TIDES CENTERPO BOX 29907 SAN FRANCISCO, CA 941290907	94-3213100	501(C)(3)	35,000				FOR THE PATHWAY HOME PROGRAM, A FISCAL SPONSEE OF TIDES CENTER

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
TIDES CENTERPO BOX 29907 SAN FRANCISCO, CA 941290907	94- 3213100	501(C)(3)	250				FOR THE PATHWAY HOME PROGRAM, A FISCAL SPONSEE OF TIDES CENTER, FOR SUPPORT OF THE MARCH 16, 2012 BENEFIT
TIDES CENTERPO BOX 29907 SAN FRANCISCO, CA 941290907	94- 3213100	501(C)(3)	6,000				FOR THE PATHWAY HOME PROGRAM, A FISCAL SPONSEE OF TIDES CENTER

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
TIDES CENTERPO BOX 29907 SAN FRANCISCO, CA 941290907	94-3213100	501(C)(3)	500				FOR THE PATHWAY HOME PROGRAM, A FISCAL SPONSEE OF TIDES CENTER
UNITED CEREBRAL PALSY OF THE NORTH BAY INC 3835 CYPRESS DRIVE STE 103 PETALUMA,CA 94954	94-2284940	501(C)(3)	5,000				FOR FISCAL SPONSORSHIP OF KIDS CONNECT, TO BE USED AT KIDS CONNECT'S DISCRETION

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
UNITED CEREBRAL PALSY OF THE NORTH BAY INC3835 CYPRESS DRIVE STE 103 PETALUMA,CA 94954	94-2284940	501(C)(3)	250				FOR THE KIDS CONNECT PROGRAM, A FISCAL SPONSEE OF UNITED CEREBRAL PALSY OF THE NORTH BAY, INC
UNITED CEREBRAL PALSY OF THE NORTH BAY INC3835 CYPRESS DRIVE STE 103 PETALUMA,CA 94954	94-2284940	501(C)(3)	3,900				TO PURCHASE AND INSTALL A 3M 800A3 MATIC CASE SEALER

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
VINE VILLAGE 4059 OLD SONOMA ROAD NAPA,CA 94559	23-7296716	501(C)(3)	10,000				FOR GENERAL SUPPORT
VINE VILLAGE 4059 OLD SONOMA ROAD NAPA,CA 94559	23-7296716	501(C)(3)	1,733				TO PRODUCE AN ECOMMERCE WEB STORE TO MARKET AND SELL ORIGINAL ARTWORK CREATED BY DAY PROGRAM CLIENTS

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
VINE VILLAGE 4059 OLD SONOMA ROAD NAPA,CA 94559	23-7296716	501(C)(3)	250				FOR GENERAL SUPPORT
VINTAGE HIGH SCHOOL1375 TROWER AVENUE NAPA,CA 94558		PUBLIC SCHOOL	500				FOR SUPPORT OF VINTAGE HIGH SCHOOL'S PEER SUPPORT 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
VINTAGE HIGH SCHOOL1375 TROWER AVENUE NAPA,CA 94558		PUBLIC SCHOOL	2,000				FOR MENTAL HEALTH COUNSELING FOR STUDENTS FOR THE 2011/2012 SCHOOL YEAR
VINTAGE HIGH SCHOOL1375 TROWER AVENUE NAPA,CA 94558		PUBLIC SCHOOL	6,000				FOR MENTAL HEALTH COUNSELING FOR STUDENTS IN VHS'S PEER SUPPORT/IMPACT PROGRAM FOR THE 2011-2012 SCHOOL YEAR

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
VINTAGE HIGH SCHOOL1375 TROWER AVENUE NAPA,CA 94558		PUBLIC SCHOOL	500				FOR SUPPORT OF VHS'S PEER SUPPORT PROGRAM
VISUAL UNDERSTANDING IN EDUCATION INC DBA VISUAL THINKING STRATEGIES109 SOUTH FIFTH STREET SUITE 603 BROOKLYN,NY 11249	04-3299055	501(C)(3)	25,000				TO DEVELOP CAPACITY OF THE VTS PROGRAM IN NAPA VALLEY UNIFIED SCHOOL DISTRICT, AND SUPPORT YEAR 2 OF VTS IMPLEMENTATION AT NORTHWOOD ELEMENTARY SCHOOL, FOR THE 2011-2012 SCHOOL YEAR

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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

2011

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**	Yes	
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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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				
(1) TERENCE MULLIGAN	(i)	155,170	33,000	20,000	6,000	12,492	226,662	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
	PART I, LINE 5	THE PRESIDENT OF THE FOUNDATION IS ELIGIBLE TO RECEIVE PERFORMANCE BONUSES IN ADDITION TO BONUSES BASED UPON REVENUE GROWTH ABOVE AND BEYOND $2 0M, UP TO $7 0M

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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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF THE NAPA VALLEY

Employer identification number
68-0349777

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
(1) TERENCE MULLIGAN RELOCATION		X	200,000	73,333		No	Yes		Yes	
Total . . . . . ▶ $				73,333						

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

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
SCHEDULE L, PART II		THE PRESIDENT RECEIVED A ZERO-INTEREST RELOCATION LOAN TO ASSIST HIM TO PURCHASE A HOME IN NAPA WHICH WAS A REQUIREMENT OF HIS POSITION WHEN HE WAS HIRED IN 2004 THE BALANCE OF THE LOAN WAS $73,333 AS OF 6/30/2012 THE LOAN WAS TO BE FORGIVEN IN THE AMOUNT OF $20,000 PER YEAR OVER THE NEXT FOUR YEARS, HOWEVER, ON 5/25/2011, NVCF AMENDED THE PROMISSORY NOTE TO EXTEND THE MATURITY DATE TO 5/25/23 AND REDUCE THE ANNUAL AMOUNT FORGIVEN TO $6,667 THE IMPUTED INTEREST AND FORGIVEN DEBT ARE INCLUDED IN THE PRESIDENT'S COMPENSATION ON AN ANNUAL BASIS

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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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF THE NAPA VALLEY

Employer identification number
68-0349777

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	5	101,644	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

			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

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF THE NAPA VALLEY

Employer identification number
68-0349777

Identifier	Return Reference	Explanation
NEW PROGRAM SERVICES	FORM 990, PART III, LINE 2	ENGAGED IN COMMUNITY LEADERSHIP ACTIVITIES, INCLUDING CONVENING STAKEHOLDERS, NON-PROFIT AND LOCAL LEADERS ON IMPORTANT ISSUES FOR NAPA COUNTY

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. A DRAFT OF THE FORM 990 SHOULD BE READY FOR REVIEW BY THE AC NO LATER THAN TWO WEEKS PRIOR TO THE FILING DEADLINE. AFTER THE DRAFT OF THE FORM 990 HAS BEEN OBTAINED BY THE AC, THEY WILL HAVE 7-10 DAYS TO COMPLETE THEIR REVIEW. THE AC SHALL CONDUCT A REVIEW OF THE FORM 990. HOWEVER, IF THE AC DEEMS IT NECESSARY TO CONDUCT A MORE DETAILED REVIEW, THEY WILL CONTACT THE PREPARER OF THE FORM 990 TO REQUEST COPIES OF ANY RELEVANT DETAILED TAX RETURN WORKPAPERS. ONCE THE AC HAS COMPLETED ITS INITIAL REVIEW OF THE FORM 990, A MEETING OR CONFERENCE CALL WILL BE SCHEDULED WITH THE PREPARER OF THE FORM 990, IF NECESSARY, TO DISCUSS ANY QUESTIONS, COMMENTS, AND SUGGESTED REVISIONS IDENTIFIED BY THE AC. THE PREPARER OF THE FORM 990 SHALL MAKE ANY REVISIONS TO THE FORM 990 AS SOON AS FEASIBLY POSSIBLE TO ENSURE THAT THE FORM 990 IS FILED WITH THE INTERNAL REVENUE SERVICE ON A TIMELY BASIS. ALL OF THE QUESTIONS, COMMENTS, AND SUGGESTED REVISIONS SET FORTH BY THE AC SHOULD BE DOCUMENTED, ALONG WITH ANY RESPONSES FROM THE PREPARER OF THE FORM 990, IF APPLICABLE. AFTER THE FORM 990 HAS BEEN REVIEWED BY THE AC AND A FINAL COPY IS PREPARED, STAFF WILL E-MAIL THE FINAL FORM 990 TO ALL NVCF BOARD MEMBERS BEFORE THE 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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	MONITORING / ENFORCING THE CONFLICT OF INTEREST POLICY ONCE A YEAR OR AS NEEDED, BOARD AND ADVISORY COMMITTEE MEMBERS, FOUNDATION STAFF, VOLUNTEERS AND CONTRACTORS WILL COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT IDENTIFYING ANY SIGNIFICANT AFFILIATION AND/OR POSITION HELD BY SELF OR ANY IMMEDIATE FAMILY MEMBER WITH ANY ORGANIZATION USING THE FOLLOWING GUIDELINES A ANY SIGNIFICANT AFFILIATION AND/OR POSITION HELD BY SELF OR ANY IMMEDIATE FAMILY MEMBER WITH ANY LOCAL CHARITABLE OR COMMUNITY ORGANIZATION(S) B ANY SIGNIFICANT AFFILIATION AND/OR POSITION HELD BY SELF OR ANY IMMEDIATE FAMILY MEMBER WITH LOCAL BUSINESS ENTERPRISE(S) C ANY OTHER SIGNIFICANT INVOLVEMENTS WITH ORGANIZATIONS THAT MAY CREATE AN INTEREST OR BIAS WITH RESPECT TO THE FOUNDATION'S ACTION ANY POSSIBLE CONFLICTS SHALL BE DISCLOSED BEFORE ANY BOARD OR COMMITTEE MEETING DISCUSSION BEGINS THE MINUTES OF THE MEETING SHALL REFLECT THIS DISCLOSURE AFTER ACKNOWLEDGING THE POTENTIAL CONFLICT, THE BOARD/COMMITTEE/STAFF MEMBER/VOLUNTEER/CONTRACTOR MAY BRIEFLY ADDRESS THE OTHER MEMBERS REGARDING THIS MATTER THE BOARD/COMMITTEE/STAFF MEMBER/VOLUNTEER/CONTRACTOR MAY ALSO ANSWER PERTINENT QUESTIONS SINCE PERSONAL KNOWLEDGE ON THE ISSUE MAY BE OF ASSISTANCE TO THE OTHER MEMBERS IN REACHING THEIR DECISIONS THE BOARD/COMMITTEE/STAFF MEMBER, HOWEVER, WILL ABSTAIN FROM VOTING ON THIS ISSUE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	PROCESS FOR REVIEWING COMPENSATION NVCF PRESIDENT * THE EXECUTIVE COMMITTEE (EC) OF THE BOARD MEETS ANNUALLY TO REVIEW THE PRESIDENT'S PERFORMANCE * IN PREPARATION FOR THIS MEETING, THEY REVIEW SALARY COMPS FOR PRESIDENTS AND CEOS OF MEDIUM-SIZED COMMUNITY FOUNDATIONS IN CALIFORNIA AND NATIONWIDE * THE PRESIDENT PREPARES AN EXTENSIVE, WRITTEN SELF-ASSESSMENT OF HIS PERFORMANCE THAT IS BASED ON SPECIFIC, MEASURABLE, ATTAINABLE, RELEVANT AND TIMELY GOALS AGREED UPON DURING THE PRIOR YEAR'S PERFORMANCE REVIEW WITH THE EC * THE SELF ASSESSMENT IS SENT TO THE EC AT LEAST ONE WEEK BEFORE THEIR REVIEW MEETING * AT THE REVIEW MEETING, MEMBERS OF THE EC BRING COMMENTS AND SUGGESTED REVISIONS TO THE SELF ASSESSMENT DOCUMENT, AND ENGAGE THE PRESIDENT IN A CONVERSATION ABOUT PRIOR YEAR AND COMING YEAR GOALS FOR THE PRESIDENT AND NVCF * THE COMMENTS AND SUGGESTED EDITS TO THE SELF ASSESSMENT ARE FOLDED INTO A REVISED DOCUMENT CALLED THE SUPERVISOR ASSESSMENT * THE SUPERVISOR ASSESSMENT IS SHARED WITH THE BOARD OF DIRECTORS IN EXECUTIVE SESSION, WITHOUT STAFF PRESENT, AT THE NEXT MEETING OF THE BOARD * AT THIS BOARD MEETING, THE EC MAKES RECOMMENDATIONS FOR SALARY ADJUSTMENTS, IF ANY, BASED ON THE REVIEW OF COMPS, THE PERFORMANCE OF THE PRESIDENT, AND THE OVERALL PERFORMANCE OF NVCF * THE FULL BOARD VOTES ON ANY CHANGES 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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	AS A COMMUNITY CORPORATION, WE ARE ACCOUTABLE TO THE PUBLIC THE FOLLOWING ORGANIZATIONAL AND FINANCIAL DOCUMENTS OF NVCF WILL BE AVAILABLE (FOR INSPECTION OR COPYING) AT NVCF'S OFFICE DURING NORMAL BUSINESS HOURS AT NO CHARGE * IRS FORM 1023 - APPLICATION FOR RECOGNITION OF EXEMPTION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE * ARTICLES OF INCORPORATION * INTERNAL REVENUE SERVICE DETERMINATION LETTER * CALIFORNIA TAX EXEMPT LETTER * CONFLICT OF INTEREST POLICY * AUDITED FINANCIAL STATEMENTS * FORM 990'S - RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (PUBLIC INSPECTION COPY) * ANNUAL REPORTS * INVESTMENT POLICY * DETAILS OF FUNDS AND FEES ALL OF THE AFOREMENTIONED ORGANIZATIONAL AND FINANCIAL DOCUMENTS WILL ALSO BE POSTED ON THE ORGANIZATION'S WEB SITE NVCF WILL MAKE BEST EFFORTS TO ENSURE THAT THE DOCUMENTS POSTED ON THE WEB SITE ARE THE MOST UPDATED VERSIONS OF SUCH DOCUMENTS THE PUBLIC INSPECTION COPY OF THE FORM 990 WILL NOT INCLUDE THE SCHEDULE OF CONTRIBUTORS (SCHEDULE B) 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

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -298,967 CHANGE IN SPLIT INTEREST AGREEMENT - UNREALIZED TOTAL TO FORM 990, PART XI, LINE 5 -298,967

Identifier	Return Reference	Explanation
		FORM 990, PART XII, LINE 2C THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

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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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF THE NAPA VALLEY

Employer identification number
68-0349777

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) 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		No

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	(k) Percentage ownership

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, 35A, or 36.)

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

		Yes	No
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**	**No**
b	Gift, grant, or capital contribution to related organization(s)	**1b**	**No**
c	Gift, grant, or capital contribution from related organization(s)	**1c**	**No**
d	Loans or loan guarantees to or for related organization(s)	**1d**	**Yes**
e	Loans or loan guarantees by related organization(s)	**1e**	**No**
f	Sale of assets to related organization(s)	**1f**	**No**
g	Purchase of assets from related organization(s)	**1g**	**No**
h	Exchange of assets with related organization(s)	**1h**	**No**
i	Lease of facilities, equipment, or other assets to related organization(s)	**1i**	**No**
j	Lease of facilities, equipment, or other assets from related organization(s)	**1j**	**Yes**
k	Performance of services or membership or fundraising solicitations for related organization(s)	**1k**	**No**
l	Performance of services or membership or fundraising solicitations by related organization(s)	**1l**	**No**
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	**1m**	**No**
n	Sharing of paid employees with related organization(s)	**1n**	**No**
o	Reimbursement paid to related organization(s) for expenses	**1o**	**Yes**
p	Reimbursement paid by related organization(s) for expenses	**1p**	**Yes**
q	Other transfer of cash or property to related organization(s)	**1q**	**No**
r	Other transfer of cash or property from related 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	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(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) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	