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Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line 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 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 \$ 2,499,452 including grants of \$ 2,051,195) (Revenue \$ 40,442)

PROVIDED GRANTS TO OVER 100 ORGANIZATIONS COVERING A VARIETY OF CHARITABLE PURPOSES INCLUDING YOUTH, HEALTH, FAMILY SERVICES, LEGAL IMMIGRATION 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 ▶ 2,499,452

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 Yes	
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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9 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, line 10? 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 and XII 	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 and XII 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, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts 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 other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts 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 (see instructions)	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 hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b 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 or note to any line in this Part V

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	3
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	7
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
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" to line 3b, provide an explanation in Schedule O.	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country: _____ See 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 as charitable contributions?	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	No
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a	No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	No
10 Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11 Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
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. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the 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 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 or note to any line 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	17	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	17	
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 this 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 ☐ Other (explain in Schedule O)
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 during the tax year
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 or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

List all of the organization's **current** key employees, if any See 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(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) DAVID GAW CHAIR	1 00	X		X				0	0	0
(2) PATRICK GLEESON CO-VICE CHAIR	1 00	X		X				0	0	0
(3) MELISSA PATRINO CO-VICE CHAIR	1 00	X		X				0	0	0
(4) MARIA CISNEROS SECRETARY	1 00	X		X				0	0	0
(5) RICHARD MEESE TREASURER	1 00	X		X				0	0	0
(6) JOE CARRILLO MD DIRECTOR	1 00	X						0	0	0
(7) MARY ANNE CLEARY DIRECTOR	1 00	X						0	0	0
(8) DELL COATS DIRECTOR	1 00	X						0	0	0
(9) KENT IMRIE DIRECTOR	1 00	X						0	0	0
(10) KRIS JAEGER DIRECTOR	1 00	X						0	0	0
(11) RICK JONES DIRECTOR	1 00	X						0	0	0
(12) BLAIR LAMBERT DIRECTOR	1 00	X						0	0	0
(13) MANBIN MONTEVERDE DIRECTOR	1 00	X						0	0	0
(14) BRAD NICHINSON MD DIRECTOR	1 00	X						0	0	0
(15) IAIN SILVERTHORNE DIRECTOR	1 00	X						0	0	0
(16) LORAIN STUART DIRECTOR	1 00	X						0	0	0
(17) CARRY THACHER DIRECTOR	1 00	X						0	0	0

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

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	402,874	0	31,345

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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	157,040			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,416,119			
	g	Noncash contributions included in lines 1a-1f \$		322,006			
	h	Total. Add lines 1a-1f		2,573,159			
Program Service Revenue	2a	ADMINISTRATIVE FEE INCOME	Business Code 525920	40,442	40,442		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		40,442			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		324,977		324,977
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6a		Gross rents	(i) Real	(ii) Personal			
		b	Less rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss)				
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b	Less cost or other basis and sales expenses				
		c	Gain or (loss)				
		d	Net gain or (loss)		128,316		128,316
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			3,066,894	40,442	0	453,293

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	2,026,695	2,026,695		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	24,500	24,500		
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.	291,033	84,537	141,956	64,540
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.	241,975	175,869	44,096	22,010
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	14,628	6,785	5,425	2,418
9	Other employee benefits.	39,128	20,868	10,726	7,534
10	Payroll taxes.	37,735	18,436	13,172	6,127
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	2,794		444	2,350
c	Accounting.	26,216		26,216	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	50,580	50,580		
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	24,415	24,415		
12	Advertising and promotion.				
13	Office expenses.	22,917	10,855	7,435	4,627
14	Information technology.	34,173	16,232	11,391	6,550
15	Royalties.				
16	Occupancy.	45,696	21,706	15,232	8,758
17	Travel.	1,926	1,003	855	68
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	47,175	7,450	8,740	30,985
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	924	440	307	177
23	Insurance.	2,817	1,338	939	540
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	DUES & SUBSCRIPTIONS	9,720	4,617	3,240	1,863
b	MARKETING	6,761			6,761
c	STAFF TRAINING & RCTMNT	4,244	1,865	2,379	
d	OTHER	2,345	1,261	688	396
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	2,958,397	2,499,452	293,241	165,704
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			1	1	501
	2	Savings and temporary cash investments			300,581	2	355,591
	3	Pledges and grants receivable, net			134,306	3	414,791
	4	Accounts receivable, net			14,129	4	0
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			66,666	5	60,000
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net			0	7	0
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			0	9	6,301
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	45,618			
	b	Less: accumulated depreciation	10b	40,479	6,062	10c	5,139
	11	Investments—publicly traded securities			17,079,366	11	16,967,599
	12	Investments—other securities. See Part IV, line 11			494,093	12	0
	13	Investments—program-related. See Part IV, line 11			23,920	13	0
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			177,568	15	71,738
	16	Total assets. Add lines 1 through 15 (must equal line 34)			18,296,692	16	17,881,660
Liabilities	17	Accounts payable and accrued expenses			58,866	17	32,117
	18	Grants payable			334,372	18	260,391
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			3,732,511	21	2,341,365
	22	Loans and other 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			4,125,749	26	2,633,873
Net Assets or Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets			8,335,406	27	8,886,529
	28	Temporarily restricted net assets			733,282	28	1,230,421
	29	Permanently restricted net assets			5,102,255	29	5,130,837
		Organizations that do not follow SFAS 117 (ASC 958), 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			14,170,943	33	15,247,787
	34	Total liabilities and net assets/fund balances			18,296,692	34	17,881,660

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,066,894
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,958,397
3	Revenue less expenses Subtract line 2 from line 1	3	108,497
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14,170,943
5	Net unrealized gains (losses) on investments	5	968,347
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	15,247,787

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a	No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	2b	Yes
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
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
3b	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	

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 described in **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 33¹/₃% 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 33¹/₃% 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 - Non-functionally integrated

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?

(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 supported organization?

(ii)

A family member of a person described in (i) above?

(iii)

A 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	1,917,817	4,704,537	2,665,428	2,363,346	2,573,159	14,224,287
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	1,917,817	4,704,537	2,665,428	2,363,346	2,573,159	14,224,287
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)						2,928,653
6 Public support. Subtract line 5 from line 4						11,295,634

Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	1,917,817	4,704,537	2,665,428	2,363,346	2,573,159	14,224,287
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	269,796	339,033	331,545	339,736	324,977	1,605,087
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support (Add lines 7 through 10)						15,829,374
12	Gross receipts from related activities, etc (see instructions)					12	242,847
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 2013 (line 6, column (f) divided by line 11, column (f))	14	71 360 %
15	Public support percentage for 2012 Schedule A, Part II, line 14	15	73 320 %
16a	33 1/3% support test—2013. 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—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a	10%-facts-and-circumstances test—2013. 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—2012. 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 IIISupport Schedule for Organizations Described in Section 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. 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—2012. 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. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test		
Return Reference	Explanation	

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

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

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

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

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

Name of the organization COMMUNITY FOUNDATION OF THE NAPA VALLEY	Employer identification number 68-0349777
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

Part II-A

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)		5,530													
c Total lobbying expenditures (add lines 1a and 1b)		5,530													
d Other exempt purpose expenditures		2,506,398													
e Total exempt purpose expenditures (add lines 1c and 1d)		2,511,928													
f Lobbying nontaxable amount Enter the amount from the following table in both columns		275,596													
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)		68,899													
h Subtract line 1g from line 1a If zero or less, enter -0-		0													
i Subtract line 1f from line 1c If zero or less, enter -0-		0													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ Yes ☐ No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount			288,895	275,596	564,491
b Lobbying ceiling amount (150% of line 2a, column(e))					846,737
c Total lobbying expenditures			11,480	5,530	17,010
d Grassroots nontaxable amount			72,224	68,899	141,123
e Grassroots ceiling amount (150% of line 2d, column (e))					211,685
f Grassroots lobbying expenditures					

Part II-B

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i.			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912.			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912.			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

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

Return Reference	Explanation

Part IV

[illegible]

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

► Attach to Form 990. ► See separate instructions. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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	49	13
2 Aggregate contributions to (during year)	1,616,404	2,849
3 Aggregate grants from (during year)	2,161,585	47,887
4 Aggregate value at end of year	7,705,985	2,306,336
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	☒ Yes ☐ No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	☒ Yes ☐ No	

Part II Conservation Easements. Complete if the organization answered "Yes" 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

	Held at the End of the 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, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) 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 (ASC 958) 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 acquisition, 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 XIII
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table
- | | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 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 XIII Check here if the explanation has been provided in Part XIII

☒

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	5,412,644	5,158,988	4,023,894	2,659,042	2,870,698
b Contributions	28,581	236,516	1,182,451	1,061,436	-563,808
c Net investment earnings, gains, and losses	574,254	244,562	67,511	363,106	396,098
d Grants or scholarships					
e Other expenditures for facilities and programs	204,836	227,422	114,868	59,690	43,946
f Administrative expenses					
g End of year balance	5,810,643	5,412,644	5,158,988	4,023,894	2,659,042

- 2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

88 300 %

c

Temporarily restricted endowment

11 700 %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

3a(i)

☐ Yes

☐ No

(ii) related organizations

3a(ii)

☐ Yes

☐ No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

☐ Yes

☐ No

4

Describe in Part XIII the intended uses of the organization's endowment funds
- Part VI

Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.
- | Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 18,362 | 13,223 | 5,139 |
| e Other | | 27,256 | 27,256 | 0 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 5,139 |
- Schedule D (Form 990) 2013

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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 XIII)	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 XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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 XIII)	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 XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	

Part XIII

Supplemental Information

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

Return Reference	Explanation
PART IV, LINE 2B	AS OF JUNE 30, 2014, THE FOUNDATION MAINTAINED A TOTAL OF \$2,341,365 FOR OTHER NONPROFIT ORGANIZATIONS IN WHICH THE ORGANIZATIONS TRANSFERRED ASSETS TO THE FOUNDATION AND NAMED THEMSELVES AS BENEFICIARIES
PART V, LINE 4	THE ANNUAL SPENDING POLICY IS INTENDED TO ENABLE THE NAPA VALLEY COMMUNITY FOUNDATION'S ENDOWMENT FUNDS TO PROVIDE PERMANENT SUPPORT TO A VARIETY OF EDUCATIONAL, ENVIRONMENTAL, SOCIAL, AND CULTURAL NEEDS THROUGHOUT NAPA COUNTY
PART X, LINE 2	THE FOUNDATION IS A TAX-EXEMPT FOUNDATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE FOUNDATION IS ALSO EXEMPT FROM STATE INCOME TAXES UNDER PROVISIONS OF THE CALIFORNIA REVENUE AND TAXATION CODE. ACCORDINGLY, THE CONSOLIDATED FINANCIAL STATEMENTS CONTAIN NO PROVISION FOR INCOME TAXES. THE FOUNDATION EVALUATES ITS TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN TO DETERMINE WHETHER THE TAX POSITIONS ARE "MORE-LIKELY-THAN-NOT" OF BEING SUSTAINED BY THE APPLICABLE TAX AUTHORITY. TAX POSITIONS NOT DEEMED TO MEET THE "MORE-LIKELY-THAN-NOT" THRESHOLD ARE RECORDED AS AN EXPENSE IN THE APPLICABLE YEAR. AS OF JUNE 30, 2014, THE FOUNDATION DOES NOT HAVE ANY SIGNIFICANT UNCERTAIN TAX POSITIONS FOR WHICH A RESERVE WOULD BE NECESSARY.

[illegible]

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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. Part II can be duplicated 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

67

3

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

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.
Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS TO COLLEGE STUDENTS	14	24,500			

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	NAPA VALLEY COMMUNITY FOUNDATION (NVCF) IS COMMITTED TO ENSURING THAT ALL GRANT FUNDS ARE USED SOLELY FOR THE CHARITABLE PURPOSES INTENDED NVCF CONDUCTS MORE THAN 200 SITE VISITS EACH YEAR WITH NONPROFIT ORGANIZATIONS IN NAPA COUNTY, ANALYZES FINANCIAL INFORMATION ABOUT PROSPECTIVE GRANTEEES, 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, WE REQUIRE GRANTEE ORGANIZATIONS TO COMPLETE A WRITTEN GRANT REPORT WITHIN A YEAR OF RECEIVING FUNDS

Additional Data

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 P O BOX 2494 YOUNTVILLE,CA 94599	36-4716996	501(C)(3)	6,000				FOR GENERAL SUPPORT, TO GO TOWARD THE CHALLENGE GRANT FOR GENERAL SUPPORT FROM THE GAMBLE FOUNDATION

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
AGSAFE PO BOX 1011 MODESTO, CA 95353	68-0259724	501(C)(3)	21,000				"STOMP" ON AUGUST 24, 2013, FOR THE NAPA VALLEY GRAPEGROWERS FARMWORKER FOUNDATION, A FISCAL SPONSEE OF AGSAFE

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 INC PO BOX 841 NAPA,CA 94559	94-2159248	501(C)(3)	8,461				FOR EXPENSES TO UPGRADE THE WEBSITE, 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
AUCTION NAPA VALLEY PO BOX 141 ST HELENA,CA 94574	94-2702203	501(C)(3)	200,000				FOR THE 2014 FUND A NEED

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 SCHOOL 1436 POLK STREET NAPA, CA 94559	95-4803542	501(C)(3)	25,000				FOR SUPPORT OF THE MARY GOLDMAN ENDOWMENT FUND FOR THE ARTS (RESTRICTED), IN HONOR OF SUSAN PORTES, FOR SUPPORT OF THE ANNUAL FUND, TO UNDERWRITE THE 2014 AUCTION

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)	35,250				FOR SUPPORT OF CALISTOGA PROGRAMS, IN MEMORY OF MR JIM BARRETT, FOR THE FUND-A-NEED FROM "THE BIG NIGHT" ON AUGUST 17, 2013, FOR THE ST HELENA 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 AND GIRLS CLUBS OF NAPA VALLEY 1515 PUEBLO AVENUE NAPA, CA 94558	94-6033413	501(C)(3)	9,000				FOR GENERAL SUPPORT, PROGRAM AT THE AMERICAN CANYON CLUBHOUSE, NAPA JUNCTION CLUBHOUSE, AND CANYON OAKS CLUBHOUSE

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
BRIDGE HOUSING CORPORATION 600 CALIFORNIA STREET 9TH FLOOR SAN FRANCISCO,CA 94108	94-2827909	501(C)(3)	10,000				FOR COSTS ASSOCIATED WITH THE CREATION OF THE BRIDGETOWN APP

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 INC 1500 CEDAR ST CALISTOGA, CA 94515	80-0023012	501(C)(3)	9,212				FOR GENERAL SUPPORT, IN MEMORY OF MR JIM BARRETT, TO ASSIST FAMILIES WITH DIAPER PURCHASES, TO HIRE A CONSULTANT TO HELP IDENTIFY AND HIRE AN EXECUTIVE DIRECTOR FOR THE UP VALLEY FAMILY CENTERS OF 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
CALISTOGA JUNIOR & SENIOR HIGH SCHOOL 1608 LAKE STREET CALISTOGA, CA 94515		03 - PUBLIC SCHOOL	10,000				FOR THE 2014 KENT AND FRANCES INGALLS SCHOLARSHIP AWARD AT CALISTOGA JUNIOR & SENIOR 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
CASA A VOICE FOR CHILDREN 1804 SOSCOL AVENUE SUITE 202 NAPA,CA 94559	20-3594007	501(C)(3)	12,000				FOR GENERAL SUPPORT, AND TO BE USED AS A MATCHING GRANT INCENTIVE FOR OTHER DONORS, IN MEMORY OF DOREEN HUSTINGS SCRIPTURE AND NOREEN LANDERS CARNEY

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 INC 439 DEVLIN ROAD NAPA, CA 94558	68-0442009	501(C)(3)	7,815				FOR GENERAL SUPPORT, TO PURCHASE TEN NETBOOKS FOR NAPA STAFF

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
CHURCH OF SHAMBHALA VAJRADHARA MAITREYA SANGHA PO BOX 961 KELSEYVILLE,CA 95451	68-0396112	501(C)(3)	13,500				FOR SUPPORT OF THE BRAINWAVE OPTIMIZATION PROGRAM AT THE WELLNESS CENTER, TO BE USED AS TUITION SUBSIDIES FOR CLIENTS WITH FINANCIAL HARDSHIP

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)	12,350				FOR GENERAL SUPPORT, FOR SUPPORT OF THE 2013 EDUCATION PROGRAM, FOR SUPPORT OF THE EDUCATION AND OUTREACH PROGRAM TO BRING SCREENINGS OF THE FILM "GIRL RISING" TO FIVE SCHOOLS IN THE NAPA VALLEY DURING THE 2013 FESTIVAL

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 DEPARTMENT 1100 WEST STREET NAPA, CA 94559		02 - GOVERNMENT	13,500				TO PURCHASE MATERIALS TO RESTORE EXISTING TRAILS IN THE SOUTHERN END OF THE PARK AND TO REPLACE AND REPAIR EXISTING BENCHES IN THE PARK THAT HAVE BECOME DAMAGED OR DETERIORATED OVER TIME, FOR SUPPORT OF THE SENIOR ACTIVITY CENTER

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

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CLINIC OLE FOUNDATION 1141 PEAR TREE LANE STE 100 NAPA, CA 94558	68-0149424	501(C)(3)	25,000				FOR GENERAL SUPPORT, AS PART OF THE ADVISORY COUNCIL

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

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COMMUNITY ACTION OF NAPA VALLEY 2310 LAUREL STREET SUITE 1 NAPA,CA 94559	94-1610851	501(C)(3)	22,000				IN HONOR OF THE MARRIAGE OF REBECCA FINE AND MICHAEL AUDISS, GENERAL SUPPORT, FOR SUPPORT OF THE NAPA VALLEY FOOD BANK PROGRAM, FOR SUPPORT OF THE MEALS ON WHEELS PROGRAM, FOR THE SENIOR NUTRITION PROGRAM, FOR THE NAPA VALLEY FOOD BANK PROGRAM, AND TO BE USED AS A MATCHING GRANT INCENTIVE FOR OTHER DONORS,

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 OLE 1141 PEAR TREE LANE SUITE 100 NAPA,CA 94558	23-7221695	501(C)(3)	15,212				FOR THE COMMUNITY OUTREACH PROGRAM, FOR FIVE MANAGEMENT TRAINING MODULES FOR 30 DEPARTMENT MANAGERS, FOR FISCAL SPONSORSHIP OF THE LATINO ELDER COALITION (LEC), TO SUPPORT LEC'S PROGRAMMING THROUGH APRIL 2015 TO PURCHASE DIAPERS FOR HEALTHY MOMS & BABIES' INCENTIVE "SHOP", GENERAL SUPPORT

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

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CONGREGATION BETH SHALOM 1455 ELM STREET NAPA, CA 94559	23-7296339	01 - CHURCH	72,350				FOR THE NEW BUILDING FUND, FOR SUPPORT OF "THE TABLE" PROGRAM TO FEED THOSE IN NEED, FOR THE RABBI'S DISCRETIONARY FUND, FAMILY VOTING MEMBERSHIP, BUILDING AND MAINTENANCE FUND

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

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	23-7296339						

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

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CONGREGATION B'NAI ISRAEL 1256 NEBRASKA STREET VALLEJO,CA 94590	94-2719010	01 - CHURCH	5,000				FOR SUPPORT OF THE ANNUAL FUND APPEAL

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 CENTER 3141 BROWNS VALLEY ROAD NAPA,CA 94558	80-0493340	501(C)(3)	10,000				FOR SUPPORT OF THE 2013 DINNER AT THE RANCH, FOR GENERAL SUPPORT, FOR THE FIELD TRIP PROGRAM

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

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COPE FAMILY CENTER 1340 FOURTH STREET NAPA, CA 94559	94-2322399	501(C)(3)	58,461				ADMINISTRATION, FOR THE BANK ON NAPA VALLEY (BONV) COLLABORATIVE, A FISCAL SPONSEE OF COPE FAMILY CENTER, FOR SUPPORT OF THE CHILD ABUSE PREVENTION COUNCIL PROGRAM, TO HIRE A CONSULTANT TO FACILITATE A BOARD RETREAT AND PAY FOR TWO EMPLOYEES TO OBTAIN A CERTIFICATE OF LEADERSHIP

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
DI ROSA PRESERVE 5200 SONOMA HWY 121 NAPA, CA 94559	94-3367956	501(C)(3)	5,250				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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FAMILY SERVICE OF THE NORTH BAY DBA FAMILY SERVICE OF NAPA VALLEY 709 FRANKLIN STREET NAPA, CA 94559	94-1236934	501(C)(3)	34,000				FOR GENERAL SUPPORT, FOR FISCAL SPONSORSHIP OF HEALTHY AGING POPULATION INITIATIVE'S (HAPI) HEALTHY MINDS HEALTHY AGING (HMHA) PROGRAM, TO SUPPORT THERAPY/COUNSELING FOR HMHA CLIENTS, FOR MENTAL HEALTH SERVICES FOR STUDENTS AT CALISTOGA JR /SR HIGH SCHOOL AND PALISADES CONTINUATION HIGH SCHOOL, FOR THE 2013-2014 SCHOOL YEAR

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

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FIRST PRESBYTERIAN CHURCH OF NAPA 1333 THIRD STREET NAPA, CA 94559		01 - CHURCH	5,000				FOR THE TABLE PROGRAM, A FISCAL SPONSEE OF 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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FIRST PRESBYTERIAN CHURCH OF ST HELENA 1428 SPRING STREET ST HELENA,CA 94574		01 - CHURCH	11,400				FOR GENERAL SUPPORT, FOR THE VIOLET YOUNG SCHOLARSHIP AWARD

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

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FRIENDS OF NEW TECHNOLOGY HIGH SCHOOL 920 YOUNT STREET NAPA,CA 94559	27-0979431	501(C)(3)	6,000				FOR A MATCHING GRANT IN SUPPORT OF OPERATIONS FOR THE FAMILY GIVING CAMPAIGN, TO UNDERWRITE THE 2014 LA STRADA DELL' ARTE STREET ART FESTIVAL

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
FRIENDS OF PIONEER PARK PO BOX 890 CALISTOGA, CA 94515	90-0940160	501(C)(3)	73,124				TO SUPPORT THE RENOVATION OF PIONEER PARK AND TO BUILD A NEW GAZEBO

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

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FRIENDS OF THE ORPHANS 134 NORTH LA SALLE ST SUITE 500 CHICAGO, IL 606021036	65-1229309	501(C)(3)	5,000				FOR SUPPORT OF THE HAITI INITIATIVE, IN MEMORY OF MR JIM BARRETT

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 3299 CLAREMONT WAY SUITE 6 NAPA,CA 94558	55-0906534	501(C)(3)	15,596				FOR A MATCHING GRANT TO SERVE NAPA COUNTY ELEMENTARY AND MIDDLE SCHOOL GIRLS, TO PURCHASE A PHONE SYSTEM, TWO LAPTOP COMPUTERS, COMPUTER SOFTWARE AND HARDWARE AND TO HIRE AN IT CONSULTANT FOR SERVICES IN NAPA COUNTY, TO SUPPORT THE EFFORTS OF GIRLS ON THE RUN NAPA VALLEY IN PROMOTING HEALTHY HABITS TO YOUNG WOMEN IN THE NAPA AND SOLANO COMMUNITIES, GENERAL SUPPORT,

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

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GRACE CHURCH OF NAPA VALLEY 3765 SOLANO AVE NAPA, CA 94558	23-7169732	501(C)(3)	42,000				FOR COMPLETION OF THE MINISTRY CENTER, FOR THE NILO FUND TO SUPPORT THE REBUILD EFFORT IN THE PHILIPPINES

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

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GUNILDA RIANDA SENIOR CENTER ASSOCIATION 1475 MAIN STREET ST HELENA, CA 94574	20-2411077	501(C)(3)	17,170				GENERAL SUPPORT, FOR SUPPORT OF THE HEALTHY MINDS, HEALTHY BODIES PROGRAM, TO PURCHASE 2, 8 X 8 STEPPING-STONE BRICKS ONE, "IN HONOR OF JOAN WESTGATE" AND ONE, "IN MEMORY OF CHARLES SANDBERG," TO PURCHASE THE MYSENIORCENTER SOFTWARE AND HARDWARE SYSTEM, CUSTOMIZED KEY TAGS AND TO RENOVATE THE RECEPTION AREA,

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

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HISTORIC OLD PICKENS FOUNDATION PO BOX 149 SALEM, SC 296760149	57-1084542	501(C)(3)	10,000				TO SUPPORT A MATCHING GRANT FOR REPAIRS TO THE CHURCH

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 ADVOCATES PO BOX 29435 OAKLAND, CA 94604	20-2573758	501(C)(3)	25,500				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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HUMANE SOCIETY OF NAPA COUNTY PO BOX 695 NAPA, CA 94559	23-7315010	501(C)(3)	5,500				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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INTERNATIONAL INSTITUTE OF THE BAY AREA 657 MISSION ST STE 301 SAN FRANCISCO,CA 94105	94-1156554	501(C)(3)	201,000				FOR SUPPORT OF THE NAPA VALLEY DACA COLLABORATIVE TO PROVIDE DACA SERVICES THROUGH APRIL 30, 2015, THREE YEAR ONE NAPA VALLEY INITIATIVE

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 575 LINCOLN AVE SUITE 210 NAPA, CA 94558	94-1649624	501(C)(3)	15,250				FOR GENERAL SUPPORT, FOR PARTICIPATION IN THE CITIZENSHIP LEGAL SERVICES (CLS) COLLABORATIVE THAT IS PART OF THE COMMUNITY FOUNDATION'S THREE-YEAR ONE NAPA VALLEY INITIATIVE THIS GRANT COVERS THE PERIOD FROM JULY 1, 2014 THROUGH JUNE 30, 2015

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

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LOYD WOLFE JUVENILE JUSTICE NETWORK 2310 FIRST STREET NAPA, CA 94559	68-0345721	501(C)(3)	5,000				FOR SUPPORT OF THE TABOO TATTOO PROGRAM, TO BE USED FOR STAFFING, OUTREACH AND ADDITIONAL SUPPLIES

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

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MUSEUM OF THE CHEROKEE IN SOUTH CAROLINA 70 SHORT ST WALHALLA, SC 29691	90-0798631	501(C)(3)	8,000				FOR GENERAL SUPPORT

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NAPA COUNTY LAND TRUST DBA LAND TRUST OF NAPA COUNTY 1700 SOSCOL AVENUE SUITE 20 NAPA, CA 94559	94-2315096	501(C)(3)	9,650				FOR THE JEANS & JEWELS FUND A NEED, FOR GENERAL SUPPORT, FOR THE FUND AN ACRE CAMPAIGN

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

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NAPA COUNTY LANDMARKS INC 1219 FIRST STREET NAPA, CA 94559	23-7387672	501(C)(3)	5,250				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 COUNTY RESOURCE CONSERVATION DISTRICT 1303 JEFFERSON STREET STE 500B NAPA,CA 94559	94-1569332	02 - GOVERNMENT	8,040				FOR THE NAPA ECO RESERVE PROJECT , TO BE USED TO PURCHASE TEACHERS GUIDE FLASH DRIVES AND FOR SCHOOL OUTREACH, FOR THE LANDSMART FOR KIDS PROGRAM

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

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NAPA EMERGENCY WOMEN'S SERVICES 1141 PEAR TREE LANE SUITE 220 NAPA, CA 94559	94-2745889	501(C)(3)	41,500				FOR THE PURCHASE OF PROMOTIONAL ITEMS FOR THE TEEN DATING VIOLENCE PROGRAM IN CALISTOGA, FOR GENERAL SUPPORT, IN HONOR OF MS MELINDA MENDELSON

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

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NAPA VALLEY CHILD ADVOCACY NETWORK INCORPORATED DBA PARENTSCAN 1909 JEFFERSON STREET NAPA, CA 94558	56-2498308	501(C)(3)	41,308				TO PURCHASE OR UPGRADE 12 COMPUTERS AND HIRE A TECHNOLOGY CONSULTANT, 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 FESTIVAL ASSOCIATION 915 TRANCAS STREET SUITE B NAPA,CA 94558	26-4008029	501(C)(3)	50,000				FOR SUPPORT OF THE 2014 FESTIVAL DEL SOLE

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

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NAPA VALLEY HOSPICE & ADULT DAY SERVICES 414 SOUTH JEFFERSON STREET NAPA, CA 94559	68-0393144	501(C)(3)	53,019				TO HIRE A CONSULTANT TO PROVIDE HUMAN RESOURCES COACHING TO STAFF, AND TO HELP THE HR GENERALIST/ PAYROLL & BENEFITS SPECIALIST, FOR SUPPORT OF THE ADULT DAY SERVICES PROGRAM, FOR GENERAL SUPPORT, IN MEMORY OF MR JIM BARRETT

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

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NAPA VALLEY SUPPORT SERVICES 1700 2ND STREET SUITE 212 NAPA, CA 94559	51-0186054	501(C)(3)	20,000				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 UNIFIED EDUCATIONAL FOUNDATION 2425 JEFFERSON STREET ROOM 105 NAPA, CA 94558	68-0005743	501(C)(3)	29,500				FOR SUPPORT OF THE CAMPAIGN TO SUSTAIN MUSIC, FOR SUPPORT OF THE AVID PROGRAM, THROUGH THE 2013-2014 SCHOOL YEAR, FOR SUPPORT OF THE MUSIC CONNECTION PROGRAM

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

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NAPA VALLEY VINE TRAIL COALITION PO BOX 93 ST HELENA, CA 94574	26-3426758	501(C)(3)	10,000				FOR GENERAL SUPPORT, AS PART OF THE VINE TRAIL FOUNDERS CIRCLE

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NAPA VALLEY YOUTH ADVOCACY CENTER PO BOX 268 ANGWIN, CA 94508	13-4293407	501(C)(3)	5,000				FOR THE CULINARY PROGRAM FOR 7-9 TEENS TO COOK AND DELIVER MONTHLY MEALS TO THE PATHWAY HOME (TPH) RESIDENTS, AND ATTEND TPH GRADUATIONS AND OTHER SOCIAL EVENTS

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

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NAPALEARNS THE NAPA VALLEY PARTNERSHIP FOR 21ST CENTURY EDUCATION 2121 IMOLA AVENUE NAPA, CA 94559	27-2705006	501(C)(3)	30,500				FOR SUPPORT OF THE CHALLENGE GRANT FOR THE FRIENDS OF NEW TECHNOLOGY HIGH SCHOOL, 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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NIMBUS ARTS 649 MAIN STREET ST HELENA, CA 94574	27-1503762	501(C)(3)	11,138				FOR SUPPORT OF THE HUNDREDS OF HANDS PROGRAM, 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
ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558	75-3149095	501(C)(3)	123,212				TO HIRE A FINANCIAL CONSULTANT TO CONDUCT AN ORGANIZATION-WIDE FINANCIAL SYSTEM ANALYSIS AND DEVELOP AN IMPLEMENTATION PLAN, FOR FIVE YOUTH INTERN STIPENDS FOR THE YOUTH LEADERSHIP ACADEMIES PROGRAM, FOR EQUIPMENT, SUPPLIES AND MATERIALS FOR THE MCPHERSON NEIGHBORHOOD INITIATIVE'S COMMUNITY AND FAMILY GARDENS, FOR SUPPORT OF THE V O I C E S PROGRAM, AND TO BE USED AS A MATCHING GRANT INCENTIVE FOR OTHER DONORS, FOR FISCAL SPONSORSHIP OF LGBTQ CONNECTION, TO BE USED FOR THE LGBTQ ON THE VERGE PROJECT, FOR THE EXPLORATIONS CALISTOGA YOUTH EMPLOYMENT PROGRAM, FOR PARTICIPATION IN THE CITIZENSHIP LEGAL SERVICES (CLS) COLLABORATIVE THAT IS PART OF THE COMMUNITY FOUNDATION'S THREE-YEAR ONE NAPA VALLEY INITIATIVE THIS GRANT COVERS THE PERIOD FROM JULY 1, 2014 THROUGH JUNE 30, 2015

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)	29,962				TO PURCHASE EQUIPMENT FOR AND IMPLEMENT AN ONLINE PATIENT PORTAL, FOR SUPPORT OF PPSP'S NAPA COUNTY CLINICS AND PROGRAMS, 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
SAN GERONIMO VALLEY COMMUNITY CENTER PO BOX 194 SAN GERONIMO,CA 94963	23-7172128	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
SONOMA VALLEY HOSPITAL FOUNDATION 347 ANDRIEUX ST SONOMA,CA 95476	94-2832488	501(C)(3)	5,000				FOR SUPPORT OF THE SVH CAPITAL CAMPAIGN

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
SPIRIT OF UNITY IN NAPA DBA PUERTAS ABIERTAS COMMUNITY RESOURCE CENTER PO BOX 3009 NAPA, CA 94558	20-3126333	501(C)(3)	33,731				TO HIRE A CONSULTANT TO CONDUCT STRATEGIC AND SUCCESSION PLANNING FOR THE BOARD AND KEY LEADERSHIP STAFF, AND TO PURCHASE EQUIPMENT, FOR SUPPORT OF THE PARENT EDUCATION PROGRAM, FOR PARTICIPATION IN THE CITIZENSHIP LEGAL SERVICES (CLS) COLLABORATIVE THAT IS PART OF THE COMMUNITY FOUNDATION'S THREE-YEAR ONE NAPA VALLEY INITIATIVE THIS GRANT COVERS THE PERIOD FROM JULY 1, 2014 THROUGH JUNE 30, 2015

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)	5,712				FOR GENERAL SUPPORT, TO ASSIST FAMILIES WITH DIAPER PURCHASES, TO HIRE CONSULTANTS TO ASSIST WITH COMBINING ADMINISTRATIVE AND DEVELOPMENT FUNCTIONS OF ST HELENA FAMILY CENTER AND CALISTOGA FAMILY CENTER FOR WHAT WILL BECOME THE UP VALLEY 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
STANFORD UNIVERSITY BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERS STANFORD UNIVERSITY GIFT PROCESSING STANFORD, CA 943090466	94-1156365	501(C)(3)	50,000				FOR SUPPORT OF THE STANFORD GRADUATE SCHOOL OF BUSINESS, IN HONOR OF THE CLASS OF 1968

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 159 H STREET PETALUMA, CA 94952	68-0200138	501(C)(3)	25,000				FOR COLLEGE MENTORING AND EXPERIENTIAL EDUCATION TRIPS FOR LOW-INCOME CALISTOGA AND ST HELENA STUDENTS, FOR SUPPORT OF THE 2014 SUMMER SEARCH DINNER, FOR A CHALLENGE GRANT, TO SUPPORT SUMMER SEARCH'S NAPA COUNTY PROGRAMS, 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
THE CAREY SCHOOL ONE CAREY SCHOOL LANE SAN MATEO, CA 944031299	94-3085954	501(C)(3)	15,000				FOR SUPPORT OF THE CAREY FORWARD CAPITAL CAMPAIGN, IN HONOR OF GEORGIA AND GRAHAM MELVIN

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
THE LIGHTHOUSE FOR THE BLIND AND VISUALLY IMPAIRED 214 VAN NESS AVE SAN FRANCISCO, CA 94102	94-1415317	501(C)(3)	5,000				TO PROVIDE FAMILY CAMP FOR 5 NAPA COUNTY BLIND OR LOW-SIGHTED YOUTH AND THEIR FAMILIES AT ENCHANTED HILLS CAMP DURING THE 2014 SUMMER SESSION

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
THE OXBOW SCHOOL 530 THIRD STREET NAPA,CA 94559	94-3265708	501(C)(3)	11,500				FOR SUPPORT OF THE OXBOW SCHOOL SCHOLARSHIP FUND, ANNUAL FUND, 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
THE PATHWAY HOME PO BOX 3930 YOUNTVILLE,CA 94599	45-5350612	501(C)(3)	45,500				FOR GENERAL SUPPORT, IN CONNECTION WITH THE MAY 28, 2014 FUNDRAISING EVENT AT CITY WINERY

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
UP VALLEY FAMILY CENTERS OF NAPA COUNTY 1500 CEDAR STREET CALISTOGA, CA 94515	80-0023012	501(C)(3)	67,000				FOR GENERAL SUPPORT, FOR ENGLISH AS A SECOND LANGUAGE (ESL) CLASSES, FOR THE CLARO/CLARA PROGRAM IN ST HELENA, FOR THE STUDENT ASSISTANCE PROGRAM IN CALISTOGA, FOR PARTICIPATION IN THE CITIZENSHIP LEGAL SERVICES (CLS) COLLABORATIVE THAT IS PART OF THE COMMUNITY FOUNDATION'S THREE-YEAR ONE NAPA VALLEY INITIATIVE THIS GRANT COVERS THE PERIOD FROM JULY 1, 2014 THROUGH JUNE 30, 2015

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

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 FOUNDATION 10 WOODLAND ROAD ST HELENA, CA 94574	20-1384250	501(C)(3)	52,500				FOR GENERAL SUPPORT, FUND A NEED FOR SMART TECHNOLOGY

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, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 appropriate 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)		
1b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☒ 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:		
4a	Receive a severance payment or change-of-control payment?		No
4b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
4c	Participate in, or receive payment from, an equity-based compensation arrangement?		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:		
5a	The organization?		No
5b	Any related organization?		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:		
6a	The organization?		No
6b	Any related organization?		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.		No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

For each individual whose compensation must be reported 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, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)TERENCE MULLIGAN PRESIDENT	(i)	167,000	36,667	0	6,000	15,706	225,373	0
	(ii)	0	0	0	0	0	0	0

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.
► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization COMMUNITY FOUNDATION OF THE NAPA VALLEY	Employer identification number 68-0349777
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Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?	(i) Written agreement?	
			To	From			Yes	No		Yes	No
(1) TERENCE MULLIGAN	PRESIDENT	RELOCATION		X	200,000	60,000		No	Yes		Yes
Total ► \$ 60,000											

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IVBusiness 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 VSupplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
SCHEDULE L, PART II	THE PRESIDENT RECEIVED A ZERO-INTEREST 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 \$60,000, AS OF 6/30/2014 THE LOAN IS FORGIVEN IN THE AMOUNT OF \$6,667 ANNUALLY THE MATURITY DATE IS 5/25/2023 THE IMPUTED INTEREST AND FORGIVEN DEBT ARE INCLUDED IN THE PRESIDENT'S COMPENSATION ON AN ANNUAL BASIS

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	9	322,006	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

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 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?

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?

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b

If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

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

Cat No 51227J

Schedule M (Form 990) (2013)

Part III

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

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ****2013****Open to Public
Inspection****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.****▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**Name of the organization
COMMUNITY FOUNDATION OF THE NAPA VALLEY**Employer identification number**

68-0349777

**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 FORM 990 IS FILED AND WILL MAKE A PRESENTATION AT THE NEXT FULL BOARD OF DIRECTORS MEETING TO UPDATE THE BOARD REGARDING THE REVIEW OF THE FORM 990, IF NECESSARY.

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

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 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

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

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

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF THE NAPA VALLEY

Employer identification number

68-0349777

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

Part II Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

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

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a Yes

1b No

1c Yes

1d Yes

1e No

1f No

1g No

1h No

1i No

1j No

1k Yes

1l No

1m No

1n No

1o No

1p Yes

1q Yes

1r No

1s No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CFNV CHARITABLE REAL ESTATE FUND	A	674	CASH
(2) CFNV CHARITABLE REAL ESTATE FUND	C	142,040	CASH

Schedule R (Form 990) 2013

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.

[illegible]

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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