

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COMMUNITY FOUNDATION SONOMA COUNTY		D Employer identification number 68-0003212	
	Doing Business As			
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	
	250 D STREET		205	
	City or town, state or province, country, and ZIP or foreign postal code		E Telephone number	
SANTA ROSA, CA 95404		707-579-4073		
F Name and address of principal officer: ELIZABETH BROWN SAME AS C ABOVE		G Gross receipts \$ 46,219,578.		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J Website: WWW.SONOMACF.ORG		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1983		M State of legal domicile: CA
H(c) Group exemption number				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: WE CONNECT PEOPLE, IDEAS AND RESOURCES TO BENEFIT THE LIVES OF THOSE WHO LIVE IN SONOMA COUNTY.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	25
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	25
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	18
	6	Total number of volunteers (estimate if necessary)	6	50
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	9,508,279.	9,003,952.
	9	Program service revenue (Part VIII, line 2g)	96,310.	1,565,020.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,906,528.	5,304,403.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,856.	0.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,514,973.	15,873,375.	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	11,413,667.	13,225,935.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,249,027.	1,265,971.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) 564,860.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,083,401.	2,580,232.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,746,095.	17,072,138.	
19	Revenue less expenses. Subtract line 18 from line 12	-1,231,122.	-1,198,763.	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	138,423,548.	146,498,543.
	21	Total liabilities (Part X, line 26)	7,618,243.	9,416,122.
22	Net assets or fund balances. Subtract line 21 from line 20	130,805,305.	137,082,421.	

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	ELIZABETH BROWN, PRESIDENT & CEO				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	MAGA E. KISRIV				P01008919
	Firm's name	Firm's EIN	Phone no.		
HOOD & STRONG LLP		94-1254756	415.781.0793		
Firm's address					
100 FIRST STREET, 14TH FLOOR					
SAN FRANCISCO, CA 94105					

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: WE CONNECT PEOPLE, IDEAS AND RESOURCES TO BENEFIT THE LIVES OF THOSE WHO LIVE IN SONOMA 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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 14,195,374. including grants of \$ 13,225,935.) (Revenue \$ 1,565,020.) GRANTMAKING: AWARDED NEARLY 900 GRANTS TOTALING MORE THAN \$13 MILLION, PRIMARILY IN THE FIELDS OF HEALTH & HUMAN SERVICES, EDUCATION, THE ENVIRONMENT, AND ARTS AND CULTURE IN SONOMA COUNTY.

PROMOTING PHILANTHROPY: PARTNERED WITH DONORS AND PROFESSIONAL ADVISORS TO BUILD RESOURCES THAT CREATE LONG-TERM PHILANTHROPIC SOLUTIONS. COMMUNITY

LEADERSHIP: CONVENE INDIVIDUALS AND ORGANIZATIONS TO STIMULATE NEW IDEAS, FOSTER COLLABORATIONS, AND STRENGTHEN COMMUNITY PHILANTHROPY.

STEWARDSHIP ASSETS: FULFILLED THE CHARITABLE LEGACIES OF OUR DONORS AND

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 14,195,374.

Part IV Checklist of Required Schedules

Table with columns for question number, question text, Yes, and No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

	Yes	No
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>	X	
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>	X	
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>	X	
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>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		X
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>		X
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? If so, complete Schedule L, Part II		X
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>		X
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>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		X
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>		X
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>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
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>	X	
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>		X
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>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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

Main form area containing questions 1a through 14b with Yes/No columns and input fields.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

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

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed CA; 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain 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: KARL GRIMM - 707-579-4073 250 D STREET, SUITE 205, SANTA ROSA, CA 95404

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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 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) HARRIET DERWINGSON CHAIR	3.00	X		X				0.	0.	0.
(2) BARRY WEITZENBERG VICE CHAIR	3.00	X		X				0.	0.	0.
(3) HERB CASTILLO SECRETARY	3.00	X		X				0.	0.	0.
(4) LINDA KACHIU TREASURER	3.00	X		X				0.	0.	0.
(5) JAY ABBE DIRECTOR	1.00	X						0.	0.	0.
(6) OSCAR CHAVEZ DIRECTOR	1.00	X						0.	0.	0.
(7) DIANNE EDWARDS DIRECTOR	1.00	X						0.	0.	0.
(8) THEODORE L. ELIOT, JR. DIRECTOR	1.00	X						0.	0.	0.
(9) PATRICK EMERY DIRECTOR	1.00	X						0.	0.	0.
(10) STEVE GOLDBERG DIRECTOR	1.00 1.00	X						0.	0.	0.
(11) WHITNEY HALL DIRECTOR	1.00	X						0.	0.	0.
(12) KATIE JACKSON DIRECTOR	1.00	X						0.	0.	0.
(13) DEBERAH KELLEY DIRECTOR	1.00	X						0.	0.	0.
(14) ANDREA LEARNED DIRECTOR	1.00 1.00	X						0.	0.	0.
(15) SUSAN LENTZ DIRECTOR	2.00	X						0.	0.	0.
(16) STEVE RABINOWITSH DIRECTOR	1.00	X						0.	0.	0.
(17) LEW REID DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(18) JOSHUA RYMER DIRECTOR	1.00	X						0.	0.	0.
(19) MARLENE SOILAND DIRECTOR	1.00	X						0.	0.	0.
(20) DAVID VOSS DIRECTOR	1.00	X						0.	0.	0.
(21) JUDY WITHEE, CFP DIRECTOR	1.00	X						0.	0.	0.
(22) JOAN C. WOODARD DIRECTOR	2.00	X						0.	0.	0.
(23) MICHELLE ZYGIELBAUM DIRECTOR	1.00	X						0.	0.	0.
(24) CHRIS DOBSON DIRECTOR	2.00	X						0.	0.	0.
(25) PETE GOLIS DIRECTOR	2.00	X						0.	0.	0.
(26) ELIZABETH BROWN PRESIDENT & CEO	45.00 1.00			X				198,400.	0.	18,845.
1b Sub-total								198,400.	0.	18,845.
c Total from continuation sheets to Part VII, Section A								203,676.	0.	35,269.
d Total (add lines 1b and 1c)								402,076.	0.	54,114.

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>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	151,000.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	8,852,952.				
	g Noncash contributions included in lines 1a-1f: \$		2,273,893.				
	h Total. Add lines 1a-1f		9,003,952.				
	Program Service Revenue	2 a MANAGEMENT FEES	Business Code 561000	1,565,020.	1,565,020.		
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			1,565,020.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,333,507.			3,333,507.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	32,317,099.				
		(ii) Other					
		b Less: cost or other basis and sales expenses	30,346,203.				
		c Gain or (loss)	1,970,896.				
	d Net gain or (loss)		1,970,896.			1,970,896.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a							
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			15,873,375.	1,565,020.	0.	5,304,403.	

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	13,135,628.	13,135,628.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	90,307.	90,307.		
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	317,346.	76,036.	143,316.	97,994.
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	730,451.	346,924.	162,748.	220,779.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	37,311.	28,161.	4,654.	4,496.
9 Other employee benefits	99,410.	54,493.	22,846.	22,071.
10 Payroll taxes	81,453.	35,539.	23,353.	22,561.
11 Fees for services (non-employees):				
a Management				
b Legal	32,761.	14,294.	9,393.	9,074.
c Accounting	47,316.	20,644.	13,566.	13,106.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,751,112.		1,751,112.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	218,470.	95,321.	62,637.	60,512.
12 Advertising and promotion	44,679.	19,494.	12,810.	12,375.
13 Office expenses	89,863.	39,209.	25,764.	24,890.
14 Information technology	63,745.	27,813.	18,276.	17,656.
15 Royalties				
16 Occupancy	134,917.	58,866.	38,682.	37,369.
17 Travel	14,797.	6,456.	4,242.	4,099.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	33,173.	14,576.	9,459.	9,138.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	14,571.	6,357.	4,178.	4,036.
23 Insurance	133,771.	124,898.	4,513.	4,360.
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 _____				
b _____				
c _____				
d _____				
e All other expenses _____	1,057.	358.	355.	344.
25 Total functional expenses. Add lines 1 through 24e	17,072,138.	14,195,374.	2,311,904.	564,860.
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) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	798,351.	1	2,418,588.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	5,526,594.	3	5,078,367.
	4 Accounts receivable, net	4,583.	4	8,852.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	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 instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net	103,286.	7	88,882.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	74,232.	9	73,607.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 204,575.		
	b Less: accumulated depreciation	10b 177,388.	41,757.	10c 27,187.
	11 Investments - publicly traded securities	107,321,559.	11	112,157,934.
	12 Investments - other securities. See Part IV, line 11	469,542.	12	469,542.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	24,083,644.	15	26,175,584.
16 Total assets. Add lines 1 through 15 (must equal line 34)	138,423,548.	16	146,498,543.	
Liabilities	17 Accounts payable and accrued expenses	120,913.	17	76,936.
	18 Grants payable	1,924,213.	18	1,040,700.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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	5,573,117.	25	8,298,486.
	26 Total liabilities. Add lines 17 through 25	7,618,243.	26	9,416,122.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	27,203,120.	27	28,456,317.
	28 Temporarily restricted net assets	37,887,873.	28	41,338,206.
	29 Permanently restricted net assets	65,714,312.	29	67,287,898.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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	130,805,305.	33	137,082,421.
34 Total liabilities and net assets/fund balances	138,423,548.	34	146,498,543.	

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	15,873,375.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,072,138.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,198,763.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	130,805,305.
5	Net unrealized gains (losses) on investments	5	6,522,644.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-23,000.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	976,235.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	137,082,421.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
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?		X
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		

Form **990** (2013)

SCHEDULE A
(Form 990 or 990-EZ)

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.

▶ 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 SONOMA COUNTY	Employer identification number 68-0003212
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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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
 - 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
 - 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - 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?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the 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).

(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.")	19,837,736.	17,930,902.	8,776,884.	9,508,279.	9,003,952.	65,057,753.
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	19,837,736.	17,930,902.	8,776,884.	9,508,279.	9,003,952.	65,057,753.
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)						23,514,716.
6 Public support. Subtract line 5 from line 4.						41,543,037.

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	19,837,736.	17,930,902.	8,776,884.	9,508,279.	9,003,952.	65,057,753.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,137,894.	2,114,070.	3,003,508.	2,765,074.	3,333,507.	13,354,053.
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.)	3,458.	10,280.	50,362.	3,856.		67,956.
11 Total support. Add lines 7 through 10						78,479,762.
12 Gross receipts from related activities, etc. (see instructions)					12	1,861,076.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	52.93 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	51.45 %
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	<input checked="" type="checkbox"/>	
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	<input type="checkbox"/>	
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	<input type="checkbox"/>	
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	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 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 section 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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization

COMMUNITY FOUNDATION SONOMA COUNTY

Employer identification number

68-0003212

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization COMMUNITY FOUNDATION SONOMA COUNTY	Employer identification number 68-0003212
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 1,021,435.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 773,660.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 689,308.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 654,599.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COMMUNITY FOUNDATION SONOMA COUNTY	Employer identification number 68-0003212
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 452,865.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 443,337.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 420,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 390,971.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 257,216.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COMMUNITY FOUNDATION SONOMA COUNTY	Employer identification number 68-0003212
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/> <hr/>	\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COMMUNITY FOUNDATION SONOMA COUNTY	Employer identification number 68-0003212
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	350 SHS OF SRCL, 475 SHS OF V, 1,425 SHS OF ABBV, 650 SHS OF ACN, 550 SHS OF ACE, 375 SHS OF BA, ETC	\$ 773,660.	12/27/13
4	15,000 SHS OF GCI, 795 SHS OF AKAM, 30 SHS OF EXPE, 4,375 SHS OF ARUN, 27 SHS OF CSGP, ETC	\$ 646,112.	12/17/13
11	4,478 SHARES OF SAISX AND 6,610 SHARES OF SAUMX	\$ 257,216.	12/30/13
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization COMMUNITY FOUNDATION SONOMA COUNTY	Employer identification number 68-0003212
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Information about Schedule D (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 SONOMA COUNTY **Employer identification number** 68-0003212

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	156	142
2 Aggregate contributions to (during year)	4,579,887.	7,172,371.
3 Aggregate grants from (during year)	5,678,551.	1,055,062.
4 Aggregate value at end of year	26,689,163.	57,397,579.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" 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.

- a Total number of conservation easements
- b Total acreage restricted by conservation easements
- c Number of conservation easements on a certified historic structure included in (a)
- d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

	Held at the End of the Tax Year
2a	
2b	
2c	
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?
- 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)?
- 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
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part 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	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	64,285,308.	58,668,275.	62,216,200.	55,016,100.	43,996,800.
b Contributions	2,336,886.	1,944,307.	1,314,746.	2,390,500.	4,497,600.
c Net investment earnings, gains, and losses	7,018,512.	5,612,886.	-950,174.	6,623,300.	8,922,300.
d Grants or scholarships	1,955,508.	1,940,160.	3,912,497.	1,527,000.	1,552,500.
e Other expenditures for facilities and programs				18,000.	14,500.
f Administrative expenses				268,700.	833,600.
g End of year balance	71,685,198.	64,285,308.	58,668,275.	62,216,200.	55,016,100.

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

- a Board designated or quasi-endowment .57 %
- b Permanent endowment 81.91 %
- c Temporarily restricted endowment 17.52 %

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:

	Yes	No
(i) unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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		38,166.	38,166.	0.
d Equipment		166,409.	139,222.	27,187.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				27,187.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) SPLIT INTEREST INVESTMENTS	26,175,584.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	26,175,584.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIABILITIES UNDER TRUST AGREEMENTS	8,298,486.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	8,298,486.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

Complete if the organization answered "Yes" 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.

PART V, LINE 4:

EXPLANATION: ENDOWMENT FUNDS SERVE A WIDE VARIETY OF CHARITABLE PURPOSES

AND REFLECT THE INTENT OF OUR DONORS.

PART X, LINE 2:

EXPLANATION: THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAX ON RELATED

INCOME UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE "CODE")

AND HAS BEEN CLASSIFIED AS AN ORGANIZATION WHICH IS NOT A PRIVATE

FOUNDATION AS DEFINED IN SECTIONS 509(A)(1) AND 170(B)(1)(A)(VI) OF THE

CODE. IN ADDITION, THE FOUNDATION COULD BE SUBJECT TO TAX ON UNRELATED

BUSINESS INCOME, IF ANY, GENERATED BY ITS INVESTMENTS.

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)* Yes No

Schedule F (Form 990) 2013

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**

OMB No. 1545-0047

2013

**Open to Public
Inspection**

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

Name of the organization **COMMUNITY FOUNDATION SONOMA COUNTY** Employer identification number **68-0003212**

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC 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
10,000 DEGREES 1650 LOS GAMOS DRIVE, SUITE 110 SAN RAFAEL, CA 94903	95-3667812	501(C)(3)	417,750.	0.			FOR SCHOLARSHIP AWARDS
AMERICAN RED CROSS SONOMA & MENDOCINO CHAPTER - 5297 AERO DRIVE - SANTA ROSA, CA 95403	53-0196605	501(C)(3)	13,000.	0.			FOR GENERAL OPERATING SUPPORT, RELIEF EFFORTS IN THE PHILIPPINES, TO SUPPORT SONOMA AND
ANALY HIGH SCHOOL EDUCATION FOUNDATION - 6950 ANALY AVENUE - SEBASTOPOL, CA 95472	20-2821540	501(C)(3)	10,500.	0.			FOR THE PAY IT FORWARD SCHOLARSHIP AND GENERAL OPERATING SUPPORT
ANIMAL PLACE 17314 MCCOURTNEY ROAD GRASS VALLEY, CA 95949	68-0200668	501(C)(3)	9,500.	0.			FOR GENERAL OPERATING SUPPORT
BECOMING INDEPENDENT 1425 CORPORATE CENTER PKY SANTA ROSA, CA 95407	94-2641147	501(C)(3)	18,750.	0.			FOR GENERAL OPERATING SUPPORT, THE ANNUAL FUND, AND TO SUPPORT ART, ANIMATION AND MUSIC
BOYS AND GIRLS CLUBS OF CENTRAL SONOMA COUNTY - P.O. BOX 7460 - SANTA ROSA, CA 95407	68-0309534	501(C)(3)	31,318.	0.			FOR GENERAL OPERATING SUPPORT, FUNDING SUMMER CAMP IN GEYSERVILLE AND HEALDSBURG CLUB SUMMER

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **150.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2013)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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 SONOMA VALLEY - P.O. BOX 218 - EL VERANO, CA 95433	94-1579901	501(C)(3)	6,750.	0.			FOR GENERAL OPERATING SUPPORT
BUCK INSTITUTE 8001 REDWOOD BLVD. NOVATO, CA 94945	94-3030609	501(C)(3)	15,000.	0.			FOR GENERAL OPERATING SUPPORT
CALIFORNIA FILM INSTITUTE 1011 LOOTENS PLACE, SUITE 220 SAN RAFAEL, CA 94901	94-2498062	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT
CALIFORNIA PARENTING INSTITUTE 3650 STANDISH AVENUE SANTA ROSA, CA 95407	94-2541640	501(C)(3)	22,500.	0.			FOR GENERAL OPERATING SUPPORT AND TO FURTHER PARENTING CLASSES IN SONOMA COUNTY
CALISTOGA FAMILY CENTER 1500 CEDAR ST. CALISTOGA, CA 94515	80-0023012	501(C)(3)	7,700.	0.			FOR ONGOING STUDENT SUPPORT AND COUNSELING, FOR ASSISTANCE WITH OPERATING EXPENSES AND
CANINE COMPANIONS FOR INDEPENDENCE P.O. BOX 446 SANTA ROSA, CA 95402-0446	94-2494324	501(C)(3)	497,100.	0.			FOR GENERAL OPERATING SUPPORT
CATHOLIC CHARITIES OF THE DIOCESE OF SANTA ROSA - P.O. BOX 4900 - SANTA ROSA, CA 95402	94-2479393	501(C)(3)	257,467.	0.			FOR GENERAL OPERATING SUPPORT, HOMELESS PROGRAM SUPPORT, FAMILY SUPPORT CENTER, RURAL FOOD
CENTER FOR THE CREATIVE ARTS THERAPIES - P.O. BOX 9296 - SANTA ROSA, CA 95405	68-0418617	501(C)(3)	19,955.	0.			FOR GENERAL OPERATING SUPPORT AND FOR THE ART THERAPY PROGRAM
CERES COMMUNITY PROJECT 7351 BODEGA AVENUE SEBASTOPOL, CA 95472	26-2250997	501(C)(3)	26,000.	0.			FOR GENERAL OPERATING SUPPORT AND TO SUPPORT THE TEEN LEADERSHIP PROGRAM

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHARLES M. SCHULZ MUSEUM & RESEARCH CENTER - 2301 HARDIES LANE - SANTA ROSA, CA 95403	68-0422370	501(C)(3)	2,491,753.	0.			FOR CAPITAL EXPENDITURES, AND TO FUND DEVELOPMENT COSTS AND OPERATING DEFICIT FOR THE MUSEUM
CHILDREN'S MUSEUM OF SONOMA COUNTY P.O. BOX 12323 SANTA ROSA, CA 95406	20-3496878	501(C)(3)	166,511.	0.			FOR GENERAL OPERATING SUPPORT
CHILDREN'S VILLAGE OF SONOMA COUNTY - 1321 LIA LANE - SANTA ROSA, CA 95404	68-0412763	501(C)(3)	26,000.	0.			FOR GENERAL OPERATING SUPPORT, GRANT-MATCHING FOR KRSH RADIO MARATHON AND THE MENTAL HEALTH
CITY OF HEALDSBURG 1557 HEALDSBURG AVE. HEALDSBURG, CA 95448	94-6000347	HEALDSBURG CITY	8,250.	0.			FOR THE TUESDAY IN THE PLAZA PROGRAM AND CONCERT, GARDEN SUPPLIES AND EQUIPMENT FOR THE
CITY OF SANTA ROSA-ECONOMIC DEVELOPMENT AND HOUSING - P.O. BOX 1806 - SANTA ROSA, CA 95402	85-6000172	SANTA ROSA CITY	94,800.	0.			FOR SUPPORT SERVICES TO SINGLE ADULT RESIDENTS AT JONES HALL AND TO PROVIDE ENHANCED SERVICES AT SAM
CITY SLICKER FARMS 1625 16TH ST. OAKLAND, CA 94607	26-2216581	501(C)(3)	25,000.	0.			FOR GENERAL OPERATING SUPPORT
COMMITTEE ON THE SHELTERLESS P.O. BOX 2744 PETALUMA, CA 94953-2744	68-0176855	501(C)(3)	844,550.	0.			FOR GENERAL OPERATING SUPPORT TO SERVE THE HOMELESS
COMMUNITY ACTION PARTNERSHIP OF SONOMA COUNTY - 1300 NORTH DUTTON AVENUE - SANTA ROSA, CA 95401-4610	94-1648949	501(C)(3)	68,400.	0.			FOR GENERAL OPERATING SUPPORT AND SPECIFIC PROGRAM SUPPORT
COMMUNITY MATTERS P.O. BOX 14816 SANTA ROSA, CA 95402	68-0369720	501(C)(3)	6,000.	0.			FOR GENERAL OPERATING SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMPASSION WITHOUT BORDERS P.O. BOX 14995 SANTA ROSA, CA 95402	20-4698227	501(C)(3)	19,100.	0.			TO COVER THE SUPPLY COSTS FOR TWELVE MONTHLY OUTREACH CLINICS THAT SERVES 900 ANIMALS
CONSERVATION STRATEGY FUND 7151 WILTON AVENUE, SUITE 203 SEBASTOPOL, CA 95472	94-3294843	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
CONTEMPORARY JEWISH MUSEUM 736 MISSION ST. SAN FRANCISCO, CA 94103	47-0920831	501(C)(3)	35,000.	0.			FOR GENERAL OPERATING SUPPORT, THE NEW DIRECTOR FUND AND SUPPORT THE MID-CENTURY DESIGN
COUNCIL ON AGING SERVICES FOR SENIORS - 30 KAWANA SPRINGS RD. - SANTA ROSA, CA 95404	94-6138714	501(C)(3)	6,550.	0.			FOR GENERAL OPERATING SUPPORT FOR MEALS ON WHEELS
DAILY ACTS ORGANIZATION P.O. BOX 293 PETALUMA, CA 94953	20-3851259	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT, SOUTH PARK NEIGHBORHOOD ASSOCIATION AND COMMUNITY GARDEN
DEMEO TEEN CLUB INC. 509 ADAMS STREET SANTA ROSA, CA 95401	91-1859251	501(C)(3)	5,100.	0.			FOR GENERAL OPERATING SUPPORT AND THE WORKFORCE PROGRAM-JOBS MADE REAL SPONSORSHIP
DOCTORS WITHOUT BORDERS 333 SEVENTH AVE. 2ND FLOOR NEW YORK, NY 10001	13-3433452	501(C)(3)	8,000.	0.			FOR GENERAL OPERATING SUPPORT, PHILIPPINES RELIEF AND SYRIAN REFUGEE RELIEF
DOVETAIL LEARNING 825 GRAVENTEIN HWY N, SUITE 2 SEBASTOPOL, CA 95472	68-0673821	501(C)(3)	20,000.	0.			FOR GENERAL OPERATING SUPPORT OF THE TOOLBOX PROJECT
DULUTH SUPERIOR AREA COMMUNITY FOUNDATION - 222 E SUPERIOR STREET, SUITE 302 - DULUTH, MN 55802	41-1429402	501(C)(3)	70,069.	0.			TO ESTABLISH THE EQUINE THERAPY FUND

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
F.I.S.H. OF SANTA ROSA P.O. BOX 4291 SANTA ROSA, CA 95402	51-0159551	501(C)(3)	10,500.	0.			FOR GENERAL OPERATING SUPPORT AND PAY RENT FOR NEW FACILITY
FIRST 5 SONOMA COUNTY 490 MENDOCINO AVENUE, SUITE 202 SANTA ROSA, CA 95401	94-6000539	SONOMA COUNTY	158,959.	0.			TO SUPPORT PRESCHOOL SCHOLARSHIPS
FOOD BANK FOR MONTEREY COUNTY 815 WEST MARKET STREET, SUITE 5 SALINAS, CA 93901	77-0270228	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
FOODBANK OF SANTA BARBARA COUNTY 4554 HOLLISTER AVE SANTA BARBARA, CA 93110	77-0169214	501(C)(3)	20,000.	0.			FOR FEEDING VINEYARD WORKERS AND THEIR FAMILIES, AND FOR GENERAL OPERATING SUPPORT
FOUNDATION FOR NATIONAL PROGRESS DBA MOTHER JONES - 222 SUTTER STREET, SUITE 600 - SAN FRANCISCO, CA 94108	94-2282759	501(C)(3)	16,000.	0.			FOR GENERAL OPERATING SUPPORT
GENERATION RWANDA INC. 16 HIGHLAND ST. CAMBRIDGE, MA 02138	20-0934525	501(C)(3)	10,000.	0.			FOR SCHOLARSHIPS
GENESEE STREET CORPORATION 713 MONROE AVE, ROCHESTER, NY 14607	16-1000729	501(C)(3)	7,500.	0.			TO SUPPORT THE PURCHASE OF A HIGH FIRE KILN
GIRL SCOUTS OF SAN FRANCISCO BAY AREA DBA GIRL SCOUTS OF N. CALIFORNIA - 1650 HARBOR BAY PARKWAY, SUITE 100 - ALAMEDA, CA	94-1551410	501(C)(3)	8,400.	0.			TO FUND LOCAL OUTREACH PROGRAMS
HAMPSHIRE COLLEGE 893 WEST ST. AMHERST, MA 01002	04-6130872	501(C)(3)	21,500.	0.			FOR GENERAL OPERATING EXPENSES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAND FAN MUSEUM 219 HEALDSBURG AVE. HEALDSBURG, CA 95448	51-0429747	501(C)(3)	60,000.	0.			FOR GENERAL OPERATING EXPENSES, INCLUDING THE CREATION OF NEW CATALOG, TO SUPPORT NEXT EXHIBIT,
HEALDSBURG CENTER FOR THE ARTS 130 PLAZA STREET HEALDSBURG, CA 95448	72-1571075	501(C)(3)	6,500.	0.			TO UNDERWRITE THE EXPENSES FOR THE 2013 RED DOT SHOW
HEALDSBURG EDUCATION FOUNDATION P.O. BOX 1668 HEALDSBURG, CA 95448	68-0051242	501(C)(3)	8,500.	0.			TO FUND THE HEF 2013 K-12 ARTS ENRICHMENT PROGRAM AND GENERAL OPERATING EXPENSES
HEALDSBURG HIGH SCHOOL 1024 PRINCE STREET HEALDSBURG, CA 95448	94-6002635	HEALDSBURG USD	20,000.	0.			TO LINK THE AGRICULTURE AND CULINARY ARTS PROGRAMS, BY OFFERING A FARM TO TABLE CTE COURSE
HEALDSBURG JAZZ FESTIVAL P.O. BOX 266 HEALDSBURG, CA 95448	71-0910474	501(C)(3)	28,500.	0.			FOR THE JAZZ FESTIVAL PERFORMANCE, GENERAL OPERATING SUPPORT AND PAY FOR THE PERFORMANCE OF
HEALDSBURG PERFORMING ARTS THEATER P.O. BOX 870 HEALDSBURG, CA 95448	68-0470571	501(C)(3)	56,000.	0.			FOR GENERAL OPERATING SUPPORT AND STAGE REMODEL
HEALDSBURG SHARED MINISTRIES P.O. BOX 1646 HEALDSBURG, CA 95448	94-2838706	501(C)(3)	11,000.	0.			FOR GENERAL OPERATING SUPPORT OF THE HEALDSBURG FOOD PANTRY AND THE SENIOR BAG PROGRAM
HEALTHCARE FOUNDATION NORTHERN SONOMA COUNTY - 111 MONTE VISTA AVE., STE. A - HEALDSBURG, CA 95448	68-0474109	501(C)(3)	15,000.	0.			TO SUPPORT THE WINE, WOMEN AND SHOES EVENT, AND GENERAL OPERATING SUPPORT
INTEGRATIVE MEDICAL CLINIC FOUNDATION - 175 CONCOURSE BLVD. - SANTA ROSA, CA 95403	68-0445149	501(C)(3)	9,000.	0.			TO UNDERTAKE STEP ONE OF A THREE STEP PROJECT TO PILOT AND EVALUATE THE USE OF THE "IMAGINE YOU"

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JEWISH FAMILY & CHILDREN'S SERVICES - 2150 POST STREET - SAN FRANCISCO, CA 94115	94-1156528	501(C)(3)	6,000.	0.			FOR FOOD PANTRY AND EMERGENCY SERVICES IN SONOMA COUNTY, AND TO DOVETAIL WITH AN EXISTING
KQED INC. 2601 MARIPOSA SAN FRANCISCO, CA 94110	94-1241309	501(C)(3)	14,500.	0.			TO SUPPORT KQED RADIO OPERATING EXPENSES AND GENERAL OPERATING SUPPORT
LA LUZ BILINGUAL CENTER 17560 GREGER ST SONOMA, CA 95476	68-0228235	501(C)(3)	93,500.	0.			FOR GENERAL OPERATING SUPPORT, AND TO GROW AND SUPPORT THE ESL PROGRAM
LAGUNA DE SANTA ROSA FOUNDATION 900 SANFORD ROAD SANTA ROSA, CA 95401	94-3155180	501(C)(3)	21,960.	0.			TO BOTH SUPPORT THE LAGUNA FOUNDATION'S LEADERSHIP IN ACHIEVING THE GOALS OF THE NORTH
LAMBDA LEGAL DEFENSE & EDUCATION FUND - 120 WALL ST., FL. 19 - NEW YORK, NY 10005-3904	23-7395681	501(C)(3)	6,000.	0.			FOR GENERAL OPERATING SUPPORT, TO SUPPORT THE BAYER FARM, FOR THE CHALLENGE GRANT, AND FOR
LANDPATHS 618 4TH ST., STE. 217 SANTA ROSA, CA 95404-4414	68-0328590	501(C)(3)	23,165.	0.			TO SUPPORT THE BAYER FARM
LEGAL AID OF SONOMA COUNTY 144 SOUTH E STREET, SUITE 100 SANTA ROSA, CA 95404	68-0008581	501(C)(3)	20,000.	0.			FOR GENERAL OPERATING SUPPORT
LISTENING FOR A CHANGE 1300 NORTH DUTTON AVENUE SANTA ROSA, CA 95401	68-0431904	501(C)(3)	8,500.	0.			FOR DEVELOPING AND IMPLEMENTING A MARKETING PLAN FOR THE "DIVERSITY AND ENGAGEMENT" PROGRAM
LITERACYWORKS 625 2ND STREET, SUITE 107 PETALUMA, CA 94952	94-3396412	501(C)(3)	10,112.	0.			FOR GENERAL OPERATING SUPPORT AND TO RETIRE THE FUND

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LITERARY ARTS GUILD P.O. BOX 159 SANTA ROSA, CA 95402	01-0599803	501(C)(3)	6,250.	0.			FOR THE PEANUTS PAVILION AT THE SONOMA COUNTY BOOK FESTIVAL AND TO SUPPORT THE SONOMA COUNTY FREE
LUTHER BURBANK MEM FDN (DBA WELLS FARGO CENTER FOR THE ARTS) - 50 MARK WEST SPRINGS ROAD - SANTA ROSA, CA 95403-1476	94-2581084	501(C)(3)	27,500.	0.			FOR GENERAL OPERATING SUPPORT
MARIN ORGANIC P.O. BOX 962 POINT REYES STATION, CA 94956	68-0449130	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
NAMI SONOMA COUNTY 100 E STREET, SUITE 214 SANTA ROSA, CA 95404	68-0041644	501(C)(3)	5,500.	0.			TO SUPPORT THE BRAIN EVENT AT THE SONOMA COUNTY MUSEUM
NAPA VALLEY WINE AUCTION P.O. BOX 141 ST. HELENA, CA 94574	94-2702203	501(C)(3)	150,000.	0.			FOR THE FUND IN NEED FOR CHILDREN'S HEALTH AND WELL-BEING
NEW VISION SANTA ROSA FOUNDATION 1260 N. DUTTON AVE., STE. 272 SANTA ROSA, CA 95401	68-0074807	501(C)(3)	22,500.	0.			TO SUPPORT THE SONOMA COUNTY BEST AND FOR GENERAL OPERATING SUPPORT OF THE 2014 MIKE HAUSER
NORTH BAY CANCER ALLIANCE INC. 185 SOTOYOME ST. SANTA ROSA, CA 95405	01-0821673	501(C)(3)	749,975.	0.			TO SUPPORT SCRAPPI, FOR GENERAL OPERATING SUPPORT AND TO RETIRE THE FUND
NORTH BAY ORGANIZING PROJECT P.O. BOX 503 GRATON, CA 95444	27-4519395	501(C)(3)	13,300.	0.			TO PAY FOR THE REGISTRATION COSTS OF ENROLLING TEN LOW-INCOME SONOMA COUNTY WOMEN IN
NORTHERN CALIFORNIA CENTER FOR WELL-BEING - 365 TESCONI CIRCLE, STE. B - SANTA ROSA, CA 95401	93-1144835	501(C)(3)	6,000.	0.			FOR GENERAL OPERATING SUPPORT

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NPR FOUNDATION 1111 NORTH CAPITOL STREET, NE WASHINGTON, DC 20002	52-1795789	501(C)(3)	67,000.	0.			FOR OUR ANNUAL GIFT, TO SUPPORT THE BUILDING FUND AND TO SUPPORT THE GENERATION LISTEN PROJECT
OCCIDENTAL ARTS & ECOLOGY CENTER 15290 COLEMAN VALLEY ROAD OCCIDENTAL, CA 95465	68-0359676	501(C)(3)	5,500.	0.			FOR CONSTRUCTION OF SIX NURSERY PROPAGATING BOXES FOR ROOT CROPS AND GENERAL OPERATING SUPPORT
ON THE MOVE 780 LINCOLN AVE NAPA, CA 94558	753149095	501(C)(3)	22,500.	0.			FOR GENERAL OPERATING SUPPORT OF 'VOICES'
OPPORTUNITY INTERNATIONAL 2122 YORK RD., STE. 150 OAKBROOK, IL 60523	54-0907624	501(C)(3)	6,000.	0.			FOR SUPPORT OF FAMILIES IMPACTED BY THE STORM IN THE PHILIPPINES
OXFAM AMERICA 226 CAUSEWAY STREET, 5TH FL BOSTON, MA 02114	23-7069110	501(C)(3)	10,000.	0.			FOR THE TYPHOON HAIYAN RELIEF AND RECOVERY FUND
PACT DBA MAIN STAGE WEST 104 N. MAIN STREET SEBASTOPOL, CA 95472	45-2126844	501(C)(3)	5,500.	0.			FOR GENERAL OPERATING SUPPORT
PALM DRIVE HEALTH CARE FOUNDATION 625 PETALUMA AVE, SUITE E SEBASTOPOL, CA 95472	94-3314210	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
PEDIATRIC DENTAL INITIATIVE OF THE NORTH COAST INC. - 1380 19TH HOLE DR. - WINDSOR, CA 95492	34-2012430	501(C)(3)	6,500.	0.			FOR GENERAL OPERATING SUPPORT, FOR PEDIATRIC DENTAL HEALTH AND PREVENTIVE HEALTHCARE
PEPPERWOOD FOUNDATION 2130 PEPPERWOOD PRESERVE RD. SANTA ROSA, CA 95404-7543	01-0817571	501(C)(3)	623,300.	0.			TO SUPPORT PEPPERWOOD FOUNDATION'S LEADERSHIP IN ACHIEVING THE GOALS OF THE NORTH BAY CLIMATE

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PETALUMA COMMUNITY FOUNDATION 159 KENTUCKY STREET, SUITE 10 PETALUMA, CA 94952	51-0154495	501(C)(3)	183,100.	0.			FOR A SCHOLARSHIP FOR THE BOYS & GIRLS CLUBS AND GENERAL OPERATING SUPPORT
PETALUMA HIGH SCHOOL 201 FAIR STREET PETALUMA, CA 94952	94-3139868	PETALUMA JUHD	17,000.	0.			TO SUPPORT THE ADDITION OF A STEM ENGINEERING TECHNOLOGY COURSE
PETS LIFELINE INC. P.O. BOX 341 SONOMA, CA 95476	94-2851279	501(C)(3)	50,000.	0.			TO IMPROVE THE HEALTH OF HOUSEHOLD PETS IN THE SONOMA VALLEY THROUGH SUPPORT OF THE BILINGUAL
PFLAG-SANTA ROSA 2163 ALEJANDRO DR. SANTA ROSA, CA 95405	95-3750694	501(C)(3)	9,500.	0.			FOR THE SCHOLARSHIP PROGRAM AND TO SERVE AS FISCAL SPONSOR FOR THE UKIAH PFLAG SCHOLARSHIP
PONY EXPRESS EQUINE ASSISTED SKILLS FOR YOUTH - 6413 SONOMA HIGHWAY - SANTA ROSA, CA 95409	80-0370392	501(C)(3)	11,500.	0.			TO SUPPORT THE ATHENA HOUSE EQUINE ASSISTED PROGRAM
PRBO DBA BLUE POINT CONSERVATION SCIENCE - 3820 CYPRESS DRIVE #11 - PETALUMA, CA 94954	94-1594250	501(C)(3)	11,940.	0.			TO SUPPORT PRBO'S LEADERSHIP IN ACHIEVING THE GOALS OF THE NORTH BAY CLIMATE ADAPTATION
REDWOOD COMMUNITY HEALTH COALITION P.O. BOX 751090 PETALUMA, CA 94975-1090	94-3220029	501(C)(3)	120,000.	0.			TO COVER HEALTHY KIDS SONOMA COUNTY ADMINISTRATIVE EXPENSES FOR CHILDREN AGE 0-5
REDWOOD EMPIRE FOOD BANK 3990 BRICKWAY BLVD. SANTA ROSA, CA 95403	68-0121855	501(C)(3)	256,060.	0.			FOR GENERAL OPERATING SUPPORT, TO SUPPORT THE BLUEPRINT TO END HUNGER CAPITAL CAMPAIGN AND FOR
REDWOOD GOSPEL MISSION P.O. BOX 493 SANTA ROSA, CA 95402-0493	94-6122045	501(C)(3)	25,500.	0.			TO SUPPORT THE EXPANSION PROJECT OF THE ROSE FACILITY AND FOR GENERAL OPERATING SUPPORT

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RMJ FOUNDATION 2855 E. GUASTI RD., STE. 600 ONTARIO, CA 91761-1250	956141173	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
RURAL CALIFORNIA BROADCASTING (KRCE) - 5850 LABATH AVENUE - ROHNERT PARK, CA 94928-2041	94-2718837	501(C)(3)	35,400.	0.			FOR 2013 GENERAL OPERATING SUPPORT, HEALTH CONNECTIONS INITIATIVE AND FOR THE UPGRADE OF FM
RUSSIAN RIVERKEEPER P.O. BOX 1335 HEALDSBURG, CA 95448	68-0321117	501(C)(3)	39,000.	0.			FOR GENERAL OPERATING SUPPORT AND THE GREAT RUSSIAN RIVER RACE GOLD SPONSORSHIP
SALVATION ARMY - SANTA ROSA 93 STONY CIRCLE SANTA ROSA, CA 95401	94-1156347	501(C)(3)	15,000.	0.			FOR GENERAL OPERATING SUPPORT AND THE FOOD PANTRY
SANTA ROSA CHILDREN'S CHORUS P.O. BOX 9389 SANTA ROSA, CA 95405	68-0165953	501(C)(3)	34,700.	0.			FOR GENERAL OPERATING SUPPORT
SANTA ROSA CITY SCHOOLS 211 RIDGWAY AVENUE SANTA ROSA, CA 95401	68-0180139	SANTA ROSA CITY	53,200.	0.			FOR A "MAKE CAMP" PROGRAM AT HILLIARD COMSTOCK MIDDLE SCHOOL AND TO SUPPORT AN APPLIED LAB AT
SANTA ROSA COMMUNITY HEALTH CENTERS - 3569 ROUND BARN CIRCLE - SANTA ROSA, CA 95403	68-0365296	501(C)(3)	67,000.	0.			TO SUPPORT THE DENTAL HEALTH CENTER CAPITAL CAMPAIGN, SUPPORT HIV/AIDS EDUCATION FOR
SANTA ROSA MEMORIAL HOSPITAL FOUNDATION - 1154 MONTGOMERY DRIVE, SUITE 1 - SANTA ROSA, CA 95405	94-1231005	501(C)(3)	159,500.	0.			FOR THE CAPITAL CAMPAIGN, DENTAL VAN, EMERGENCY AND TRAUMA CENTER, SUPPORT THE MEMORIAL HOSPICE, AND
SANTA ROSA SYMPHONY 50 SANTA ROSA AVENUE, STE. 410 SANTA ROSA, CA 95404	94-6134075	501(C)(3)	73,390.	0.			IN SUPPORT OF SIMPLY STRINGS, TO SUPPORT MUSIC EDUCATION, FOR GENERAL OPERATING EXPENSES, FOR

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SCHOOL GARDEN NETWORK P.O. BOX 6274 SANTA ROSA, CA 95406	86-1147121	501(C)(3)	6,700.	0.			TO SUPPORT THE HEALTHY ROOTS PROGRAM
SEBASTOPOL COMMUNITY CULTURAL CENTER - P.O. BOX 2028 - SEBASTOPOL, CA 95473	94-2915229	501(C)(3)	13,000.	0.			FOR GENERAL OPERATING SUPPORT, TO SUPPORT MUSIC AND CULTURAL AFFAIRS, AND TO SPONSOR THE AUTHOR
SENIORS INC. 1208 FOURTH STREET SANTA ROSA, CA 95404-4012	51-0464098	501(C)(3)	10,375.	0.			TO COMPLETE THE CONSTRUCTION OF THE SANTA ROSA SENIOR CENTER UNDER CONSTRUCTION AT THE
SIERRA NEVADA CHILDREN'S MUSEUM 11711 DONNER PASS RD. TRUCKEE, CA 96161	94-3156964	501(C)(3)	8,000.	0.			FOR ONGOING EXHIBIT DEVELOPMENT INCLUDING ACQUISITION OF MATERIALS AND STAFFING
SOCIAL ADVOCATES FOR YOUTH 3440 AIRWAY DRIVE, SUITE E SANTA ROSA, CA 95403	94-1711490	501(C)(3)	27,050.	0.			FOR GENERAL OPERATING SUPPORT, FOR THE DREAM CENTER AND TAMAYO VILLAGE, AND TO SUPPORT
SONOMA ACADEMY 2500 FARMERS LANE SANTA ROSA, CA 95404-7013	94-3343174	501(C)(3)	528,000.	0.			FOR GENERAL OPERATING EXPENSES, FOR THE ANNUAL FUND AND FOR THE 2013 "BEST IN CLASS" CAPITAL
SONOMA COUNTRY DAY SCHOOL 4400 DAY SCHOOL PLACE SANTA ROSA, CA 95403	94-2910715	501(C)(3)	14,419.	0.			FOR THE SONOMA COUNTY MAKER KIDS MINI MAKER FAIR AND TO RETIRE THE FUND
SONOMA COUNTY ADULT & YOUTH DEVELOPMENT SEE NOTES - P.O. BOX 7078 - COTATI, CA 94931	94-2812489	501(C)(3)	7,500.	0.			FOR THE FAMILIES IN ACTION PROGRAM
SONOMA COUNTY ANIMAL SERVICES 1247 CENTURY COURT SANTA ROSA, CA 95403	94-6000539	501(C)(3)	135,000.	0.			TO REDUCE THE POPULATION OF REPRODUCING CATS AND DOGS BY BROADENING ACCESS TO AFFORDABLE SPAY AND

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SONOMA COUNTY CHILDREN'S CHARITIES 414 AVIATION BLVD. SANTA ROSA, CA 95403	68-0270692	501(C)(3)	30,000.	0.			FOR THE FUND IN NEED AND FOR THE SCHULZ TOURNAMENT
SONOMA COUNTY FAIR AND EXPOSITION INC. - 1350 BENNETT VALLEY RD. - SANTA ROSA, CA 95404	94-6003236	501(C)(3)	10,500.	0.			FOR IMPROVEMENTS TO SWEET LIL'S FARMERY AND TO SUPPORT THE HARVEST FAIR AWARDS NIGHT
SONOMA COUNTY HUMAN SERVICES DEPARTMENT - P.O. BOX 1539 - SANTA ROSA, CA 95402	94-6000539	501(C)(3)	30,000.	0.			FOR SUPPORT OF THE NEW UPSTREAM CAPACITY BUILDING SUPPORT PROGRAM
SONOMA COUNTY REGIONAL PARKS FOUNDATION - 2300 COUNTY CENTER DRIVE #120A - SANTA ROSA, CA 95403	68-0421813	501(C)(3)	820,477.	0.			FOR THE RUSSIAN RIVER FESTIVAL, TO MAINTAIN AND IMPROVE REGIONAL PARKS, FOR PARKS ALLIANCE/SONOMA
SONOMA ECOLOGY CENTER P.O. BOX 1486 ELDRIDGE, CA 95431	94-3136500	501(C)(3)	27,477.	0.			TO SUPPORT SONOMA ECOLOGY CENTER'S LEADERSHIP IN ACHIEVING THE GOALS OF THE NORTH BAY CLIMATE
SONOMA HUMANE SOCIETY P.O. BOX 1296 SANTA ROSA, CA 95402	94-6001315	501(C)(3)	219,550.	0.			FOR THE FORGET ME NOT FARM PROGRAM, FUNDING FOR THE SONOMA HUMANE SOCIETY'S LOVE ME-FIX ME
SONOMA LAND TRUST 822 FIFTH STREET SANTA ROSA, CA 95404	51-0197006	501(C)(3)	51,200.	0.			FOR GENERAL OPERATING SUPPORT, TO SUPPORT THE JASPER MATCH, AND GENERAL OPERATING AND MAINTENANCE
SONOMA VALLEY COMMUNITY HEALTH CENTER - 430 W. NAPA STREET, STE. F - SONOMA, CA 95476	68-0286382	501(C)(3)	136,300.	0.			FOR CAPITAL CAMPAIGN, TO INCREASE OUTREACH TO THE COMMUNITY THROUGH A NEW COMMUNITY NAVIGATOR
SONOMA VALLEY EDUCATION FOUNDATION P.O. BOX 493 SONOMA, CA 95476	68-0279152	501(C)(3)	24,901.	0.			FOR A SCHOLARSHIP AWARD, TO SUPPORT EARLY PRESCHOOL PROGRAMS, FOR ANNUAL FUND MARKETING,

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SONOMA VALLEY HIGH SCHOOL 20000 BROADWAY SONOMA, CA 95476	36-4766953	SONOMA VALLEY US	17,000.	0.			TO SUPPORT THE ENGINEERING, DESIGN AND TECHNOLOGY LINKED LEARNING PATHWAY
SONOMA VALLEY HISTORICAL SOCIETY P.O. BOX 861 SONOMA, CA, CA 95476	94-2430797	501(C)(3)	52,100.	0.			FOR IMPROVEMENTS OF MUSEUM AND RENTAL OF OFFICE STORAGE SPACE, STAFF HIRING AND FOR
SONOMA VALLEY HOSPITAL FOUNDATION 347 ANDRIEUX STREET SONOMA, CA 95476	94-2832488	501(C)(3)	510,000.	0.			FOR GENERAL OPERATING SUPPORT, FOR THE CAPITAL CAMPAIGN AND TO SUPPORT THE SONOMA VALLEY
SONOMA VALLEY MUSEUM OF ART P.O. BOX 322 SONOMA, CA 95476	68-0409459	501(C)(3)	23,400.	0.			TO BRING PUBLIC ATTENTION TO ARTISTS AND TO INCREASE PUBLIC AWARENESS OF THE VALUE OF THE ARTS
SONOMA VALLEY VINTNERS & GROWERS FOUNDATION - 9 NAPA STREET E - SONOMA, CA 95476	91-1934463	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
SRJC FOUNDATION 1501 MENDOCINO AVENUE SANTA ROSA, CA 95401-4395	94-1735861	501(C)(3)	15,010.	0.			TO COVER STUDENT EXPENSES FOR THE HEALTHCARE WORKFORCE DEVELOPMENT PROGRAM-SUMMER HEALTH
SSU ACADEMIC FOUNDATION 1801 E. COTATI AVENUE, STEVENSON HALL RM 1054 - ROHNERT PARK, CA 94928	99-0157509	501(C)(3)	28,637.	0.			FOR THE BOB SHARP ENVIRONMENTAL SCHOLARSHIP, THE YES WE CAN SCHOLARSHIP, THE
ST. ANDREW PRESBYTERIAN CHURCH 16290 ARNOLD DR. SONOMA, CA 95476	51-0158108	501(C)(3)	5,620.	0.			FOR THE ANNUAL FUND, TO SUPPORT THE MARTIN SCHOLARSHIP FUND, AND FOR GENERAL OPERATING SUPPORT
ST. FRANCIS SOLANO CHURCH 469 THIRD ST. WEST SONOMA, CA 95476	68-0163793	501(C)(3)	50,000.	0.			TO SUPPORT PROJECT ST. FRANCIS AND FOR THE CAPITAL CAMPAIGN

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ST. PAUL'S EPISCOPAL CHURCH 209 MATHESON STREET HEALDSBURG, CA 95448	94-2163768	501(C)(3)	7,000.	0.			TO SERVE AS FISCAL SPONSOR FOR NORTH COUNTY COMMUNITY SERVICES TO PROVIDE OVERNIGHT SHELTER
STANFORD UNIVERSITY P.O. BOX 20466 STANFORD, CA 94309-0466	94-1156365	501(C)(3)	220,000.	0.			FOR GENERAL SUPPORT OF THE HOOVER INSTITUTION, FOR THE PRESIDENT'S FUND, AND FOR GENERAL OPERATING
SUMMERFIELD WALDORF SCHOOL 655 WILLOWSIDE ROAD SANTA ROSA, CA 95401	94-2248359	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
SUTTER MEDICAL CENTER OF SANTA ROSA - 3325 CHANATE ROAD - SANTA ROSA, CA 95404	94-6187756	501(C)(3)	35,100.	0.			TO SUPPORT THE 2013 LATINO HEALTH FORUM CONFERENCE, TO SUPPORT THE SUTTER MEDICAL CENTER
THE LEATHERBACK TRUST 5736 KINLOCK PLACE FORT WAYNE, IN 46835	22-3741033	501(C)(3)	20,000.	0.			TO BUILD USEFUL MODELS OF MOVEMENT BY DEPLOYING SATELLITE TRANSMITTERS ON POST-NESTING TURTLES AND
THE LIVING ROOM CENTER INC. 636 CHERRY STREET SANTA ROSA, CA 95404-4203	58-2675876	501(C)(3)	42,650.	0.			FOR THE GARDEN PARTY
THE MONASTERY PROJECT 1645 FURLONG ROAD SEBASTOPOL, CA 95472	68-0473949	501(C)(3)	100,000.	0.			FOR GENERAL OPERATING SUPPORT, TO SUPPORT THE SED GYUED MONASTERY, TO SUPPORT THE WANLESS
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - 10945 LE CONTE AVENUE, SUITE 3132 - LOS ANGELES, CA 90095-1784	956006143	501(C)(3)	15,000.	0.			TO SUPPORT A POSTDOCTORAL FELLOWSHIP FOR THE CULTURAL NEUROPSYCHOLOGY INITIATIVE UNDER THE
TRUCKEE CHARTER SCHOOL FOUNDATION 11603 DONNER PASS ROAD TRUCKEE, CA 96161	27-1627347	501(C)(3)	11,000.	0.			FOR ONGOING NEEDS AND FOR THE CAPITAL CAMPAIGN

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
U.S. FUND FOR UNICEF 125 MAIDEN LANE NEW YORK, NY 10038	13-1760110	501(C)(3)	13,000.	0.			TO SUPPORT THE PHILIPPINE TYPHOON RELIEF AND FOR SYRIA REFUGEE RELIEF
UNITED WAY OF JACKSON COUNTY 1457 EAST MCANDREWS ROAD MEDFORD, OR 97504	93-0576632	501(C)(3)	10,000.	0.			LAN RESOURCES FOR LIVES IN TRANSITION PROGRAM AND FOR LOVE ASHLAND NETWORK'S PROGRAMS
UNITED WAY OF THE WINE COUNTRY 975 CORPORATE CENTER PARKWAY, SUIT SANTA ROSA, CA 95407	94-1669646	501(C)(3)	101,680.	0.			FOR GENERAL OPERATING SUPPORT, EXPAND THE NUMBER OF SONOMA VALLEY STUDENTS SERVED, AND
VALLEY OF THE MOON CHILDREN'S HOME FOUNDATION - P.O. BOX 11671 - SANTA ROSA, CA 95406	68-0343720	501(C)(3)	28,000.	0.			FOR GENERAL OPERATING SUPPORT AND TO INCREASE THE AMOUNT OF SCHOLARSHIP AWARDS TO FORMER FOSTER
VIETNAM VETERANS OF CALIFORNIA INC. - P.O. BOX 378 - SANTA ROSA, CA 95402	94-2699571	501(C)(3)	15,000.	0.			FOR GENERAL OPERATING SUPPORT
VOIGT FAMILY SCULPTURE FOUNDATION 400 BREEZEWOOD DR. GEYSERVILLE, CA 95441	56-2506785	501(C)(3)	6,000.	0.			TO SUPPORT THE BUILDING OF THE TEMPLE OF PARADISE RIDGE
VOLUNTEER CENTER OF SONOMA COUNTY 153 STONY CIRCLE, STE. 100 SANTA ROSA, CA 95401-9507	94-1751375	501(C)(3)	11,700.	0.			FOR GENERAL OPERATING SUPPORT
WEST COUNTY COMMUNITY SERVICES DBA COMMUNITY & FAMILY SERVICE AGENCY - 477 PETALUMA AVE - SEBASTOPOL, CA 95472	94-2277740	501(C)(3)	17,000.	0.			TO SUPPORT THE INTERN TRAINING PROGRAM AND BI-LINGUAL THERAPY SERVICES, FOR THE HOUSING
WEST COUNTY HEALTH CENTERS INC. P.O. BOX 1449 GUERNEVILLE, CA 95446	23-7310613	501(C)(3)	41,100.	0.			FOR GENERAL OPERATING SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST SONOMA COUNTY UNION HIGH SCHOOL DISTRICT - 462 JOHNSON STREET - SEBASTOPOL, CA 95472	94-6002635	WEST SONOMA CO U	65,300.	0.			TO SUPPORT THE COUNSELING PROGRAM AT LAGUNA HIGH SCHOOL, FOR SALARY REIMBURSEMENT OF THE
WIKIMEDIA FOUNDATION, INC. 149 NEW MONTGOMERY ST SAN FRANCISCO, CA 94105	200049703	501(C)(3)	10,000.	0.			FOR FUNDING WIKIMEDIA USABILITY AND PUBLIC POLICY INITIATIVE
WINDSOR UNIFIED SCHOOL DISTRICT 9291 OLD REDWOOD HIGHWAY, BLDG 500 WINDSOR, CA 95492-9217	94-6002635	WINDSOR USD	17,000.	0.			TO FUND THE CTE STEM COURSE PRINCIPLES OF ENGINEERING AND DESIGN AND TO ESTABLISH A NORTH
WOMEN'S RECOVERY SERVICES A UNIQUE PLACE - P.O. BOX 1356 - SANTA ROSA, CA 95402	51-0178620	501(C)(3)	5,750.	0.			TO PURCHASE A NEW PHONE SYSTEM, FOR POST-TREATMENT HOUSING, AND FOR GENERAL OPERATING
WORTH OUR WEIGHT 1021 HAHMAN DR. SANTA ROSA, CA 95405	26-2896895	501(C)(3)	13,000.	0.			FOR GENERAL OPERATING SUPPORT AND TO REFURBISH THE COOK HOUSE
YWCA OF SONOMA COUNTY P.O. BOX 3506 SANTA ROSA, CA 95402	94-2347428	501(C)(3)	7,500.	0.			FOR GENERAL OPERATING SUPPORT AND TO SUPPORT THE WOMEN'S SHELTER
ZERO1 1346 THE ALAMEDA, STE., 7-109 SAN JOSE, CA 95126	77-0534962	501(C)(3)	10,000.	0.			AS FISCAL SPONSOR FOR THE BAY LIGHTS PROJECT FOR GENERAL OPERATING SUPPORT
BERKS COUNTY COMMUNITY FOUNDATION 237 COURT ST READING, PA 19601	23-2769892	501(C)(3)	29,664.	0.			GENERAL OPERATING SUPPORT
SONOMA PARADISO FOUNDATION 250 D STREET, SUITE 205 SANTA ROSA, CA 95404	42-1728309	501(C)(3)	125,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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
SCHOLARSHIPS	12	60,643.	0.		

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

PART I, LINE 2:

EXPLANATION: COMMUNITY FOUNDATION SONOMA COUNTY HAS A FORMAL SCHOLARSHIP

APPLICATION AND REVIEW PROCESS. STAFF ASSIGN INITIAL SCORES TO APPLICANTS

BASED UPON A PRE-DETERMINED LIST OF CRITERIA. SCHOLARSHIP COMMITTEES REVIEW

THE APPLICATIONS AND RECOMMEND AWARDEES. THE PRESIDENT AND CEO MAKES THE

FINAL APPROVAL.

FOR COMPETITIVE GRANTS, WE REQUIRE GRANTEES TO SIGN A CONTRACT THAT

DESCRIBES THE USE OF THE FUNDS. THE CONTRACT ALSO REQUIRES GRANTEES TO

Part IV Supplemental Information

SUBMIT BOTH A NARRATIVE AND FINANCIAL REPORT AT THE END OF THE GRANT PERIOD

DOCUMENTING THE ORGANIZATION'S ACTIVITIES RELATED TO THE GRANT AND THE

SPECIFIC USE OF GRANT FUNDS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

AMERICAN RED CROSS SONOMA & MENDOCINO CHAPTER

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

RELIEF EFFORTS IN THE PHILIPPINES, TO SUPPORT SONOMA AND MENDOCINO

COUNTIES, AND FOR DISASTER RELIEF FROM THE MIDWEST TORNADOS

NAME OF ORGANIZATION OR GOVERNMENT: BECOMING INDEPENDENT

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

ANNUAL FUND, AND TO SUPPORT ART, ANIMATION AND MUSIC PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT:

BOYS AND GIRLS CLUBS OF CENTRAL SONOMA COUNTY

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

FUNDING SUMMER CAMP IN GEYSERVILLE AND HEALDSBURG CLUB SUMMER

SCHOLARSHIPS

NAME OF ORGANIZATION OR GOVERNMENT: CALISTOGA FAMILY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR ONGOING STUDENT SUPPORT AND

COUNSELING, FOR ASSISTANCE WITH OPERATING EXPENSES AND PROGRAM

DEVELOPMENT, AND GENERAL OPERATING FUNDS

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC CHARITIES OF THE DIOCESE OF SANTA ROSA

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT,
HOMELESS PROGRAM SUPPORT, FAMILY SUPPORT CENTER, RURAL FOOD PROJECT, AND
FOOD DISTRIBUTION

NAME OF ORGANIZATION OR GOVERNMENT: CHILDREN'S VILLAGE OF SONOMA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT,
GRANT-MATCHING FOR KRSH RADIO MARATHON AND THE MENTAL HEALTH FUND

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF HEALDSBURG

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE TUESDAY IN THE PLAZA PROGRAM
AND CONCERT, GARDEN SUPPLIES AND EQUIPMENT FOR THE IGROW GARDEN

NAME OF ORGANIZATION OR GOVERNMENT:

CITY OF SANTA ROSA-ECONOMIC DEVELOPMENT AND HOUSING

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT SERVICES TO SINGLE ADULT
RESIDENTS AT JONES HALL AND TO PROVIDE ENHANCED SERVICES AT SAM JONES
HALL HOMELESS SHELTER

NAME OF ORGANIZATION OR GOVERNMENT: CONTEMPORARY JEWISH MUSEUM

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT, THE
NEW DIRECTOR FUND AND SUPPORT THE MID-CENTURY DESIGN EXHIBIT

NAME OF ORGANIZATION OR GOVERNMENT: DAILY ACTS ORGANIZATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT, SOUTH
PARK NEIGHBORHOOD ASSOCIATION AND COMMUNITY GARDEN NETWORK OF SONOMA
COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: HAND FAN MUSEUM

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING EXPENSES,
INCLUDING THE CREATION OF NEW CATALOG, TO SUPPORT NEXT EXHIBIT,
IMPROVEMENTS, AND MUSEUM DIRECTOR'S SALARY.

NAME OF ORGANIZATION OR GOVERNMENT: HEALDSBURG JAZZ FESTIVAL

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE JAZZ FESTIVAL PERFORMANCE,
GENERAL OPERATING SUPPORT AND PAY FOR THE PERFORMANCE OF THE CHARLES
LLOYD-JASON MORAN DUO

NAME OF ORGANIZATION OR GOVERNMENT: INTEGRATIVE MEDICAL CLINIC FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO UNDERTAKE STEP ONE OF A THREE
STEP PROJECT TO PILOT AND EVALUATE THE USE OF THE "IMAGINE YOU" PROGRAM
WITH HOMELESS ADULTS

NAME OF ORGANIZATION OR GOVERNMENT: JEWISH FAMILY & CHILDREN'S SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR FOOD PANTRY AND EMERGENCY
SERVICES IN SONOMA COUNTY, AND TO DOVETAIL WITH AN EXISTING MATCHING
GRANT

NAME OF ORGANIZATION OR GOVERNMENT: LAGUNA DE SANTA ROSA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BOTH SUPPORT THE LAGUNA
FOUNDATION'S LEADERSHIP IN ACHIEVING THE GOALS OF THE NORTH BAY CLIMATE
ADAPTATION INITIATIVE AND TO COVER NBCAI'S ADMINISTRATIVE SUPPORT
EXPENSES

NAME OF ORGANIZATION OR GOVERNMENT: LAMBDA LEGAL DEFENSE & EDUCATION FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT, TO
SUPPORT THE BAYER FARM, FOR THE CHALLENGE GRANT, AND FOR THE FITCH

Part IV Supplemental Information

MOUNTAIN PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: LITERARY ARTS GUILD

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE PEANUTS PAVILION AT THE

SONOMA COUNTY BOOK FESTIVAL AND TO SUPPORT THE SONOMA COUNTY FREE

BOOKMOBILE

NAME OF ORGANIZATION OR GOVERNMENT: NEW VISION SANTA ROSA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE SONOMA COUNTY BEST

AND FOR GENERAL OPERATING SUPPORT OF THE 2014 MIKE HAUSER ALGEBRA

NAME OF ORGANIZATION OR GOVERNMENT: NORTH BAY ORGANIZING PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PAY FOR THE REGISTRATION COSTS OF

ENROLLING TEN LOW-INCOME SONOMA COUNTY WOMEN IN THE NTOSOCKE LEADERSHIP

TRAINING PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

PEDIATRIC DENTAL INITIATIVE OF THE NORTH COAST INC.

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

PEDIATRIC DENTAL HEALTH AND PREVENTIVE HEALTHCARE EDUCATION OUTREACH IN

CALISTOGA

NAME OF ORGANIZATION OR GOVERNMENT: PEPPERWOOD FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT PEPPERWOOD FOUNDATION'S

LEADERSHIP IN ACHIEVING THE GOALS OF THE NORTH BAY CLIMATE ADAPTATION

INITIATIVE AND TO PROVIDE ORGANIZATIONAL DEVELOPMENT SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: PETS LIFELINE INC.

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO IMPROVE THE HEALTH OF HOUSEHOLD

PETS IN THE SONOMA VALLEY THROUGH SUPPORT OF THE BILINGUAL WELLNESS AND

SPAY/NEUTER CLINICS

NAME OF ORGANIZATION OR GOVERNMENT: PFLAG-SANTA ROSA

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE SCHOLARSHIP PROGRAM AND TO

SERVE AS FISCAL SPONSOR FOR THE UKIAH PFLAG SCHOLARSHIP DISTRIBUTION

NAME OF ORGANIZATION OR GOVERNMENT:

PRBO DBA BLUE POINT CONSERVATION SCIENCE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT PRBO'S LEADERSHIP IN

ACHIEVING THE GOALS OF THE NORTH BAY CLIMATE ADAPTATION INITIATIVE

NAME OF ORGANIZATION OR GOVERNMENT: REDWOOD EMPIRE FOOD BANK

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT, TO

SUPPORT THE BLUEPRINT TO END HUNGER CAPITAL CAMPAIGN AND FOR THE CAPITAL

CAMPAIGN/BUILDING FUND

NAME OF ORGANIZATION OR GOVERNMENT: RURAL CALIFORNIA BROADCASTING (KRCB)

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR 2013 GENERAL OPERATING SUPPORT,

HEALTH CONNECTIONS INITIATIVE AND FOR THE UPGRADE OF FM PROGRAMMING

EQUIPMENT

NAME OF ORGANIZATION OR GOVERNMENT: SANTA ROSA CITY SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR A "MAKE CAMP" PROGRAM AT

HILLIARD COMSTOCK MIDDLE SCHOOL AND TO SUPPORT AN APPLIED LAB AT PINER

HIGH SCHOOL

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: SANTA ROSA COMMUNITY HEALTH CENTERS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE DENTAL HEALTH CENTER

CAPITAL CAMPAIGN, SUPPORT HIV/AIDS EDUCATION FOR HISPANIC YOUTH AND FOR

GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:

SANTA ROSA MEMORIAL HOSPITAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE CAPITAL CAMPAIGN, DENTAL

VAN, EMERGENCY AND TRAUMA CENTER, SUPPORT THE MEMORIAL HOSPICE, AND

GENERAL OPERATING EXPENSES

NAME OF ORGANIZATION OR GOVERNMENT: SANTA ROSA SYMPHONY

(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF SIMPLY STRINGS, TO

SUPPORT MUSIC EDUCATION, FOR GENERAL OPERATING EXPENSES, FOR THE

ENDOWMENT FUND, AND FOR THE SANTA ROSA SYMPHONY ENDOWMENT

NAME OF ORGANIZATION OR GOVERNMENT: SEBASTOPOL COMMUNITY CULTURAL CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT, TO

SUPPORT MUSIC AND CULTURAL AFFAIRS, AND TO SPONSOR THE AUTHOR EVENT WITH

KALED HOSSEINI

NAME OF ORGANIZATION OR GOVERNMENT: SENIORS INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO COMPLETE THE CONSTRUCTION OF THE

SANTA ROSA SENIOR CENTER UNDER CONSTRUCTION AT THE FINLEY CENTER AND TO

RETIRE THE FUND

NAME OF ORGANIZATION OR GOVERNMENT: SOCIAL ADVOCATES FOR YOUTH

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

Part IV Supplemental Information

THE DREAM CENTER AND TAMAYO VILLAGE, AND TO SUPPORT THE CRISIS HOTLINE PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA ACADEMY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING EXPENSES, FOR THE ANNUAL FUND AND FOR THE 2013 "BEST IN CLASS" CAPITAL CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA COUNTY ANIMAL SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO REDUCE THE POPULATION OF REPRODUCING CATS AND DOGS BY BROADENING ACCESS TO AFFORDABLE SPAY AND NEUTER SERVICES IN SONOMA COUNTY

NAME OF ORGANIZATION OR GOVERNMENT:

SONOMA COUNTY REGIONAL PARKS FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE RUSSIAN RIVER FESTIVAL, TO MAINTAIN AND IMPROVE REGIONAL PARKS, FOR PARKS ALLIANCE/SONOMA COUNTY YOUTH ECOLOGY CORPS, AND GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA ECOLOGY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT SONOMA ECOLOGY CENTER'S LEADERSHIP IN ACHIEVING THE GOALS OF THE NORTH BAY CLIMATE ADAPTATION INITIATIVE AND TO SUPPORT THE YOUTH GARDEN PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA HUMANE SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE FORGET ME NOT FARM PROGRAM, FUNDING FOR THE SONOMA HUMANE SOCIETY'S LOVE ME-FIX ME CLINIC AND GENERAL OPERATING SUPPORT

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA LAND TRUST

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT, TO

SUPPORT THE JASPER MATCH, AND GENERAL OPERATING AND MAINTENANCE OF GLEN

OAKS RANCH

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA VALLEY COMMUNITY HEALTH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR CAPITAL CAMPAIGN, TO INCREASE

OUTREACH TO THE COMMUNITY THROUGH A NEW COMMUNITY NAVIGATOR POSITION AND

TO PURCHASE THE NEW SONOMA VALLEY COMMUNITY HEALTH CENTER PROPERTY

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA VALLEY EDUCATION FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR A SCHOLARSHIP AWARD, TO SUPPORT

EARLY PRESCHOOL PROGRAMS, FOR ANNUAL FUND MARKETING, FOR THE STEPPING

STONES PROGRAM, AND GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA VALLEY HIGH SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE ENGINEERING, DESIGN

AND TECHNOLOGY LINKED LEARNING PATHWAY ELECTIVE, PRINCIPLES OF

ENGINEERING

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA VALLEY HISTORICAL SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR IMPROVEMENTS OF MUSEUM AND

RENTAL OF OFFICE STORAGE SPACE, STAFF HIRING AND FOR GENERAL OPERATING

SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA VALLEY HOSPITAL FOUNDATION

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

THE CAPITAL CAMPAIGN AND TO SUPPORT THE SONOMA VALLEY HOSPITAL EMERGENCY

Part IV Supplemental Information

ROOM CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA VALLEY MUSEUM OF ART

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BRING PUBLIC ATTENTION TO ARTISTS

AND TO INCREASE PUBLIC AWARENESS OF THE VALUE OF THE ARTS IN SONOMA

COUNTY, TO SUPPORT THE REVOLUTIONARY ISLAND EXHIBITION, AND FOR GENERAL

OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: SRJC FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO COVER STUDENT EXPENSES FOR THE

HEALTHCARE WORKFORCE DEVELOPMENT PROGRAM-SUMMER HEALTH CAREER INSTITUTE,

FOR THE SANDS FOR A SUSTAINABLE FUTURE SCHOLARSHIP PROGRAM, AND FOR THE

BOB SHARP ENVIRONMENTAL SCHOLARSHIP

NAME OF ORGANIZATION OR GOVERNMENT: SSU ACADEMIC FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE BOB SHARP ENVIRONMENTAL

SCHOLARSHIP, THE YES WE CAN SCHOLARSHIP, THE EXCEL FOR YOUTH

SCHOLARSHIPS, AND TO SUPPORT PROFESSOR ROBERT EYLER'S WORK IN THE SCHOOL

OF BUSINESS AND ECONOMICS

NAME OF ORGANIZATION OR GOVERNMENT: ST. PAUL'S EPISCOPAL CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SERVE AS FISCAL SPONSOR FOR NORTH

COUNTY COMMUNITY SERVICES TO PROVIDE OVERNIGHT SHELTER AND TRANSITIONAL

HOUSING

NAME OF ORGANIZATION OR GOVERNMENT: STANFORD UNIVERSITY

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

INSTITUTION, FOR THE PRESIDENT'S FUND, AND FOR GENERAL OPERATING EXPENSES

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: SUTTER MEDICAL CENTER OF SANTA ROSA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE 2013 LATINO HEALTH

FORUM CONFERENCE, TO SUPPORT THE SUTTER MEDICAL CENTER OF SANTA ROSA, NEW

BUILDING FUND, AND TO UNDERWRITE THE ASIAN HEALTH FORUM

NAME OF ORGANIZATION OR GOVERNMENT: THE LEATHERBACK TRUST

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BUILD USEFUL MODELS OF MOVEMENT

BY DEPLOYING SATELLITE TRANSMITTERS ON POST-NESTING TURTLES AND

INTER-NESTING TURTLES AT PLAYA CABUYAL, COSTA RICA TO PROTECT MIGRATORY

ROUTES

NAME OF ORGANIZATION OR GOVERNMENT: THE MONASTERY PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT, TO

SUPPORT THE SED GYUED MONASTERY, TO SUPPORT THE WANLESS HOSPITAL, AND TO

PURCHASE COMPUTER EQUIPMENT FOR A PILOT PROGRAM IN THE PHILIPPINES

NAME OF ORGANIZATION OR GOVERNMENT:

THE REGENTS OF THE UNIVERSITY OF CALIFORNIA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT A POSTDOCTORAL FELLOWSHIP

FOR THE CULTURAL NEUROPSYCHOLOGY INITIATIVE UNDER THE DIRECTION OF XAVIER

E. CAGIGAS, PH.D. AT THE SEMEL INSTITUTE AT UCLA

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY OF THE WINE COUNTRY

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

EXPAND THE NUMBER OF SONOMA VALLEY STUDENTS SERVED, AND INCREASE READING

PROFICIENCY RATES THROUGH THE SCHOOLS OF HOPE LITERACY INITIATIVE

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

VALLEY OF THE MOON CHILDREN'S HOME FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT AND TO

INCREASE THE AMOUNT OF SCHOLARSHIP AWARDS TO FORMER FOSTER YOUTH

NAME OF ORGANIZATION OR GOVERNMENT:

WEST COUNTY COMMUNITY SERVICES DBA COMMUNITY & FAMILY SERVICE AGENCY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE INTERN TRAINING

PROGRAM AND BI-LINGUAL THERAPY SERVICES, FOR THE HOUSING DEPOSIT PROGRAM,

AND FISCAL SPONSORSHIP OF THE JUNIOR COLLEGE NEIGHBORHOOD ASSOCIATION

NAME OF ORGANIZATION OR GOVERNMENT:

WEST SONOMA COUNTY UNION HIGH SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE COUNSELING PROGRAM AT

LAGUNA HIGH SCHOOL, FOR SALARY REIMBURSEMENT OF THE MAKER CLASS SECTIONS,

AND TO SUPPORT AN ADDITIONAL SECTION OF PROJECT MAKE

NAME OF ORGANIZATION OR GOVERNMENT: WINDSOR UNIFIED SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND THE CTE STEM COURSE

PRINCIPLES OF ENGINEERING AND DESIGN AND TO ESTABLISH A NORTH COUNTY

REGIONAL MESA PROGRAM (MATHEMATICS, ENGINEERING, SCIENCE ACHIEVEMENT) TO

PARTICIPATE IN LOCAL AND NATIONAL MESA COMPETITIONS

NAME OF ORGANIZATION OR GOVERNMENT:

WOMEN'S RECOVERY SERVICES A UNIQUE PLACE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PURCHASE A NEW PHONE SYSTEM, FOR

POST-TREATMENT HOUSING, AND FOR GENERAL OPERATING SUPPORT

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2013

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

COMMUNITY FOUNDATION SONOMA COUNTY

Employer identification number

68-0003212

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. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
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. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" to line 5a or 5b, describe in Part III.		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" to line 6a or 6b, describe in Part III.		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X
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	8	X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2013

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) ELIZABETH BROWN PRESIDENT & CEO	(i)	184,900.	13,500.	0.	11,904.	6,941.	217,245.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ **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**

Name of the organization **COMMUNITY FOUNDATION SONOMA COUNTY** Employer identification number **68-0003212**

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	23	2,273,893.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

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

SCHEDULE M, PART I, COLUMN (B):

EXPLANATION: THE NUMBER OF CONTRIBUTIONS REFLECTS THE NUMBER OF DONORS,

NOT THE NUMBER OF ITEMS DONATED.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization COMMUNITY FOUNDATION SONOMA COUNTY	Employer identification number 68-0003212
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FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

USED DIVERSIFIED INVESTMENT STRATEGIES TO MANAGE OVER 450 CHARITABLE

FUNDS TO ENSURE FUTURE FUNDING FOR THE COMMUNITY.

FORM 990, PART III, LINE 4A

EXPLANATION: THE FOUNDATION ALSO MAINTAINS TWO GEOGRAPHIC AFFILIATES IN

HEALDSBURG AND SONOMA VALLEY. THE TWO AFFILIATES EACH HAS THEIR OWN

VOLUNTEER BOARDS OF DIRECTORS WHICH HELP THE FOUNDATION RAISE AND

DISTRIBUTE FUNDS IN THEIR LOCAL COMMUNITIES.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: TAXPAYER'S ACCOUNTING FIRM FORWARDED THE FORM 990 TO THE VP

FOR FINANCE AND OPERATIONS. THE PAID PREPARER PRESENTED THE FORM 990 TO THE

AUDIT COMMITTEE AT AN IN-PERSON MEETING, WHERE ALL QUESTIONS AND COMMENTS

WERE ADDRESSED. AN ELECTRONIC COPY OF THE FORM 990 WAS PROVIDED TO ALL

VOTING MEMBERS OF THE BOARD EXCEPT FOR SCHEDULE B AND WERE ENCOURAGED TO

FORWARD QUESTIONS AND COMMENTS TO THE VP. BOARD MEMBERS HAD AN OPPORTUNITY

TO REVIEW SCHEDULE B AT AN IN-PERSON BOARD MEETING PRIOR TO FILING.

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

EXPLANATION: BOARD MEMBERS AND STAFF FILL OUT CONFLICT OF INTEREST FORMS

ANNUALLY. THE VP FOR FINANCE AND OPERATIONS REVIEWS THE FORMS FOR POTENTIAL

CONFLICTS, AND BOARD MEMBERS OR STAFF DO NOT PARTICIPATE IN DECISION

REGARDING MATTERS FOR WHICH THEY HAVE CONFLICTS.

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

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

Schedule O (Form 990 or 990-EZ) (2013)

332211
09-04-13

Name of the organization COMMUNITY FOUNDATION SONOMA COUNTY	Employer identification number 68-0003212
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EXPLANATION: THE COMMUNITY FOUNDATION HIRED AN OUTSIDE CONSULTANT TO DETERMINE APPROPRIATE COMPENSATION FOR THE PRESIDENT & CEO BASED ON COMPARABLE SALARY DATA. THE BOARD APPOINTED A HIRING COMMITTEE TO SELECT THE COMPENSATION LEVEL, AND THE EXECUTIVE COMMITTEE APPROVED ANY SUBSEQUENT CHANGES TO THE COMPENSATION LEVEL. THE PRESIDENT & CEO SET COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES, BASED ON SALARY SURVEY DATA.

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

EXPLANATION: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VII, SECTION A

EXPLANATION: COMMUNITY FOUNDATION HAS SEVERAL BOARD MEMBERS WHO HOLD DONOR ADVISED FUNDS.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	960,735.
RETURNED GRANT	15,500.
TOTAL TO FORM 990, PART XI, LINE 9	976,235.

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SONOMA PARADISO	B	125,000	ACTUAL PAID/ACCRUED
(2) PEPPERWOOD FOUNDATION	B	500,000	ACTUAL PAID/ACCRUED
(3)			
(4)			
(5)			
(6)			

