

Form **990**

Return of Organization Exempt From Income Tax

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

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2016
Open to Public Inspection

A For the 2016 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		D Employer identification number 68-0003212
	Doing business as		E Telephone number 707-579-4073
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 52,587,564.
	120 STONY POINT ROAD	220	
	City or town, state or province, country, and ZIP or foreign postal code SANTA ROSA, CA 95401		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: ELIZABETH BROWN SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	
J Website: WWW.SONOMACF.ORG		L Year of formation: 1983 M State of legal domicile: CA	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			

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 2016 (Part V, line 2a)	5	15
	6 Total number of volunteers (estimate if necessary)	6	21
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	14,358,040.	16,537,057.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	81,670.	187,195.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,994,842.	2,603,036.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	23,445,331.	19,349,833.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13,533,804.	14,894,649.
	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)	1,265,145.	1,325,058.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 659,219.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,099,893.	1,203,232.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,898,842.	17,422,939.
19 Revenue less expenses. Subtract line 18 from line 12	7,546,489.	1,926,894.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	132,728,476.	138,704,650.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,333,987.	800,088.
		131,394,489.	137,904,562.

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 3/6/18	Check if self-employed <input type="checkbox"/>	PTIN P01008919
	Firm's name HOOD & STRONG LLP	Firm's EIN 94-1254756	Phone no. 415.781.0793		
Firm's address 275 BATTERY ST, STE 900 SAN FRANCISCO, CA 94111					

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

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

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

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

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (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
File by the due date for filing your return. See instructions.	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) 0 1

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 6-month extension of time until NOVEMBER 15, 2017, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 2016 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 Accomplishments

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

1 Briefly describe the organization's mission: WE CONNECT PEOPLE, IDEAS AND RESOURCES TO BENEFIT THE LIVES OF THOSE WHO LIVE IN SONOMA COUNTY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

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

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

4a (Code:) (Expenses \$ 15,837,884. including grants of \$ 14,894,649.) (Revenue \$ 210,551.) GRANTMAKING: AWARDED MORE THAN \$14.8 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.

STEWARDED 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 15,837,884.

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

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?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O check

Table with columns for question numbers (1a-14b), Yes, and No. Contains various tax compliance questions and their corresponding 'Yes' or 'No' responses.

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, 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 Contractors

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BARRY WEITZENBERG CHAIR	3.00 0.00	X		X				0.	0.	0.
(2) HARRIET DERWINGSON SECRETARY	3.00 0.00	X		X				0.	0.	0.
(3) LINDA KACHIU TREASURER	3.00 0.00	X		X				0.	0.	0.
(4) CHRIS DOBSON DIRECTOR	1.00 0.00	X						0.	0.	0.
(5) CHRISTINA HOLLINGSWORTH DIRECTOR	1.00 0.00	X						0.	0.	0.
(6) DEBERAH KELLEY DIRECTOR	1.00 0.00	X						0.	0.	0.
(7) KATIE JACKSON DIRECTOR	1.00 0.00	X						0.	0.	0.
(8) LAWRENCE MILLS DIRECTOR	1.00 0.00	X						0.	0.	0.
(9) LISA CARRENO DIRECTOR	1.00 0.00	X						0.	0.	0.
(10) MATTHEW INGRAM DIRECTOR	1.00 0.00	X						0.	0.	0.
(11) MICHELLE ZYGIELBAUM DIRECTOR	1.00 0.00	X						0.	0.	0.
(12) OSCAR CHAVEZ DIRECTOR	1.00 0.00	X						0.	0.	0.
(13) PATRICK EMERY DIRECTOR	1.00 0.00	X						0.	0.	0.
(14) PEG VAN CAMP DIRECTOR	1.00 0.00	X						0.	0.	0.
(15) PETE GOLIS DIRECTOR	1.00 0.00	X						0.	0.	0.
(16) RICHARD DAVIS DIRECTOR	1.00 0.00	X						0.	0.	0.
(17) STEVE GOLDBERG DIRECTOR	1.00 0.00	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) STEVE RABINOWITSH DIRECTOR	1.00 0.00	X						0.	0.	0.
(19) SUSAN LENTZ DIRECTOR	1.00 0.00	X						0.	0.	0.
(20) THELIA EAGAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(21) ELIZABETH BROWN PRESIDENT & CEO	45.00 1.00			X				219,720.	0.	15,104.
(22) KARL GRIMM VP FINANCE AND OPERATIONS	45.00 2.00			X				121,645.	0.	11,542.
(23) W JOHN MULLINEAUX VP OF DEVELOPMENT	45.00 1.00					X		120,713.	0.	23,863.
1b Sub-total								462,078.	0.	50,509.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								462,078.	0.	50,509.

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 7,759.					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e 51,500.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 16,477,798.					
	g Noncash contributions included in lines 1a-1f: \$	1,648,131.					
	h Total. Add lines 1a-1f	▶	16,537,057.				
	Program Service Revenue	2 a MANAGEMENT FEES	Business Code 561000	187,195.	187,195.		
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f		▶	187,195.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	2,178,927.			2,178,927.	
	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				
		33,661,840.					
		b Less: cost or other basis and sales expenses	33,237,731.				
		c Gain or (loss)	424,109.				
	d Net gain or (loss)	▶	424,109.			424,109.	
	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 DISSOLUTION OF CRT	900099	18,646.	18,646.				
b EVENT PROCEEDS	900099	1,935.	1,935.				
c LITIGATION SETTLEMENT	900099	866.	866.				
d All other revenue	900099	1,098.	1,098.				
e Total. Add lines 11a-11d	▶	22,545.					
12 Total revenue. See instructions.	▶	19,349,833.	209,740.	0.	2,603,036.		

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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	14,894,649.	14,894,649.		
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	512,587.	260,394.	46,133.	206,060.
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	602,740.	241,248.	207,085.	154,407.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	42,883.	21,785.	3,859.	17,239.
9 Other employee benefits	86,171.	43,775.	7,755.	34,641.
10 Payroll taxes	80,677.	40,984.	7,261.	32,432.
11 Fees for services (non-employees):				
a Management				
b Legal	5,341.	2,138.	1,835.	1,368.
c Accounting	64,729.	25,908.	22,239.	16,582.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	366,141.		366,141.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	116,127.	46,480.	39,898.	29,749.
12 Advertising and promotion	65,109.	26,060.	22,370.	16,679.
13 Office expenses	70,984.	28,412.	24,388.	18,184.
14 Information technology	87,434.	34,996.	30,040.	22,398.
15 Royalties				
16 Occupancy	113,943.	45,606.	39,148.	29,189.
17 Travel	23,805.	9,528.	8,179.	6,098.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	53,948.	21,593.	18,535.	13,820.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	28,754.	11,509.	9,879.	7,366.
23 Insurance	143,715.	57,522.	49,377.	36,816.
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 SPECIAL PROJECT EXPENSE	63,202.	25,297.	21,714.	16,191.
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	17,422,939.	15,837,884.	925,836.	659,219.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	7,718,465.	1	13,920,667.
	2 Savings and temporary cash investments	2,554,099.	2	2,564,390.
	3 Pledges and grants receivable, net	6,199,112.	3	6,471,509.
	4 Accounts receivable, net	38,130.	4	359,317.
	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	2,013,861.	7	1,163,033.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	77,313.	9	73,719.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 303,678.		
	b Less: accumulated depreciation	10b 178,661.		
		105,649.	10c	125,017.
	11 Investments - publicly traded securities	107,957,635.	11	109,059,991.
	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	5,695,712.	15	4,598,507.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	132,728,476.	16	138,704,650.	
Liabilities	17 Accounts payable and accrued expenses	62,036.	17	66,006.
	18 Grants payable	1,134,000.	18	621,500.
	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	137,951.	25	112,582.
	26 Total liabilities. Add lines 17 through 25	1,333,987.	26	800,088.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	27,590,538.	27	31,697,053.
	28 Temporarily restricted net assets	30,676,623.	28	31,819,920.
	29 Permanently restricted net assets	73,127,328.	29	74,387,589.
	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	131,394,489.	33	137,904,562.
34 Total liabilities and net assets/fund balances	132,728,476.	34	138,704,650.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,349,833.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,422,939.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,926,894.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	131,394,489.
5	Net unrealized gains (losses) on investments	5	4,491,289.
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	91,890.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	137,904,562.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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	X	
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.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
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 _____		

Form **990** (2016)

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

2016

Open to Public Inspection

Name of the organization COMMUNITY FOUNDATION SONOMA COUNTY	Employer identification number 68-0003212
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - 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 1-10 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,508,279.	9,003,952.	9,763,207.	14,404,710.	16,537,057.	59,217,205.
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	9,508,279.	9,003,952.	9,763,207.	14,404,710.	16,537,057.	59,217,205.
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)						11,872,454.
6 Public support. Subtract line 5 from line 4.						47,344,751.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	9,508,279.	9,003,952.	9,763,207.	14,404,710.	16,537,057.	59,217,205.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	2,765,074.	3,333,507.	4,491,508.	2,755,061.	2,178,927.	15,524,077.
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.)						
11 Total support. Add lines 7 through 10						74,741,282.
12 Gross receipts from related activities, etc. (see instructions)					12	812,245.
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 2016 (line 6, column (f) divided by line 11, column (f))	14	63.34 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	62.22 %
16a 33 1/3% support test - 2016. 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 - 2015. 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 - 2016. 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 - 2015. 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"/>

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

(Complete only if you checked the box on line 10 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. 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 - 2015. 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 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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?		
b A family member of a person described in (a) above?		
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.		
11a		
11b		
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.		
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.		
1		
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?		
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).		
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.		
1		
2		
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.		Yes	No
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.			
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.			
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.			
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.			
2a			
2b			
3a			
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 (explain in Part VI.) **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).		

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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

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

2016

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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't 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) (2016)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 933,569.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 4,750,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 700,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 409,725.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 489,308.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ _____ 337,635.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ _____ 803,465.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ _____ 412,313.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ _____ 777,374.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	_____ _____ _____	\$ _____ 991,007.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	_____ _____ _____	\$ _____ 492,828.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	_____ _____ _____	\$ 460,000.	Person <input checked="" 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.)
_____	_____ _____ _____	\$ _____	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.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
5	15,000 SHARES OF SASOL LIMITED (ADR) _____ _____ _____	\$ 409,725.	12/07/16
12	33,883 SHARES OF REDWOOD TRUST (RWT) _____ _____ _____	\$ 492,828.	06/03/16
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization COMMUNITY FOUNDATION SONOMA COUNTY	Employer identification number 68-0003212
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Part III 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.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

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

2016

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	726	123
2 Aggregate value of contributions to (during year)	13,398,454.	1,297,324.
3 Aggregate value of grants from (during year)	7,754,041.	4,890,544.
4 Aggregate value at end of year	21,152,495.	6,187,868.
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

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

Schedule D (Form 990) 2016

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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	73,086,044.	75,573,899.	71,685,198.	64,285,308.	58,668,275.
b Contributions	1,260,339.	3,600,496.	6,299,330.	2,336,886.	1,944,307.
c Net investment earnings, gains, and losses	1,152,647.	-1,860,881.	-1,300,312.	7,018,512.	5,612,886.
d Grants or scholarships	3,266,282.	4,227,470.	1,110,317.	1,955,508.	1,940,160.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	72,232,748.	73,086,044.	75,573,899.	71,685,198.	64,285,308.

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

- a Board designated or quasi-endowment -1.09 %
- b Permanent endowment 92.75 %
- c Temporarily restricted endowment 8.34 %

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:

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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		277,189.	152,172.	125,017.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				125,017.

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	112,582.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	112,582.

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final total column.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final total column.

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)(I)(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, 2016, 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

2016

**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 noncash 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)	384,707.	0.			FOR 2016-2017 SCHOLARSHIPS, FOR GENERAL OPERATING SUPPORT, TO SUPPORT THE 2016-2017
ACTION NETWORK P.O. BOX 1163 GUALALA, CA 95445	45-0479312	501(C)(3)	5,500.	0.			TO SUPPORT THE IREAD TODAY: FOR SUCCESS TOMORROW PROGRAM
ALEXANDER VALLEY FILM SOCIETY P.O. BOX 71 CLOVERDALE, CA 95425	47-2085577	501(C)(3)	13,000.	0.			FOR GENERAL OPERATING SUPPORT, TO SUPPORT GENERAL OPERATING EXPENSES FOR 2016,
ALEXANDER VALLEY UNION SCHOOL DISTRICT - 8511 CAL HWY 128 - HEALDSBURG, CA 95448	45-2381410	501(C)(3)	9,000.	0.			TO PROVIDE SUPPORT FOR ALEXANDER VALLEY SCHOOL ADULT AND FAMILY ESL TEACHERS' SALARIES
ALLEN-CHASE FOUNDATION OF EAGLEBROOK SCHOOL - 271 PINE NOOK RD, PO BOX 7 - DEERFIELD, MA 01342	04-2108341	501(C)(3)	25,000.	0.			EVANS ACADEMIC CENTER
ALLIANCE MEDICAL CENTER 1381 UNIVERSITY AVENUE HEALDSBURG, CA 95448	94-2308748	501(C)(3)	5,750.	0.			TO SUPPORT THE "DISCOVERING THE HIDDEN TREASURES IN OUR COMMUNITIES-HOW COMMUNITY

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 236.**
- 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) (2016)

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
ALLIANCE REDWOODS CONFERENCE GROUNDS - 6250 BOHEMIAN HIGHWAY - OCCIDENTAL, CA 95465	94-1683665	501(C)(3)	20,000.	0.			TO SUPPORT BERRY SCHOLARSHIP FUND, TO SUPPORT THE ROYAL FAMILY KIDS PROGRAM,
AMERICAN CANCER SOCIETY INC 1710 WEBSTER STREET OAKLAND, CA 94612	13-1788491	501(C)(3)	10,000.	0.			TO PROVIDE MEDICALLY VULNERABLE SONOMA COUNTY CANCER PATIENTS UNDERGOING ACTIVE
AMERICAN CIVIL LIBERTIES UNION FOUNDATION OF NORTHERN CALIFORNIA - 39 DRUMM STREET - SAN FRANCISCO, CA 94111	94-0279770	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
AMERICAN CIVIL LIBERTIES UNION FOUNDATION, INC. OFFICE OF GIFT PLANNING - 125 BROAD STREET, 18TH FLOOR - NEW YORK, NY 10004	13-6213516	501(C)(3)	10,502.	0.			FOR GENERAL OPERATING SUPPORT
AMERICAN PRAIRIE RESERVE P.O. BOX 908 BOZEMAN, MT 59771	81-0541893	501(C)(3)	50,000.	0.			FOR GENERAL OPERATING SUPPORT
AMERICAN RED CROSS - NORTHERN CALIFORNIA COASTAL REGION - 1663 MARKET STREET - SAN FRANCISCO, CA 94103	53-0196605	501(C)(3)	15,000.	0.			TO SUPPORT COMMUNITY PREPAREDNESS, INCLUDING BLOOD DONATIONS
ANALY ALUMNI ASSOCIATION 8140 FRANKEL LANE SEBASTOPOL, CA 95472	37-1642167	501(C)(3)	25,024.	0.			FOR FIELD IMPROVEMENTS, TO SUPPORT EXPENSES ASSOCIATED WITH SOCCER FIELD IMPROVEMENTS,
ART ESCAPE 17474 SONOMA HIGHWAY SONOMA, CA 95476	47-3626950	501(C)(3)	20,600.	0.			TO SUPPORT THE CAPACITY BUILDING PROJECT FOR ART ESCAPE, DIA DE LOS MUERTOS AT ART ESCAPE:
ARTSTART (START SOCO) 716 BENNETT VALLEY ROAD SANTA ROSA, CA 95404	68-0468124	501(C)(3)	6,500.	0.			FOR GENERAL OPERATING SUPPORT, FOR EXPENSES RELATING TO THE CANOPY AT ART START PROPERTY,

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
AUDUBON CANYON RANCH 4900 SHORELINE HIGHWAY ONE STINSON BEACH, CA 94970	94-6069140	501(C)(3)	87,871.	0.			TO ESTABLISH AN ENDOWMENT FUND TO SUPPORT THE AUDUBON CANYON RANCH'S NATURE EDUCATION PROGRAM
AUTISM TREE PROJECT INC. 2845 NIMITZ BLVD, SUITE C SAN DIEGO, CA 92106	71-0942573	501(C)(3)	10,000.	0.			TO SUPPORT THE GENERAL FUNDS
BECOMING INDEPENDENT 1425 CORPORATE CENTER PARKWAY SANTA ROSA, CA 95407	94-2641147	501(C)(3)	39,150.	0.			TO SUPPORT THE ARTS AND ANIMATION PROGRAM, FOR GENERAL OPERATING SUPPORT, TO SUPPORT
BELLEVUE UNION SCHOOL DISTRICT 3150 EDUCATION DRIVE SANTA ROSA, CA 95407	58-2129727	501(C)(3)	52,000.	0.			TO SUPPORT KAWANA KINDERGARTEN PROGRAM, TO SUPPORT THE KARS STUDENT TECHNOLOGY AND COUNSELING
BILINGUAL BROADCASTING FOUNDATION PO BOX 7189 SANTA ROSA, CA 95407	23-7134263	501(C)(3)	49,561.	0.			TO SUPPORT EXPENSES RELATED TO GM SALARY TAXES AND PAYROLL, TO SUPPORT GM SALARY AND
BLOOD CENTERS OF THE PACIFIC 3505 INDUSTRIAL DRIVE SANTA ROSA, CA 95403	94-1156555	501(C)(3)	157,500.	0.			TO CREATE A PROFESSIONAL QUALITY AND COMPELLING SHORT STORY VIDEO PRODUCTIONS, FOR PURCHASE
BOYS AND GIRLS CLUBS OF CENTRAL SONOMA COUNTY - 1400 NORTH DUTTON AVENUE, SUITE 14 - SANTA ROSA, CA 95401	68-0309534	501(C)(3)	16,500.	0.			FOR 2016 SUMMER CAMP PROGRAM IN HEALDSBURG, FOR GENERAL OPERATING SUPPORT, TO PREVENT
BOYS AND GIRLS CLUBS OF SONOMA VALLEY - P.O. BOX 218 - EL VERANO, CA 95433-0218	94-1579901	501(C)(3)	54,516.	0.			TO SUPPORT THE ANNUAL CAMPAIGN, TO SUPPORT SCHOLARSHIP PROGRAM, TO SUPPORT TEEN CENTER
BUCK INSTITUTE 8001 REDWOOD BLVD. NOVATO, CA 94945	94-3030609	501(C)(3)	11,000.	0.			FOR GENERAL OPERATING SUPPORT, TO SUPPORT RESEARCH INTO DEVELOPING STEM CELL-BASED

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
BUCKELEW PROGRAMS 555 NORTHGATE DRIVE, SUITE 200 SAN RAFAEL, CA 94903	23-7088977	501(C)(3)	10,000.	0.			TO SUPPLEMENT AND EXPAND BUCKELEW PROGRAM'S RENTAL ASSISTANCE FUNDING FOR INDIVIDUALS LIVING WITH
BURBANK HOUSING DEVELOPMENT CORPORATION - 790 SONOMA AVENUE - SANTA ROSA, CA 95404	94-2837785	501(C)(3)	22,893.	0.			TO CONTINUE THE AFFORDABLE HOUSING ADVOCACY ROLE THAT BURBANK HOUSING
CALIFORNIA HUMAN DEVELOPMENT 3315 AIRWAY DRIVE SANTA ROSA, CA 95403	94-1653023	501(C)(3)	134,000.	0.			TO HELP WITH PROPERTY CLOSING COSTS ASSOCIATED WITH THE ORTIZ PLAZA, AN AFFORDABLE FARMWORKER
CALIFORNIA PARENTING INSTITUTE (CPI) - 3650 STANDISH AVENUE - SANTA ROSA, CA 95407	94-2541640	501(C)(3)	28,817.	0.			TO SUPPORT THE CREATIVE ARTS THERAPY PROGRAM AT CALIFORNIA PARENTING INSTITUTE, TO PROMOTE
CALIFORNIA POETS IN THE SCHOOLS 2131 19TH AVE, #203 SAN FRANCISCO, CA 94116	94-2977264	501(C)(3)	15,500.	0.			TO DELIVER HIGH QUALITY CREATIVE POETRY WRITING WORKSHOPS AT UNDERSERVED SCHOOLS THROUGHOUT SONOMA
CANINE COMPANIONS FOR INDEPENDENCE, INC - PO BOX 446 - SANTA ROSA, CA 95402	94-2494324	501(C)(3)	652,773.	0.			TO PROVIDE HIGHLY TRAINED ASSISTANCE DOGS TO INDIVIDUALS WITH DISABILITIES, FOR GENERAL
CAREER TECHNICAL EDUCATION FOUNDATION SONOMA COUNTY - 1030 APOLLO WAY, SUITE 200 - SANTA ROSA, CA 95407	46-5607272	501(C)(3)	194,000.	0.			FOR GENERAL OPERATING SUPPORT, TO SUPPORT FINANCIAL LITERACY, TO SUPPORT THE HEALDSBURG
CARTOON ART MUSEUM OF CALIFORNIA P.O. BOX 566 SAN FRANCISCO, CA 94104	68-0036947	501(C)(3)	124,254.	0.			TO GRANT REMAINING BALANCE TO THE CARTOON ART MUSEUM OF CALIFORNIA AND TO RETIRE ENDOWMENT
CATHOLIC CHARITIES OF THE DIOCESE OF SANTA ROSA - P.O. BOX 4900 - SANTA ROSA, CA 95402	94-2479393	501(C)(3)	1,183,553.	0.			FOR GENERAL OPERATING SUPPORT, TO SUPPORT THE FAMILY RESOURCE CENTER, TO SUPPORT SECURITY

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
CATHOLIC RELIEF SERVICES P.O. BOX 17090 BALTIMORE, MD 21297-0303	13-5563422	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
CENTER FOR CLIMATE PROTECTION P.O. BOX 3785 SANTA ROSA, CA 95402	45-0485495	501(C)(3)	33,000.	0.			FOR 2016 GENERAL OPERATING EXPENSES
CENTRAL PACIFIC DISTRICT OF THE CHRISTIAN AND MISSIONARY ALLIANCE - 715 LINCOLN AVE - WOODLAND, CA 95695	13-1623940	501(C)(3)	80,000.	0.			TO SUPPORT THE BRIDGE CHURCH GENERAL FUND, TO SUPPORT THE BRIDGE CHURCH - MEXICALI DINING
CENTRO LABORAL DE GRATON P.O. BOX 42 GRATON, CA 95444	68-0472311	501(C)(3)	14,000.	0.			FOR 2016 HOLIDAY PARTY, TO SUPPORT LEADERSHIP TRAININGS FOR ALMAS
CERES COMMUNITY PROJECT 7351 BODEGA AVENUE SEBASTOPOL, CA 95472	26-2250997	501(C)(3)	28,600.	0.			GENERAL OPERATING SUPPORT, FOR GENERAL OPERATING SUPPORT IN HONOR OF LYNDA DESLOGES,
CHARLES M. SCHULZ MUSEUM & RESEARCH CENTER - 2301 HARDIES LANE - SANTA ROSA, CA 95403	68-0422370	501(C)(3)	1,500,000.	0.			FOR GENERAL OPERATING SUPPORT
CHILDREN'S CANCER ASSOCIATION 1200 NW NAITO PARKWAY, SUITE 140 PORTLAND, OR 97209	93-1181662	501(C)(3)	5,000.	0.			IN SUPPORT OF CCA
CHILDREN'S HUMANITARIAN INTERNATIONAL - P.O. BOX 1735 - SEBASTOPOL, CA 95473	27-3280250	501(C)(3)	5,400.	0.			TO SUPPORT A SCHOLARSHIP FOR ONE LOCAL SONOMA COUNTY HIGH SCHOOL STUDENT TO PARTICIPATE IN
CHILDREN'S MUSEUM OF SONOMA COUNTY 1835 WEST STEELE LANE SANTA ROSA, CA 95403	20-3496878	501(C)(3)	13,615.	0.			FOR GENERAL OPERATING SUPPORT, TO SUPPORT STORY TIME AND THE INSTALLATION OF A BOOK NOOK OUTSIDE

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
CHOP'S TEEN CLUB AKA DEMEO TEEN CLUB INC. - 509 ADAMS STREET - SANTA ROSA, CA 95401	91-1859251	501(C)(3)	16,664.	0.			ANNUAL CAMPAIGN, FOR GENERAL OPERATING SUPPORT, FUND-A-NEED FRIEND #195
CHURCHILL SCHOOL AND CENTER 301 EAST 29TH STREET NEW YORK, NY 10016	13-2722983	501(C)(3)	8,000.	0.			FOR GENERAL OPERATING SUPPORT
CITY OF SANTA ROSA HOUSING AND COMMUNITY SERVICES - 90 SANTA ROSA AVENUE - SANTA ROSA, CA 95404	94-6000428	501(C)(3)	72,500.	0.			TO PROVIDE ENHANCED SERVICES AT SAMUEL L. JONES HALL HOMELESS SHELTER, TO SUPPORT SAM
CITY SLICKER FARMS 1625 16TH STREET OAKLAND, CA 94607	26-2216581	501(C)(3)	25,000.	0.			FOR GENERAL OPERATING SUPPORT
CLOVERDALE ARTS ALLIANCE 204 N. CLOVERDALE BLVD CLOVERDALE, CA 95425	68-0466983	501(C)(3)	7,250.	0.			TO SUPPORT FRIDAY NIGHT LIVE, FOR GENERAL OPERATING SUPPORT, TO SUPPORT THE SCULPTURE
COMMITTEE ON THE SHELTERLESS P.O. BOX 2744 PETALUMA, CA 94953-2744	68-0176855	501(C)(3)	94,500.	0.			TO SUPPORT MENTAL HEALTH PROGRAMS, TO SUPPORT LOW-INCOME DISABLED AND CHRONICALLY HOMELESS
COMMUNITY ACTION PARTNERSHIP OF SONOMA COUNTY - 141 STONY CIRCLE #210 - SANTA ROSA, CA 95401	94-1648949	501(C)(3)	74,000.	0.			FOR GENERAL OPERATING SUPPORT, TO SUPPORT "RALLY FOR CAP" AS PART OF THE ANNUAL DAY AND
COMMUNITY CHILD CARE COUNCIL OF SONOMA COUNTY - 131-A STONY CIRCLE, STE 300 - SANTA ROSA, CA 95401	94-2274620	501(C)(3)	6,000.	0.			TO SUPPORT THE READ ME A STORY PROGRAM, FOR GENERAL OPERATING SUPPORT
COMMUNITY HOUSING SONOMA COUNTY 131-A STONY CIRCLE, SUITE 500 SANTA ROSA, CA 95401	68-0336461	501(C)(3)	18,869.	0.			TO SUPPORT THE MENDOCINO COUNTY VA - MENDOCINO TRANSIT AUTHORITY BUS PASSES AND DIAL-A-RIDE

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 120 STONY POINT RD, SUITE 200 SANTA ROSA, CA 95401	68-0369720	501(C)(3)	11,000.	0.			FOR GENERAL OPERATING SUPPORT, TO SUPPORT THE EMPOWERING YOUNG PEOPLE TO CREATE SAFE AND
COMMUNITY SUPPORT NETWORK 1410 GUERNEVILLE RD., SUITE 14 SANTA ROSA, CA 95403	94-2159583	501(C)(3)	22,607.	0.			FOR GENERAL OPERATING SUPPORT, FOR GENERAL OPERATING SUPPORT, FOR GENERAL OPERATING SUPPORT
COMPASSION WITHOUT BORDERS P.O. BOX 14995 SANTA ROSA, CA 95402	20-4698227	501(C)(3)	31,250.	0.			TO SUPPORT THE WELLNESS AND SPAY/NEUTER CLINICS TARGETED TO LOW-INCOME RESIDENTS IN THE ROSELAND
CONSERVATION STRATEGY FUND 1160 G. STREET, SUITE A-1 ARCATA, CA 95521	94-3294843	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
CONTEMPORARY JEWISH MUSEUM 736 MISSION ST. SAN FRANCISCO, CA 94103	47-0920831	501(C)(3)	30,000.	0.			TO SUPPORT 2016 GENERAL OPERATING EXPENSES, TO SUPPORT GENERAL OPERATING EXPENSES FOR 2017
CORNELL UNIVERSITY P.O. BOX 25842 LEHIGH VALLEY, PA 18003-9692	15-0532082	501(C)(3)	5,000.	0.			IN SUPPORT OF THE TOWER CLUB
COUNCIL ON AGING SERVICES FOR SENIORS - 30 KAWANA SPRINGS RD. - SANTA ROSA, CA 95404	94-6138714	501(C)(3)	11,250.	0.			FOR GENERAL OPERATING SUPPORT, IN SUPPORT OF MEALS ON WHEELS PROGRAM
CSU SACRAMENTO-SCHOLARSHIPS 6000 J STREET, LESSON HALL 1006 SACRAMENTO, CA 95819	68-0365325	501(C)(3)	19,000.	0.			TO SUPPORT THE YES WE CAN SCHOLARSHIP PROGRAM
DAILY ACTS ORGANIZATION 245 KENTUCKY ST. PETALUMA, CA 94953	20-3851259	501(C)(3)	35,000.	0.			FOR GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOCTORS WITHOUT BORDERS 333 SEVENTH AVE. 2ND FLOOR NEW YORK, NY 10001	13-3433452	501(C)(3)	38,100.	0.			FOR GENERAL OPERATING SUPPORT
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
EVCA INC - EXTRAORDINARY VENTURES OF CALIFORNIA - 430 W NAPA ST. STE. F - SONOMA, CA 95476	47-3296091	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
EXPLORATORIUM PIER 15, SUITE 100 SAN FRANCISCO, CA 94111	94-1696494	501(C)(3)	7,500.	0.			FOR GENERAL OPERATING SUPPORT. CARYL AND MICKEY HART CREATED THE HART CENTER FOR DEEP RHYTHM
EXTENDED CHILD CARE COALITION OF SONOMA COUNTY INC. - 1745 COPPERHILL PARKWAY - SANTA ROSA, CA 95403	94-2526630	501(C)(3)	5,000.	0.			TO SUPPORT A READ-A-THON, FAMILY LITERACY EVENTS, AND THE DISTRIBUTION OF FREE BOOKS AT ECC'S TEN
FACE TO FACE SONOMA COUNTY AIDS NETWORK - 873 SECOND STREET - SANTA ROSA, CA 95404	68-0052664	501(C)(3)	23,800.	0.			FOR GENERAL OPERATING SUPPORT, TO SUPPORT INTENSIVE CASE MANAGEMENT FOR AGING LGBTQI
FAMILY JUSTICE CENTER OF SONOMA COUNTY FOUNDATION - 2755 MENDOCINO AVE., STE. 100 - SANTA ROSA, CA 95403	45-3160831	501(C)(3)	33,000.	0.			FOR GENERAL OPERATING SUPPORT, FOR GENERAL OPERATING SUPPORT IN HONOR OF DR. JEFFREY KAHN
FAMILY SUPPORT CENTER CATHOLIC CHARITIES - P.O. BOX 4900 - SANTA ROSA, CA 95402	94-2479393	501(C)(3)	30,000.	0.			FOR GENERAL OPERATING SUPPORT
FARM BUREAU FOUNDATION OF SONOMA COUNTY - 970 PINER ROAD - SANTA ROSA, CA 95403	75-3187688	501(C)(3)	5,000.	0.			TO SUPPORT THE AGRICULTURAL SCHOLARSHIP PROGRAM

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FARM TO PANTRY P.O. BOX 191 HEALDSBURG, CA 95448	46-5321538	501(C)(3)	15,000.	0.			FOR GENERAL OPERATING EXPENSES FOR 2016-2017, TO SUPPORT THE IMPLEMENTATION PHASE OF
FELTA EDUCATION FOUNDATION C/O WEST SIDE ELEMENTARY SCHOOL - 1201 FELTA ROAD - HEALDSBURG, CA 95448	68-0479413	501(C)(3)	33,824.	0.			FOR GENERAL OPERATING SUPPORT, TO SUPPORT THE ARTS AND MUSIC EDUCATION PROGRAMS
FISH OF THE SANTA ROSA AREA INC. P.O. BOX 4291 SANTA ROSA, CA 95402	51-0159551	501(C)(3)	15,000.	0.			FOR RENT AND UTILITIES, TO SUPPORT FISH'S FOOD PANTRY, FOR GENERAL OPERATING SUPPORT
FISHER HOUSE FOUNDATION 111 ROCKVILLE PIKE #420 ROCKVILLE, MD 20850	11-3158401	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT
FOOD FOR THOUGHT PO BOX 1608 FORESTVILLE, CA 95436	68-0181095	501(C)(3)	18,000.	0.			TO PROVIDE FOOD TO PEOPLE IN SONOMA COUNTY WHO ARE SUFFERING FROM A CRITICAL ILLNESS AND ARE AT RISK
FOREST UNLIMITED P.O. BOX 506 FORESTVILLE, CA 95436	94-3263110	501(C)(3)	5,000.	0.			GUALALA RIVER LOGGING, FOR GENERAL OPERATING SUPPORT
FORT ROSS CONSERVANCY 19005 COAST HIGHWAY ONE JENNER, CA 95450	94-2370751	501(C)(3)	22,000.	0.			FOR CALL HOUSE PAINTING
FOUNDATION FOR APPALACHIAN OHIO P.O. BOX 465 NELSONVILLE, OH 45764	31-1620483	501(C)(3)	5,000.	0.			JOHN GLENN ASTRONOMY PARK, INSPIRED BY BETH CRANE
FRAMELINE INC. 145 9TH ST., STE 300 SAN FRANCISCO, CA 94103	94-2775772	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT

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FRIENDS IN SONOMA HELPING P.O. BOX 507 SONOMA, CA 95476	23-7441289	501(C)(3)	20,000.	0.			FOR GENERAL OPERATING SUPPORT, TO TEMPORARILY AID FINANCIALLY-DISTRESSED
GEYSERVILLE EDUCATIONAL FOUNDATION P.O. BOX 537 GEYSERVILLE, CA 95441	68-0157098	501(C)(3)	9,250.	0.			TO PURCHASE MUSICAL INSTRUMENTS FOR BAND PROGRAM, FOR GENERAL OPERATING SUPPORT
GIRL SCOUTS OF NORTHERN CALIFORNIA 1650 HARBOR BAY PARKWAY, STE.100 ALAMEDA, CA 94502-3013	94-1551410	501(C)(3)	8,321.	0.			TO SUPPORT OUTREACH PROGRAM IN SONOMA COUNTY
GRACE SCIENCE FOUNDATION P.O. BOX 114 MENLO PARK MENLO PARK, CA 94026	46-5727883	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT
HAND FAN MUSEUM 219 HEALDSBURG AVE. HEALDSBURG, CA 95448	51-0429747	501(C)(3)	40,000.	0.			FOR GENERAL OPERATING SUPPORT
HAVERFORD COLLEGE 370 LANCASTER AVE. HAVERFORD, PA 19041	23-6002304	501(C)(3)	50,000.	0.			TO ESTABLISH THE HILLMAN MOVING IMAGE ENDOWED FUND
HEALDSBURG EDUCATION FOUNDATION P.O. BOX 1668 HEALDSBURG, CA 95448	68-0051242	501(C)(3)	214,916.	0.			IN SUPPORT OF THE AM/FM PROGRAM, TO SUPPORT THE K-12 ARTS AND MUSIC HUSD AND THE FIELD TRIP TO
HEALDSBURG JAZZ FESTIVAL, INC P.O. BOX 266 HEALDSBURG, CA 95448	71-0910474	501(C)(3)	38,000.	0.			TO SUPPORT THE OPERATION JAZZ BAND, FINAL YEAR OF CONSECUTIVE FUNDING, FOR 2016 GENERAL OPERATING
HEALDSBURG ROTARY SCHOLARSHIP FUND P.O. BOX 671 HEALDSBURG, CA 95448	20-4779014	501(C)(3)	9,270.	0.			DREW ESQUIVEL SCHOLARSHIP FUND, 50/50 FUND QUINCEY IMHOFF, FOR THE DREW ESQUIVEL SCHOLARSHIP

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HEALDSBURG SHARED MINISTRIES P.O. BOX 1646 HEALDSBURG, CA 95448	94-2838706	501(C)(3)	9,750.	0.			FOR GENERAL OPERATING SUPPORT, FOR GENERAL OPERATING SUPPORT, FOR GENERAL OPERATING
HEALTHCARE FOUNDATION NORTHERN SONOMA COUNTY - 111 MONTE VISTA AVE., STE. A - HEALDSBURG, CA 95448	68-0474109	501(C)(3)	20,500.	0.			IN HONOR OF ROSS STROMBERG ON THE OCCASION OF THE WETZEL LEADERSHIP AWARD LUNCHEON, FOR
HIDDEN WINGS 517 ATTERDAG ROAD SOLVANG, CA 93463	26-3467572	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT. CARYL AND MICKEY HART CREATED THE HART CENTER FOR DEEP RHYTHM
HOPE CRISIS RESPONSE NETWORK P.O. BOX 2123 ELKHART, IN 46515	35-2147808	501(C)(3)	20,000.	0.			TO SUPPORT THE HOPE CITY GENERAL FUND
HOSPICE BY THE BAY FOUNDATION 17 E. SIR FRANCIS DRAKE BLVD. LARKSPUR, CA 94939	94-2890791	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT OR HOSPICE BY THE BAY, SONOMA
IDAHO MEDIA PROFESSIONALS ASSOCIATION, INC. - P.O. BOX 8971 - BOISE, ID 83707	26-0860282	501(C)(3)	12,675.	0.			TO SUPPORT THE FILM DOCUMENTARY, "I MARRIED THE WAR" CO-PRODUCED AND CO-DIRECTED BY KEN AND
IMAGINE BUS PROJECT 1012 TOMHEY AVENUE SAN FRANCISCO, CA 94129	94-3368095	501(C)(3)	14,000.	0.			TO PROVIDE ARTS-EDUCATION, CASE MANAGEMENT, AND ARTS-EMPLOYMENT TO AT
INTERFAITH POWER AND LIGHT 369 PINE STREET, SUITE 700 SAN FRANCISCO, CA 94104	94-3335236	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
INTERFAITH SHELTER NETWORK 3850 MONTGOMERY DR. SANTA ROSA, CA 95405	68-0222942	501(C)(3)	10,000.	0.			TO SUPPORT THE OFF THE STREETS PROJECT

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JEWISH COMMUNITY FREE CLINIC OF SONOMA COUNTY - 50 MONTGOMERY DR - SANTA ROSA, CA 95404	94-3386103	501(C)(3)	10,000.	0.			TO PROVIDE FREE MEDICAL SERVICES TO LOW-INCOME PATIENTS
JEWISH FAMILY & CHILDREN'S SERVICES - P.O. BOX 159004, 2150 POST STREET - SAN FRANCISCO, CA 94115	94-1156528	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT
KIDS FOR THE KINGDOM P.O. BOX 85 GRATON, CA 95444	68-0421846	501(C)(3)	10,000.	0.			TO SUPPORT THE ZION'S DAUGHTERS FUND
KNIGHTS OF INDULGENCE THEATRE UNITED STATES - 461 SEBASTOPOL AVENUE - SANTA ROSA, CA 95401	03-0461324	501(C)(3)	16,250.	0.			FOR GENERAL SUPPORT OF THE IMAGINISTS THEATER COMPANY, TO SUPPORT THE IMAGINISTS' ION PROJECT
KQED INC. 2601 MARIPOSA STREET SAN FRANCISCO, CA 94110	94-1241309	501(C)(3)	13,500.	0.			FOR GENERAL OPERATING SUPPORT, FOR GENERAL OPERATING SUPPORT, FOR GENERAL OPERATING
LA CASA DE LOS NINOS P.O. BOX 1355 SEBASTOPOL, CA 95473	14-1949425	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT
LA LUZ CENTER 17560 GREGER STREET SONOMA, CA 95476	68-0228235	501(C)(3)	42,850.	0.			TO SUPPORT FUND-A-NEED, TO SUPPORT IMMIGRANT INTEGRATION, TO SUPPORT THE AUGUST 6, 2016 EVENT,
LANDPATHS 618 4TH ST. #217 SANTA ROSA, CA 95404	68-0328590	501(C)(3)	81,250.	0.			FOR GENERAL OPERATING SUPPORT, TO SUPPORT OUTREACH ACTIVITIES RELATED TO FITCH
LEGAL AID OF SONOMA COUNTY 144 SOUTH E STREET, SUITE 100 SANTA ROSA, CA 95404	68-0008581	501(C)(3)	30,000.	0.			FOR GENERAL OPERATING SUPPORT, FOR GENERAL OPERATING SUPPORT, FOR GENERAL OPERATING

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LILLIPUT CHILDREN'S SERVICES 8391 AUBURN BOULEVARD CITRUS HEIGHTS, CA 95610	94-2614102	501(C)(3)	5,000.	0.			TO PROVIDE BASIC HUMAN NEED SUPPORT TO THE FAMILIES PARTICIPATING IN THE KINSHIP SUPPORT
LISTENING FOR A CHANGE 4908 SONOMA HIGHWAY, SUITE B SANTA ROSA, CA 95409	68-0431904	501(C)(3)	10,500.	0.			FOR GENERAL OPERATING SUPPORT, TO CONTINUE AND EXPAND THE IMPLEMENTATION OF NEIGHBORHOOD LISTENING
LOS CIEN SONOMA COUNTY, INC P.O.BOX 105 GUERNEVILLE, CA 95446	47-4474273	501(C)(3)	10,000.	0.			TO SUPPORT THE 3RD ANNUAL STATE OF THE LATINO COMMUNITY EVENT, FOR GENERAL OPERATING
LUTHER BURBANK HOME AND GARDENS 100 SANTA ROSA AVE, ROOM 10 SANTA ROSA, CA 95404	26-3008405	501(C)(3)	29,929.	0.			FOR GENERAL OPERATING SUPPORT
LUTHER BURBANK MEMORIAL FOUNDATION 50 MARK WEST SPRINGS ROAD SANTA ROSA, CA 95403	94-2581084	501(C)(3)	19,023.	0.			TO ENGAGE A RESIDENT ARTIST TO PROVIDE 5TH GRADERS WITH 12 WEEKS OF UKULELE INSTRUCTION, TO
MANZANITA SERVICES INC. P.O. BOX 1424 UKIAH, CA 95482	26-3901214	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT IN MEMORY OF DIANE ZUCKER
MARINE MAMMAL CENTER 2000 BUNKER RD.- FORT CRONKITE SAUSALITO, CA 94965	51-0144434	501(C)(3)	7,512.	0.			FOR GENERAL OPERATING SUPPORT
MEXICAN AMERICAN LEGAL DEFENSE AND EDUCATIONAL FUND AKA MALDEF - 634 S. SPRING STREET - LOS ANGELES, CA 90014	74-1563270	501(C)(3)	20,000.	0.			IN SUPPORT OF DACA RECIPIENTS
MOUNTAIN PLAY ASSOCIATION 1556 FOURTH ST., SUITE B SAN RAFAEL, CA 94901	94-6092215	501(C)(3)	5,000.	0.			TO HONOR KENNETH ROWLAND'S MANY YEARS OF SUPPORT OF THE MOUNTAIN PLAY

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MUSEUMS OF SONOMA COUNTY 425 SEVENTH STREET SANTA ROSA, CA 95401	94-2506626	501(C)(3)	39,000.	0.			FOR GENERAL OPERATING SUPPORT, FOR THE ART MUSEUM'S FAITH RINGGOLD SHOW, TO SUPPORT THE
NAMI SONOMA COUNTY 182 FARMERS LANE, SUITE 202 SANTA ROSA, CA 95405	68-0041644	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
NORTH BAY MAKERS 150 TODD ROAD, SUITE 100 SANTA ROSA, CA 95407	47-4371780	501(C)(3)	25,000.	0.			TO BE USED AS A MATCHING GRANT FOR PURCHASE OF EQUIPMENT FOR WORK STUDIOS
NORTH BAY ORGANIZING PROJECT P.O. BOX 503 GRATON, CA 95444	27-4519395	501(C)(3)	25,000.	0.			TO SUPPORT THE INTERGRADED VOTER ENGAGEMENT OF THE NORTH BAY ORGANIZING PROJECT OF
NORTHERN CALIFORNIA CENTER FOR WELL-BEING - 101 BROOKWOOD AVENUE, SUITE A - SANTA ROSA, CA 95404	93-1144835	501(C)(3)	15,500.	0.			TO SUPPORT HEROES FOR HEALTH, A RUN/WALK EVENT TO CELEBRATE THE CENTER'S IDO26.2 PROGRAM, FOR
NPR FOUNDATION 1111 NORTH CAPITOL STREET, NE WASHINGTON, DC 20002	52-1795789	501(C)(3)	37,500.	0.			2017 GENERAL OPERATING EXPENSES, EXPENSES FOR NPR WEEKEND IN WA PROGRAM
OCCIDENTAL ARTS AND ECOLOGY CENTER 15290 COLEMAN VALLEY ROAD OCCIDENTAL, CA 95465	68-0359676	501(C)(3)	16,000.	0.			TO SUPPORT THE EDUCATION PROGRAMS OF COMMUNITY SOIL FOUNDATION, FOR THE COMPOST TOILET RESEARCH
ON THE MOVE 780 LINCOLN AVE. NAPA, CA 94558	75-3149095	501(C)(3)	190,500.	0.			TO SUPPORT VOICES WITH FUNDING FOR EMERGENCY FOOD AND TRANSPORTATION ASSISTANCE, TO SUPPORT
OREGON JEWISH MUSEUM AND CENTER FOR HOLOCAUST EDUCATION - 1953 NW KEARNEY STREET - PORTLAND, OR 97209	94-3113745	501(C)(3)	6,000.	0.			TO FUND THE OREGON JEWISH LIFE EXHIBITION IN MEMORY OF CRAIG WOLLNER, 2017 OPERATING EXPENSES FOR

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PARTNERS IN HEALTH P.O. BOX 845578 BOSTON, MA 02284	04-3567502	501(C)(3)	25,000.	0.			TO SUPPORT HAITI RELIEF EFFORTS
PAWS AS LOVING SUPPORT ASSISTANCE DOGS - P.O. BOX 12005 - SANTA ROSA, CA 95406	27-1368278	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT
PEPPERWOOD FOUNDATION 2130 PEPPERWOOD PRESERVE RD. SANTA ROSA, CA 95404-7543	01-0817571	501(C)(3)	2,136,000.	0.			FOR GENERAL OPERATING SUPPORT, TO SUPPORT THE DIVERSITY, EQUITY, AND INCLUSION TRAINING FOR
PETALUMA PEOPLE SERVICES CENTER 1500 PETALUMA BLVD. SOUTH PETALUMA, CA 94952	94-2271299	501(C)(3)	15,000.	0.			TO SUPPORT THE BOUNTY HUNTERS GLEANING PROGRAM, TO SUPPORT MEALS ON WHEELS
PETS LIFELINE INC. P.O. BOX 341 SONOMA, CA 95476	94-2851279	501(C)(3)	8,500.	0.			TO SUPPORT FUND-A-NEED, FOR GENERAL OPERATING SUPPORT, TO FUND 10 FREE SPAY/NEUTER CLINICS WITH
PINER HIGH SCHOOL FOUNDATION OF SANTA ROSA, INC - 1700 FULTON ROAD - SANTA ROSA, CA 95403	68-0312001	501(C)(3)	5,000.	0.			TO SUPPORT SCHOLARSHIPS PROGRAM AT PINER HIGH SCHOOL WITH TWO \$2,500 SCHOLARSHIPS
PLANNED PARENTHOOD FEDERATION OF AMERICA - 123 WILLIAM STREET - NEW YORK, NY 10038	13-1644147	501(C)(3)	21,750.	0.			FOR GENERAL OPERATING SUPPORT AT PLANNED PARENTHOOD OF SANTA ROSA AT SANTA ROSA HEALTH
POINT BLUE CONSERVATION SCIENCE 3820 CYPRESS DRIVE #11 PETALUMA, CA 94954	94-1594250	501(C)(3)	15,500.	0.			FOR GENERAL OPERATING SUPPORT, TO BRING THE EXPANDED STUDENTS AND TEACHERS RESTORING A
PONY EXPRESS EQUINE ASSISTED SKILLS FOR YOUTH - 6413 SONOMA HIGHWAY - SANTA ROSA, CA 95409	80-0370392	501(C)(3)	9,360.	0.			TO SUPPORT THE CAPITAL IMPROVEMENTS TO THE HORSE BARN, TO CONSTRUCT CLASSROOM AND PURCHASE

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POSITIVE IMAGES 200 MONTGOMERY DRIVE, SUITE C SANTA ROSA, CA 95404	94-3137845	501(C)(3)	8,000.	0.			FOR GENERAL OPERATING SUPPORT, TO SUPPORT THE SONOMA COUNTY LGBTQI+ SUMMIT
PRESENTATION SCHOOL P.O. BOX 1220 SONOMA, CA 95476-1220	91-1829138	501(C)(3)	10,000.	0.			TO SUPPORT FUND-A-NEED
PROJECT MANA P.O. BOX 3824 INCLINE VILLAGE, NV 89450	94-3149718	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT IN HONOR OF RICH WIEBE
PUBLIC HEALTH INSTITUTE 555 12TH STREET 10TH FLOOR OAKLAND, CA 94607	94-1646278	501(C)(3)	7,500.	0.			TO SUPPORT ROOTS OF CHANGE PROJECT
REACH FOR HOME 443 HUDSON STREET HEALDSBURG, CA 95448	47-2692320	501(C)(3)	23,000.	0.			FOR GENERAL OPERATING SUPPORT, TO SUPPORT "DINNER IN THE VINEYARDS", TO PROVIDE
REBOOT INC. 44 WEST 28TH STREET, 8TH FLOOR NEW YORK, NY 10001	57-1154844	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT
REDWOOD COMMUNITY HEALTH COALITION 1310 REDWOOD WAY, SUITE 135 PETALUMA, CA 94954	94-3220029	501(C)(3)	42,894.	0.			FOR GENERAL OPERATING SUPPORT, FOR HEALTH INSURANCE PREMIUMS FOR UNINSURED CHILDREN AGES
REDWOOD EMPIRE FOOD BANK 3990 BRICKWAY BLVD. SANTA ROSA, CA 95403	68-0121855	501(C)(3)	60,250.	0.			TO SUPPORT EMPTY BOWLS PROGRAM, FOR GENERAL OPERATING SUPPORT, FOR GENERAL OPERATING SUPPORT
REDWOOD GOSPEL MISSION P.O. BOX 493 SANTA ROSA, CA 95402-0493	94-6122045	501(C)(3)	46,500.	0.			FOR GENERAL OPERATING SUPPORT, FOR GENERAL OPERATING SUPPORT, FOR GENERAL OPERATING

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REGENTS OF THE UC DAVIS - CASHIER & PAYMENT SOLUTIONS OFFICE - P.O. BOX 989062 - WEST SACRAMENTO, CA 95798	94-6036494	501(C)(3)	8,000.	0.			TO SUPPORT THE YES WE CAN SCHOLARSHIP PROGRAM
RINCON VALLEY CHRISTIAN SCHOOL 4585 BADGER ROAD SANTA ROSA, CA 95409	94-1520078	501(C)(3)	10,000.	0.			TO SUPPORT THE GENERAL FUND
RIVER TO COAST CHILDREN'S SERVICES P.O. BOX 16 GUERNEVILLE, CA 95446-0016	94-2378459	501(C)(3)	14,000.	0.			TO PURCHASE A LARGE SIDE-BY-SIDE REFRIGERATOR TO EXPAND AND ENHANCE EMERGENCY FOOD AND
RMJ FOUNDATION 2855 E. GUAISTI RD., STE. 600 ONTARIO, CA 91761-1250	95-6141173	501(C)(3)	10,000.	0.			TO SUPPORT FINANCIAL LITERACY
ROSELAND CHARTER SCHOOL 1691 BURBANK AVE SANTA ROSA, CA 95407	43-2029144	501(C)(3)	20,000.	0.			TO SUPPORT THE ROSELAND UNIVERSITY PREP SCHOOL
ROSELAND UNIVERSITY PREP 100 SEBASTOPOL ROAD SANTA ROSA, CA 95407	43-2029144	501(C)(3)	323,500.	0.			TO FUND THE PHALAROPE FUND SCHOLARSHIPS FOR 2015/2016, TO FUND THE BRIDGE GRANT AND GAINING
RURAL CALIFORNIA BROADCASTING-KRCB 5850 LABATH AVENUE ROHNERT PARK, CA 94928	94-2718837	501(C)(3)	127,181.	0.			TO RECOGNIZE THE WORK OF CRIS FERTINO, TO MOVE FUNDS TO A SIMILAR ACCOUNT TO BE MANAGED BY
RUSSIAN RIVERKEEPER P.O. BOX 1335 HEALDSBURG, CA 95448	68-0321117	501(C)(3)	85,000.	0.			FOR SAFETY EQUIPMENT AND SUPPLIES FOR GARBAGE CLEAN UPS, FOR GENERAL SUPPORT, FOR A CONSULTANT
SALVATION ARMY - SANTA ROSA 93 STONY CIRCLE SANTA ROSA, CA 95401	94-1156347	501(C)(3)	7,000.	0.			FOR GENERAL OPERATING SUPPORT, FOR FOOD PANTRY, FOR GENERAL OPERATING SUPPORT, TO SUPPORT CAMP

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SAN LEANDRO HIGH SCHOOL 2200 BANCROFT AVE. SAN LEANDRO, CA 94577	94-6002608	501(C)(3)	10,000.	0.			TO HELP FUND A NEW COMPUTER LAB FOR THE STUDENTS
SANTA ROSA CHILDREN'S CHORUS P.O. BOX 9389 SANTA ROSA, CA 95405	68-0165953	501(C)(3)	27,284.	0.			FOR GENERAL OPERATING SUPPORT
SANTA ROSA COMMUNITY HEALTH CENTERS - 3569 ROUND BARN CIRCLE - SANTA ROSA, CA 95403	68-0365296	501(C)(3)	36,000.	0.			TO SUPPORT THE 2016 TRANSLIFE: 2ND ANNUAL SONOMA COUNTY RURAL TRANSGENDER COMMUNITY
SANTA ROSA JUNIOR COLLEGE 1501 MENDOCINO AVENUE SANTA ROSA, CA 95401	94-1735861	501(C)(3)	5,000.	0.			IN SUPPORT OF HIGH SCHOOL EQUIVALENCY PROGRAM (HEP)
SANTA ROSA MEMORIAL HOSPITAL P. O. BOX 522 SANTA ROSA, CA 95402	94-1231005	501(C)(3)	25,000.	0.			FOR GENERAL OPERATING SUPPORT
SANTA ROSA MEMORIAL HOSPITAL FOUNDATION - 1154 MONTGOMERY DRIVE, SUITE 1 - SANTA ROSA, CA 95405	94-1231005	501(C)(3)	58,500.	0.			FOR GENERAL OPERATING SUPPORT, FOR GENERAL OPERATING SUPPORT, FOR THE FOUNDATION'S 25TH
SANTA ROSA PLAYERS DBA SIXTH STREET PLAYHOUSE - 52 W. 6TH STREET - SANTA ROSA, CA 95401	94-1748527	501(C)(3)	16,000.	0.			TO SUPPORT AN INNOVATIVE PROJECT CHALLENGING STUDENTS IN SELECTED MIDDLE AND HIGH SCHOOLS
SANTA ROSA SYMPHONY 50 SANTA ROSA AVENUE, STE. 400 SANTA ROSA, CA 95404	94-6134075	501(C)(3)	59,796.	0.			FOR GENERAL OPERATING SUPPORT, TO SUPPORT YOUTH EDUCATION ESPECIALLY THE SIMPLY STRINGS PROGRAM,
SEBASTOPOL COMMUNITY CULTURAL CENTER - P.O. BOX 2028 - SEBASTOPOL, CA 95473	94-2915229	501(C)(3)	8,000.	0.			TO SUPPORT MICHAEL KRASNY AUTHOR EVENT ON MAY 22ND, TO SUPPORT THE 2016 AUTHOR DINNER, TO PROVIDE

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SEBS-NORTH AMERICA 3348 CONQUISTADOR CT. ANNANDALE, VA 22003	54-1998889	501(C)(3)	5,000.	0.			FOR BUDHANILKANTHA SCHOOL RECONSTRUCTION IN NEPAL
SERVE A LITTLE 1400 NEOTOMAS AVE. SANTA ROSA, CA 95405	46-3776130	501(C)(3)	5,000.	0.			TO PROVIDE FREE AUTO REPAIR TO LOW-INCOME SINGLE MOMS
SIERRA CLUB FOUNDATION 2101 WEBSTER STREET, SUITE 1250 OAKLAND, CA 94612	94-6069890	501(C)(3)	20,000.	0.			IN HONOR OF THE WORK OF SUNIL BECTOR
SOCIAL ADVOCATES FOR YOUTH 2447 SUMMERFIELD ROAD SANTA ROSA, CA 95405	94-1711490	501(C)(3)	227,504.	0.			FOR GENERAL OPERATING SUPPORT, TO SUPPORT THE GENERAL FUND, TO SUPPORT THE HOPE SOCIETY, TO
SOCIAL AND ENVIRONMENTAL ENTREPRENEURS SEE INC. - 23532 CALABASAS ROAD SUITE A - CALABASAS, CA 91302	95-4116679	501(C)(3)	10,000.	0.			TO SUPPORT THE LONELY WHALE FOUNDATION AS GENERAL OPERATING SUPPORT
SOCIALLY RESPONSIBLE AGRICULTURAL PROJECT - 249 LIBERTY STREET, SUITE 212 - SALEM, OR 97301	20-8688122	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT
SONOMA ACADEMY 2500 FARMERS LANE SANTA ROSA, CA 95404-7013	94-3343174	501(C)(3)	173,500.	0.			FOR THE ANNUAL FUND, TO SUPPORT THE GRANGE AND STUDIOS CAMPAIGN FUND, TO SUPPORT THE "FUND FOR
SONOMA COMMUNITY CENTER 276 EAST NAPA STREET SONOMA, CA 95476	94-1566728	501(C)(3)	10,500.	0.			TO CREATE A SERIES OF ARTS EDUCATION RESIDENCIES IN SONOMA'S MIDDLE SCHOOLS THAT
SONOMA COUNTY ANIMAL SERVICES 1247 CENTURY COURT SANTA ROSA, CA 95403-1043	94-6000539	501(C)(3)	6,000.	0.			IN SUPPORT OF THE FIELD OF DREAMS ANIMAL CONTROL YARD, TO SUPPORT THE LOVE ME, FIX ME ACCESS PROGRAM

Schedule I (Form 990)

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

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SONOMA COUNTY DEPARTMENT OF HEALTH SERVICES - PUBLIC HEALTH, MCAH - 625 5TH STREET - SANTA ROSA, CA 95404	94-6000538	501(C)(3)	10,000.	0.			TO PROMOTE DAILY READING TO YOUNG CHILDREN BY PROVIDING BOOKS FOR HOME VISITING PROGRAMS SERVING
SONOMA COUNTY ECONOMIC DEVELOPMENT BOARD FOUNDATION - 141 STONY CIRCLE, SUITE 110 - SANTA ROSA, CA 95401	94-3397043	501(C)(3)	55,000.	0.			TO SUPPORT THE "DISCOVERED" PROJECT, RECOGNIZING EXCEPTIONAL INDIVIDUAL ARTISTS IN
SONOMA COUNTY HUMAN SERVICES DEPARTMENT - P.O. BOX 1539 - SANTA ROSA, CA 95402	94-6000539	SONOMA COUNTY	10,000.	0.			TO SUPPORT THE SONOMA COUNTY LGBTQI SENIORS CONNECTION PROGRAM
SONOMA COUNTY OFFICE OF EDUCATION 5340 SKYLANE BOULEVARD SANTA ROSA, CA 95403	94-6002635	SONOMA COUNTY	21,000.	0.			TO SUPPORT "EQUITY AT THE CORE" CONFERENCE, FOR THE REMAKE EDUCATION SUMMIT, WHICH WILL BRING TOGETHER
SONOMA COUNTY PUBLIC LIBRARY FOUNDATION - P.O. BOX 1402 - SANTA ROSA, CA 95402-1402	68-0137105	501(C)(3)	19,000.	0.			TO EXPAND THE FREE BOOKMOBILE'S OUTREACH TO SERVE MORE FAMILIES WITH YOUNG CHILDREN, FOR
SONOMA COUNTY REGIONAL PARKS FOUNDATION - 2300 COUNTY CENTER DRIVE #120A - SANTA ROSA, CA 95403	68-0421813	501(C)(3)	23,950.	0.			TO SUPPORT THE FISHERMAN AT BODEGA BAY AFFECTED BY THE CANCELLATION OF CRAB SEASON, TO SUPPORT THE
SONOMA COUNTY TRAILBLAZER FOUNDATION - P.O. BOX 221 - PETALUMA, CA 94953	68-0241584	501(C)(3)	30,072.	0.			IN SUPPORT OF EMERGENCY NEEDS CAUSED BY WILDFIRE ACTIVITY BY GRANTING FUNDS TO NONPROFIT
SONOMA ECOLOGY CENTER P.O. BOX 1486 ELDRIDGE, CA 95431	94-3136500	501(C)(3)	18,000.	0.			FOR GENERAL OPERATING SUPPORT, TO SUPPORT THE K-6 WATERSHED EDUCATION PROGRAM AND ENVIROLEADERS
SONOMA HUMANE SOCIETY P.O. BOX 1296 SANTA ROSA, CA 95402	94-6001315	501(C)(3)	47,221.	0.			IN SUPPORT OF THE HEALDSBURG MATCH CHALLENGE., FOR GENERAL OPERATING SUPPORT, FOR

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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 LAND TRUST 822 FIFTH STREET SANTA ROSA, CA 95404	51-0197006	501(C)(3)	43,711.	0.			FOR GENERAL OPERATING SUPPORT, FOR SUPPORT OF GLEN OAKS RANCH.
SONOMA OVERNIGHT SUPPORT P.O. BOX 748 SONOMA, CA 95476	03-0483033	501(C)(3)	35,500.	0.			FOR GENERAL OPERATING SUPPORT HONORING KAY AUSTIN, FOR 2016 ANNUAL CONTRIBUTION, TO PROVIDE
SONOMA STATE UNIVERSITY 1801 E. COTATI AVENUE ROHNERT PARK, CA 94928	68-0338225	501(C)(3)	8,000.	0.			TO SUPPORT THE WOLF FAMILY YES WE CAN SCHOLARSHIP FUND, FREE JAZZ FOR YOUNG PEOPLE AT
SONOMA STATE UNIVERSITY SEAWOLF SCHOLARS PROGRAM - 1801 EAST COTATI AVE. - ROHNERT PARK, CA 94928	68-0338225	501(C)(3)	10,000.	0.			TO PROVIDE EMERGENCY SUPPORT FOR FOOD, SHELTER, AND HEALTH CARE FOR CURRENT AND FORMER
SONOMA VALLEY COMMUNITY HEALTH CENTER - 19270 SONOMA HWY - SONOMA, CA 95476	68-0286382	501(C)(3)	11,000.	0.			TO PROVIDE TRANSPORTATION FOR THE UNDERSERVED RESIDENTS IN SONOMA VALLEY TO ENSURE ACCESS
SONOMA VALLEY EDUCATION FOUNDATION P.O. BOX 493 SONOMA, CA 95476	68-0279152	501(C)(3)	9,000.	0.			TO SUPPORT FUND-A-NEED, TO SUPPORT SUMMER PROGRAMS (\$1,700), FUND-A-NEED AT RED &
SONOMA VALLEY HISTORICAL SOCIETY P.O. BOX 861 SONOMA, CA 95476	94-2430797	501(C)(3)	77,007.	0.			IN SUPPORT OF THE MARCY HOUSE ARCHIVIST, TO SUPPORT MUSEUM MANAGER/ARCHIVIST
SONOMA VALLEY HOSPITAL FOUNDATION 347 ANDRIEUX STREET SONOMA, CA 95476	94-2832488	501(C)(3)	21,500.	0.			FOR GENERAL OPERATING SUPPORT, TO HONOR THE MEMORY OF ROLF OLNESS M.D, ANNUAL FUND
SONOMA VALLEY MENTORING ALLIANCE P.O. BOX 721 SONOMA, CA 95476	68-0429128	501(C)(3)	23,500.	0.			FOR GENERAL OPERATING SUPPORT, TO CELEBRATE 20 YEARS, FOR FUND A NEED, CELEBRATING 20 YEARS OF

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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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SONOMA VALLEY MUSEUM OF ART P.O. BOX 322 SONOMA, CA 95476	68-0409459	501(C)(3)	22,000.	0.			TO SUPPORT ANNUAL GIVING, TO SUPPORT "FUND A NEED" FOR THE EDUCATION PROGRAMS AT THE MUSEUM,
SONOMA VALLEY UNIFIED SCHOOL DISTRICT - 17850 RAILROAD AVENUE - SONOMA, CA 95476-3703	36-4766953	SONOMA COUNTY	41,000.	0.			TO PURCHASE ELECTRONIC EQUIPMENT FOR EL VERANO ELEMENTARY SCHOOL IN MEMORY OF DAVE NEUBACHER,
SONOMA WEST MEDICAL CENTER 501 PETALUMA AVENUE SEBASTOPOL, CA 95472	47-2189738	501(C)(3)	1,857,500.	0.			TO SUPPORT THE MEDICAL CENTER TO PROVIDE A FACILITY AND SERVICES TO THE CITIZENS OF WEST
SONOMA WEST MEDICAL FOUNDATION 501 PETALUMA AVENUE SEBASTOPOL, CA 95472	94-3314210	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT
SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVENUE MONTGOMERY, AL 36104	63-0598743	501(C)(3)	10,000.	0.			STOP HATE GROUPS IN THE US
SRJC FOUNDATION 1501 MENDOCINO AVENUE SANTA ROSA, CA 95401-4395	94-1735861	501(C)(3)	31,554.	0.			TO SUPPORT THE TRAVELING EXHIBIT ENTITLED "PATIENT NO MORE," HOSTED AT SANTA ROSA JUNIOR COLLEGE, FOR
SRM ALLIANCE HOSPITAL SERVICES 1154 MONTGOMERY DRIVE, STE. 1 SANTA ROSA, CA 95405	68-0395200	501(C)(3)	13,250.	0.			TO SUPPORT THE PURCHASE OF DIGITAL BREAST TOMOSYNTHESIS - 3D MAMMOGRAPHY AT PETALUMA
ST. ANDREW PRESBYTERIAN CHURCH 16290 ARNOLD DR. SONOMA, CA 95476	51-0158108	501(C)(3)	9,650.	0.			FOR OPERATIONS, TO SUPPORT YOUNG LIFE (\$600), OPERATIONS FROM WHITNEY EVANS (\$1,600)
ST. EUGENE'S CATHEDRAL SCHOOL 300 FARMERS LANE SANTA ROSA, CA 95405	94-1565933	501(C)(3)	30,000.	0.			FOR TUITION ASSISTANCE FOR 2016-2017 SCHOOL YEAR

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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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ST. LEO'S CATHOLIC CHURCH P.O. BOX 666 BOYES HOT SPRINGS, CA 95416	94-2509590	501(C)(3)	15,000.	0.			FOR A NEW SOUND SYSTEM
ST. STEPHEN'S EPISCOPAL CHURCH 500 ROBINSON RD SEBASTOPOL, CA 95472	94-2701406	501(C)(3)	10,000.	0.			FOR OUTDOOR SACRED SPACE
ST. VINCENT DE PAUL HIGH SCHOOL 849 KEOKUK STREET PETALUMA, CA 94952	94-2284011	501(C)(3)	5,000.	0.			FOR STUDENT COMMUNITY SERVICE ENHANCEMENT
STANFORD UNIVERSITY P.O. BOX 20466 SONOMA, CA 94309-0466	94-1156365	501(C)(3)	10,000.	0.			FOR THE STANFORD FUND - SUPPORTING NEED-BASED FINANCIAL AID INNOVATIVE ACADEMIC PROGRAMS AND
STEWARDS OF THE COAST AND REDWOODS P.O. BOX 2 DUNCANS MILLS, CA 95430	94-3039895	501(C)(3)	16,500.	0.			FOR GENERAL OPERATING SUPPORT, TO SUPPORT THE PURCHASE OF CAMPING EQUIPMENT, TO SUPPORT THE
STORYCORPS 80 HANSON PLACE, 2ND FLOOR BROOKLYN, NY 11217	13-3753011	501(C)(3)	5,000.	0.			2017 GENERAL OPERATING EXPENSES
SUNNY HILLS SERVICES 1360 N. DUTTON AVE., SUITE 100 SANTA ROSA, CA 95401	94-1156301	501(C)(3)	10,000.	0.			TO SUPPORT TWO DAY TRIPS AND ONE OVERNIGHT TRIP FOR BOYS IN THE YOUTHRISE PROGRAM
SUTTER MEDICAL CENTER OF SANTA ROSA - 30 MARK WEST SPRINGS ROAD - SANTA ROSA, CA 95403	94-6187756	501(C)(3)	33,500.	0.			CATWALK FOR A CURE, FOR GENERAL OPERATING SUPPORT, TO SUPPORT NEW BUILDING FUND
TEEN SERVICES SONOMA 17440 SONOMA HIGHWAY SONOMA, CA 95476	68-0390038	501(C)(3)	25,000.	0.			FOR GENERAL OPERATING SUPPORT, TO SUPPORT THE CAPACITY BUILDING PROJECT FOR TEEN SERVICES SONOMA

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 CONSERVATION FUND 1655 NORTH FORT MYER DRIVE, SUITE ARLINGTON, VA 22209	52-1388917	501(C)(3)	15,000.	0.			FOR GENERAL OPERATING SUPPORT
THE LIVING ROOM CENTER, INC 1207 CLEVELAND AVENUE SANTA ROSA, CA 95401	58-2675876	501(C)(3)	127,793.	0.			FOR THE SUMMER AND FALL CREATIVE ARTS PROGRAM, FOR OVERNIGHT VOUCHERS, TO PURCHASE DIAPERS, FOR
THE MONASTERY PROJECT 919 MCFARLANE AVENUE SEBASTOPOL, CA 95472	68-0473949	501(C)(3)	115,000.	0.			TO SUPPORT THE ACTIVITIES OF THE MONASTERIES IN KAMPONG, INDIA AND KATHMANDU, NEPAL, FOR
THE RIVER GANGA FOUNDATION 201 E. OJAI AVENUE #1566 OJAI, CA 93024	77-0561647	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT
THREADS FOR TEENS P.O. BOX 38 SEBASTOPOL, CA 95473	90-0733578	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT
TLC CHILD AND FAMILY SERVICES P.O. BOX 2079 SEBASTOPOL, CA 95473-2079	68-0008634	501(C)(3)	35,000.	0.			GENERAL OPERATING SUPPORT.
TRANSCENDENCE THEATRE COMPANY 19201 SONOMA HIGHWAY #214 SONOMA, CA 95476	46-2182873	501(C)(3)	5,000.	0.			TO SUPPORT FUND-A-NEED
TRUCKEE CHARTER SCHOOL FOUNDATION 11603 DONNER PASS ROAD TRUCKEE, CA 96161	27-1627347	501(C)(3)	6,000.	0.			FOR SIERRA EXPEDITIONARY LEARNING SCHOOL (SELS) FOR EXPEDITION EXPENSES, FACULTY DEVELOPMENT, AND
UC BERKELEY FOUNDATION - GIFT OPERATIONS - 2080 ADDISON STREET, #4200 - BERKELEY, CA 94720	94-6090626	501(C)(3)	5,000.	0.			TO SUPPORT THE PARKS NEXT 100 FUND FOR OUTDOOR/PARK PROGRAMS FOR UNDERSERVED YOUTH

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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UC COOP EXTENSION 133 AVIATION BLVD., STE.109 SANTA ROSA, CA 95403	94-3067788	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT FOR SONOMA COUNTY FOOD RECOVERY COALITION
UCSF BENIOFF CHILDREN'S HOSPITALS FOUNDATION - 2201 BROADWAY, SUITE 600 - OAKLAND, CA 94612	94-1657474	501(C)(3)	5,000.	0.			IN SUPPORT OF THE CENTER FOR COMMUNITY HEALTH AND ENGAGEMENT (OAKLAND)
UCSF FOUNDATION P.O. BOX 45339 SAN FRANCISCO, CA 94145	94-2829914	501(C)(3)	150,000.	0.			TO SUPPORT THE GAZZALEY LAB. CARYL AND MICKEY HART CREATED THE HART CENTER FOR DEEP RHYTHM
UNITED WAY OF THE WINE COUNTRY 975 CORPORATE CTR PKWY #160 SANTA ROSA, CA 95407	94-1669646	501(C)(3)	39,350.	0.			FOR GENERAL OPERATING SUPPORT, FOR THE WOMEN'S LEADERSHIP COUNCIL AND KINDERGARTEN BACKPACK
UNIVERSITY OF COLORADO FOUNDATION P.O. BOX 17126 DENVER, CO 80217	84-6049811	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
UNIVERSITY OF MAINE AT AUGUSTA 46 UNIVERSITY DRIVE AUGUSTA, ME 04330	26-2278252	501(C)(3)	20,000.	0.			TO SUPPORT STUDENT TRAVEL, ARCHITECTURAL PROGRAMS, STUDENT TRAVEL, ARCHITECTURE PROGRAM
UPVALLEY FAMILY CENTERS OF NAPA COUNTY - 1500 CEDAR ST. - CALISTOGA, CA 94515	80-0023012	501(C)(3)	10,000.	0.			TO SUPPORT SCHOOL READINESS AND COMMUNITY OUTREACH INCLUDING PARENTING CLASSES AT
VERITY-COMPASSION SAFETY SUPPORT A CALIFORNIA CORPORATION - 835 PINER RD SUITE D - SANTA ROSA, CA 95403	94-2437947	501(C)(3)	7,512.	0.			FOR GENERAL OPERATING SUPPORT, TO SECURE EMERGENCY SHELTER AND OTHER BASIC NEEDS FOR
VOLUNTEER CENTER OF SONOMA COUNTY INC - 153 STONY CIRCLE, SUITE 100 - SANTA ROSA, CA 95401	94-1751375	501(C)(3)	36,300.	0.			TO SUPPORT THE AMAROSA ACADEMY, TO SUPPORT THE AMAROSA ACADEMY, FOR GENERAL OPERATING

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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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WARNECKE INSTITUTE, INC. 13427 CHALK HILL ROAD. HEALDSBURG, CA 95448	20-4401473	501(C)(3)	50,000.	0.			TO SUPPORT CONSULTANT AND ARCHIVING COSTS
WEST COUNTY COMMUNITY SERVICES DBA COMMUNITY & FAMILY SERVICE AGENCY - P.O. BOX 325 - GUERNEVILLE, CA 95446	94-2277740	501(C)(3)	40,250.	0.			FOR GENERAL OPERATING SUPPORT, TO SUPPORT THE SENIOR PEER COUNSELING PROGRAM STAFF, TO PRINT
WEST COUNTY HEALTH CENTERS INC 14045 MILL STREET GUERNEVILLE, CA 95446	23-7310613	501(C)(3)	50,000.	0.			FOR GENERAL SUPPORT AND TO OFFSET COSTS OF FIRE DAMAGE
WEST SONOMA COUNTY UNION HIGH SCHOOL DISTRICT - 462 JOHNSON STREET - SEBASTOPOL, CA 95472	94-6002635	WEST SONOMA CNTY	64,846.	0.			TO FUND THE NEW SOUND SYSTEM FOR ANALY FOOTBALL/SOCCER FIELD, TO SUPPORT LAGUNA HIGH
WIKIMEDIA FOUNDATION, INC. 149 NEW MONTGOMERY STREET, 6TH FLO SAN FRANCISCO, CA 94105	20-0049703	501(C)(3)	10,000.	0.			TO SUPPORT THE FUNDRAISING DRIVE
WILD FARM ALLIANCE P.O. BOX 2570 WATSONVILLE, CA 95077	20-0195670	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT
WILDAID 333 PINE ST. SAN FRANCISCO, CA 94104	20-3644441	501(C)(3)	25,000.	0.			FOR GENERAL OPERATING EXPENSES
WINDSOR HISTORICAL SOCIETY P.O. BOX 1544 WINDSOR, CA 95492	68-0359264	501(C)(3)	5,500.	0.			FOR GENERAL OPERATING SUPPORT
WOMEN'S RECOVERY SERVICES A UNIQUE PLACE - P.O. BOX 1356 - SANTA ROSA, CA 95402	51-0178620	501(C)(3)	63,500.	0.			TO PROVIDE FOOD, SAFE HOUSING, AND DIAPERS TO MOTHERS ENROLLED AT WOMEN'S RECOVERY

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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WORTH OUR WEIGHT 1021 HAHMAN DR. SANTA ROSA, CA 95405	26-2896895	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT
YOUTH RADIO 1701 BROADWAY OAKLAND, CA 94612	94-3180825	501(C)(3)	10,000.	0.			FOR 2016 GENERAL OPERATING EXPENSES
YWCA OF SONOMA COUNTY P.O. BOX 3506 SANTA ROSA, CA 95402	94-2347428	501(C)(3)	43,540.	0.			FOR GENERAL OPERATING SUPPORT, TO PROVIDE FOOD AND ESSENTIAL PROGRAM SUPPLIES FOR WOMEN AND
ZAMBIA KNOWLEDGE BANK 302 SANDSTONE CIRCLE BRIDGEWATER, VA 22812	54-1790266	501(C)(3)	5,000.	0.			TO SUPPORT THE NKHANGA VILLAGE LIBRARY IN HONOR OF GREG AND SARA SHORIN
SONOMA PARADISO FOUNDATION 120 STONY POINT RD, SUITE 220 SANTA ROSA, CA 95401	42-1728309	501(C)(3)	122,263.	0.			FOR GENERAL OPERATING SUPPORT

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 noncash 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 2016-2017 SCHOLARSHIPS, FOR
 GENERAL OPERATING SUPPORT, TO SUPPORT THE 2016-2017 RECIPIENT OF THE
 HONORABLE GAYLE GUYNUP SCHOLARSHIP, TO SUPPORT 100 BLACK MEN SCHOLARSHIP
 PROGRAM, FOR UNRESTRICTED SUPPORT TO SCHOLARSHIPS IN SONOMA COUNTY, TO
 SUPPORT THE LGBT SCHOLARSHIP FUND, FOR EDUCATIONAL SCHOLARSHIPS IN SONOMA
 COUNTY, TO SUPPORT THE 2016 SCHOLARSHIPS, PAYOUT FUND BALANCE AND CLOSE
 FUND AT CFSC, TO SUPPORT THE 2016 GALA, FOR 2016-2017 SCHOLARSHIPS,
 PAYOUT FUND BALANCE AND CLOSE FUND AT CFSC, TO SUPPORT 10 000 DEGREES
 SONOMA COUNTY, TO SUPPORT THE SONOMA COUNTY HISPANIC CHAMBER OF COMMERCE
 SCHOLARSHIP PROGRAM FOR 2016, TO FULFILL \$100 000 YEAR-END CHALLENGE
 GRANT, FOR ANDY WALLSTRUM MEMORIAL SCHOLARSHIP FUND, PAYOUT FUND BALANCE
 AND CLOSE FUND AT CFSC, TO SUPPORT JFW CARES SCHOLARSHIPS FOR 2016, FOR
 GENERAL OPERATING SUPPORT FROM MARY M. PRCHAL

NAME OF ORGANIZATION OR GOVERNMENT: ALEXANDER VALLEY FILM SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT, TO
 SUPPORT GENERAL OPERATING EXPENSES FOR 2016, SPONSORSHIP OF 2016 FILM
 FESTIVAL

NAME OF ORGANIZATION OR GOVERNMENT: ALLIANCE MEDICAL CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE "DISCOVERING THE
 HIDDEN TREASURES IN OUR COMMUNITIES-HOW COMMUNITY CENTERS IMPACT
 EVERYONE'S QUALITY OF LIFE" EVENT IN HEALDSBURG, FOR GENERAL OPERATING
 SUPPORT, TO EXPAND THE REACH OUT & READ AND IREAD LITERACY OUTREACH AND
 EDUCATION PROGRAM IN NORTH SONOMA COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN CANCER SOCIETY INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE MEDICALLY VULNERABLE

Part IV Supplemental Information

SONOMA COUNTY CANCER PATIENTS UNDERGOING ACTIVE TREATMENT WITH FREE

TRANSPORTATION TO AND FROM TREATMENT APPOINTMENTS

NAME OF ORGANIZATION OR GOVERNMENT: ART ESCAPE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE CAPACITY BUILDING

PROJECT FOR ART ESCAPE, DIA DE LOS MUERTOS AT ART ESCAPE: COMMUNITY ALTAR

AND FAMILY ART FUN EVENT,

NAME OF ORGANIZATION OR GOVERNMENT: AUDUBON CANYON RANCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ESTABLISH AN ENDOWMENT FUND TO

SUPPORT THE AUDUBON CANYON RANCH'S NATURE EDUCATION PROGRAM AT BOUVERIE

PRESERVE, TO SUPPORT THE JUNIPER PROGRAM IN SONOMA COUNTY, FOR GENERAL

OPERATING SUPPORT OF BOUVERIE PRESERVE

NAME OF ORGANIZATION OR GOVERNMENT: BECOMING INDEPENDENT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE ARTS AND ANIMATION

PROGRAM, FOR GENERAL OPERATING SUPPORT, TO SUPPORT COMMUNITY BASED

ACTIVITIES PROMOTING LIFE SKILLS, TO SUPPORT THE B.I. ART PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: BELLEVUE UNION SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT KAWANA KINDERGARTEN

PROGRAM, TO SUPPORT THE KARS STUDENT TECHNOLOGY AND COUNSELING SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: BILINGUAL BROADCASTING FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT EXPENSES RELATED TO GM

SALARY TAXES AND PAYROLL, TO SUPPORT GM SALARY AND PAYROLL TAXES

NAME OF ORGANIZATION OR GOVERNMENT: BLOOD CENTERS OF THE PACIFIC

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CREATE A PROFESSIONAL QUALITY AND

COMPELLING SHORT STORY VIDEO PRODUCTIONS, FOR PURCHASE OF A NEW MOBILE

BLOOD VAN (SANTA ROSA CENTER)

NAME OF ORGANIZATION OR GOVERNMENT:

BOYS AND GIRLS CLUBS OF CENTRAL SONOMA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR 2016 SUMMER CAMP PROGRAM IN

HEALDSBURG, FOR GENERAL OPERATING SUPPORT, 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 THE ANNUAL CAMPAIGN, TO

SUPPORT SCHOLARSHIP PROGRAM, TO SUPPORT TEEN CENTER OPERATIONS, TO

SUPPORT THE CAPACITY BUILDING PROJECT FOR BOYS AND GIRLS CLUBS OF SONOMA

VALLEY, FOR SPONSORING GOLF TOURNAMENT TO BENEFIT CLUBS, TO PURCHASE

TABLETS AND OTHER NEEDED SUPPLIES FOR THE EL VERANO AFTER SCHOOL PROGRAM,

VALLEY OF THE MOON BOY'S AND GIRL'S CLUB, TO SUPPORT FUND-A-NEED AT

SWEETHEART (\$1,000) AND OPERATIONS (\$1,000)

NAME OF ORGANIZATION OR GOVERNMENT: BUCK INSTITUTE

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

SUPPORT RESEARCH INTO DEVELOPING STEM CELL-BASED TREATMENTS FOR

PARKINSON'S DISEASE IN MEMORY OF FREDERICK L. MOOREFIELD OF SLEEPY

HOLLOW, NY WHO DIED ON MAY 22, 2016.

NAME OF ORGANIZATION OR GOVERNMENT: BUCKELEW PROGRAMS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPLEMENT AND EXPAND BUCKELEW

PROGRAM'S RENTAL ASSISTANCE FUNDING FOR INDIVIDUALS LIVING WITH SEVERE

Part IV Supplemental Information

AND PERSISTENT MENTAL ILLNESS IN SONOMA COUNTY

NAME OF ORGANIZATION OR GOVERNMENT:

BURBANK HOUSING DEVELOPMENT CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONTINUE THE AFFORDABLE HOUSING

ADVOCACY ROLE THAT BURBANK HOUSING DEVELOPMENT CORPORATION PROVIDES IN THE COMMUNITY

NAME OF ORGANIZATION OR GOVERNMENT: CALIFORNIA HUMAN DEVELOPMENT

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

ASSOCIATED WITH THE ORTIZ PLAZA, AN AFFORDABLE FARMWORKER HOUSING PROJECT

IN SANTA ROSA. THE GRANT IS CONTINGENT ON THE PROPERTY CLOSING ON MAY

10TH AND WE HAVE A LETTER CHD STATING FUNDS WILL ONLY BE USED FOR

CLOSING, TO SUPPORT DACA REGISTRATION FOR HEALDSBURG AND GEYSERVILLE

RESIDENTS

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

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE CREATIVE ARTS THERAPY

PROGRAM AT CALIFORNIA PARENTING INSTITUTE, TO PROMOTE READING IN THE

HOMES OF FAMILIES PARTICIPATING IN CPI PROGRAMS BY PROVIDING THEM WITH

BOOKS AND INFORMATION ON THE IMPORTANCE OF EARLY LITERACY, FOR GENERAL

OPERATING SUPPORT

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 THROUGHOUT SONOMA COUNTY

AND IMPLEMENT THE POETRY OUT LOUD PROGRAM IN SONOMA COUNTY, FOR GENERAL

OPERATING SUPPORT

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

CANINE COMPANIONS FOR INDEPENDENCE, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE HIGHLY TRAINED ASSISTANCE

DOGS TO INDIVIDUALS WITH DISABILITIES, FOR GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:

CAREER TECHNICAL EDUCATION FOUNDATION SONOMA COUNTY

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

SUPPORT FINANCIAL LITERACY, TO SUPPORT THE HEALDSBURG HIGH SCHOOL'S CASA

PROGRAM, FOR GENERAL OPERATING SUPPORT, TO SUPPORT THE EXPANSION OF

HEALDSBURG HIGH SCHOOL'S CONSTRUCTION AND SUSTAINABILITY ACADEMY (CASA),

TO SUPPORT THE NORTH BAY CONSTRUCTION CORPS PROJECT, IN SUPPORT OF CTE

STEM AND CAREER READINESS PROGRAMS, IN SUPPORT OF CTE STEM AND CAREER

READINESS PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: CARTOON ART MUSEUM OF CALIFORNIA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO GRANT REMAINING BALANCE TO THE

CARTOON ART MUSEUM OF CALIFORNIA AND TO RETIRE ENDOWMENT FUND. THE

CARTOON ART MUSEUM WILL CONTINUE TO MANAGE THE \$124,253.68 AS AN

ENDOWMENT FUND, USING AN INVESTMENT MANAGER OF THE MUSEUM'S CHOOSING

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC CHARITIES OF THE DIOCESE OF SANTA ROSA

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

SUPPORT THE FAMILY RESOURCE CENTER, TO SUPPORT SECURITY SERVICES, TO

SUPPORT THE OPERATIONS OF THE DEMEO HOUSE, TO SUPPORT THE RURAL FOOD

PROGRAM, TO SUPPORT SECURITY SERVICES, TO PROVIDE FUNDING FOR A STAFF

Part IV Supplemental Information

POSITION OF THE VAWA PROGRAM TO SUPPORT ABUSED IMMIGRANT WOMEN, TO
 SUPPORT THE FAMILY SUPPORT CENTER, TO PROVIDE FUNDING FOR A STAFF
 POSITION OF THE VAWA PROGRAM TO SUPPORT ABUSED IMMIGRANT WOMEN, FOR THE
 FAMILY SUPPORT CENTER, TO SUPPORT THE BASIC NEEDS OF RESIDENTS AT THE
 PALMS, TO SUPPORT THE DEVELOPMENT OF AND CAPITALIZATION FOR CARITAS
 VILLAGE, CLAYTON FIRE RECOVERY, FOR SUPPORT OF HOMELESS FAMILIES, TO
 SUPPORT PALMS HOTEL SHELTER, TO SUPPORT THE CITIZENSHIP CLASSES, FOR THE
 FAMILY SUPPORT CENTER, FOR THE FAMILY SUPPORT CENTER'S GENERAL OPERATING
 SUPPORT, TO SUPPORT SECURITY SERVICES

NAME OF ORGANIZATION OR GOVERNMENT:
 CENTRAL PACIFIC DISTRICT OF THE CHRISTIAN AND MISSIONARY ALLIANCE
 (H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE BRIDGE CHURCH GENERAL
 FUND, TO SUPPORT THE BRIDGE CHURCH - MEXICALI DINING HALL/WORSHIP CENTER

NAME OF ORGANIZATION OR GOVERNMENT: CERES COMMUNITY PROJECT
 (H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, FOR
 GENERAL OPERATING SUPPORT IN HONOR OF LYNDA DESLOGES, TO PROVIDE
 NUTRITIOUS FOOD AND SOCIAL SUPPORT FOR LOW-INCOME INDIVIDUALS AND
 FAMILIES IN HEALDSBURG/GEYSERVILLE, FOR GENERAL OPERATING SUPPORT IN
 HONOR OF CAROLYN DUNN, FOR GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: CHILDREN'S HUMANITARIAN INTERNATIONAL
 (H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT A SCHOLARSHIP FOR ONE
 LOCAL SONOMA COUNTY HIGH SCHOOL STUDENT TO PARTICIPATE IN THE 2016 CHI
 SUMMER ABROAD PROGRAM

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

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT, TO SUPPORT STORY TIME AND THE INSTALLATION OF A BOOK NOOK OUTSIDE THE MUSEUM

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF SANTA ROSA HOUSING AND COMMUNITY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE ENHANCED SERVICES AT SAMUEL L. JONES HALL HOMELESS SHELTER, TO SUPPORT SAM JONES HALL

NAME OF ORGANIZATION OR GOVERNMENT: CLOVERDALE ARTS ALLIANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT FRIDAY NIGHT LIVE, FOR GENERAL OPERATING SUPPORT, TO SUPPORT THE SCULPTURE TRAIL, FOR THE ANNUAL APPEAL

NAME OF ORGANIZATION OR GOVERNMENT: COMMITTEE ON THE SHELTERLESS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT MENTAL HEALTH PROGRAMS, TO SUPPORT LOW-INCOME DISABLED AND CHRONICALLY HOMELESS ADULTS AND VETERANS LIVING IN PERMANENT SUPPORTIVE HOUSING, FOR GENERAL OPERATING SUPPORT, TO SUPPORT COTS PROGRAMS FOR HOMELESS FAMILIES, FOR THE PETALUMA KITCHEN, FOR THE FAMILY GIVING CIRCLE

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY ACTION PARTNERSHIP OF SONOMA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT, TO SUPPORT "RALLY FOR CAP" AS PART OF THE ANNUAL DAY AND NIGHT FESTIVAL, TO EXPAND THE PASITOS PLAYGROUP PROGRAM SERVING SPANISH-SPEAKING FAMILIES WITH CHILDREN 3-4 YEARS OLD, FOR SUPPORT OF THE CHANATE WOMEN'S EMERGENCY SHELTER, TO SUPPORT YOUTH CONNECTIONS IN HEALDSBURG, TO SUPPORT THE SLOAN HOUSE

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY HOUSING SONOMA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE MENDOCINO COUNTY VA -

MENDOCINO TRANSIT AUTHORITY BUS PASSES AND DIAL-A-RIDE PASSES, REIMBURSE

CHSC FOR PURCHASE OF HEY TAXI VOUCHERS FOR MENDOCINO COUNTY VA CLINIC, TO

SUPPORT THE MENDOCINO COUNTY VA - RILEY'S CAB COMPANY, REIMBURSE CHSC FOR

HOTEL PAYMENTS TO LAKE COUNTY DISABLED VETERANS DISPLACED BY CLAYTON

FIRE., TO SUPPORT THE SONOMA COUNTY VA - SANTA ROSA CITY BUS PASSES, FUND

TAXI VOUCHERS AND GIFT CARDS FOR TRANSPORTATION AND HOTEL FOR VARIOUS

MEDICAL NEEDS, TO SUPPORT THE LAKE COUNTY VA LAKE TRANSIT AUTHORITY BUS

PASSES, TO SUPPORT SONOMA COUNTY VA - GEORGE'S CAB COMPANY, TO SUPPORT

LAKE COUNTY VA - CLEARLAKE CAB COMPANY, TO SUPPORT SONOMA COUNTY TRANSIT

BUS PASSES

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY MATTERS

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

SUPPORT THE EMPOWERING YOUNG PEOPLE TO CREATE SAFE AND INCLUSIVE SCHOOL

CLIMATES FOR LGBTQI STUDENTS

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY SUPPORT NETWORK

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

GENERAL OPERATING SUPPORT, FOR GENERAL OPERATING SUPPORT OF TAY SANCTUARY

HOUSE, FOR GENERAL OPERATING SUPPORT FOR SANCTUARY HOUSE, FOR GENERAL

OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: COMPASSION WITHOUT BORDERS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE WELLNESS AND

SPAY/NEUTER CLINICS TARGETED TO LOW-INCOME RESIDENTS IN THE ROSELAND

Part IV Supplemental Information

COMMUNITY, FOR A CONSULTANT TO ASSIST COMPASSION WITHOUT BORDERS WITH
FUNDRAISING AND DONOR MANAGEMENT, FOR GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: CONTEMPORARY JEWISH MUSEUM

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT 2016 GENERAL OPERATING
EXPENSES, TO SUPPORT GENERAL OPERATING EXPENSES FOR 2017 (\$10,000) AND TO
UNDERWRITE THE ROZ CHAST EXHIBITION (\$10,000)

NAME OF ORGANIZATION OR GOVERNMENT: EXPLORATORIUM

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT. CARYL
AND MICKEY HART CREATED THE HART CENTER FOR DEEP RHYTHM FUND TO HELP
SUPPORT PROJECTS THAT EXPLORE EDUCATE AND PROMOTE UNDERSTANDING OF MUSIC
AND RHYTHM ON HUMANS AND NATURE.

NAME OF ORGANIZATION OR GOVERNMENT:

EXTENDED CHILD CARE COALITION OF SONOMA COUNTY INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT A READ-A-THON, FAMILY
LITERACY EVENTS, AND THE DISTRIBUTION OF FREE BOOKS AT ECC'S TEN CHILD
DEVELOPMENT CENTERS

NAME OF ORGANIZATION OR GOVERNMENT:

FACE TO FACE SONOMA COUNTY AIDS NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT, TO
SUPPORT INTENSIVE CASE MANAGEMENT FOR AGING LGBTQI INDIVIDUALS, TO
SUPPORT ART FOR LIFE, TO SUPPORT ART FOR LIFE 2016 IN HONOR OF ROY ZAJAC

NAME OF ORGANIZATION OR GOVERNMENT: FARM TO PANTRY

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

Part IV Supplemental Information

2016-2017, TO SUPPORT THE IMPLEMENTATION PHASE OF FARM TO PANTRY'S THREE

YEAR STRATEGIC ACTION PLAN

NAME OF ORGANIZATION OR GOVERNMENT: FOOD FOR THOUGHT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FOOD TO PEOPLE IN SONOMA

COUNTY WHO ARE SUFFERING FROM A CRITICAL ILLNESS AND ARE AT RISK FOR

MALNUTRITION, TO SUPPORT THE CONGREGATE LUNCH PROGRAM, FOR GENERAL

OPERATING SUPPORT IN MEMORY OF RAYMOND NAJAR, FOR GENERAL OPERATING

SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: FRIENDS IN SONOMA HELPING

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

TEMPORARILY AID FINANCIALLY-DISTRESSED RESIDENTS OF SONOMA VALLEY WITH

RENTAL AND UTILITY ASSISTANCE, A FOOD PANTRY, AND TRANSPORTATION TO

MEDICAL APPOINTMENTS, TO LAUNCH AN ORGANIZATIONAL CAPACITY BUILDING

PROJECT TO MORE EFFECTIVELY ADVANCE THE MISSION OF FISH

NAME OF ORGANIZATION OR GOVERNMENT: HEALDSBURG EDUCATION FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF THE AM/FM PROGRAM, TO

SUPPORT THE K-12 ARTS AND MUSIC HUSD AND THE FIELD TRIP TO FIRST

AMENDMENT (AM/FM ACADEMY), TO SUPPORT POST SECONDARY LEVEL VOCATIONAL

SCHOLARSHIPS FOR HEALDSBURG HIGH SCHOOL GRADUATES, FOR GENERAL OPERATING

SUPPORT, FOR GENERAL OPERATING SUPPORT, FOR GENERAL OPERATING SUPPORT,

FOR GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: HEALDSBURG JAZZ FESTIVAL, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE OPERATION JAZZ BAND,

FINAL YEAR OF CONSECUTIVE FUNDING, FOR 2016 GENERAL OPERATING EXPENSES,

Part IV Supplemental Information

TO SUPPORT THE STUDENT JAZZ COMBO COMPETITION, A PROGRAM IN COUNTY HIGH
SCHOOLS TO PROVIDE INSTRUCTION AND MENTORING TO STUDENT MUSICIANS, FOR
GENERAL OPERATING SUPPORT, FOR GENERAL OPERATING SUPPORT, TO SUPPORT
MUSIC EDUCATION PROGRAMS IN HEALDSBURG AND GEYSERVILLE SCHOOLS

NAME OF ORGANIZATION OR GOVERNMENT: HEALDSBURG ROTARY SCHOLARSHIP FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: DREW ESQUIVEL SCHOLARSHIP FUND,
50/50 FUND QUINCEY IMHOFF, FOR THE DREW ESQUIVEL SCHOLARSHIP FUND, IN
LOVING MEMORY OF OUR FAMILY FRIEND

NAME OF ORGANIZATION OR GOVERNMENT: HEALDSBURG SHARED MINISTRIES

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT, FOR
GENERAL OPERATING SUPPORT, FOR GENERAL OPERATING SUPPORT, FOR GENERAL
OPERATING SUPPORT, FOR 2017 GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:

HEALTHCARE FOUNDATION NORTHERN SONOMA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: IN HONOR OF ROSS STROMBERG ON THE
OCCASION OF THE WETZEL LEADERSHIP AWARD LUNCHEON, FOR GENERAL OPERATING
SUPPORT, FOR GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: HIDDEN WINGS

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT. CARYL
AND MICKEY HART CREATED THE HART CENTER FOR DEEP RHYTHM FUND TO HELP
SUPPORT PROJECTS THAT EXPLORE EDUCATE AND PROMOTE UNDERSTANDING OF MUSIC
AND RHYTHM ON HUMANS AND NATURE.

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

IDAHO MEDIA PROFESSIONALS ASSOCIATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE FILM DOCUMENTARY, "I MARRIED THE WAR" CO-PRODUCED AND CO-DIRECTED BY KEN AND BETTY RODGERS

NAME OF ORGANIZATION OR GOVERNMENT: IMAGINE BUS PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE ARTS-EDUCATION, CASE MANAGEMENT, AND ARTS-EMPLOYMENT TO AT RISK-YOUTH WHILE IN JUVENILE HALL AND UPON RELEASE FROM THE INSTITUTION, TO ENGAGE AND INSPIRE INCARCERATED YOUTH THROUGH ARTS EDUCATION AND COMMUNITY PARTNERSHIP, TO ENGAGE AND INSPIRE INCARCERATED YOUTH, AND YOUTH IMPACTED BY THE JUVENILE JUSTICE SYSTEM THROUGH ARTS EDUCATION AND COMMUNITY PARTNERSHIPS

NAME OF ORGANIZATION OR GOVERNMENT:

KNIGHTS OF INDULGENCE THEATRE UNITED STATES

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT OF THE IMAGINISTS THEATER COMPANY, TO SUPPORT THE IMAGINISTS' ION PROJECT TO ENGAGE AND EMPOWER YOUTH IN GRADES 6-12 THROUGH INNOVATIVE THEATER RESIDENCIES IN UNDERSERVED DISTRICTS, FOR A CONSULTANT TO ASSIST THE IMAGINISTS IN DEVELOPING A STRATEGIC PLAN

NAME OF ORGANIZATION OR GOVERNMENT: KQED INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT, FOR GENERAL OPERATING SUPPORT, FOR GENERAL OPERATING SUPPORT, FOR KQED RADIO 2017 OPERATING EXPENSES, FOR GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: LA LUZ CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT FUND-A-NEED, TO SUPPORT IMMIGRANT INTEGRATION, TO SUPPORT THE AUGUST 6, 2016 EVENT, TO SUPPORT

Part IV Supplemental Information

THE CAPACITY BUILDING PROJECT FOR LA LUZ CENTER, TO SUPPORT THE ANNUAL CAMPAIGN, FOR THE CAPITAL CAMPAIGN, TO SUPPORT THE DIA DE LOS MUERTOS CELEBRATION HELD AT LA LUZ, FOR GENERAL OPERATING SUPPORT IN MEMORY OF JUDEE CURLEY, TO SUPPORT THE CAPITAL CAMPAIGN, TO ASSIST LOW-INCOME SONOMA VALLEY LATINO INDIVIDUALS AND FAMILIES WITH SHELTER, FOOD AND BASIC NEEDS IN AN EVENT OF AN EMERGENCY

NAME OF ORGANIZATION OR GOVERNMENT: LANDPATHS

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT, TO SUPPORT OUTREACH ACTIVITIES RELATED TO FITCH MOUNTAIN, TO PROVIDE FOOD SECURITY AND HEALTH TO RESIDENTS IN ROSELAND THROUGH BAYER FARM, TO SUPPORT THE IN OUR OWN BACK YARDS PROGRAM, 2017 GENERAL OPERATING EXPENSES, TO BUILD UPON AND EXPAND THE SUCCESSES FROM THE FIRST YEAR OF THE IREAD OUTSIDE PROGRAM, TO SUPPORT THE OWL CAMPS, TO SUPPORT TRIP TO YOSEMITE - VAMOS AFUERA, IN SUPPORT OF OWL CAMP

NAME OF ORGANIZATION OR GOVERNMENT: LEGAL AID OF SONOMA COUNTY

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

NAME OF ORGANIZATION OR GOVERNMENT: LILLIPUT CHILDREN'S SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE BASIC HUMAN NEED SUPPORT TO THE FAMILIES PARTICIPATING IN THE KINSHIP SUPPORT SERVICES PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: LISTENING FOR A CHANGE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT, TO CONTINUE AND EXPAND THE IMPLEMENTATION OF NEIGHBORHOOD LISTENING PROJECT

Part IV Supplemental Information

AND RESTORATIVE PRACTICES IN HIGH NEEDS SCHOOLS WHERE FUNDING IS ONLY

PARTIALLY AVAILABLE

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

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE 3RD ANNUAL STATE OF THE LATINO COMMUNITY EVENT, FOR GENERAL OPERATING SUPPORT.

NAME OF ORGANIZATION OR GOVERNMENT: LUTHER BURBANK MEMORIAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ENGAGE A RESIDENT ARTIST TO PROVIDE 5TH GRADERS WITH 12 WEEKS OF UKULELE INSTRUCTION, TO SUPPORT THE ARTIST IN SCHOOLS PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: MUSEUMS OF SONOMA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT, FOR THE ART MUSEUM'S FAITH RINGGOLD SHOW, TO SUPPORT THE ART4KIDS EDUCATION PROGRAM, A HANDS-ON ART CLASSROOM INSTRUCTION AND MUSEUM EXPERIENCE FOR 5TH AND 6TH GRADERS IN FOUR TITLE I SCHOOLS IN SANTA ROSA, TO SUPPORT ART EXHIBITIONS AS DIRECTED

NAME OF ORGANIZATION OR GOVERNMENT: NORTH BAY ORGANIZING PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE INTERGRADED VOTER ENGAGEMENT OF THE NORTH BAY ORGANIZING PROJECT OF GAMALIEL OF CALIFORNIA, TO SUPPORT THE LATINO STUDENT CONGRESS

NAME OF ORGANIZATION OR GOVERNMENT:

NORTHERN CALIFORNIA CENTER FOR WELL-BEING

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT HEROES FOR HEALTH, A RUN/WALK EVENT TO CELEBRATE THE CENTER'S IDO26.2 PROGRAM, FOR GENERAL

Part IV Supplemental Information

OPERATING SUPPORT, TO BE APPLIED TOWARD CHALLENGE GRANT

NAME OF ORGANIZATION OR GOVERNMENT: OCCIDENTAL ARTS AND ECOLOGY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE EDUCATION PROGRAMS OF
COMMUNITY SOIL FOUNDATION, FOR THE COMPOST TOILET RESEARCH PROJECT, TO
SUPPORT COMMUNITY SOIL FOUNDATION, FOR GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: ON THE MOVE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT VOICES WITH FUNDING FOR
EMERGENCY FOOD AND TRANSPORTATION ASSISTANCE, TO SUPPORT VOICES PROGRAM
IN SANTA ROSA, TO SUPPORT VOICES SONOMA, TO SUPPORT THE LAUNCH OF AN ON
THE VERGE COHORT IN SONOMA COUNTY, TO SUPPORT VOICES - FOSTER YOUTH
COLLEGE NAVIGATION PROGRAM, TO SUPPORT LGBTQ CONNECTION PROGRAM, YOUTH
LEADERSHIP INITIATIVE, FOR GENERAL OPERATING SUPPORT FOR VOICES SONOMA,
TO SUPPORT THE SECOND YEAR EXPANSION OF SONOMA COUNTY LGBTQI YOUTH
COMMUNITY EMPOWERMENT INITIATIVE, TO SUPPORT THE EXPANSION OF SONOMA VALLEY
PARENT UNIVERSITY'S FAMILY EARLY LITERACY INITIATIVE

NAME OF ORGANIZATION OR GOVERNMENT:

OREGON JEWISH MUSEUM AND CENTER FOR HOLOCAUST EDUCATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND THE OREGON JEWISH LIFE
EXHIBITION IN MEMORY OF CRAIG WOLLNER, 2017 OPERATING EXPENSES FOR
SATURDAY ATTENDANCE AT THE MUSEUM

NAME OF ORGANIZATION OR GOVERNMENT: PEPPERWOOD FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT, TO
SUPPORT THE DIVERSITY, EQUITY, AND INCLUSION TRAINING FOR SEEC MEMBERS,
IN SUPPORT OF PLANNING FOR THE MARK WEST REGIONAL PARK/PEPPERWOOD

Part IV Supplemental Information

COLLABORATIVE ADAPTATION MANAGEMENT PLAN, TO SUPPORT THE PROFESSIONAL

DEVELOPMENT OF MEMBERS OF THE SONOMA ENVIRONMENTAL EDUCATION

COLLABORATIVE, TO SUPPORT TEENNAT, CONNECTING YOUTH TO NATURAL RESOURCE

CAREERS THROUGH PARTICIPATION IN CONSERVATION RESEARCH

NAME OF ORGANIZATION OR GOVERNMENT: PETS LIFELINE INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT FUND-A-NEED, FOR GENERAL

OPERATING SUPPORT, TO FUND 10 FREE SPAY/NEUTER CLINICS WITH A BILINGUAL

STAFF AND VOLUNTEERS THAT INCLUDE VACCINATIONS AND MICROCHIPS FOR THE

PETS OF THE UNDERSERVED LATINO COMMUNITY OF THE SONOMA VALLEY

NAME OF ORGANIZATION OR GOVERNMENT:

PLANNED PARENTHOOD FEDERATION OF AMERICA

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

PLANNED PARENTHOOD OF SANTA ROSA AT SANTA ROSA HEALTH CENTER (SANTA ROSA

CA).

NAME OF ORGANIZATION OR GOVERNMENT: POINT BLUE CONSERVATION SCIENCE

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

BRING THE EXPANDED STUDENTS AND TEACHERS RESTORING A WATERSHED (STRAW)

MULTI-VISIT PROGRAM TO AN UNDERSERVED SONOMA COUNTY SCHOOL

NAME OF ORGANIZATION OR GOVERNMENT:

PONY EXPRESS EQUINE ASSISTED SKILLS FOR YOUTH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE CAPITAL IMPROVEMENTS

TO THE HORSE BARN, TO CONSTRUCT CLASSROOM AND PURCHASE CLASSROOM

SUPPLIES, FOR GENERAL OPERATING SUPPORT

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: REACH FOR HOME

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT, TO SUPPORT "DINNER IN THE VINEYARDS", TO PROVIDE HOUSING TO HOMELESS FAMILIES IN THE HEALDSBURG AREA

NAME OF ORGANIZATION OR GOVERNMENT: REDWOOD COMMUNITY HEALTH COALITION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT, FOR HEALTH INSURANCE PREMIUMS FOR UNINSURED CHILDREN AGES 42904

NAME OF ORGANIZATION OR GOVERNMENT: REDWOOD EMPIRE FOOD BANK

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT EMPTY BOWLS PROGRAM, FOR GENERAL OPERATING SUPPORT, FOR GENERAL OPERATING SUPPORT IN HONOR OF WILLIAM WOLF, TO FUND THE BACKPACK PROGRAM AT GEYSERVILLE ELEMENTARY, TO SUPPORT THE KITCHEN COLLECTIVE

NAME OF ORGANIZATION OR GOVERNMENT: REDWOOD GOSPEL MISSION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT, FOR GENERAL OPERATING SUPPORT, FOR GENERAL OPERATING SUPPORT, SPRINTER PASSENGER VAN, TO SUPPORT THE MOBILE MINISTRY

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

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PURCHASE A LARGE SIDE-BY-SIDE REFRIGERATOR TO EXPAND AND ENHANCE EMERGENCY FOOD AND RESOURCE PROGRAM, TO PROVIDE EMERGENCY FOOD, DIAPERS, BASIC FIRST AID AND PERSONAL CARE ITEMS AS NEEDED, FOR WEST SONOMA COUNTY CHILDREN LIVING IN LOW-INCOME FAMILIES, TO SUPPORT THE IREAD CORNER READING PROGRAM, LENDING LIBRARY AND DAILY STORY TIME AT KINDERGYM

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: ROSELAND UNIVERSITY PREP

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND THE PHALAROPE FUND

SCHOLARSHIPS FOR 2015/2016, TO FUND THE BRIDGE GRANT AND GAINING GROUND

GRADUATE EDUCATION SCHOLARSHIPS ONLY, TO SUPPORT THE COLLEGE SCHOLARSHIP

FUND.

NAME OF ORGANIZATION OR GOVERNMENT: RURAL CALIFORNIA BROADCASTING-KRCB

(H) PURPOSE OF GRANT OR ASSISTANCE: TO RECOGNIZE THE WORK OF CRIS

FERTINO, TO MOVE FUNDS TO A SIMILAR ACCOUNT TO BE MANAGED BY KRCB AND TO

RETIRE FUND, FOR GENERAL OPERATING SUPPORT, FOR 2016 GENERAL OPERATING

EXPENSES, FOR GENERAL OPERATING SUPPORT, ON BEHALF OF THE PEPPERWOOD

FOUNDATION IN SUPPORT OF NORTH BAY BOUNTIFUL, TO USE THE POPULAR CLIFFORD

THE BIG RED DOG PROGRAM TO PROMOTE STRONG READING HABITS AND A FREE

GIVE-AWAY OF CLIFFORD BOOKS AT THE SONOMA COUNTY LIBRARY

NAME OF ORGANIZATION OR GOVERNMENT: RUSSIAN RIVERKEEPER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SAFETY EQUIPMENT AND SUPPLIES

FOR GARBAGE CLEAN UPS, FOR GENERAL SUPPORT, FOR A CONSULTANT TO ASSIST

RUSSIAN RIVERKEEPER WITH A STRATEGIC PLANNING PROCESS, TO SUPPORT

CLEANING EFFORTS OF THE RUSSIAN RIVER., 2017 GENERAL OPERATING EXPENSES

NAME OF ORGANIZATION OR GOVERNMENT: SALVATION ARMY - SANTA ROSA

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

FOOD PANTRY, FOR GENERAL OPERATING SUPPORT, TO SUPPORT CAMP DEL ORO

NAME OF ORGANIZATION OR GOVERNMENT: SANTA ROSA COMMUNITY HEALTH CENTERS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE 2016 TRANSLIFE: 2ND

ANNUAL SONOMA COUNTY RURAL TRANSGENDER COMMUNITY CONFERENCE, TO SUPPORT

Part IV Supplemental Information

HIV/AIDS EDUCATION FOR HISPANIC YOUTH, FOR GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:

SANTA ROSA MEMORIAL HOSPITAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT, FOR GENERAL OPERATING SUPPORT, FOR THE FOUNDATION'S 25TH ANNIVERSARY GALA ON NOV.5 2016, TO SUPPORT THE EMERGENCY ROOM/TRAUMA CENTER, IN RESPONSE TO THE FUNDRAISING EFFORTS ASSOCIATED WITH IMPROVING THE FIGHT AGAINST CANCER

NAME OF ORGANIZATION OR GOVERNMENT:

SANTA ROSA PLAYERS DBA SIXTH STREET PLAYHOUSE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT AN INNOVATIVE PROJECT CHALLENGING STUDENTS IN SELECTED MIDDLE AND HIGH SCHOOLS IN SONOMA COUNTY TO CREATE AN ORIGINAL THEATRE PIECE, TO SUPPORT THE TICKETS FOR KIDS PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: SANTA ROSA SYMPHONY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT, TO SUPPORT YOUTH EDUCATION ESPECIALLY THE SIMPLY STRINGS PROGRAM, TO PROVIDE A YEARS' TUITION AND MATERIALS FEE FOR A STUDENT OR 50% TUITION AND MATERIAL FEES FOR TWO STUDENTS FOR PREP ORCHESTRA, TO SUPPORT SIMPLY STRINGS, A FIVE-YEAR PROGRAM PROVIDING FREE IN-DEPTH MUSIC TRAINING TO UNDERSERVED ELEMENTARY STUDENTS, TO PROVIDE FINANCIAL AID FOR 12 SIMPLY STRINGS STUDENTS TO ATTEND SUMMER MUSIC ACADEMY, FOR MUSIC EDUCATION AND YOUTH, TO SUPPORT YOUTH EDUCATION, ESPECIALLY THE SIMPLY STRINGS YOUTH ORCHESTRA PROGRAM, , TO SUPPORT FUNDRAISING EVENT ON MARCH 24, 2016, TO SUPPORT THE SIMPLY STRINGS YOUTH ORCHESTRA PROGRAM

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: SEBASTOPOL COMMUNITY CULTURAL CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT MICHAEL KRASNY AUTHOR

EVENT ON MAY 22ND, TO SUPPORT THE 2016 AUTHOR DINNER, TO PROVIDE TICKETS

AND TRANSPORTATION ALLOWING UNDERSERVED YOUTH FROM SANTA ROSA TO

PARTICIPATE IN CULTURAL EVENTS

NAME OF ORGANIZATION OR GOVERNMENT: SOCIAL ADVOCATES FOR YOUTH

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

SUPPORT THE GENERAL FUND, TO SUPPORT THE HOPE SOCIETY, TO SUPPORT THE

DREAM CENTER, TO SUPPORT ONE COLD NIGHT, TO SUPPORT THE GENERAL FUND, TO

SUPPORT THE CAPITAL CAMPAIGN FOR SAY - DREAM CENTER, TO PROVIDE SUPPORT

FOR THE DREAM CENTER, TO SUPPORT THE "GIRLS EMPOWERMENT MOVEMENT"

CONFERENCE, TO SUPPORT HOPE SOCIETY 2017, TO SUPPORT THE TLT PROGRAM, TO

SUPPORT THE DREAM CENTER CAPITAL CAMPAIGN, TO SUPPORT THE ONE COLD NIGHT,

TO EXPAND THE SAY STREET OUTREACH PROGRAM TO THE COMMUNITIES OF NORTHERN

SONOMA COUNTY, TO SUPPORT THE SAY SONOMA COUNTY LGBTQI YOUTH COMMUNITY

OUTREACH AND ENGAGEMENT EXPANSION

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA ACADEMY

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

GRANGE AND STUDIOS CAMPAIGN FUND, TO SUPPORT THE "FUND FOR EXCELLENCE"

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA COMMUNITY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CREATE A SERIES OF ARTS EDUCATION

RESIDENCIES IN SONOMA'S MIDDLE SCHOOLS THAT ENABLES STUDENTS TO CREATE

HANDS-ON SHADOW THEATER PUPPET SHOWS ON SOCIAL ISSUES, TO SUPPORT

FUND-A-NEED, FOR GENERAL OPERATING SUPPORT

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA COUNTY ANIMAL SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF THE FIELD OF DREAMS

ANIMAL CONTROL YARD, TO SUPPORT THE LOVE ME, FIX ME ACCESS PROGRAM THAT
DELIVERS LOW-COST SPAY/NEUTER SERVICES TO TARGETED NEEDS-BASED SONOMA
COUNTY RESIDENTS

NAME OF ORGANIZATION OR GOVERNMENT:

SONOMA COUNTY DEPARTMENT OF HEALTH SERVICES - PUBLIC HEALTH, MCAH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROMOTE DAILY READING TO YOUNG

CHILDREN BY PROVIDING BOOKS FOR HOME VISITING PROGRAMS SERVING LOW-INCOME
FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT:

SONOMA COUNTY ECONOMIC DEVELOPMENT BOARD FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE "DISCOVERED" PROJECT,

RECOGNIZING EXCEPTIONAL INDIVIDUAL ARTISTS IN SONOMA COUNTY, TO ENGAGE IN

A COUNTY-WIDE ASSESSMENT OF ARTS EDUCATION INSTRUCTION IN THE PUBLIC

SCHOOLS, K-12

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA COUNTY OFFICE OF EDUCATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT "EQUITY AT THE CORE"

CONFERENCE, FOR THE REMAKE EDUCATION SUMMIT, WHICH WILL BRING TOGETHER

EDUCATORS AND LEADERS IN THE MAKER MOVEMENT FROM ACROSS THE STATE AND

AROUND THE COUNTRY FOR 3 DAYS OF HANDS-ON LEARNING AND NETWORKING, FOR

CRADLE TO CAREER DESIGN THINKING WORKSHOP

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

SONOMA COUNTY PUBLIC LIBRARY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EXPAND THE FREE BOOKMOBILE'S

OUTREACH TO SERVE MORE FAMILIES WITH YOUNG CHILDREN, FOR GENERAL

OPERATING SUPPORT, TO SUPPORT THE FREE BOOKMOBILE, TO SUPPORT THE SONOMA

COUNTY FREE BOOKMOBILE, FOR GENERAL OPERATING SUPPORT FOR THE FREE

BOOKMOBILE OF SONOMA COUNTY

NAME OF ORGANIZATION OR GOVERNMENT:

SONOMA COUNTY REGIONAL PARKS FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE FISHERMAN AT BODEGA

BAY AFFECTED BY THE CANCELLATION OF CRAB SEASON, TO SUPPORT THE RUSHING

DOWN THE RUSSIAN RIVER CAMP, TO SUPPORT THE CHILDREN'S NATURAL PLAY AREA

ON TAYLOR MOUNTAIN, TO SUPPORT THE THIRD ANNUAL ROSELAND CUP, TO GROW THE

"CAMINITOS AL PARQUE" PRESCHOOL PROGRAM AND STRENGTHEN THE INTEGRATION OF

IREAD MESSAGES AND MATERIALS INTO THESE OUTINGS, FOR GENERAL OPERATING

SUPPORT, TO SUPPORT THE WATER SAFETY PROGRAM, TO SUPPORT THE HEALDSBURG

WATER CARNIVAL, TO PURCHASE LIFE VESTS FOR REGIONAL PARKS' RUSSIAN RIVER

WATER SAFETY PATROL

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA COUNTY TRAILBLAZER FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF EMERGENCY NEEDS CAUSED

BY WILDFIRE ACTIVITY BY GRANTING FUNDS TO NONPROFIT ORGANIZATIONS

PROVIDING RELIEF, FOR GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA ECOLOGY CENTER

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

SUPPORT THE K-6 WATERSHED EDUCATION PROGRAM AND ENVIROLEADERS PAID

INTERNSHIP PROGRAM FOR TEENS, RESTORATION OF VEGGIE BURGER, FOR 2016

Part IV Supplemental Information

ANNUAL GIFT

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA HUMANE SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF THE HEALDSBURG MATCH CHALLENGE., FOR GENERAL OPERATING SUPPORT, FOR SUPPORT OF THE HEALDSBURG ANIMAL SHELTER 'GIVE ME SHELTER - HEALDSBURG', IN SUPPORT OF THE MOBILE SPAY AND NEUTER PROGRAM, FOR GENERAL OPERATING SUPPORT OF THE SONOMA HUMANE SOCIETY - HEALDSBURG CENTER, TO MAINTAIN SONOMA HUMANE SOCIETY'S CURRENT PUBLIC CLINIC THREE DAYS A WEEK

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA OVERNIGHT SUPPORT

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT HONORING KAY AUSTIN, FOR 2016 ANNUAL CONTRIBUTION, TO PROVIDE BASIC NEEDS TO THE HOMELESS LIVING IN SONOMA VALLEY, TO SUPPORT THE CAPACITY BUILDING PROJECT FOR SONOMA OVERNIGHT SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA STATE UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE WOLF FAMILY YES WE CAN SCHOLARSHIP FUND, FREE JAZZ FOR YOUNG PEOPLE AT THE GREEN MUSIC CENTER, MEL GRAVES SCHOLARSHIP ENDOWMENT OF THE MUSIC DEPARTMENT, TO SUPPORT THE SONOMA STATE WOMEN'S TENNIS TEAM

NAME OF ORGANIZATION OR GOVERNMENT:

SONOMA STATE UNIVERSITY SEAWOLF SCHOLARS PROGRAM

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE EMERGENCY SUPPORT FOR FOOD, SHELTER, AND HEALTH CARE FOR CURRENT AND FORMER FOSTER YOUTH ENROLLED AT SONOMA STATE UNIVERSITY

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA VALLEY COMMUNITY HEALTH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE TRANSPORTATION FOR THE UNDERSERVED RESIDENTS IN SONOMA VALLEY TO ENSURE ACCESS TO HEALTHCARE SERVICES, FOR GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA VALLEY EDUCATION FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT FUND-A-NEED, TO SUPPORT SUMMER PROGRAMS (\$1,700), FUND-A-NEED AT RED & WHITE (\$1,000) AND FOR GENERAL OPERATING SUPPORT (\$300), FOR GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA VALLEY HISTORICAL SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF THE MARCY HOUSE ARCHIVIST, TO SUPPORT MUSEUM MANAGER/ARCHIVIST POSITION AND UPGRADES TO THE MARCY HOUSE SO THAT IT MAY SERVE AS THE ARCHIVAL FACILITY FOR THE SOCIETY, FOR GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA VALLEY MENTORING ALLIANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT, TO CELEBRATE 20 YEARS, FOR FUND A NEED, CELEBRATING 20 YEARS OF MENTORING, TO SUPPORT THE CAPACITY BUILDING PROJECT FOR SONOMA VALLEY MENTORING ALLIANCE

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA VALLEY MUSEUM OF ART

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT ANNUAL GIVING, TO SUPPORT "FUND A NEED" FOR THE EDUCATION PROGRAMS AT THE MUSEUM, FOR GENERAL OPERATING SUPPORT, TO PROVIDE OVER 700 4TH-5TH GRADERS THE OPPORTUNITY TO PARTICIPATE IN HANDS-ON ART INSTRUCTION

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA VALLEY UNIFIED SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PURCHASE ELECTRONIC EQUIPMENT FOR

EL VERANO ELEMENTARY SCHOOL IN MEMORY OF DAVE NEUBACHER, TO INCREASE

PARENT ENGAGEMENT IN LITERACY ACTIVITIES WITH CHILDREN THROUGH A DAILY

"BREAKFAST & BOOKS" READING PROGRAM, PARENT WORKSHOPS AND A FAMILY

LITERACY NIGHT AT EL VERANO ELEMENTARY SCHOOL

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA WEST MEDICAL CENTER

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

PROVIDE A FACILITY AND SERVICES TO THE CITIZENS OF WEST SONOMA COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT: SRJC FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE TRAVELING EXHIBIT

ENTITLED "PATIENT NO MORE," HOSTED AT SANTA ROSA JUNIOR COLLEGE, FOR SRJC

CENTENNIAL CAMPAIGN GENERAL OPERATING SUPPORT, TO SUPPORT SCHOLARSHIPS.

RECOGNITION SHOULD BE GIVEN TO BOB SHARP SCHOLARSHIPS FUND/RURAL

ALLIANCE, TO SUPPORT SCHOLARSHIPS

NAME OF ORGANIZATION OR GOVERNMENT: SRM ALLIANCE HOSPITAL SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE PURCHASE OF DIGITAL

BREAST TOMOSYNTHESIS - 3D MAMMOGRAPHY AT PETALUMA VALLEY HOSPITAL, IN

HONOR OF JOSEPH VALENTINE, TO EXPAND ST. JOSEPH HEALTH'S CHILDREN'S GRIEF

PROGRAM INTO HEALDSBURG AND GEYSERVILLE

NAME OF ORGANIZATION OR GOVERNMENT: ST. ANDREW PRESBYTERIAN CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR OPERATIONS, TO SUPPORT YOUNG

LIFE (\$600), OPERATIONS FROM WHITNEY EVANS (\$1,600) AND OPERATIONS FROM

JEANETTE EVANS (\$550), TO SUPPORT OPERATIONS (\$2,100 FROM WHITNEY AND

Part IV Supplemental Information

\$500 FROM JEANETTE), \$2100 WHITNEY AND \$500 JEANETTE FOR GENERAL

OPERATIONS AND \$100 FOR DEACON'S FUND.

NAME OF ORGANIZATION OR GOVERNMENT: STANFORD UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE STANFORD FUND - SUPPORTING

NEED-BASED FINANCIAL AID INNOVATIVE ACADEMIC PROGRAMS AND STUDENT LIFE

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

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

SUPPORT THE PURCHASE OF CAMPING EQUIPMENT, TO SUPPORT THE FOREST TO THE

SEA PROGRAMS FOR K-12 STUDENTS IN SONOMA COUNTY

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

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE SUMMER AND FALL CREATIVE

ARTS PROGRAM, FOR OVERNIGHT VOUCHERS, TO PURCHASE DIAPERS, FOR GENERAL

OPERATING SUPPORT, FOR GENERAL OPERATING SUPPORT PER THE MARJORIE

PATTISON TRUST IN HONOR OF BERNICE SCHMITT, TO SUPPORT THE FALL OF 2015

10-WEEK EXPRESSIVE ARTS PROGRAM AT THE LIVING ROOM, TO SUPPORT EXPENSES

ASSOCIATED WITH THE MOVE TO NEW LOCATION

NAME OF ORGANIZATION OR GOVERNMENT: THE MONASTERY PROJECT

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

MONASTERIES IN KAMPONG, INDIA AND KATHMANDU, NEPAL, FOR GENERAL OPERATING

SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: TRUCKEE CHARTER SCHOOL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SIERRA EXPEDITIONARY LEARNING

SCHOOL (SELS) FOR EXPEDITION EXPENSES, FACULTY DEVELOPMENT, AND CLASSROOM

Part IV Supplemental Information

MATERIALS. THIS GRANT IS MADE IN HONOR OF THE SNIDERMAN FAMILY, TO

PROVIDE SUPPORT FOR TEACHING STAFF AT SELS

NAME OF ORGANIZATION OR GOVERNMENT: UCSF FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE GAZZALEY LAB. CARYL

AND MICKEY HART CREATED THE HART CENTER FOR DEEP RHYTHM FUND TO HELP

SUPPORT PROJECTS THAT EXPLORE, EDUCATE, AND PROMOTE UNDERSTANDING OF

MUSIC AND RHYTHM ON HUMANS AND NATURE.

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

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

THE WOMEN'S LEADERSHIP COUNCIL AND KINDERGARTEN BACKPACK PROGRAM

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: FOR GENERAL OPERATING SUPPORT, TO

SECURE EMERGENCY SHELTER AND OTHER BASIC NEEDS FOR VICTIMS OF SEXUAL

VIOLENCE AND HUMAN TRAFFICKING

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

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE AMAROSA ACADEMY, TO

SUPPORT THE AMAROSA ACADEMY, FOR GENERAL OPERATING SUPPORT, TO SUPPORT

AMAROSA ACADEMY AND RELATED SERVICES, FOR GENERAL OPERATING SUPPORT AND

Part IV Supplemental Information

TO SUPPORT SCHOLARSHIP FOR NEEDY STUDENTS TO PARTICIPATE IN SUMMER
 PROGRAMS, TO SUPPORT THE AMAROSA ACADEMY (DEC. 2016 GRANT), TO SUPPORT
 AMAROSA ACADEMY, TO SUPPORT THE AMAROSA ACADEMY, TO SUPPORT 211 SONOMA
 COUNTY, TO SUPPORT THE AMAROSA ACADEMY, TO SUPPORT AMAROSA ACADEMY, TO
 SUPPORT THE AMAROSA ACADEMY, TO SUPPORT THE AMAROSA ACADEMY, TO PROVIDE
 FREE, BILINGUAL BOOKS AND ACCOMPANYING MATERIALS TO 130 LOW-INCOME
 CHILDREN AND THEIR FAMILIES THROUGH THE BOOKWORMS PROGRAM, FOR GENERAL
 OPERATING SUPPORT FOR THE COLLEGE TEE PROJECT, TO SUPPORT THE AMAROSA
 ACADEMY

NAME OF ORGANIZATION OR GOVERNMENT:
 WEST COUNTY COMMUNITY SERVICES DBA COMMUNITY & FAMILY SERVICE AGENCY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT, TO
 SUPPORT THE SENIOR PEER COUNSELING PROGRAM STAFF, TO PRINT TRAINING AND
 PROMOTIONAL MATERIALS, TO SUPPORT SENIOR PEER COUNSELING, TO PROVIDE FOOD
 AND TRANSPORTATION SERVICES TO LOW INCOME PEOPLE IN THE LOWER RUSSIAN
 RIVER AREA, TO PURCHASE FREEZER AT RUSSIAN RIVER SENIOR CENTER

NAME OF ORGANIZATION OR GOVERNMENT:
 WEST SONOMA COUNTY UNION HIGH SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND THE NEW SOUND SYSTEM FOR
 ANALY FOOTBALL/SOCCER FIELD, TO SUPPORT LAGUNA HIGH SCHOOL WITH
 COUNSELING SUPPORT, STAFF DEVELOPMENT, AND STUDENT WELLNESS PROGRAM, TO
 SUPPORT LAGUNA HIGH SCHOOL WITH COUNSELING SUPPORT, STAFF DEVELOPMENT,
 AND STUDENT WELLNESS PROGRAM., FOR THE PURCHASE OF FOUR ALL ALUMINUM
 PLAYER BENCHES

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

WOMEN'S RECOVERY SERVICES A UNIQUE PLACE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FOOD, SAFE HOUSING, AND

DIAPERS TO MOTHERS ENROLLED AT WOMEN'S RECOVERY SERVICES, IN HONOR OF

CHERYLE STANLEY'S RETIREMENT, FOR GENERAL OPERATING SUPPORT, TO SUPPORT

WOMEN'S RECOVERY SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: YWCA OF SONOMA COUNTY

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

PROVIDE FOOD AND ESSENTIAL PROGRAM SUPPLIES FOR WOMEN AND THEIR CHILDREN

FLEEING DOMESTIC VIOLENCE, TO SUPPORT THE WOMEN'S SHELTER

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2016

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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 (such as, 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 on 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" on 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 nonfixed 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" on 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) 2016

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ELIZABETH BROWN PRESIDENT & CEO	(i)	194,720.	25,000.	0.	7,020.	8,084.	234,824.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	16	1,648,131	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** 0

	Yes	No
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 isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2016)

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.

Multiple horizontal lines for data entry.

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

2016

Open to Public
Inspection

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

USED DIVERSIFIED INVESTMENT STRATEGIES TO MANAGE OVER 450 CHARITABLE
FUNDS TO ENSURE FUTURE FUNDING FOR THE COMMUNITY.

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

TAXPAYER'S ACCOUNTING FIRM FORWARDED THE FORM 990 TO THE VP OF FINANCE AND
OPERATIONS. THE VP DISTRIBUTED THE FORM 990 TO THE AUDIT COMMITTEE, WHO
DISCUSSED THE FORM AT AN IN-PERSON MEETING. AN ELECTRONIC COPY OF THE FORM
990 WAS PROVIDED TO ALL VOTING MEMBERS OF THE BOARD EXCEPT FOR SCHEDULE B
AND WERE ENCOURAGED TO FORWARD QUESTIONS AND COMMENTS TO THE VP. AN EMAIL
WAS SENT TO ALL BOARD MEMBERS LETTING THEM KNOW THEY HAD AN OPPORTUNITY TO
REVIEW SCHEDULE B AT THE ORGANIZATION'S OFFICE 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) (2016)

Name of the organization COMMUNITY FOUNDATION SONOMA COUNTY	Employer identification number 68-0003212
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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	90,337.
RETURNED GRANT	2,250.
PRIOR PERIOD ADJUSTMENT	-697.
TOTAL TO FORM 990, PART XI, LINE 9	91,890.

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SONOMA PARADISO	B	122,263.	ACTUAL PAID/ACCRUED
(2) DEMEO TEEN CLUB	B	470,000.	ACTUAL PAID/ACCRUED
(3)			
(4)			
(5)			
(6)			

