

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

- ▶ 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.

OMB No. 1545-0047

2015
Open to Public
Inspection

A For the 2015 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"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COMMUNITY FOUNDATION SONOMA COUNTY Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 120 STONY POINT ROAD 220 City or town, state or province, country, and ZIP or foreign postal code SANTA ROSA, CA 95401 F Name and address of principal officer: ELIZABETH BROWN SAME AS C ABOVE	D Employer identification number 68-0003212 E Telephone number 707-579-4073 G Gross receipts \$ 112,151,229. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
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		
J Website: ▶ WWW.SONOMACF.ORG		
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		

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	20	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20	
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	12	
	6	Total number of volunteers (estimate if necessary)	6	1	
	Revenue	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.	
		Prior Year	Current Year		
8		Contributions and grants (Part VIII, line 1h)	9,763,207.	14,358,040.	
9		Program service revenue (Part VIII, line 2g)	266,142.	81,670.	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,271,178.	8,994,842.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,409.	10,779.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,305,936.	23,445,331.	
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	11,943,102.	13,533,804.
		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)	1,148,488.	1,265,145.	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 651,803.			
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,204,790.	1,099,893.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	14,296,380.	15,898,842.	
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	6,009,556.	7,546,489.	
			Beginning of Current Year	End of Year	
	20	Total assets (Part X, line 16)	143,681,761.	132,728,476.	
	21	Total liabilities (Part X, line 26)	9,568,752.	1,333,987.	
22	Net assets or fund balances. Subtract line 21 from line 20	134,113,009.	131,394,489.		

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 Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name MAGA E. KISRIV	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN P01008919
	Firm's name ▶ HOOD & STRONG LLP	Firm's EIN ▶ 94-1254756		
	Firm's address ▶ 275 BATTERY STREET, STE. 900 SAN FRANCISCO, CA 94111	Phone no. 415.781.0793		

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

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions	
Type or print	Name of exempt organization or other filer, see instructions.
File by the due date for filing your return. See instructions.	COMMUNITY FOUNDATION SONOMA COUNTY
	Number, street, and room or suite no. If a P.O. box, see instructions.
	120 STONY POINT ROAD, NO. 220
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.
	SANTA ROSA, CA 95401

Enter the Return code for the return that this application is for (file a separate application for each return) ☐ 0 ☐ 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

KARL GRIMM

- The books are in the care of ☒ 120 STONY POINT ROAD, SUITE 220 - SANTA ROSA, CA 95401
Telephone No. ☒ 707-579-4073 Fax No. ☐
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until NOVEMBER 15, 2016.
- 5 For calendar year 2015, or other tax year beginning , and ending .
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period
- 7 State in detail why you need the extension THE TAXPAYER'S FINANCIAL MATTERS ARE QUITE COMPLEX. ADDITIONAL TIME IS REQUIRED TO FILE A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ☒ Title ☒ ACCOUNTANT

Date ☒ 8/8/16

Form 8868 (Rev. 1-2014)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► **File a separate application for each return.**

► **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print	Name of exempt organization or other filer, see instructions. COMMUNITY FOUNDATION SONOMA COUNTY	Employer identification number (EIN) or 68-0003212
	Number, street, and room or suite no. If a P.O. box, see instructions. 120 STONY POINT ROAD, NO. 220	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SANTA ROSA, CA 95401	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

KARL GRIMM

- The books are in the care of ► 120 STONY POINT ROAD, SUITE 220 - SANTA ROSA, CA 95401
Telephone No. ► 707-579-4073 Fax No. ►
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until
AUGUST 15, 2016, to file the exempt organization return for the organization named above. The extension
is for the organization's return for:
► ☒ calendar year 2015 or
► ☐ tax year beginning , and ending .

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Part III Statement of Program Service AccomplishmentsCheck 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 ☒ No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 14,364,129. including grants of \$ 13,533,804.) (Revenue \$ 81,670.)

GRANTMAKING: AWARDED MORE THAN \$13.5 MILLION IN SONOMA COUNTY,
PRIMARILY IN THE FIELDS OF HEALTH & HUMAN SERVICES, ARTS & CULTURE,
EDUCATION, AND THE ENVIRONMENT.

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 **14,364,129.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Form **990** (2015)

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic 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 or for domestic individuals 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), 501(c)(4), and 501(c)(29) 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? <i>If "Yes," complete Schedule L, Part II</i>		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? Note. All Form 990 filers are required to complete Schedule O	X	

Form **990** (2015)

Part V **Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 26		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 12		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		X
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form **990** (2015)

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 ☒

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 20 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent 1b 20		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	X	
b Each committee with authority to act on behalf of the governing body? 8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **CA**

18 Section 6104 requires an organization to make its 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.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: **KARL GRIMM - 707-579-4073**
120 STONY POINT ROAD, SUITE 220, SANTA ROSA, CA 95401

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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 SECRETARY	3.00	X		X				0.	0.	0.
(2) BARRY WEITZENBERG CHAIR	3.00	X		X				0.	0.	0.
(3) LINDA KACHIU TREASURER	3.00	X		X				0.	0.	0.
(4) HERB CASTILLO DIRECTOR (THRU 6/30/15)	1.00	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 (THRU 6/30/15)	1.00	X						0.	0.	0.
(9) PATRICK EMERY DIRECTOR	1.00	X						0.	0.	0.
(10) STEVE GOLDBERG DIRECTOR	1.00	X						0.	0.	0.
(11) WHITNEY HALL DIRECTOR (THRU 6/30/15)	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	1.00	X						0.	0.	0.
(16) STEVE RABINOWITSH DIRECTOR	1.00	X						0.	0.	0.
(17) LEW REID DIRECTOR (THRU 6/30/15)	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 (THRU 6/30/15)	1.00 1.00	X						0.	0.	0.
(21) JOAN C. WOODARD DIRECTOR (THRU 6/30/15)	1.00	X						0.	0.	0.
(22) MICHELLE ZYGIELBAUM DIRECTOR	1.00	X						0.	0.	0.
(23) CHRIS DOBSON DIRECTOR	2.00	X						0.	0.	0.
(24) PETE GOLIS DIRECTOR	1.00	X						0.	0.	0.
(25) THELIA EAGAN DIRECTOR	1.00	X						0.	0.	0.
(26) RICHARD DAVIS DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								443,148.	0.	59,188.
d Total (add lines 1b and 1c)								443,148.	0.	59,188.

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 **3**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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	

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2015)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) ELIZABETH BROWN PRESIDENT & CEO	45.00 1.00			X				214,516.	0.	21,048.
(28) KARL GRIMM VP FINANCE AND OPERATIONS	45.00 2.00			X				113,439.	0.	13,366.
(29) W JOHN MULLINEAUX VP OF DEVELOPMENT	45.00 1.00					X		115,193.	0.	24,774.
Total to Part VII, Section A, line 1c								443,148.		59,188

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) 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	284,323.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	14,073,717.				
	g Noncash contributions included in lines 1a-1f: \$		7,615,765.				
	h Total. Add lines 1a-1f		14,358,040.				
Program Service Revenue	2 a MANAGEMENT FEES	Business Code 561000		81,670.	81,670.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			81,670.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,755,061.		
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	(ii) Other				
b Less: cost or other basis and sales expenses		94,945,679.					
c Gain or (loss)		88,705,898.					
d Net gain or (loss)		6,239,781.					
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		b					
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		b					
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		b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
11 a LITIGATION SETTLEMENT	900099		10,779.			10,779.	
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			10,779.				
12 Total revenue. See instructions.			23,445,331.	81,670.	0.	9,005,621.	

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 domestic organizations and domestic governments. See Part IV, line 21	13,533,804.	13,533,804.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	497,393.	81,828.	196,229.	219,336.
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	569,745.	330,332.	81,684.	157,729.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	28,140.	11,263.	9,668.	7,209.
9 Other employee benefits	94,700.	37,904.	32,536.	24,260.
10 Payroll taxes	75,167.	30,086.	25,825.	19,256.
11 Fees for services (non-employees):				
a Management				
b Legal	23,378.	9,357.	5,989.	8,032.
c Accounting	57,932.	23,187.	14,841.	19,904.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	181,160.		181,160.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	112,213.	16,099.	85,810.	10,304.
12 Advertising and promotion	52,917.	21,180.	18,181.	13,556.
13 Office expenses	85,667.	34,288.	29,433.	21,946.
14 Information technology	84,175.	33,695.	28,924.	21,556.
15 Royalties				
16 Occupancy	114,208.	45,712.	39,239.	29,257.
17 Travel	12,682.	5,076.	4,357.	3,249.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	101,633.	40,679.	34,918.	26,036.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	16,812.	6,729.	5,776.	4,307.
23 Insurance	137,448.	55,014.	47,223.	35,211.
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 BAD DEBT EXPENSE	108,511.	43,431.	37,283.	27,797.
b MISCELLANEOUS EXPENSE	11,157.	4,465.	3,834.	2,858.
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	15,898,842.	14,364,129.	882,910.	651,803.
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 SheetCheck 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	1,385,591.	1	3,615,001.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	6,005,708.	3	6,199,112.
	4 Accounts receivable, net	0.	4	38,130.
	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	124,223.	7	2,013,861.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	78,248.	9	77,313.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 255,555.		
	b Less: accumulated depreciation	10b 149,906.		
	11 Investments - publicly traded securities	120,593,408.	11	114,615,198.
	12 Investments - other securities. See Part IV, line 11	368,500.	12	368,500.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	15,099,883.	15	5,695,712.
16 Total assets. Add lines 1 through 15 (must equal line 34)	143,681,761.	16	132,728,476.	
Liabilities	17 Accounts payable and accrued expenses	105,848.	17	62,036.
	18 Grants payable	1,978,939.	18	1,134,000.
	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	7,483,965.	25	137,951.
	26 Total liabilities. Add lines 17 through 25	9,568,752.	26	1,333,987.
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	26,402,164.	27	27,590,538.
	28 Temporarily restricted net assets	38,742,522.	28	30,676,623.
	29 Permanently restricted net assets	68,968,323.	29	73,127,328.
	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	134,113,009.	33	131,394,489.
	34 Total liabilities and net assets/fund balances	143,681,761.	34	132,728,476.

Form **990** (2015)

Part XI Reconciliation of Net AssetsCheck 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	23,445,331.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,898,842.
3	Revenue less expenses. Subtract line 2 from line 1	3	7,546,489.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	134,113,009.
5	Net unrealized gains (losses) on investments	5	<10,417,136.>
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	152,127.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	131,394,489.

Part XII Financial Statements and ReportingCheck 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	2a	<input checked="" type="checkbox"/>
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	<input checked="" type="checkbox"/>
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	<input checked="" type="checkbox"/>
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	3a	<input checked="" type="checkbox"/>
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	3b	

Form **990** (2015)

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

2015

**Open to Public
Inspection**

Name of the organization

COMMUNITY FOUNDATION SONOMA COUNTY

Employer identification number

68-0003212

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 (Form 990 or 990-EZ).)
- 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations _____

g 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 (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,776,884.	9,508,279.	9,003,952.	9,763,207.	14,404,710.	51,457,032.
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	8,776,884.	9,508,279.	9,003,952.	9,763,207.	14,404,710.	51,457,032.
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)						9,225,702.
6 Public support. Subtract line 5 from line 4.						42,231,330.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	8,776,884.	9,508,279.	9,003,952.	9,763,207.	14,404,710.	51,457,032.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,003,508.	2,765,074.	3,333,507.	4,491,508.	2,755,061.	16,348,658.
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 VI.)	50,362.	3,856.		5,409.	10,779.	70,406.
11 Total support. Add lines 7 through 10						67,876,096.
12 Gross receipts from related activities, etc. (see instructions)					12	658,253.
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 2015 (line 6, column (f) divided by line 11, column (f))	14	62.22 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	58.85 %
16a 33 1/3% support test - 2015. 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 - 2014. 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 - 2015. 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 VI 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 - 2014. 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 VI 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"/>

Schedule A (Form 990 or 990-EZ) 2015

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 VI.)						
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 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. 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 - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2015

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

Section D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2015 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

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

2015

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

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

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

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

Caution. An organization that 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) (2015)

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

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		\$ 552,350.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 396,035.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 4,407,063.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 499,140.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 1,850,396.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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		\$ 1,012,162.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
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			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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
1	3000 SHARES OF RAYTHEON (RTN) AND 5000 SHARES OF INTEL (INTC)	\$ 552,350.	12/31/15
3	3203.067 SHARES OF SA REAL ESTATE SECURITIES FD (SAREX), 1645	\$ 246,035.	12/31/15
4	62342 SHARES OF BELK	\$ 4,239,256.	12/31/15
5	515 SHARES OF APPLE INC. AND 3240 SHARES OF FIRST TRUST LARGE	\$ 499,140.	12/31/15
7	832 SHARES OF EXXON MOBIL (XOM)	\$ 1,012,162.	12/16/15
		\$	

Employer identification number

68-0003212

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ **Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2015**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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	173	150
2 Aggregate value of contributions to (during year)	5,456,101.	4,865,801.
3 Aggregate value of grants from (during year)	7,777,276.	1,064,482.
4 Aggregate value at end of year	13,233,377.	5,930,283.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶
- 4 Number of states where property subject to conservation easement is located ▶
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$
- 8 Does each conservation easement reported on line 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" on 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) Revenue included on Form 990, Part VIII, line 1 ▶ \$
- (ii) Assets included in Form 990, Part X ▶ \$
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenue included on 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 **d** ☐ Loan or exchange programs
b ☐ Scholarly research **e** ☐ Other _____
c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	75,573,899.	71,685,198.	64,285,308.	58,668,275.	62,216,200.
b Contributions	3,600,496.	6,299,330.	2,336,886.	1,944,307.	1,314,746.
c Net investment earnings, gains, and losses	<1,860,881.>	<1,300,312.>	7,018,512.	5,612,886.	<950,174.>
d Grants or scholarships	4,227,470.	1,110,317.	1,955,508.	1,940,160.	3,912,497.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	73,086,044.	75,573,899.	71,685,198.	64,285,308.	58,668,275.

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

- a** Board designated or quasi-endowment ☒ <1.75> %
b Permanent endowment ☒ 93.39 %
c Temporarily restricted endowment ☒ 8.36 %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations ☐ **3a(i)** ☐ Yes ☒ No
(ii) related organizations ☐ **3a(ii)** ☐ Yes ☒ No

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		26,489.	26,489.	0.
d Equipment		229,066.	123,417.	105,649.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				105,649.

Schedule D (Form 990) 2015

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) LIABILITIES UNDER TRUST AGREEMENTS	137,951.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	137,951.	

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 ☒

Schedule D (Form 990) 2015

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

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

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 (losses) 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" on 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:

ENDOWMENT FUNDS SERVE A WIDE VARIETY OF CHARITABLE PURPOSES AND REFLECT

THE INTENT OF OUR DONORS.

PART X, LINE 2:

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 XIII Supplemental Information *(continued)*

THE FOUNDATION FOLLOWS THE GUIDANCE OF FASB ASC TOPIC 740 - ACCOUNTING FOR

UNCERTAINTY IN INCOME TAXES. AS OF DECEMBER 31, 2015, MANAGEMENT EVALUATED

THE FOUNDATION'S TAX POSITIONS AND CONCLUDED THAT THE FOUNDATION HAD

MAINTAINED ITS TAX EXEMPT STATUS AND HAD TAKEN NO UNCERTAIN TAX POSITIONS

THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS.

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" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

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

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)	608,204.	0.			FOR GENERAL SCHOLARSHIPS AND SCHOLARSHIP PROGRAM, FOR GENERAL OPERATING SUPPORT, TO SUPPORT
350.ORG 20 JAY ST, SUITE 732 BROOKLYN, NY 11201	26-1150699	501(C)(3)	25,000.	0.			FOR GENERAL OPERATING SUPPORT
ALEXANDER VALLEY FILM SOCIETY P.O. BOX 71 CLOVERDALE, CA 95425	47-2085577	501(C)(3)	11,500.	0.			TO SUPPORT THE 2015 ALEXANDER VALLEY FILM FESTIVAL, FOR GENERAL OPERATING SUPPORT
ALEXANDER VALLEY UNION SCHOOL DISTRICT - 8511 CAL HWY 128 - HEALDSBURG, CA 95448	45-2381410	501(C)(3)	7,000.	0.			TO PROVIDE SUPPORT FOR ALEXANDER VALLEY SCHOOOL ADULT AND FAMILY ESL TEACHERS' SALARIES
ALLIANCE MEDICAL CENTER 1381 UNIVERSITY AVENUE HEALDSBURG, CA 95448	94-2308748	501(C)(3)	12,750.	0.			TO IMPLEMENT THE "MY BODY IS HEALTHY" PROGRAM IN SCHOOLS THROUGHOUT SONOMA COUNTY, TO EXPAND REACH
AMERICAN ENDOWMENT FOUNDATION 1521 GEORGETOWN RD., STE 104 HUDSON, OH 44236	34-1747398	501(C)(3)	136,638.	0.			TO ESTABLISH NEW SCHOLARSHIP FUND TO BENEFIT STUDENTS OF SUMMER SEARCH NORTH BAY

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 178.

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) (2015)

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
AMERICAN RED CROSS OF THE CALIFORNIA NORTHWEST - 5297 AERO DRIVE - SANTA ROSA, CA 95403	53-0196605	501(C)(3)	81,493.	0.			FOR GENERAL OPERATING SUPPORT, TO SUPPORT THE EARTHQUAKE RELIEF IN NEPAL, TO SUPPORT THE
ANALY HIGH SCHOOL 6950 ANALY AVENUE SEBASTOPOL, CA 95472	38-3912079	ANALY HIGH SCHOO	16,200.	0.			TO SUPPORT "PAY-IT-FORWARD", TO SUPPORT THE PROJECT MAKE PROGRAM, SPECIFICALLY THE
BECOMING INDEPENDENT 1425 CORPORATE CENTER PARKWAY SANTA ROSA, CA 95407	94-2641147	501(C)(3)	48,146.	0.			TO DEVELOP SOLUTIONS TO IMPROVE THE HEALTH, SELF-REGULATION, AND EMPLOYMENT OUTCOMES FOR
BELLEVUE UNION SCHOOL DISTRICT 3150 EDUCATION DRIVE SANTA ROSA, CA 95407	58-2129727	501(C)(3)	94,185.	0.			TO SUPPORT THE KAAS STUDENT TECHNOLOGY AND COUNSELING SERVICES
BILLY FOUNDATION P.O. BOX 12205 SANTA ROSA, CA 95406	68-0314349	501(C)(3)	6,250.	0.			TO SUPPORT THE 2015 TRANS MEN'S RETREAT
BISHOP JOHN T. WALKER SCHOOL FOR BOYS DEVELOPMENT OFC. 3640 - MARTIN LUTHER KING, JR., AVE, SE - WASHINGTON, DC 20032	53-0196608	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
BOYS AND GIRLS CLUBS OF CENTRAL SONOMA COUNTY - 1400 NORTH DUTTON AVENUE, SUITE 14 - SANTA ROSA, CA 95401	68-0309534	501(C)(3)	14,000.	0.			FOR GENERAL OPERATING SUPPORT OF THE HEALDSBURG BOYS & GIRLS CLUB FOR 2015, TO PREVENT SUMMER
BOYS AND GIRLS CLUBS OF SONOMA VALLEY - P.O. BOX 218 - EL VERANO, CA 95433-0218	94-1579901	501(C)(3)	12,000.	0.			TO SUPPORT SCHOLARSHIPS, TO PARTICIPATE IN A CAPACITY-BUILDING LEARNING COHORT, FOR
BUCKELEW PROGRAMS 144 SOUTH E ST, SUITE 200 SANTA ROSA, CA 95404	23-7088977	501(C)(3)	10,000.	0.			TO EXPAND BUCKELEW PROGRAMS' RENTAL ASSISTANCE FUND TO PROVIDE A HOUSING

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
CALIFORNIA PARENTING INSTITUTE (CPI) - 3650 STANDISH AVENUE - SANTA ROSA, CA 95407	94-2541640	501(C)(3)	66,450.	0.			FOR GENERAL OPERATING SUPPORT, TO ENCOURAGE ACTIVE PARENT ENGAGEMENT WITH CHILDREN AGED 0-5 BY
CALIFORNIA POETS IN THE SCHOOLS 2131 19TH AVE, #203 SAN FRANCISCO, CA 94116	94-2977264	501(C)(3)	18,100.	0.			TO DELIVER HIGH QUALITY CREATIVE POETRY WRITING WORKSHOPS AT UNDERSERVED SCHOOLS AND THE POETRY
CANINE COMPANIONS FOR INDEPENDENCE, INC - P.O. BOX 446 - SANTA ROSA, CA 95402	94-2494324	501(C)(3)	479,015.	0.			FOR GENERAL OPERATING SUPPORT, TO PROVIDE HIGHLY TRAINED ASSISTANCE DOGS TO INDIVIDUALS WITH
CAREER TECHNICAL EDUCATION FOUNDATION SONOMA COUNTY - 1030 APOLLO WAY, SUITE 200 - SANTA ROSA, CA 95407	46-5607272	501(C)(3)	553,397.	0.			FOR GENERAL OPERATING SUPPORT, TO FULFILL THE GRANT REQUESTS FOR SRJC HEALTHCARE RELATED
CARTOON ART MUSEUM OF CALIFORNIA P.O. BOX 566 SAN FRANCISCO, CA 94104	68-0036947	501(C)(3)	15,305.	0.			FOR GENERAL OPERATING SUPPORT
CATHEDRAL SCHOOL FOR BOYS 1275 SACRAMENTO STREET SAN FRANCISCO, CA 94108	94-1156846	501(C)(3)	25,000.	0.			FOR GENERAL OPERATING SUPPORT FROM THE GRANDPARENTS OF FIN, MATSON, GREY, HARRY AND
CATHOLIC CHARITIES OF THE DIOCESE OF SANTA ROSA - P.O. BOX 4900 - SANTA ROSA, CA 95402	94-2479393	501(C)(3)	368,801.	0.			TO PROVIDE FUNDING FOR A STAFF POSITON OF THE VAWA PROGRAM TO SUPPORT ABUSED IMMIGRANT WOMEN, FOR
CENTRAL PACIFIC DISTRICT OF THE CHRISTIAN AND MISSIONARY ALLIANCE - 715 LINCOLN AVE - WOODLAND, CA 95695	13-1623940	501(C)(3)	10,000.	0.			TO SUPPORT THE BRIDGE CHURCH - HOPE CRISIS/LAKE COUNTY FIRE
CENTRO LABORAL DE GRATON P.O. BOX 42 GRATON, CA 95444	68-0472311	501(C)(3)	12,000.	0.			TO SUPPORT THE ALIANZA DE MUJERES ACTIVAS Y SOLIDARIAS (ALMAS) PROGRAM, TO SUPPORT THE

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
CERES COMMUNITY PROJECT 7351 BODEGA AVENUE SEBASTOPOL, CA 95472	26-2250997	501(C)(3)	13,600.	0.			TO SUPPORT PROGRAM AT SAY DREAM CENTER, FOR GENERAL OPERATING SUPPORT
CHARLES M. SCHULZ MUSEUM & RESEARCH CENTER - 2301 HARDIES LANE - SANTA ROSA, CA 95403	68-0422370	501(C)(3)	2,001,000.	0.			FOR GENERAL OPERATING SUPPORT
CHILDREN'S MUSEUM OF SONOMA COUNTY 1835 WEST STEELE LANE SANTA ROSA, CA 95403	20-3496878	501(C)(3)	73,120.	0.			TO SUPPORT THE ART PROGRAMS AT THE CHILDREN'S MUSEUM OF SONOMA COUNTY, FOR
CITY OF HEALDSBURG 1557 HEALDSBURG AVE. HEALDSBURG, CA 95448	94-6000347	509(A)(1)	5,750.	0.			TO SUPPORT THE TUESDAY IN THE PLAZA PROGRAM THROUGH THE PARK AND RECREATION DEPARTMENT, TO SUPPORT
CITY OF SANTA ROSA-ECONOMIC DEVELOPMENT AND HOUSING - P.O. BOX 1806 - SANTA ROSA, CA 95402	94-6000428	501(C)(3)	74,700.	0.			TO SUPPORT SAM JONES HALL, FOR PROVIDING ENHANCED SERVICES AT SAM JONES HALL
CLOVERDALE ARTS ALLIANCE 204 N. CLOVERDALE BLVD CLOVERDALE, CA 95425	68-0466983	501(C)(3)	5,750.	0.			TO SUPPORT THE SCHOOL MUSIC PROGRAM (\$250) AND FOR GENERAL SUPPORT (\$1000), TO SUPPORT
COLUMBUS ZOO AND AQUARIUM 9990 RIVERSIDE DRIVE POWELL, OH 43065	31-4390844	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT IN RECOGNITION OF TOM STALF
COMMITTEE ON THE SHELTERLESS P.O. BOX 2744 PETALUMA, CA 94953-2744	68-0176855	501(C)(3)	146,637.	0.			FOR GENERAL OPERATING SUPPORT, TO SUPPORT THE PETALUMA KITCHEN, TO SUPPORT THE FAMILY GIVING
COMMUNITY ACTION PARTNERSHIP OF SONOMA COUNTY - 141 STONY CIRCLE #210 - SANTA ROSA, CA 95401	94-1648949	501(C)(3)	43,000.	0.			TO SUPPORT THE EXPANSION OF YOUTH CONNECTIONS, A PROGRAM OF COMMUNITY ACTION PARTNERSHIP OF

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
COMMUNITY MATTERS P.O. BOX 14816 SANTA ROSA, CA 95402	68-0369720	501(C)(3)	8,600.	0.			TO WORK IN TWO ADDITIONAL SONOMA COUNTY SCHOOLS TO CREATE SAFE AND INCLUSIVE SCHOOL CLIMATES FOR
COMMUNITY SUPPORT NETWORK 1410 GUERNEVILLE RD., SUITE 14 SANTA ROSA, CA 95403	94-2159583	501(C)(3)	13,402.	0.			TO FURTHER THE MISSION OF COMMUNITY SUPPORT NETWORK: TO INCREASE BRAND RECOGNITION AND
COMPASSION WITHOUT BORDERS P.O. BOX 14995 SANTA ROSA, CA 95402	20-4698227	501(C)(3)	60,000.	0.			TO HELP WITH COSTS ASSOCIATED WITH 12 VETERINARY WELLNESS CLINICS IN THE ROSELAND
CONGREGATION SHOMREI TORAH 2600 BENNETT VALLEY RD. SANTA ROSA, CA 95404	94-2261436	501(C)(3)	50,000.	0.			TO SUPPORT THE MUSIC FUND OF CONGREGATION SHOMREI TORAH IN HONOR OF LAUR LICHTENSTEIN DEAGUIAR
CONSERVATION STRATEGY FUND 1160 G. STREET, SUITE A-1 ARCATA, CA 95521	94-3294843	501(C)(3)	15,000.	0.			FOR GENERAL OPERATING SUPPORT
CONTEMPORARY JEWISH MUSEUM 736 MISSION ST. SAN FRANCISCO, CA 94103	47-0920831	501(C)(3)	20,000.	0.			TO SUPPORT 2016 OPERATING EXPENSES (\$10,000) AND TO SUPPORT THE ROMAN VISHNIAC REDISCOVERED
CORNELL COLLEGE, OFFICE OF ADVANCEMENT - 600 FIRST STREET SW - MOUNT VERNON, IA 52314-1098	42-0680335	501(C)(3)	1,000,000.	0.			TO ESTABLISH THE STARK ENDOWED FELLOWSHIP TO SUPPORT INTERNSHIPS AND OTHER EXPERIENTIAL
COUNCIL ON AGING SERVICES FOR SENIORS - 30 KAWANA SPRINGS RD. - SANTA ROSA, CA 95404	94-6138714	501(C)(3)	12,000.	0.			TO SUPPORT MEALS ON WHEELS PROGRAM, FOR GENERAL OPERATING SUPPORT
CROSS & CROWN LUTHERAN CHURCH & SCHOOL - 5475 SNYDER LANE - ROHNERT PARK, CA 94928	94-1682208	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT OF THE CROSS AND CROWN LUTHERAN SCHOOL

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.)

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DEMEO TEEN CLUB INC. 509 ADAMS STREET SANTA ROSA, CA 95401	91-1859251	501(C)(3)	20,205.	0.			FOR GENERAL OPERATING SUPPORT, TO SUPPORT THE JOBS MADE REAL WEBSITE, FOR STAFF SUPPORT TO
DOCTORS WITHOUT BORDERS 333 SEVENTH AVE. 2ND FLOOR NEW YORK, NY 10001	13-3433452	501(C)(3)	31,850.	0.			TO SUPPORT HEALTH CARE DELIVERY, WHERE NEEDED, FOR GENERAL OPERATING SUPPORT, TO ASSIST IN
DOMINICAN SCHOOL OF PHILOSOPHY AND THEOLOGY - 2301 VINE STREET - BERKELEY, CA 94708	94-1270354	501(C)(3)	20,000.	0.			FOR GENERAL OPERATING SUPPORT IN HONOR OF THE REVEREND MICHAEL SWEENEY, OP
DOVETAIL LEARNING 825 GRAVENTEIN HWY N, SUITE SEBASTOPOL, CA 95472	68-0673821	501(C)(3)	10,000.	0.			A DOLLAR FOR DOLLAR CHALLENGE GRANT, TO BE MET BY YEAR-END
EARLE BAUM CENTER OF THE BLIND 4539 OCCIDENTAL ROAD SANTA ROSA, CA 95401	91-1840275	501(C)(3)	12,000.	0.			FOR GENERAL OPERATING SUPPORT, TO SUPPORT THE ART PROGRAM
EPISCOPAL SENIOR COMMUNITIES FOUNDATION - 2185 N. CALIFORNIA BLVD, #575 - WALNUT CREEK, CA 94596	94-6130471	501(C)(3)	10,000.	0.			TO PROVIDE EMERGENCY FUNDING TO LOW-INCOME SENIORS IN SONOMA COUNTY WHO MIGHT OTHERWISE GO
FAMILY JUSTICE CENTER OF SONOMA COUNTY FOUNDATION - 2755 MENDOCINO AVE., STE. 100 - SANTA ROSA, CA 95403	45-3160831	501(C)(3)	253,491.	0.			FOR GENERAL OPERATING SUPPORT
FARALLONES MARINE SANCTUARY ASSOCIATION - THE PRESIDIO, P.O. BOX 29386 - SAN FRANCISCO, CA 94129	94-3227237	501(C)(3)	15,000.	0.			TO SUPPORT LIMPETS AND ITS EXPANSION INTO NEW COMMUNITIES IN SONOMA COUNTY
FARM BUREAU FOUNDATION OF SONOMA COUNTY - 970 PINER ROAD - SANTA ROSA, CA 95403	75-3187688	501(C)(3)	9,500.	0.			FOR GENERAL OPERATING SUPPORT, TO SUPPORT THE SCHOLARSHIP PROGRAM

Schedule I (Form 990)

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FARM TO PANTRY 331 FIRST STREET HEALDSBURG, CA 95448	46-5321538	501(C)(3)	9,743.	0.			TO PURCHASE NEW VEHICLE, TO FUND THE DEVELOPMENT OF A 3-5 YEAR STRATEGIC PLAN, ALLOWING FARM TO
FIDELITY CHARITABLE GIFT FUND P.O. BOX 770001 CINCINNATI, OH 45277	11-0303001	501(C)(3)	7,073.	0.			TO OPEN AN EXPENDABLE CHARITABLE FUND (ACT #108723)
FISH OF THE SANTA ROSA AREA INC. P.O. BOX 4291 SANTA ROSA, CA 95402	51-0159551	501(C)(3)	12,175.	0.			IN HONOR OF JULIA GRANT TO SUPPORT THE HOLIDAY MEAT PROGRAM, FOR RENT AND UTILITIES, FOR GENERAL
FOOD BANK FOR MONTEREY COUNTY 815 WEST MARKET STREET, STE. 5 SALINAS, CA 93901	77-0270228	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
FOOD FOR THOUGHT P.O. BOX 1608 FORESTVILLE, CA 95436	68-0181095	501(C)(3)	12,500.	0.			FOR GENERAL OPERATING SUPPORT, TO PURCHASE TURKEYS FOR THE HOLIDAYS AND GENERAL SUPPORT, TO
FOODBANK OF SANTA BARBARA COUNTY 4554 HOLLISTER AVE SANTA BARBARA, CA 93110	77-0169214	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
FORGOTTEN FELINES OF SONOMA COUNTY P.O. BOX 6672 SANTA ROSA, CA 95406	68-0228734	501(C)(3)	15,000.	0.			TO EXPAND SPAY/NEUTER SERVICES TO INDIVIDUALS REFERRED TO FORGOTTEN FELINES BY ANIMAL
FORT ROSS CONSERVANCY 19005 COAST HIGHWAY ONE JENNER, CA 95450	94-2370751	501(C)(3)	30,104.	0.			FOR GENERAL OPERATING SUPPORT, TO INCREASE THE CASH ON HAND TO \$5,000 AS REQUIRED
FRIENDS IN SONOMA HELPING P.O. BOX 507 SONOMA, CA 95476	23-7441289	501(C)(3)	10,000.	0.			TO SUPPORT F.I.S.H.'S EMERGENCY RENTAL ASSISTANCE PROGRAM TO AID SONOMA VALLEY RESIDENTS

Schedule I (Form 990)

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FRIENDS OF THE HEALDSBURG LIBRARY 139 PIPER STREET HEALDSBURG, CA 95448	68-0016351	501(C)(3)	17,304.	0.			FOR GENERAL OPERATING SUPPORT
GENERATION RWANDA INC. 16 HIGHLAND ST. CAMBRIDGE, MA 02138	20-0934525	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT OF KEPLER GENERATION RWANDA
GEYSERVILLE EDUCATIONAL FOUNDATION P.O. BOX 537 GEYSERVILLE, CA 95441	68-0157098	501(C)(3)	10,000.	0.			WITH A SET OF CHROMEBOOKS TOTO PROVIDE STUDENTS AT GEYSERVILLE ELEMENTARY SCHOOL ADDRESS THE
GIRL SCOUTS OF NORTHERN CALIFORNIA 1650 HARBOR BAY PARKWAY, STE.100 ALAMEDA, CA 94502-3013	94-1551410	501(C)(3)	8,307.	0.			TO SUPPORT THE OUTREACH GIRL SCOUT PROGRAMS IN SONOMA COUNTY
GLOBAL STUDENT EMBASSY P.O. BOX 4456 BERKELEY, CA 94704	27-1662008	501(C)(3)	16,000.	0.			TO TAKE A SERIES OF ONLINE COURSES ON BUDGET DEVELOPMENT, TO SUPPORT THE 11/7/15 FUND-A-NEED
GRADUATE THEOLOGICAL UNION 2400 RIDGE ROAD BERKELEY, CA 94709	94-1581707	501(C)(3)	7,500.	0.			TO SUPPORT THE RICHARD S. DINNER ENDOWMENT FOR THE CENTER FOR JEWISH STUDIES
GREENPEACE FUND INC. SUPPORTER CARE 702 H - STREET, NW SUITE 300 - WASHINGTON, DC 20001	95-3313195	501(C)(3)	11,500.	0.			FOR GENERAL OPERATING SUPPORT
HAMPSHIRE COLLEGE 893 WEST ST. AMHERST, MA '01002	04-6130872	501(C)(3)	13,500.	0.			FOR GENERAL OPERATING SUPPORT
HAND FAN MUSEUM 219 HEALDSBURG AVE. HEALDSBURG, CA 95448	51-0429747	501(C)(3)	40,000.	0.			TO SUPPORT THE DIRECTOR'S SALARY, COMPLETION OF CURRENT EXHIBIT CATALOG, FINISHING OF THE

Schedule I (Form 990)

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HAWKEN SCHOOL P.O. BOX 8002 GATES MILLS, OH 44040	34-0714427	501(C)(3)	7,000.	0.			TO SUPPORT THE CAPITAL CAMPAIGN, TO SUPPORT THE ANNUAL FUND
HEALDSBURG JAZZ FESTIVAL, INC P.O. BOX 266 HEALDSBURG, CA 95448	71-0910474	501(C)(3)	12,500.	0.			FOR GENERAL OPERATING SUPPORT, TO SUPPORT JAZZ IN SCHOOLS PROGRAM, TO SUPPORT THE OPERATING
HEALDSBURG SHARED MINISTRIES P.O. BOX 1646 HEALDSBURG, CA 95448	94-2838706	501(C)(3)	15,430.	0.			FOR GENERAL OPERATING SUPPORT OF THE HEALDSBURG FOOD PANTRY, FOR 2016 GENERAL OPERATING
HEALTHCARE FOUNDATION NORTHERN SONOMA COUNTY - 111 MONTE VISTA AVE., STE. A - HEALDSBURG, CA 95448	68-0474109	501(C)(3)	30,100.	0.			TO SUPPORT WINE, WOMEN AND SHOES, TO PURCHASE EDUCATIONAL EQUIPMENT FOR THE HEALDSBURG DISTRICT
HOPE CRISIS RESPONSE NETWORK P.O. BOX 2123 ELKHART, IN 46515	35-2147808	501(C)(3)	6,575.	0.			FOR THE HOPE CITY REBUILD PROGRAM IN LAKE COUNTY, CA
IMAGINE BUS PROJECT 1012 TOMEY AVENUE SAN FRANCISCO, , CA 94129	94-3368095	501(C)(3)	10,000.	0.			TO SUPPORT THE YOUTH STUDIO AT LOS GUILICOS JUVENILE HALL AND SONOMA COUNTY PROBATION CAMP
INSTITUTE OF ECOLOGICAL DESIGN 9890 BODEGA HWY SEBASTOPOL, CA 95472	46-3142317	501(C)(3)	8,000.	0.			FOR THE INSTALLATION OF A WATER CATCHMENT SYSTEM FOR A NATIVE AMERICAN PERMACULTURE PROJECT IN
INTERNATIONAL RESCUE COMMITTEE 122 EAST 42ND STREET NEW YORK, NY 10168	13-5660870	501(C)(3)	22,000.	0.			FOR GENERAL OPERATING SUPPORT, TO SUPPORT REFUGEE WORK IN GREECE, FOR UNRESTRICTED
JEWISH COMMUNITY FREE CLINIC OF SONOMA COUNTY - 50 MONTGOMERY DR - SANTA ROSA, CA 95404	94-3386103	501(C)(3)	5,250.	0.			FOR GENERAL OPERATING SUPPORT, TO PURCHASE MEDICAL SUPPLIES FOR THE CLINIC

Schedule I (Form 990)

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KENWOOD COMMUNITY CHURCH - UCC P.O. BOX 46 KENWOOD, CA 95452	68-0005612	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
KNIGHTS OF INDULGENCE THEATRE UNITED STATES - 461 SEBASTOPOL AVENUE - SANTA ROSA, CA 95401	03-0461324	501(C)(3)	15,000.	0.			TO SUPPORT THE ION PROJECT IN UNDERSERVED SCHOOLS THAT EMPOWER INDIVIDUAL VOICES AND
KQED INC. 2601 MARIPOSA STREET SAN FRANCISCO, CA 94110	94-1241309	501(C)(3)	11,000.	0.			FOR 2016 GENERAL OPERATING SUPPORT
LA LUZ CENTER 17560 GREGER STREET SONOMA, CA 95476	68-0228235	501(C)(3)	18,700.	0.			FOR CAPITAL CAMPAIGN (\$2,500) AND THE ANNUAL FUND (\$ 500), TO SUPPORT THE ANNUAL FUND, TO
LAMPLIGHTER FOUNDATION 400 N. OLD CABIN TRAIL SIOUX FALLS, SD 57110-6223	20-0066528	501(C)(3)	6,500.	0.			FOR GENERAL OPERATING SUPPORT
LANDPATHS 618 4TH ST. #217 SANTA ROSA, CA 95404	68-0328590	501(C)(3)	75,000.	0.			FOR GENERAL OPERATING SUPPORT, TO PROVIDE ENVIRONMENTAL EDUCATION TO APPROXIMATELY 1,000
LATINO SERVICE PROVIDERS 930 SHILOH RD, BLDG. 40, A WINDSOR, CA 95492	46-4107589	501(C)(3)	6,500.	0.			TO SUPPORT THE SANTA ROSA DIA DE LOS MUERTOS EVENT
LEADERSHIP INSTITUTE FOR ECOLOGY AND THE ECONOMY - 555 5TH STREET, SUITE 300A - SANTA ROSA, CA 95401	68-0440384	501(C)(3)	79,056.	0.			FOR GENERAL OPERATING SUPPORT AND TO RETIRE FUND, TO SUPPORT A BILINGUAL COMMUNITY
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

Schedule I (Form 990)

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LEUKEMIA AND LYMPHOMA SOCIETY 221 MAIN STREET, SUITE 1650 SAN FRANCISCO, CA 94105	13-5644916	501(C)(3)	25,000.	0.			TO SUPPORT THE NEEDS FOR NORTH BAY BLOOD CANCER PATIENTS
LISTENING FOR A CHANGE 4908 SONOMA HIGHWAY, SUITE B SANTA ROSA, CA 95409	68-0431904	501(C)(3)	5,500.	0.			TO SUPPORT THE 2015 WEAVE COMMUNITY EVENT, TO PROVIDE GENERAL OPERATING SUPPORT FOR THE
LOS CIEN SONOMA COUNTY, INC. P.O.BOX 105 GURENEVILLE, CA 95446	47-4474273	501(C)(3)	15,000.	0.			TO SUPPORT THE SECOND ANNUAL "STATE OF THE LATINO COMMUNITY" FORUM IN SONOMA COUNTY,
LUTHER BURBANK MEMORIAL FOUNDATION 50 MARK WEST SPRINGS ROAD SANTA ROSA, CA 95403	94-2581084	501(C)(3)	26,308.	0.			TO SUPPORT THE ARTIST IN SCHOOLS PROGRAM, FOR ANNUAL SUPPORT, TO CONNECT ARTISTS AND
MARIN COMMUNITY FOUNDATION 5 HAMILTON LANDING, STE. 200 NOVATO, CA 94949	94-3007979	501(C)(3)	578,682.	0.			TO ESTABLISH THE VAN HOOSEAR WILDFLOWER PRESERVE FUND AT MARIN COMMUNITY FOUNDATION
MARINE MAMMAL CENTER 2000 BUNKER RD.- FORT CRONKITE SAUSALITO, CA 94965	51-0144434	501(C)(3)	25,704.	0.			FOR GENERAL OPERATING SUPPORT
MERCY CORPS P.O. BOX 2669, DEPT W PORTLAND, OR 97208	91-1148123	501(C)(3)	10,000.	0.			TO SUPPORT THE NEPAL EARTHQUAKE RELIEF
MR. MUSIC FOUNDATION 7869 WASHINGTON AVE SEBASTOPOL, CA 95472	20-2220093	501(C)(3)	6,250.	0.			TO SUPPORT THE TOOL BOX PROJECT
NAMI SONOMA COUNTY 182 FARMERS LANE, SUITE 202 SANTA ROSA, CA 95405	68-0041644	501(C)(3)	6,500.	0.			FOR GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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NATIONAL RESOURCES DEFENSE COUNCIL 40 WEST 20TH STREET, 11 FLOOR NEW YORK, NY 10011	13-2654926	501(C)(3)	45,000.	0.			FOR GENERAL OPERATING SUPPORT
NEPAL YOUTH FOUNDATION 3030 BRIDGEWAY, STE 202 SAUSALITO, CA 94965	68-0224596	501(C)(3)	10,000.	0.			TO SUPPORT THE EARTHQUAKE RELIEF IN NEPAL
NEW VISION SANTA ROSA FOUNDATION 50 OLD COURTHOUSE SQ STE 110 SANTA ROSA, CA 95404	68-0074807	501(C)(3)	116,000.	0.			TO SUPPORT THE PUBLIC-PRIVATE PARTNERSHIP TO COMPLETE SCHEMATIC OF COURTHOUSE
NORTH BAY ORGANIZING PROJECT - GAMALIEL OF CALIFORNIA - P.O. BOX 503 - GRATON, CA 95444	27-4519395	501(C)(3)	25,250.	0.			TO SUPPORT THE LATINO STUDENT CONGRESS, TO SUPPORT THE INTEGRATED VOTER ENGAGEMENT AND
NORTH SONOMA COUNTY SERVICES 443 HUDSON STREET HEALDSBURG, CA 95448	47-2692320	501(C)(3)	10,000.	0.			TO START A SUCCESSFUL HOUSING MODEL PROVIDING PERMANENT HOUSING TO HOMELESS FAMILIES IN THE
NORTHERN CALIFORNIA CENTER FOR WELL-BEING - 101 BROOKWOOD AVENUE, SUITE A - SANTA ROSA, CA 95404	93-1144835	501(C)(3)	15,000.	0.			FOR GENERAL OPERATING SUPPORT
NPR FOUNDATION 1111 NORTH CAPITOL STREET, NE WASHINGTON, DC 20002	52-1795789	501(C)(3)	63,000.	0.			FOR 2016 GENERAL OPERATING SUPPORT, TO SUPPORT THE "HIDDEN BRAIN" POD CAST SERIES
ON THE MOVE 780 LINCOLN AVE. NAPA, CA 94558	75-3149095	501(C)(3)	52,500.	0.			TO LAUNCH A SONOMA COUNTY LGBTQI YOUTH QMUNITY EMPOWERMENT INITIATIVE AND ENABLE VOICES SONOMA
PARTNERS IN HEALTH P.O. BOX 845578 BOSTON, MA '02284	04-3567502	501(C)(3)	20,000.	0.			FOR GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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PEPPERWOOD FOUNDATION 2130 PEPPERWOOD PRESERVE RD. SANTA ROSA, CA 95404-7543	01-0817571	501(C)(3)	560,655.	0.			REPRESENTING STOCK PROCEEDS FROM SASSEE-COOKSEY, FOR GENERAL OPERATING
PETALUMA COMMUNITY FOUNDATION 206 G. STREET, SUITE 2 PETALUMA, CA 94952	51-0154495	501(C)(3)	172,188.	0.			FOR GENERAL OPERATING SUPPORT AND TO RETIRE FUND 590B, TO CLOSE THE PETALUMA EXPENDABLE FUND,
PETALUMA ECUMENICAL PROPERTIES 951 PETALUMA BLVD. SOUTH PETALUMA, CA 94952	94-2565270	501(C)(3)	11,500.	0.			TO PROVIDE EMERGENCY GRANT ASSISTANCE TO LOW-INCOME SENIORS NEEDING ITEMS SUCH AS
PETS LIFELINE INC. P.O. BOX 341 SONOMA, CA 95476	94-2851279	501(C)(3)	19,000.	0.			TO DEVELOP A STRATEGY TO APPLY FOR UPSTREAM INVESTMENTS FOR THE KIDS SPEAK FOR PETS PROGRAM,
PONY EXPRESS EQUINE ASSISTED SKILLS FOR YOUTH - 6413 SONOMA HIGHWAY - SANTA ROSA, CA 95409	80-0370392	501(C)(3)	8,500.	0.			FOR GENERAL OPERATING SUPPORT
PUBLIC SCHOOL SUCCESS TEAM INC. P.O. BOX 781 HEALDSBURG, CA 95448	26-4632140	501(C)(3)	7,500.	0.			FOR THE ADMINISTRATION AND PROGRAMS THAT SUPPORT AND INSPIRE HEALDSBURG PUBLIC SCHOOL STUDENTS TO
PUENTE EDUCATION FOUNDATION 9808 MONTEGO CT. WINDSOR, CA 95492	47-2862790	501(C)(3)	8,000.	0.			TO SUPPORT THE FOURTH GRADE LIBRARY AT CALI CALMECAC LANGUAGE ACADEMY
REDWOOD COMMUNITY HEALTH COALITION P.O. BOX 751090 PETALUMA, CA 94975-1090	94-3220029	501(C)(3)	180,288.	0.			FOR THE HEALTH INSURANCE PREMIUMS FOR UNINSURED CHILDREN AGES 0-5 (DATED 11/20/14, 2/19/15,
REDWOOD EMPIRE FOOD BANK 3990 BRICKWAY BLVD. SANTA ROSA, CA 95403	68-0121855	501(C)(3)	175,332.	0.			FOR GENERAL OPERATING SUPPORT, TO SUPPORT THE CAPITAL CAMPAIGN BUILDING FUND, TO SUPPORT SENIORS

Schedule I (Form 990)

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REDWOOD GOSPEL MISSION P.O. BOX 493 SANTA ROSA, CA 95402-0493	94-6122045	501(C)(3)	46,085.	0.			FOR GENERAL OPERATING SUPPORT AND SUPPORT EXPANSION OF "THE ROSE"
REDWOODS ABBY 18104 BRICELAND-THORN ROAD WHITETHORN, CA 95589	94-6123463	501(C)(3)	20,000.	0.			TO SUPPORT THE BUILDING FUND
RINCON VALLEY CHRISTIAN SCHOOL 4585 BADGER ROAD SANTA ROSA, CA 95409	94-1520078	501(C)(3)	21,000.	0.			FOR THE ANNUAL FUND, MUSIC DEPARTMENT, TO SUPPORT ATHELETICS DEPARTMENT, AND SUPPORT
RIVER TO COAST CHILDREN'S SERVICES P.O. BOX 16 GUERNEVILLE, CA 95446-0016	94-2378459	501(C)(3)	10,000.	0.			TO PROVIDE NEEDED FUNDING FOR OUR IN-HOUSE EMERGENCY RESOURCES PROGRAM, A BASIC HUMAN
ROSELAND CHARTER SCHOOL 1934 BIWANA DRIVE SANTA ROSA, CA 95407	43-2029144	501(C)(3)	182,000.	0.			THE BRIDGE GRANT GAINING GROUND GRADUATE EDUCATION SCHOLARSHIP FOR ROSELAND UNIVERSITY PREP AND TO
ROSELAND UNIVERSITY PREP 100 SEBASTOPOL ROAD SANTA ROSA, CA 95407	43-2029144	501(C)(3)	6,000.	0.			TO SUPPORT THE COLLEGE SCHOLARSHIP FUND
RURAL CALIFORNIA BROADCASTING-KRCB 5850 LABATH AVENUE ROHNERT PARK, CA 94928	94-2718837	501(C)(3)	9,154.	0.			FOR GENERAL OPERATING SUPPORT
RUSSIAN RIVERKEEPER P.O. BOX 1335 HEALDSBURG, , CA 95448	68-0321117	501(C)(3)	41,000.	0.			NON-COLLEGE TRACK STUDENTS THETO SUPPORT CLEAN CAMPUS CLEAN CREEKS IN THREE HIGH SCHOOLS
SANTA ROSA CHILDREN'S CHORUS P.O. BOX 9389 SANTA ROSA, CA 95405	68-0165953	501(C)(3)	32,000.	0.			FOR GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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SANTA ROSA COMMUNITY HEALTH CENTERS - 3569 ROUND BARN CIRCLE - SANTA ROSA, CA 95403	68-0365296	501(C)(3)	35,620.	0.			TO ORGANIZE AND PRODUCE A RURAL TRANSGENDER COMMUNITY CONFERENCE
SANTA ROSA MEMORIAL HOSPITAL FOUNDATION - 1154 MONTGOMERY DRIVE, SUITE 1 - SANTA ROSA, CA 95405	94-1231005	501(C)(3)	82,000.	0.			FOR GENERAL OPERATING SUPPORT AND SUPPORT THE ER AND TRAUMA CENTER
SANTA ROSA SYMPHONY 50 SANTA ROSA AVENUE, STE. 410 SANTA ROSA, CA 95404	94-6134075	501(C)(3)	54,140.	0.			FOR GENERAL OPERATING SUPPORT, MATCH GRANT FOR CHINA, FOR TUITION AND FEES, TO SUPPORT SIMPLY
SEBASTOPOL CENTER FOR THE ARTS 282 S. HIGH ST. SEBASTOPOL, CA 95472	68-0168638	501(C)(3)	5,950.	0.			FOR GENERAL OPERATING SUPPORT, TO SUPPORT THE YOUTH QUAKE EVENT - FILM PROJECT FOR LGBTQI YOUTH,
SEBASTOPOL CHRISTIAN CHURCH 7433 BODEGA AVE SEBASTOPOL, , CA 95472	94-6138216	501(C)(3)	10,000.	0.			TO SUPPORT THE BENEVOLENCE
SFSU COLLEGE OF LIBERAL & CREATIVE ARTS - 1600 HOLLOWAY AVENUE, ADM153 OFFICE OF DEVELOPMENT - SEBASTOPOL, , CA 94132	94-1384645	501(C)(3)	6,703.	0.			TO SUPPORT SCHOLARSHIPS FOR MUSIC STUDENTS AT SFSU
SOCIAL ADVOCATES FOR YOUTH 2447 SUMMERFIELD ROAD SANTA ROSA, CA 95405	94-1711490	501(C)(3)	174,700.	0.			FOR GENERAL OPERATING SUPPORT, TO SUPPORT THE CAPITAL CAMPAIGN, TO SUPPORT THE DREAM CENTER,
SONOMA ACADEMY 2500 FARMERS LANE SANTA ROSA, CA 95404-7013	94-3343174	501(C)(3)	95,500.	0.			TO SUPPORT THE FUND FOR EXCELLENCE, TO SUPPORT THE ANNUAL FUND, FOR GENERAL OPERATING
SONOMA COUNTY ANIMAL SERVICES 1247 CENTURY COURT SANTA ROSA, CA 95403	94-6000539	SONOMA COUNTY	35,000.	0.			TO IDENTIFY POPULATIONS DEMONSTRATING THE GREATEST NEED FOR AFFORDABLE, ACCESSIBLE

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
SONOMA COUNTY CHILDREN'S VILLAGE 347 BELHAVEN CIRCLE SANTA ROSA, CA 95409	68-0412763	501(C)(3)	86,600.	0.			TO SUPPORT ANNUAL GIFT
SONOMA COUNTY HUMAN SERVICES DEPARTMENT - P.O. BOX 1539 - SANTA ROSA, CA 95402	94-6000539	SONOMA COUNTY	48,500.	0.			TO PROVIDE CULTURAL COMPETENCY TRAINING AND ORGANIZE SUPPORT GROUPS TO IMPROVE SERVICES TO
SONOMA COUNTY MUSEUM FOUNDATION 425 SEVENTH STREET SANTA ROSA, CA 95401	94-2506626	501(C)(3)	47,750.	0.			TO SUPPORT ART4KIDS, AN ART EDUCATIONAL PROGRAM FOR 5TH AND 6TH GRADERS IN SANTA ROSA TITLE I
SONOMA COUNTY PUBLIC LIBRARY FOUNDATION - P.O. BOX 1402 - SANTA ROSA, CA 95402-1402	68-0137105	501(C)(3)	14,000.	0.			TO SUPPORT THE SONOMA COUNTY PUBLIC LIBRARY FOUNDATION IN CREATING A TEMPORARY LIBRARY IN THE
SONOMA COUNTY TRAILBLAZER FOUNDATION - P.O. BOX 221 - PETALUMA, CA 94953	68-0241584	501(C)(3)	10,500.	0.			FOR GENERAL OPERATING SUPPORT
SONOMA ECOLOGY CENTER P.O. BOX 1486 ELDRIDGE, CA 95431	94-3136500	501(C)(3)	37,000.	0.			TO SUPPORT SONOMA ECOLOGY CENTER IN ACHIEVING THE GOALS ADAPTATION INITIATIVE AND TO PROVIDE
SONOMA HUMANE SOCIETY P.O. BOX 1296 SANTA ROSA, CA 95402	94-6001315	501(C)(3)	88,019.	0.			FOR GENERAL OPERATING SUPPORT AND MAINTAIN SONOMA HUMANE SOCIETY'S CURRENT PUBLIC CLINIC
SONOMA LAND TRUST 822 FIFTH STREET SANTA ROSA, CA 95404	51-0197006	501(C)(3)	52,123.	0.			FOR GENERAL OPERATING SUPPORT, TO SUPPORT THE COCHRAN GLEN OAKS RANCH PROPERTY, AND TO SUPPORT
SONOMA OVERNIGHT SUPPORT P.O. BOX 748 SONOMA, CA 95476	03-0483033	501(C)(3)	10,250.	0.			FOR GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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SONOMA STATE UNIVERSITY 1801 E. COTATI AVENUE ROHNERT PARK, CA 94928	68-0338225	501(C)(3)	13,150.	0.			TO SUPPORT THE FUND FOR SONOMA STATE (\$3,000) AND FOR THE GREEN MUSIC CENTER (\$2,000)
SONOMA STATE UNIVERSITY SEAWOLF SCHOLARS PROGRAM - 1801 EAST COTATI AVE. - ROHNERT PARK, CA 94928	68-0338225	501(C)(3)	10,000.	0.			TO ASSIST IN PROVIDING SERVICES TO CURRENT AND FORMER FOSTER YOUTH ENROLLED AT SONOMA STATE
SONOMA VALLEY EDUCATION FOUNDATION P.O. BOX 493 SONOMA, CA 95476	68-0279152	501(C)(3)	21,500.	0.			TO SUPPORT THE VALLEY VIBES ORCHESTRAS (VIVO), AN EL SISTEMA-INSPIRED YOUTH DEVELOPMENT PROGRAM
SONOMA VALLEY HOSPITAL FOUNDATION 347 ANDRIEUX STREET SONOMA, CA 95476	94-2832488	501(C)(3)	437,698.	0.			FOR GENERAL OPERATING SUPPORT, FOR THE 3-D MAMMOGRAPHY MACHINE, AND TO SUPPORT THE ENDOWMENT
SONOMA VALLEY MENTORING ALLIANCE 916 FIRST STREET WEST SONOMA, CA 95476	68-0429128	501(C)(3)	5,500.	0.			FOR GENERAL OPERATING SUPPORT IN HONOR OF THE FOUNDER, KATHY WITKOWICKI
SONOMA VALLEY MUSEUM OF ART P.O. BOX 322 SONOMA, CA 95476	68-0409459	501(C)(3)	29,000.	0.			FOR ANNUAL GIVING AND TO SUPPORT SVMA'S ARTS REWARDS THE STUDENT (A.R.T.S.) PROGRAM THAT
SONOMA WEST MEDICAL FOUNDATION 501 PETALUMA AVENUE SEBASTOPOL, CA 95472	94-3314210	501(C)(3)	265,000.	0.			FOR GENERAL OPERATING SUPPORT
SPRING HILLS COMMUNITY CHURCH P.O. BOX 6653 SEBASTOPOL, CA 95406	94-1347058	501(C)(3)	20,000.	0.			FOR GENERAL OPERATING SUPPORT
SRJC FOUNDATION 1501 MENDOCINO AVENUE SANTA ROSA, CA 95401-4395	94-1735861	501(C)(3)	80,301.	0.			TO SUPPORT SCHOLARSHIPS FOR THE BOB SHARP SCHOLARSHIPFUND/RURAL ALLIANCE, TO 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
ST. ANDREW PRESBYTERIAN CHURCH 16290 ARNOLD DR. SONOMA, CA 95476	51-0158108	501(C)(3)	6,850.	0.			FOR THE ANNUAL FUND (\$1,600 FROM WHITNEY AND \$500 FROM JEANETTE), TO SUPPORT OPERATIONS
ST. ANTHONY FOUNDATION 150 GOLDEN GATE AVENUE SONOMA, CA 94102	94-1513140	501(C)(3)	15,000.	0.			FOR GENERAL OPERATING SUPPORT
ST. VINCENT DE PAUL HIGH SCHOOL 849 KEOKUK STREET PETALUMA, CA 94952	94-2284011	501(C)(3)	25,000.	0.			TO SUPPORT MEDIA ENHANCEMENT
ST. VINCENT DE PAUL SOCIETY OF MARIN COUNTY - P.O. BOX 150527 - SAN RAFAEL, CA 94915	94-1433890	501(C)(3)	11,000.	0.			TO CONTINUE TO PROVIDE BASIC NEEDS OF FOOD AND CLOTHING FOR MEN, WOMEN, AND CHILDREN OF LOW OR NO
STANFORD UNIVERSITY P.O. BOX 20466 STANFORD, CA 94309-0466	94-1156365	501(C)(3)	110,000.	0.			TO SUPPORT THE PRESIDENT'S FUND
STEWARDS OF THE COAST AND REDWOODS P.O. BOX 2 DUNCANS MILLS, CA 95430	94-3039895	501(C)(3)	15,750.	0.			TO CONTINUE AND EXPAND THE FOREST TO THE SEA PROGRAMS FOR K-12 STUDENTS IN WESTERN
SUMMERFIELD WALDORF SCHOOL 655 WILLOWSIDE ROAD SANTA ROSA, CA 95401	94-2248359	501(C)(3)	50,000.	0.			TO SUPPORT THE FARM TO FIESTA FUNDRAISER 2015 AND TO SUPPORT THE ART TECH BUILDING CAPITAL
SUTTER MEDICAL CENTER OF SANTA ROSA - 30 MARK WEST SPRINGS ROAD - SANTA ROSA, CA 95403	94-6187756	501(C)(3)	34,000.	0.			TO SUPPORT THE NEW BUILDING FUND, FOR GENERAL OPERATING SUPPORT, FOR THE NURSE
SWEETWATER SPECTRUM INC. 369 FIFTH STREET WEST SONOMA, CA 95476	27-0184641	501(C)(3)	51,000.	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.)

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THE HAMLIN SCHOOL 2120 BROADWAY SAN FRANCISCO, CA 94115	94-1393894	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT FROM THE GRANPARENTS OF PIA AND LOLLY MARTIN
THE LEATHERBACK TRUST 5736 KINLOCK PLACE FORT WAYNE, IN 46835	22-3741033	501(C)(3)	65,000.	0.			TO FUND THE RESEARCH PROJECT ON THE BIOLOGY AND CONSERVATION OF PACIFIC LEATHERBACK AND
THE LIVING ROOM CENTER, INC. 1207 CLEVELAND AVENUE SANTA ROSA,, CA 95401	58-2675876	501(C)(3)	84,500.	0.			TO SUPPORT THE LIVING ROOM PLAYGROUND, FOR GENERAL OPERATING SUPPORT, AND TO PROVIDE
THE MONASTERY PROJECT 919 MCFARLANE AVENUE SANTA ROSA,, CA 95472	68-0473949	501(C)(3)	600,000.	0.			FOR GENERAL OPERATING SUPPORT
THE NEW SCHOOL 79 FIFTH AVENUE, 17TH FLOOR SEBASTOPOL, CA 10003	13-3297197	501(C)(3)	10,000.	0.			TO SUPPORT THE LANG COLLEGE ANNUAL FUND
TLC CHILD AND FAMILY SERVICES P.O. BOX 2079 SEBASTOPOL,, CA 95473-2079	68-0008634	501(C)(3)	10,000.	0.			TO SUPPORT FOR TLC CHILD AND FAMILY SERVICES TO ENGAGE IN NEW EFFORTS IN RECRUITING FAMILIES FOR
UNITED WAY OF THE WINE COUNTRY 975 CORPORATE CTR PKWY #160 OAKLAND, CA 95407	94-1669646	501(C)(3)	35,000.	0.			FOR GENERAL OPERATING SUPPORT
UNITED WAY OF THE WINE COUNTRY 975 CORPORATE CTR PKWY #160 SANTA ROSA, CA 95407	94-1669646	501(C)(3)	39,325.	0.			TO PROVIDE THREE SCHOOL READINESS BACKPACKS ON BEHALF OF THE ENTIRE STAFF OF CFSC
UNIVERSITY OF SAN FRANCISCO 2130 FULTON STREET, LMR 328 SAN FRANCISCO, CA 94117	94-1156628	501(C)(3)	13,000.	0.			TO SUPPORT THE FATHER JOHN LOSCHIAVO ENDOWED SCHOLARSHIP AT THE UNIVERSITY OF SAN

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
UPVALLEY FAMILY CENTERS OF NAPA COUNTY - 1500 CEDAR ST. - SAN FRANCISCO, CA 94515	80-0023012	501(C)(3)	10,000.	0.			TO SUPPORT SCHOOL READINESS AND COMMUNITY OUTREACH, INCLUDING PARENTING CLASSES AT
VALLEY OF THE MOON CHILDREN'S HOME FOUNDATION - P.O. BOX 11671 - SANTA ROSA, CA 95406	68-0343720	501(C)(3)	32,550.	0.			THIS GRANT IS RESTRICTED TO "CHA CHA ACTIVITIES"
VERITY-COMPASSION SAFETY SUPPORT A CALIFORNIA CORPORATION - 835 PINER RD SUITE D - SANTA ROSA, CA 95403	94-2437947	501(C)(3)	9,704.	0.			TO SECURE EMERGENCY SHELTER AND OTHER BASIC NEEDS FOR VICTIMS OF SEXUAL VIOLENCE AND HUMAN
VIETNAM VETERANS OF CALIFORNIA INC. - P.O. BOX 378 - SANTA ROSA, CA 95402	94-2699571	501(C)(3)	12,035.	0.			FOR GENERAL OPERATING SUPPORT
VOLUNTEER CENTER OF SONOMA COUNTY INC - 153 STONY CIRCLE, SUITE 100 - SANTA ROSA, CA 95401	94-1751375	501(C)(3)	13,504.	0.			TO SUPPORT THE SCHOOL READINESS PROGRAM "BOOKWORMS" IN TWO 4C'S PRESCHOOLS AND FOR
WARREN COUNTY HISTORICAL SOCIETY 102 WEST WALTON ST. WARRENTON, , MO 63383	23-7331657	501(C)(3)	25,910.	0.			TO PURCHASE AND UPGRADE THE MICROFILM READERS AND TO SUPPORT THE PERMANENT PRINTING AND PUBLICATION
WEST COUNTY HEALTH CENTERS INC P.O. BOX 1449 GUERNEVILLE, CA 95446	23-7310613	501(C)(3)	34,500.	0.			FOR GENERAL OPERATING SUPPORT
WEST SONOMA COUNTY UNION HIGH SCHOOL DISTRICT - 462 JOHNSON STREET - SEBASTOPOL, CA 95472	94-6002635	WEST SONOMA COUN	46,576.	0.			TO SUPPORT LAGUNA HIGH SCHOOL WITH COUNSELING SUPPORT, STAFF DEVELOPMENT AND STUDENT
WINE COUNTRY ANIMAL LOVERS INC. P.O. BOX 3 WATSONVILLE, CA 94515	27-1454400	501(C)(3)	5,500.	0.			TO SUPPORT SERVICES TO ANIMALS EFFECTED BY THE VALLEY FIRE

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.)
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Schedule I (Form 990)

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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:

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

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

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: 10,000 DEGREES

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SCHOLARSHIPS AND

SCHOLARSHIP PROGRAM, FOR GENERAL OPERATING SUPPORT, TO SUPPORT

SCHOLARSHIPS AND SCHOLARSHIP PROGRAMS, FOR THE HOTEL HEALDSBURG

SCHOLARSHIP FUND, SONOMA COUNTY VIA JOANNE D. TO SUPPORT SCHOLARSHIPS AND

EXPENSES FOR PROGRAMS IN DOW CHARITABLE FUND OF THE NATIONAL

PHILANTHROPIC TRUST, 2015 CFSC DAF SCHOLARSHIP FUND DISTRIBUTION, FOR

SCHOLARSHIP SONOMA COUNTY FUNDS RECEIVED THROUGH 12/31/2014, TO SUPPORT

THE SUMMER INSTITUTE; FINANCIAL LITERACY AND WELLNESS SUPPORT FOR HIGH

SCHOOL AND COLLEGE STUDENTS FROM MARIN AND SONOMA COUNTIES, FOR

UNRESTRICTED USE IN APPRECIATION OF LISA CARRENO'S EFFORTS AS KEYNOTE

SPEAKER AT THE 27TH ANNUAL COMMUNITY YOUTH SERVICES AWARDS, FOR GENERAL

OPERATING SUPPORT OF 10,000 DEGREES SONOMA COUNTY (DOLLAR FOR DOLLAR

CHALLENGE GRANT UP TO \$100,000— FOR FUNDS RAISED FROM JUNE 4, 2015 TO

JUNE 30, 2015

NAME OF ORGANIZATION OR GOVERNMENT: ALLIANCE MEDICAL CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO IMPLEMENT THE "MY BODY IS

HEALTHY" PROGRAM IN SCHOOLS THROUGHOUT SONOMA COUNTY, TO EXPAND REACH OUT

AND READ BY PROVIDING 2,800 BILINGUAL BOOKS TO 2,500 FAMILIES, FOR

GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN ENDOWMENT FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ESTABLISH NEW SCHOLARSHIP FUND TO

BENEFIT STUDENTS OF SUMMER SEARCH NORTH BAY FOR THE GREG YOUNG CHARITABLE

FUND

NAME OF ORGANIZATION OR GOVERNMENT:

AMERICAN RED CROSS OF THE CALIFORNIA NORTHWEST

Part IV Supplemental Information

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

SUPPORT THE EARTHQUAKE RELIEF IN NEPAL, TO SUPPORT THE CALIFORNIA

NORTHWEST CHAPTER WITH EMERGENCY RELIEF FOR VICTIMS OF THE VALLEY FIRE

NAME OF ORGANIZATION OR GOVERNMENT: ANALY HIGH SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT "PAY-IT-FORWARD", TO

SUPPORT THE PROJECT MAKE PROGRAM, SPECIFICALLY THE COST ASSOCIATED WITH

THE KOSTA-BROWNE FUNDRAISER, TO SUPPORT THE CHASSIS LAB PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: BECOMING INDEPENDENT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DEVELOP SOLUTIONS TO IMPROVE THE

HEALTH, SELF-REGULATION, AND EMPLOYMENT OUTCOMES FOR ADULTS WITH AUTISM

SERVED AT BI'S HEALDSBURG PROGRAM, TO SUPPORT FARM TO TABLE COOKING

CLASSES, FOR GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:

BOYS AND GIRLS CLUBS OF CENTRAL SONOMA COUNTY

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

HEALDSBURG BOYS & GIRLS CLUB FOR 2015, TO PREVENT SUMMER LEARNING LOSS

THROUGH SUMMER CAMP IN HEALDSBURG

NAME OF ORGANIZATION OR GOVERNMENT: BOYS AND GIRLS CLUBS OF SONOMA VALLEY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT SCHOLARSHIPS, TO

PARTICIPATE IN A CAPACITY-BUILDING LEARNING COHORT, FOR GENERAL OPERATING

SUPPORT TO HONOR THE MEMORY OF BOB STONE AND HIS CONTRIBUTIONS TO SONOMA

VALLEY, TO FUND A NEED 2015, TO SUPPORT OPERATIONS (\$1,000) AND TO

FUND-A-NEED FOR FEBRUARY 7TH (\$1,000)

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: BUCKELEW PROGRAMS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EXPAND BUCKELEW PROGRAMS' RENTAL

ASSISTANCE FUND TO PROVIDE A HOUSING SECURITY DEPOSIT TO 11 ADDITIONAL

INDIVIDUALS LIVING WITH SEVERE AND PERSISTENT MENTAL ILLNESS AT NO COST

TO THEM

NAME OF ORGANIZATION OR GOVERNMENT: CALIFORNIA PARENTING INSTITUTE (CPI)

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

ENCOURAGE ACTIVE PARENT ENGAGEMENT WITH CHILDREN AGED 0-5 BY PROVIDING

READING MATERIALS TO CHILDREN IN HIGH RISK FAMILIES PARTICIPATING IN

CPI'S PROGRAMS, 2015 BLUE RIBBON TRAINING & LUNCHEON WINDSOR, CA, TO

SUPPORT THE AFTER SCHOOL PROGRAMS OF CENTER FOR THE CREATIVE ARTS, TO

PROVIDE EMERGENCY ASSISTANCE FOR FOOD, SHELTER, BASIC SUPPLIES,

UTILITIES, AND RENTAL ASSISTANCE TO CPI CLIENT FAMILIES, IN SUPPORT OF

PARENTING CLASSES, FOR SUPPORT OF ART PROGRAMS AT THE LIVING ROOM

NAME OF ORGANIZATION OR GOVERNMENT: CALIFORNIA POETS IN THE SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DELIVER HIGH QUALITY CREATIVE

POETRY WRITING WORKSHOPS AT UNDERSERVED SCHOOLS AND THE POETRY OUT LOUD

PROGRAM IN SONOMA COUNTY, TO MATCH A GRANT FROM THE CALIFORNIA ARTS

COUNCIL TO IMPLEMENT POETRY OUT LOUD, A POETRY RECITATION COMPETITION FOR

LOCAL HIGH SCHOOL STUDENTS

NAME OF ORGANIZATION OR GOVERNMENT:

CANINE COMPANIONS FOR INDEPENDENCE, INC

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

PROVIDE HIGHLY TRAINED ASSISTANCE DOGS TO INDIVIDUALS WITH DISABILITIES

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

CAREER TECHNICAL EDUCATION FOUNDATION SONOMA COUNTY

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

FULFILL THE GRANT REQUESTS FOR SRJC HEALTHCARE RELATED COURSES EXPECTED

TO BE PAID OUT IN THE NEAR FUTURE, TO SUPPORT FINANCIAL LITERACY,

ECONOMIC DEVELOPMENT AND WELLNESS IN SONOMA COUNTY (YEAR 3 OF 3), TO

PROVIDE FUNDS FOR THE SONOMA COUNTY OFFICE OF EDUCATION GRANTS, TO

SUPPORT THE DONOR DIRECTED CASA GRANT REQUEST

NAME OF ORGANIZATION OR GOVERNMENT: CATHEDRAL SCHOOL FOR BOYS

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

THE GRANDPARENTS OF FIN, MATSON, GREY, HARRY AND FRITZ MARTIN

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC CHARITIES OF THE DIOCESE OF SANTA ROSA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FUNDING FOR A STAFF

POSITION OF THE VAWA PROGRAM TO SUPPORT ABUSED IMMIGRANT WOMEN, FOR

GENERAL OPERATING SUPPORT, TO SUPPORT THE HOST PROGRAM (HOMELESS OUTREACH

SERVICE TEAM), TO SUPPORT THE FAMILY SUPPORT CENTER, ESPECIALLY INVOLVING

CHILDREN AND SINGLE MOTHERS, FOR THE SUPPORT OF HOMELESS FAMILIES, TO

SUPPORT THE RURAL FOOD PROGRAM AT ST. PHILIP'S CHURCH IN OCCIDENTAL,

CALIFORNIA, TO SUPPORT OPERATIONS AT THE DEMEO HOUSE, TO SUPPORT LAKE

COUNTY FIRE RELIEF PROVIDING FOOD AND BASIC NEEDS AND RE-HOUSING FOR

PEOPLE DISPLACED BY THE FIRE, TO PROVIDE FUNDING FOR A STAFF POSITION OF

THE VAWA PROGRAM TO SUPPORT ABUSED IMMIGRANT WOMEN, FOR LAKE COUNTY FIRE

VICTIM RELIEF

NAME OF ORGANIZATION OR GOVERNMENT: CENTRO LABORAL DE GRATON

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE ALIANZA DE MUJERES

ACTIVAS Y SOLIDARIAS (ALMAS) PROGRAM, TO SUPPORT THE HOLIDAY PARTY FOR

KIDS, TO COVER EXPENSES FOR THE HOLIDAY PARTY AND GIFTS

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

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE ART PROGRAMS AT THE

CHILDREN'S MUSEUM OF SONOMA COUNTY, FOR GENERAL OPERATING SUPPORT. THIS

GRANT IS IN RESPONSE TO REQUESTS FROM MARK DOLAN AND EFRIN CARRILLO, TO

SUPPORT THE MOSAIC MURAL ON THE PROPERTY ADJACENT TO ELLA'S ART STUDIO,

TO SUPPORT THE CAPITAL CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF HEALDSBURG

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE TUESDAY IN THE PLAZA

PROGRAM THROUGH THE PARK AND RECREATION DEPARTMENT, TO SUPPORT THE 2015

TUESDAY IN THE PLAZA CONCERT SERIES, FOR GARDEN SUPPLIES AND EQUIPMENT IN

MEMORY OF GERTRUDE YOUNG

NAME OF ORGANIZATION OR GOVERNMENT: CLOVERDALE ARTS ALLIANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE SCHOOL MUSIC PROGRAM

(\$250) AND FOR GENERAL SUPPORT (\$1000), TO SUPPORT FRIDAY NIGHT LIVE, TO

SUPPORT THE ANNUAL APPEAL

NAME OF ORGANIZATION OR GOVERNMENT: COMMITTEE ON THE SHELTERLESS

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

SUPPORT THE PETALUMA KITCHEN, TO SUPPORT THE FAMILY GIVING CIRCLE, TO

SUPPORT THE MARY ISAAK CENTER EMERGENCY SERVICES, TO SUPPORT CHILDREN'S

PROGRAMS

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY ACTION PARTNERSHIP OF SONOMA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE EXPANSION OF YOUTH

CONNECTIONS, A PROGRAM OF COMMUNITY ACTION PARTNERSHIP OF SONOMA COUNTY,

INTO HEALDSBURG, CA TO SERVE NORTH COUNTY STUDENTS, FOR GENERAL OPERATING

SUPPORT, TO EXPAND THE PASITOS PLAYGROUP PROGRAM SERVING SPANISH-SPEAKING

FAMILIES, TO SUPPORT THE CHANATE WOMEN'S EMERGENCY SHELTER

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY MATTERS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO WORK IN TWO ADDITIONAL SONOMA

COUNTY SCHOOLS TO CREATE SAFE AND INCLUSIVE SCHOOL CLIMATES FOR LGBTQI

STUDENTS, FOR GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY SUPPORT NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FURTHER THE MISSION OF COMMUNITY

SUPPORT NETWORK: TO INCREASE BRAND RECOGNITION AND EXPAND AGENCY

COMMUNITY PARTNERSHIPS, SPECIFICALLY TO UPGRADE THE AGENCY WEBSITE

EXPAND COMMUNITY DEVELOPMENT AND COORDINATOR POSITION, FOR GENERAL

OPERATING SUPPORT, TO SUPPORT SANCTUARY HOUSE

NAME OF ORGANIZATION OR GOVERNMENT: COMPASSION WITHOUT BORDERS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP WITH COSTS ASSOCIATED WITH

12 VETERINARY WELLNESS CLINICS IN THE ROSELAND COMMUNITY, ALONG WITH 35

SPAY/NEUTER CLINICS

NAME OF ORGANIZATION OR GOVERNMENT: CONTEMPORARY JEWISH MUSEUM

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT 2016 OPERATING EXPENSES

(\$10,000) AND TO SUPPORT THE ROMAN VISHNIAC REDISCOVERED EXHIBITION

Part IV Supplemental Information

EXPENSES (\$10,000)

NAME OF ORGANIZATION OR GOVERNMENT:

CORNELL COLLEGE, OFFICE OF ADVANCEMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ESTABLISH THE STARK ENDOWED

FELLOWSHIP TO SUPPORT INTERNSHIPS AND OTHER EXPERIENTIAL LEARNING

OPPORTUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: DEMEO TEEN CLUB INC.

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

SUPPORT THE JOBS MADE REAL WEBSITE, FOR STAFF SUPPORT TO APPLY FOR

INCLUSION ON THE UPSTREAM INVESTMENTS PORTFOLIO FOR THE AWESOME PRETZEL

CART WORK READY PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: DOCTORS WITHOUT BORDERS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT HEALTH CARE DELIVERY,

WHERE NEEDED, FOR GENERAL OPERATING SUPPORT, TO ASSIST IN REPLACING THE

FACILITY DAMAGE CAUSED BY U.S. AIRSTRIKE IN AFGHANISTAN, TO SUPPORT THE

NEPAL EARTHQUAKE RELIEF

NAME OF ORGANIZATION OR GOVERNMENT:

EPISCOPAL SENIOR COMMUNITIES FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE EMERGENCY FUNDING TO

LOW-INCOME SENIORS IN SONOMA COUNTY WHO MIGHT OTHERWISE GO WITHOUT FOOD,

LOSE THEIR HOMES, HAVE THEIR UTILITIES CUT OFF OR EXPERIENCE A SERIOUS

DECLINE IN QUALITY OF LIFE WITHOUT HELP

NAME OF ORGANIZATION OR GOVERNMENT: FARM TO PANTRY

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PURCHASE NEW VEHICLE, TO FUND THE
DEVELOPMENT OF A 3-5 YEAR STRATEGIC PLAN, ALLOWING FARM TO PANTRY TO
EXPAND COMMUNITY SUPPORT, BUILDING FINANCIAL CAPACITY AND ORGANIZATIONAL
SUSTAINABILITY, TO SUPPORT THE 2015 OPERATING EXPENSES, FOR GENERAL
OPERATING SUPPORT FROM ROSS STROMBERG, THRID YEAR ANNUAL SUPPORT (AKA
PERENNIAL)

NAME OF ORGANIZATION OR GOVERNMENT: FISH OF THE SANTA ROSA AREA INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: IN HONOR OF JULIA GRANTTO SUPPORT
THE HOLIDAY MEAT PROGRAM, FOR RENT AND UTILITIES, FOR GENERAL OPERATING
SUPPORT, TO SUPPORT FISH OF SANTA ROSA'S FREE FOOD PANTRY, TO SUPPORT
RENTAL EXPENSES

NAME OF ORGANIZATION OR GOVERNMENT: FOOD FOR THOUGHT

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT, TO
PURCHASE TURKEYS FOR THE HOLIDAYS AND GENERAL SUPPORT, TO HELP EXPAND
SERVICE TO A LARGER, CRITICALLY ILL (NON-HIV) POPULATION

NAME OF ORGANIZATION OR GOVERNMENT: FORGOTTEN FELINES OF SONOMA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EXPAND SPAY/NEUTER SERVICES TO
INDIVIDUALS REFERRED TO FORGOTTEN FELINES BY ANIMAL CONTROL

NAME OF ORGANIZATION OR GOVERNMENT: FRIENDS IN SONOMA HELPING

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT F.I.S.H.'S EMERGENCY
RENTAL ASSISTANCE PROGRAM TO AID SONOMA VALLEY RESIDENTS WHO NEED
FINANCIAL ASSISTANCE TO KEEP THEIR RESIDENCES BECAUSE OF AN UNFORESEEN
CRISIS

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: GEYSERVILLE EDUCATIONAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: WITH A SET OF CHROMEBOOKS TOTO

PROVIDE STUDENTS AT GEYSERVILLE ELEMENTARY SCHOOL ADDRESS THE ACHIEVEMENT

GAP AND DIGITAL DIVIDE

NAME OF ORGANIZATION OR GOVERNMENT: GLOBAL STUDENT EMBASSY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO TAKE A SERIES OF ONLINE COURSES

ON BUDGET DEVELOPMENT, TO SUPPORT THE 11/7/15 FUND-A-NEED EVENT, TO BE

APPLIED TOWARDS A CHALLENGE GRANT

NAME OF ORGANIZATION OR GOVERNMENT: HAND FAN MUSEUM

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE DIRECTOR'S SALARY,

COMPLETION OF CURRENT EXHIBIT CATALOG, FINISHING OF THE DISCOVERY

DRAWERS AND FOR PAYING FOR EDUCATIONAL VIDEO FOR NEW EXHIBIT, FOR GENERAL

OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: HEALDSBURG JAZZ FESTIVAL, INC

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

SUPPORT JAZZ IN SCHOOLS PROGRAM, TO SUPPORT THE OPERATING EXPENSES OF

THE 2015 HEALDSBURG JAZZ FESTIVAL

NAME OF ORGANIZATION OR GOVERNMENT: HEALDSBURG SHARED MINISTRIES

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

HEALDSBURG FOOD PANTRY, FOR 2016 GENERAL OPERATING SUPPORT, TO FEED THE

HUNGRY IN HEALDSBURG, TO SUPPORT THE ACQUISITION OF HIGHER VALUE QUALITY

PROTEIN AND OTHER BASIC FOOD ITEMS FROM REDWOOD EMPIRE FOOD BANK

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

HEALTHCARE FOUNDATION NORTHERN SONOMA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT WINE, WOMEN AND SHOES, TO

PURCHASE EDUCATIONAL EQUIPMENT FOR THE HEALDSBURG DISTRICT HOSPITAL, FOR

GENERAL OPERATING SUPPORT, TO SUPPORT FUND-A-NEED

NAME OF ORGANIZATION OR GOVERNMENT: INSTITUTE OF ECOLOGICAL DESIGN

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE INSTALLATION OF A WATER

CATCHMENT SYSTEM FOR A NATIVE AMERICAN PERMACULTURE PROJECT IN SANTA ROSA

NAME OF ORGANIZATION OR GOVERNMENT: INTERNATIONAL RESCUE COMMITTEE

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

SUPPORT REFUGEE WORK IN GREECE, FOR UNRESTRICTED OPERATING FUNDS

NAME OF ORGANIZATION OR GOVERNMENT:

KNIGHTS OF INDULGENCE THEATRE UNITED STATES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE ION PROJECT IN

UNDERSERVED SCHOOLS THAT EMPOWER INDIVIDUAL VOICES AND IMAGINATIONS

THROUGH THEATRE

NAME OF ORGANIZATION OR GOVERNMENT: LA LUZ CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR CAPITAL CAMPAIGN (\$2,500) AND

THE ANNUAL FUND (\$ 500), TO SUPPORT THE ANNUAL FUND, TO PARTICIPATE IN A

CAPACITY-BUILDING LEARNING COHORT, FAMILIES WITH SHELTER, FOOD TO ASSIST

AN ESTIMATED 50 LOW-INCOME SONOMA VALLEY LATINO INDIVIDUALS AND AND BASIC

NEEDS IN AN EVENT OF AN EMERGENCY, FOR NOCHE SPONSORSHIP, TO SUPPORT

FUND-A-NEED, TO SUPPORT THE CAPITAL CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT: LANDPATHS

Part IV Supplemental Information

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

PROVIDE ENVIRONMENTAL EDUCATION TO APPROXIMATELY 1,000 STUDENTS

PARTICIPATING THROUGH THE IN OUR OWN BACKYARD SCHOOL PROGRAM, FOR 2015

ANNUAL OPERATING SUPPORT, TO SUPPORT IREAD OUTSIDE, A SERIES OF

CULTURALLY RELEVANT COMMUNITY EVENTS AND OUTINGS THAT ENGAGE PARENTS IN

READING OUT LOUD TO CHILDREN IN NATURE

NAME OF ORGANIZATION OR GOVERNMENT:

LEADERSHIP INSTITUTE FOR ECOLOGY AND THE ECONOMY

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

RETIRE FUND, TO SUPPORT A BILINGUAL COMMUNITY OUTREACH COORDINATOR AND

SCHOLARSHIPS FOR THE LEADERSHIP FOR A SUSTAINABLE FUTURE PROGRAM TO

SUPPORT "A CALL TO ADVANCE SOCIAL EQUITY: A WORKSHOP OF INSPIRATION AND

IMPACT.", FOR GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: LISTENING FOR A CHANGE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE 2015 WEAVE COMMUNITY

EVENT, TO PROVIDE GENERAL OPERATING SUPPORT FOR THE EDUCATIONAL PROGRAMS

OF LISTENING FOR A CHANGE

NAME OF ORGANIZATION OR GOVERNMENT: LOS CIEN SONOMA COUNTY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE SECOND ANNUAL "STATE

OF THE LATINO COMMUNITY" FORUM IN SONOMA COUNTY, NONPROFIT

ORGANIZATION TO SUPPORT THE ORGANIZATIONAL DEVELOPMENT OF LOS CIEN AS THEY

TRANSITION TO A 501C3

NAME OF ORGANIZATION OR GOVERNMENT: LUTHER BURBANK MEMORIAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE ARTIST IN SCHOOLS

Part IV Supplemental Information

PROGRAM, FOR ANNUAL SUPPORT, TO CONNECT ARTISTS AND TEACHERS FOR

MINI-RESIDENCIES COMPREHENSION THROUGH HANDS-ON TARGETED SCHOOLS WITH

FAMILY EARNING DISPARITIES, FOR GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: NEW VISION SANTA ROSA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE PUBLIC-PRIVATE

PARTNERSHIP TO COMPLETE SCHEMATIC OF COURTHOUSE SQUARE

NAME OF ORGANIZATION OR GOVERNMENT:

NORTH BAY ORGANIZING PROJECT - GAMALIEL OF CALIFORNIA

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

CONGRESS, TO SUPPORT THE INTEGRATED VOTER ENGAGEMENT AND HOUSING WORK

THAT NORTH BAY ORGANIZING PROJECT WILL BE UNDERTAKING IN 2015, TO SUPPORT

NOCHE SABROSA IN SEBASTOPOL, CA AND NBOP PUBLIC MEETING - FALL 2015

NAME OF ORGANIZATION OR GOVERNMENT: NORTH SONOMA COUNTY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO START A SUCCESSFUL HOUSING MODEL

PROVIDING PERMANENT HOUSING TO HOMELESS FAMILIES IN THE HEALDSBURG AREA

NAME OF ORGANIZATION OR GOVERNMENT: NPR FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR 2016 GENERAL OPERATING SUPPORT,

TO SUPPORT THE "HIDDEN BRAIN" POD CAST SERIES (\$25,000) AND TO SUPPORT

THE 2015 "WEEKEND IN WA" (\$13,000)

NAME OF ORGANIZATION OR GOVERNMENT: ON THE MOVE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO LAUNCH A SONOMA COUNTY LGBTQI

YOUTH QMUNITY EMPOWERMENT INITIATIVE AND ENABLE VOICES SONOMA TO MAINTAIN

SERVICES

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: PEPPERWOOD FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: REPRESENTING STOCK PROCEEDS FROM

SASSEE-COOKSEY, FOR GENERAL OPERATING SUPPORT, TO SUPPORT SCENIQ PROGRAM,

AND TO SUPPORT TEENNAT

NAME OF ORGANIZATION OR GOVERNMENT: PETALUMA COMMUNITY FOUNDATION

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

RETIRE FUND 590B, TO CLOSE THE PETALUMA EXPENDABLE FUND, AND MOVE

ACCOUNTS TO A SCOTTRADE ACCOUNT TO BE INVESTED AS ENDOWMENT FUND

NAME OF ORGANIZATION OR GOVERNMENT: PETALUMA ECUMENICAL PROPERTIES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE EMERGENCY GRANT

ASSISTANCE TO LOW-INCOME SENIORS NEEDING ITEMS SUCH AS EYEGLASSES, DENTAL

WORK, PRESCRIPTIONS, ETC. NOT COVERED BY OTHER SOURCES.

NAME OF ORGANIZATION OR GOVERNMENT: PETS LIFELINE INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DEVELOP A STRATEGY TO APPLY FOR

UPSTREAM INVESTMENTS FOR THE KIDS SPEAK FOR PETS PROGRAM, TO SUPPORT

FUND-A-NEED, AND TO FUND A FREE SPAY/NEUTER CLINIC

NAME OF ORGANIZATION OR GOVERNMENT: PUBLIC SCHOOL SUCCESS TEAM INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE ADMINISTRATION AND PROGRAMS

THAT SUPPORT AND INSPIRE HEALDSBURG PUBLIC SCHOOL STUDENTS TO DEVELOP

TOOLS THAT WILL ENABLE THEM TO CONTINUE THEIR EDUCATION THROUGH AND

BEYOND HIGH SCHOOL

NAME OF ORGANIZATION OR GOVERNMENT: REDWOOD COMMUNITY HEALTH COALITION

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE HEALTH INSURANCE PREMIUMS

FOR UNINSURED CHILDREN AGES 0-5 (DATED 11/20/14, 2/19/15, 1/22/15, AND

3/19/15), FOR HEALTH INSURANCE PREMIUMS FOR UNINSURED CHILDREN AGES 6-18.

(INVOICES DATED: MARCH 19, APRIL 16 AND MAY 21, 2015)

NAME OF ORGANIZATION OR GOVERNMENT: REDWOOD EMPIRE FOOD BANK

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

SUPPORT THE CAPITAL CAMPAIGN BUILDING FUND, TO SUPPORT SENIORS PROGRAM,

TO FUND THE BACKPACK PROGRAM, AND TO SUPPORT THE HUNGER INDEX FORUM

NAME OF ORGANIZATION OR GOVERNMENT: RINCON VALLEY CHRISTIAN SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE ANNUAL FUND, MUSIC

DEPARTMENT, TO SUPPORT ATHELETICS DEPARTMENT, AND SUPPORT EDUCATION

RELATED EXPENSES

NAME OF ORGANIZATION OR GOVERNMENT: RIVER TO COAST CHILDREN'S SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE NEEDED FUNDING FOR OUR

IN-HOUSE EMERGENCY RESOURCES PROGRAM, A BASIC HUMAN NEEDS RESOURCE PROGRAM

FOR CHILDREN AND THEIR FAMILIES LIVING IN WEST SONOMA COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT: ROSELAND CHARTER SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: THE BRIDGE GRANT GAINING GROUND

GRADUATE EDUCATION SCHOLARSHIP FOR ROSELAND UNIVERSITY PREP AND TO SUPPORT

THE ROSELAND UNIVERSITY PREP CAPITAL CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT: RUSSIAN RIVERKEEPER

(H) PURPOSE OF GRANT OR ASSISTANCE: NON-COLLEGE TRACK STUDENTS THE TO

SUPPORT CLEAN CAMPUS CLEAN CREEKS IN THREE HIGH SCHOOLS ALLOWING

Part IV Supplemental Information

UNDERSERVED OPPORTUNITY TO REDUCE WATER POLLUTION THROUGH AN

EXPERIENCE-BASED SCIENCE STANDARDS PROGRAM THAT WILL PREPARE THEM FOR

JOBS IN THE GREEN ECONOMY

NAME OF ORGANIZATION OR GOVERNMENT: SANTA ROSA SYMPHONY

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

GRANT FOR CHINA, FOR TUITION AND FEES, TO SUPPORT SIMPLY STRINGS, AND TO

SUPPORT THE SANTA ROSA SYMPHONY MUSIC EDUCATION

NAME OF ORGANIZATION OR GOVERNMENT: SEBASTOPOL CENTER FOR THE ARTS

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

SUPPORT THE YOUTH QUAKE EVENT - FILM PROJECT FOR LGBTQI YOUTH, HELD ON

OCTOBER 17, 2015, AND TO SUPPORT THE FIBER ARTS VII PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: SOCIAL ADVOCATES FOR YOUTH

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

SUPPORT THE CAPITAL CAMPAIGN, TO SUPPORT THE DREAM CENTER, TO PROVIDE

SERVICES TO LGBT YOUTH, AND TO SUPPORT THE WILLMAR GRIEF CENTER

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA ACADEMY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE FUND FOR EXCELLENCE,

TO SUPPORT THE ANNUAL FUND, FOR GENERAL OPERATING SUPPORT, AND TO SUPPORT

THE CREATING OF CHRIS ZIEMER FIELD.

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA COUNTY ANIMAL SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO IDENTIFY POPULATIONS

DEMONSTRATING THE GREATEST NEED FOR AFFORDABLE, ACCESSIBLE SPAY/NEUTER

SERVICES AND DISTRIBUTE VOUCHERS REDEEMABLE FOR LOW-COST SURGERIES TO

Part IV Supplemental Information

QUALIFYING LOW-INCOME PET OWNERS

NAME OF ORGANIZATION OR GOVERNMENT:

SONOMA COUNTY HUMAN SERVICES DEPARTMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE CULTURAL COMPETENCY

TRAINING AND ORGANIZE SUPPORT GROUPS TO IMPROVE SERVICES TO LGBT SENIORS

IN SONOMA COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA COUNTY MUSEUM FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT ART4KIDS, AN ART

EDUCATIONAL PROGRAM FOR 5TH AND 6TH GRADERS IN SANTA ROSA TITLE I

SCHOOLS, TO SUPPORT EXHIBITIONS, FOR PRINTING AND MAILING FREE ADMISSION

INVITATIONS, FOR GENERAL OPERATING SUPPORT, TO MAT AND FRAME THE ORIGINAL

PHOTOGRAPHIC PRINTS REPRESENTING THE WORK OF HANSEL MIETH AND OTTO HAGEL,

TO SUPPORT THE "JOURNEY TO FOUNTAINGROVE" EXHIBITION

NAME OF ORGANIZATION OR GOVERNMENT:

SONOMA COUNTY PUBLIC LIBRARY FOUNDATION

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

LIBRARY FOUNDATION IN CREATING A TEMPORARY LIBRARY IN THE ROSELAND

DISTRICT

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA ECOLOGY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT SONOMA ECOLOGY CENTER IN

ACHIEVING THE GOALS ADAPTATION INITIATIVE AND TO PROVIDE GRANTS TO OTHER

NBCAI ENTITIES

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA LAND TRUST

Part IV Supplemental Information

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

SUPPORT THE COCHRAN GLEN OAKS RANCH PROPERTY, AND TO SUPPORT THE

SOUTHEAST GREENWAY CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT:

SONOMA STATE UNIVERSITY SEAWOLF SCHOLARS PROGRAM

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST IN PROVIDING SERVICES TO

CURRENT AND FORMER FOSTER YOUTH ENROLLED AT SONOMA STATE UNIVERSITY

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA VALLEY EDUCATION FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE VALLEY VIBES

ORCHESTRAS (VIVO), AN EL SISTEMA-INSPIRED YOUTH DEVELOPMENT PROGRAM IN

SONOMA VALLEY, TO SUPPORT SCHOLARSHIPS, FUND-A-NEED, AND TO SUPPORT

PURCHASE OF NAVIANCE COLLEGE

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA VALLEY HOSPITAL FOUNDATION

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

THE 3-D MAMMOGRAPHY MACHINE, AND TO SUPPORT THE ENDOWMENT FUND FOR THE

HOSPITAL

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA VALLEY MUSEUM OF ART

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR ANNUAL GIVING AND TO SUPPORT

SVMA'S ARTS REWARDS THE STUDENT (A.R.T.S.) PROGRAM THAT SENDS TEACHING

ARTISTS INTO ALL SONOMA VALLEY ELEMENTARY SCHOOLS

NAME OF ORGANIZATION OR GOVERNMENT: SRJC FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT SCHOLARSHIPS FOR THE BOB

SHARP SCHOLARSHIPFUND/RURAL ALLIANCE, TO SUPPORT SRJC SCHOLARSHIP, TO

Part IV Supplemental Information

SUPPORT THE PJ LOCOCO HONORARY HORTICULTURAL SCHOLARSHIP ENDOWMENT, TO

SUPPORT THE HEALTH CAREERS ACADEMY

NAME OF ORGANIZATION OR GOVERNMENT: ST. ANDREW PRESBYTERIAN CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE ANNUAL FUND (\$1,600 FROM

WHITNEY AND \$500 FROM JEANETTE), TO SUPPORT OPERATIONS (\$1,600) AND

YOUNG LIFE CAMPERSHIP -500, AND TO SUPPORT THE POWELL MUSIC COMMISSION

NAME OF ORGANIZATION OR GOVERNMENT:

ST. VINCENT DE PAUL SOCIETY OF MARIN COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONTINUE TO PROVIDE BASIC NEEDS

OF FOOD AND CLOTHING FOR MEN, WOMEN, AND CHILDREN OF LOW OR NO INCOME IN

SONOMA COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT: STEWARDS OF THE COAST AND REDWOODS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONTINUE AND EXPAND THE FOREST TO

THE SEA PROGRAMS FOR K-12 STUDENTS IN WESTERN SONOMA COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: SUMMERFIELD WALDORF SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE FARM TO FIESTA

FUNDRAISER 2015 AND TO SUPPORT THE ART TECH BUILDING CAPITAL CAMPAIGN

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

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE NEW BUILDING FUND,

FOR GENERAL OPERATING SUPPORT, FOR THE NURSE NAVIGATOR, AND THE SHEA

HOUSE

NAME OF ORGANIZATION OR GOVERNMENT: THE LEATHERBACK TRUST

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND THE RESEARCH PROJECT ON THE

BIOLOGY AND CONSERVATION OF PACIFIC LEATHERBACK AND GREEN SEA TURTLES IN

PERU AND COSTA RICA

NAME OF ORGANIZATION OR GOVERNMENT: THE LIVING ROOM CENTER, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE LIVING ROOM

PLAYGROUND, FOR GENERAL OPERATING SUPPORT, AND TO PROVIDE MEALS TO

HOMELESS WOMEN AND CHILDREN

NAME OF ORGANIZATION OR GOVERNMENT: TLC CHILD AND FAMILY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT FOR TLC CHILD AND FAMILY

SERVICES TO ENGAGE IN NEW EFFORTS IN RECRUITING FAMILIES FOR FOSTER CARE,

ADOPTION, AND TRANSITIONAL HOUSING.

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF SAN FRANCISCO

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE FATHER JOHN LOSCHIAVO

ENDOWED SCHOLARSHIP AT THE UNIVERSITY OF SAN FRANCISCO

NAME OF ORGANIZATION OR GOVERNMENT:

UPVALLEY FAMILY CENTERS OF NAPA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT SCHOOL READINESS AND

COMMUNITY OUTREACH, INCLUDING PARENTING CLASSES AT CALISTOGA SITE

NAME OF ORGANIZATION OR GOVERNMENT:

VERITY-COMPASSION SAFETY SUPPORT A CALIFORNIA CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SECURE EMERGENCY SHELTER AND

OTHER BASIC NEEDS FOR VICTIMS OF SEXUAL VIOLENCE AND HUMAN TRAFFICKING.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: VOLUNTEER CENTER OF SONOMA COUNTY INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE SCHOOL READINESS

PROGRAM "BOOKWORMS" IN TWO 4C'S PRESCHOOLS AND FOR GENERAL OPERATING
SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: WARREN COUNTY HISTORICAL SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PURCHASE AND UPGRADE THE

MICROFILM READERS AND TO SUPPORT THE PERMANENT PRINTING AND PUBLICATION
EXHIBIT

NAME OF ORGANIZATION OR GOVERNMENT:

WEST SONOMA COUNTY UNION HIGH SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT LAGUNA HIGH SCHOOL WITH

COUNSELING SUPPORT, STAFF DEVELOPMENT AND STUDENT WELLNESS PROGRAM, AND
TO SUPPORT THE FIELD RENOVATION OF ANALY HIGH SCHOOL

NAME OF ORGANIZATION OR GOVERNMENT: YWCA OF SONOMA COUNTY

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

WOMEN AND CHILDREN'S SHELTER IN HONOR OF REBECCA ROSENBERG, ALIS ARROWOOD

AND SHARON COHN AND TO SUPPORT 2015 WOMEN, WINE & CHEESE

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

COMMUNITY FOUNDATION SONOMA COUNTY

Employer identification number

68-0003212

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <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

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?

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 type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2015

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2015

Open To Public
Inspection

- ▶ **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	26	7,615,765	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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it
must hold for at least three years from the date of the initial contribution, and which is not required to be used for
exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) (2015)

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):

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

2015

Open to Public
Inspection

Name of the organization

COMMUNITY FOUNDATION SONOMA COUNTY

Employer identification number

68-0003212

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 VI, SECTION B, LINE 11:

TAXPAYER'S ACCOUNTING FIRM FORWARDED THE FORM 990 TO THE VP OF FINANCE AND

OPERATIONS. THE PAID PREPARER PRESENTED THE FORM 990 TO THE AUDIT COMMITTEE

DURING AN IN-PERSON MEETING, WHERE ALL QUESTIONS AND COMMENTS WERE

ADDRESSED. A PAPER 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:

BOARD MEMBERS AND STAFF FILL OUT CONFLICT OF INTEREST FORMS ANNUALLY. THE

VP OF FINANCE AND OPERATIONS REVIEWS THE FORMS FOR POTENTIAL CONFLICTS, AND

BOARD MEMBERS OR STAFF DO NOT PARTICIPATE IN DECISIONS REGARDING MATTERS

FOR WHICH THEY HAVE CONFLICTS.

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

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.

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

Schedule O (Form 990 or 990-EZ) (2015)

532211
09-02-15

Name of the organization

COMMUNITY FOUNDATION SONOMA COUNTY

Employer identification number

68-0003212

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

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS

ARE AVAILABLE TO THE PUBLIC UPON REQUEST FOR THE SAME PERIOD OF TIME SET

FORTH IN SEC. 6104(D).

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

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT 152,127.

Part III

[illegible]

Part IV

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
	INVESTMENTS	CA	COMMUNITY FOUNDATION						
			SONOMA COUNTY	TRUST					
CHARITABLE LEAD TRUST (4)								X	
	INVESTMENTS	CA	COMMUNITY FOUNDATION						
			SONOMA COUNTY	TRUST					
CHARITABLE REMAINDER TRUST (4)								X	
	INVESTMENTS	CA	COMMUNITY FOUNDATION						
			SONOMA COUNTY	TRUST					
POOLED INCOME FUND								X	

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.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	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	75,000.	ACTUAL PAID/ACCRUED
(2) DEMEO TEEN CLUB	B	495,000.	ACTUAL PAID/ACCRUED
(3)			
(4)			
(5)			
(6)			

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

[illegible]