

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 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 | |
| | 120 STONY POINT ROAD SANTA ROSA, CA 95401 | | G Gross receipts \$ 50,159,124. |
| F Name and address of principal officer: ELIZABETH BROWN SAME AS C ABOVE | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number | |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | |
| J Website: WWW.SONOMACF.ORG | | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other | | | L Year of formation: 1983 |
| M State of legal domicile: CA | | | |

Part I Summary

| | | |
|---|--|---|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: WE CONNECT PEOPLE, IDEAS AND RESOURCES TO BENEFIT THE LIVES OF THOSE WHO LIVE IN SONOMA COUNTY. | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 14 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 14 |
| | 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) | 5 14 |
| | 6 Total number of volunteers (estimate if necessary) | 6 15 |
| | 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 16,537,057. Current Year 26,892,930. |
| | 9 Program service revenue (Part VIII, line 2g) | 187,195. 197,710. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 2,603,036. 4,231,925. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 22,545. 2,277. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 19,349,833. 31,324,842. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 14,894,649. 16,939,645. |
| | 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) | 1,325,058. 1,377,166. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0. 0. |
| | b Total fundraising expenses (Part IX, column (D), line 25) | 614,027. |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 1,203,232. 1,456,234. |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 17,422,939. 19,773,045. |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 1,926,894. 11,551,797. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year 138,704,650. End of Year 168,859,657. |
| | 21 Total liabilities (Part X, line 26) | 800,088. 5,368,355. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 137,904,562. 163,491,302. |

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 | Preparer's signature | Date |
| | MAGA E. KISRIV | | |
| Firm's name: HOOD & STRONG LLP | | Firm's EIN: 94-1254756 | Check if self-employed <input type="checkbox"/> PTIN P01008919 |
| Firm's address: 275 BATTERY ST, STE 900 SAN FRANCISCO, CA 94111 | | Phone no. 415.781.0793 | |

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

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 |

THE ORGANIZATION

• 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, 2018, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 2017 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 \$ 17,899,012. including grants of \$ 16,939,645.) (Revenue \$ 199,987.) GRANTMAKING: AWARDED MORE THAN \$14.6 MILLION IN SONOMA COUNTY, PRIMARILY IN THE FIELDS OF HEALTH & HUMAN SERVICES, ARTS & CULTURE, EDUCATION, AND THE ENVIRONMENT.

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

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

STEWARDSHIP ASSETS: FULFILLED THE CHARITABLE LEGACIES OF OUR DONORS AND

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 17,899,012.

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

Main table with columns for question numbers (1a-14b), Yes, and No. Includes questions about Form 1096, Form W-2G, Form W-3, foreign accounts, and charitable contributions.

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:
ANN BUTTERFIELD - 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) DEBERAH KELLEY VICE CHAIR | 1.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (3) HARRIET DERWINGSON SECRETARY | 3.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (4) CHRISTINA HOLLINGSWORTH TREASURER | 1.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (5) LINDA KACHIU TREASURER (THRU 6/30/17) | 3.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (6) KATIE JACKSON DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (7) LAWRENCE MILLS DIRECTOR (THRU 6/30/17) | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (8) LISA CARRENO DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (9) MATTHEW INGRAM DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (10) MICHELLE ZYGIELBAUM DIRECTOR (THRU 6/30/17) | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (11) OSCAR CHAVEZ DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (12) PATRICK EMERY DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (13) PEG VAN CAMP DIRECTOR (THRU 6/30/17) | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (14) PETE GOLIS DIRECTOR (THRU 6/30/17) | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (15) RICHARD DAVIS DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (16) STEVE GOLDBERG DIRECTOR (THRU 6/30/17) | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (17) STEVE RABINOWITSH 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) SUSAN LENTZ DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (19) THELIA EAGAN DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (20) JANET RAMATICI DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (21) ELIZABETH BROWN PRESIDENT & CEO | 45.00 1.00 | | | X | | | | 226,736. | 0. | 21,434. |
| (22) KARL GRIMM VP FINANCE AND OPERATIONS | 45.00 2.00 | | | X | | | | 123,973. | 0. | 15,573. |
| (23) W JOHN MULLINEAUX VP OF DEVELOPMENT | 45.00 1.00 | | | | | X | | 126,720. | 0. | 28,699. |
| 1b Sub-total | | | | | | | | 477,429. | 0. | 65,706. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 477,429. | 0. | 65,706. |

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) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 | |
|---|--|--|---|---|--|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a 23,219. | | | | |
| | b Membership dues | 1b | | | | |
| | c Fundraising events | 1c | | | | |
| | d Related organizations | 1d | | | | |
| | e Government grants (contributions) | 1e 51,000. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f 26,818,711. | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | 5,748,583. | | | | |
| | h Total. Add lines 1a-1f | ▶ 26,892,930. | | | | |
| | Program Service Revenue | 2 a MANAGEMENT FEES | Business Code 561000 | 197,710. | 197,710. | |
| b | | | | | | |
| c | | | | | | |
| d | | | | | | |
| e | | | | | | |
| f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f | | ▶ 197,710. | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | ▶ 3,001,983. | | | 3,001,983. | |
| | 4 Income from investment of tax-exempt bond proceeds | ▶ | | | | |
| | 5 Royalties | ▶ | | | | |
| | 6 a Gross rents | (i) Real | | | | |
| | | (ii) Personal | | | | |
| | | b Less: rental expenses | | | | |
| | | c Rental income or (loss) | | | | |
| | d Net rental income or (loss) | ▶ | | | | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | | | | |
| | | (ii) Other | | | | |
| | | b Less: cost or other basis and sales expenses | 18,834,282. | | | |
| | | c Gain or (loss) | 1,229,942. | | | |
| | d Net gain or (loss) | ▶ 1,229,942. | | | 1,229,942. | |
| | 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | a | | | | |
| | | b Less: direct expenses | b | | | |
| c Net income or (loss) from fundraising events | | ▶ | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | | |
| | b Less: direct expenses | b | | | | |
| | c Net income or (loss) from gaming activities | ▶ | | | | |
| 10 a Gross sales of inventory, less returns and allowances | a | | | | | |
| | b Less: cost of goods sold | b | | | | |
| | c Net income or (loss) from sales of inventory | ▶ | | | | |
| Miscellaneous Revenue | | Business Code | | | | |
| 11 a LITIGATION SETTLEMENT | a | 900099 | 2,277. | 2,277. | | |
| | b | | | | | |
| | c | | | | | |
| | d All other revenue | | | | | |
| | e Total. Add lines 11a-11d | ▶ 2,277. | | | | |
| 12 Total revenue. See instructions. | ▶ 31,324,842. | 199,987. | 0. | 4,231,925. | | |

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 | 16,939,645. | 16,939,645. | | |
| 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 | 248,170. | 99,331. | 85,264. | 63,575. |
| 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 | 887,713. | 355,309. | 304,994. | 227,410. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 57,388. | 22,970. | 19,717. | 14,701. |
| 9 Other employee benefits | 97,901. | 39,185. | 33,636. | 25,080. |
| 10 Payroll taxes | 85,994. | 34,419. | 29,545. | 22,030. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 25,121. | 10,055. | 8,631. | 6,435. |
| c Accounting | 72,460. | 29,002. | 24,896. | 18,562. |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 436,495. | | 436,495. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.) | 258,014. | 103,271. | 88,646. | 66,097. |
| 12 Advertising and promotion | 71,105. | 28,460. | 24,430. | 18,215. |
| 13 Office expenses | 79,851. | 31,961. | 27,435. | 20,455. |
| 14 Information technology | 98,509. | 39,428. | 33,845. | 25,236. |
| 15 Royalties | | | | |
| 16 Occupancy | 122,386. | 48,985. | 42,049. | 31,352. |
| 17 Travel | 7,571. | 3,030. | 2,601. | 1,940. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 53,611. | 21,458. | 18,419. | 13,734. |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 34,097. | 13,648. | 11,714. | 8,735. |
| 23 Insurance | 154,638. | 61,894. | 53,130. | 39,614. |
| 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 | 42,376. | 16,961. | 14,559. | 10,856. |
| b _____ | | | | |
| c _____ | | | | |
| d _____ | | | | |
| e All other expenses _____ | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 19,773,045. | 17,899,012. | 1,260,006. | 614,027. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

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

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|--------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 13,920,667. | 1 | 14,332,403. |
| | 2 Savings and temporary cash investments | 2,564,390. | 2 | 2,259,873. |
| | 3 Pledges and grants receivable, net | 6,471,509. | 3 | 7,954,460. |
| | 4 Accounts receivable, net | 359,317. | 4 | 586,353. |
| | 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 | 1,163,033. | 7 | 1,031,289. |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 73,719. | 9 | 78,022. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 319,552. | | |
| | b Less: accumulated depreciation | 10b 212,758. | | |
| | 11 Investments - publicly traded securities | 109,059,991. | 11 | 138,739,466. |
| | 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 | 4,598,507. | 15 | 3,402,497. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 138,704,650. | 16 | 168,859,657. | |
| Liabilities | 17 Accounts payable and accrued expenses | 66,006. | 17 | 88,836. |
| | 18 Grants payable | 621,500. | 18 | 5,202,141. |
| | 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 | 112,582. | 25 | 77,378. |
| | 26 Total liabilities. Add lines 17 through 25 | 800,088. | 26 | 5,368,355. |
| 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 | 31,697,053. | 27 | 35,331,002. |
| | 28 Temporarily restricted net assets | 31,819,920. | 28 | 35,407,525. |
| | 29 Permanently restricted net assets | 74,387,589. | 29 | 92,752,775. |
| | 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 | 137,904,562. | 33 | 163,491,302. | |
| 34 Total liabilities and net assets/fund balances | 138,704,650. | 34 | 168,859,657. | |

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 | 31,324,842. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 19,773,045. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 11,551,797. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 137,904,562. |
| 5 | Net unrealized gains (losses) on investments | 5 | 13,928,516. |
| 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 | 106,427. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 163,491,302. |

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? | | X |
| 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 | | | |
| b | Were the organization's financial statements audited by an independent accountant? | X | |
| 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 | | | |
| 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? | X | |
| If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | | |
| 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 | | |

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) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|------------|------------|-------------|-------------|-------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 9,003,952. | 9,763,207. | 14,404,710. | 16,537,057. | 26,892,930. | 76,601,856. |
| 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 | 9,003,952. | 9,763,207. | 14,404,710. | 16,537,057. | 26,892,930. | 76,601,856. |
| 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) | | | | | | 8,787,756. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 67,814,100. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|------------|------------|-------------|-------------|-------------|--------------------------|
| 7 Amounts from line 4 | 9,003,952. | 9,763,207. | 14,404,710. | 16,537,057. | 26,892,930. | 76,601,856. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ... | 3,333,507. | 4,491,508. | 2,755,061. | 2,178,927. | 3,001,983. | 15,760,986. |
| 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 | | | | | | 92,362,842. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 912,066. |
| 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 2017 (line 6, column (f) divided by line 11, column (f)) | 14 | 73.42 % |
| 15 Public support percentage from 2016 Schedule A, Part II, line 14 | 15 | 63.34 % |
| 16a 33 1/3% support test - 2017. 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 - 2016. 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 - 2017. 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 - 2016. 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) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (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) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (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 2017 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2016 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2016 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2017. 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 - 2016. 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? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i> | | |

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? <i>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.</i> | | |
| 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? <i>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.</i> | | |

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)? <i>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).</i> | | |

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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |

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 <i>(see instructions)</i> . | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i> | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i> | | |
| c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i> | | |
| 2 Activities Test. Answer (a) and (b) below. | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i> | Yes | No |
| 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? <i>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.</i> | | |
| 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? <i>Provide details in Part VI.</i> | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |

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 | | (A) Prior Year | 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 2017 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-2017 | (iii) Distributable Amount for 2017 |
|--|-----------------------------|--|---|
| 1 Distributable amount for 2017 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2017 | | | |
| a | | | |
| b From 2013 | | | |
| c From 2014 | | | |
| d From 2015 | | | |
| e From 2016 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2017 distributable amount | | | |
| i Carryover from 2012 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2017 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2017 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions. | | | |
| 7 Excess distributions carryover to 2018. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2013 | | | |
| b Excess from 2014 | | | |
| c Excess from 2015 | | | |
| d Excess from 2016 | | | |
| e Excess from 2017 | | | |

Schedule A (Form 990 or 990-EZ) 2017

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

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) (2017)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 1 | _____ _____ _____ | \$ 1,024,882. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | _____ _____ _____ | \$ 1,418,106. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | _____ _____ _____ | \$ 689,308. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | _____ _____ _____ | \$ 664,522. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | _____ _____ _____ | \$ 1,000,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | _____ _____ _____ | \$ 977,040. | 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 |
|--|--|

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 | _____ _____ _____ | \$ 552,939. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | _____ _____ _____ | \$ 779,341. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | _____ _____ _____ | \$ 700,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 10 | _____ _____ _____ | \$ 3,000,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|--|---|----------------------|
| 1 | 14,018 SHARES FRC _____ _____ _____ | \$ 1,024,882. | 12/31/17 |
| 6 | 12,000 SHARES XOM _____ _____ _____ | \$ 977,040. | 12/31/17 |
| 10 | 75,535 SHARES DFLVX, DTMVX, DFCEX, DFEOX, DFIEX, DFGEX _____ _____ _____ | \$ 1,510,697. | 12/31/17 |
| | _____ _____ _____ | \$ _____ | _____ |
| | _____ _____ _____ | \$ _____ | _____ |
| | _____ _____ _____ | \$ _____ | _____ |

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

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.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2017

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 | 176 | 259 |
| 2 Aggregate value of contributions to (during year) | 11,772,357. | 2,624,954. |
| 3 Aggregate value of grants from (during year) | 12,471,384. | 1,717,157. |
| 4 Aggregate value at end of year | 24,243,741. | 4,342,111. |
| 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 7/25/06, 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) 2017

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 | 74,627,859. | 73,086,044. | 75,573,899. | 71,685,198. | 64,285,308. |
| b Contributions | 492,843. | 1,152,647. | 3,600,496. | 6,299,330. | 2,336,886. |
| c Net investment earnings, gains, and losses | 11,633,914. | 3,655,451. | -1,860,881. | -1,300,312. | 7,018,512. |
| d Grants or scholarships | 2,156,518. | 3,266,283. | 4,227,470. | 1,110,317. | 1,955,508. |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 84,598,098. | 74,627,859. | 73,086,044. | 75,573,899. | 71,685,198. |

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

- a Board designated or quasi-endowment 1.23 %
- b Permanent endowment 82.05 %
- c Temporarily restricted endowment 16.72 %

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

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

- (i) unrelated organizations
- (ii) related organizations

| | Yes | No |
|--------|-----|----|
| 3a(i) | | X |
| 3a(ii) | | X |
| 3b | | |

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 | | 27,192. | 27,192. | 0. |
| d Equipment | | 292,360. | 185,566. | 106,794. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 106,794. |

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 | 77,378. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 77,378. |

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, 2017, 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.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2017

**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) | 422,316. | 0. | | | FOR 2017-2018 SCHOLARSHIPS; TO SUPPORT SONOMA COUNTY STUDENTS; FOR GENERAL OPERATING |
| 4-H FOUNDATION OF SONOMA COUNTY PO BOX 1283 ROHNERT PARK, CA 94927-1283 | 94-3230442 | 501(C)(3) | 36,916. | 0. | | | TO ESTABLISH THE BEVERLY C. WILSON ENDOWED SCHOLAR |
| ACTION NETWORK P.O. BOX 1163 GUALALA, CA 95445 | 45-0479312 | 501(C)(3) | 10,000. | 0. | | | TO SUPPORT THE IREAD FOR FUTURE SUCCESS TOMORROW I |
| ALEXANDER VALLEY FILM SOCIETY P.O. BOX 71 CLOVERDALE, CA 95425 | 47-2085577 | 501(C)(3) | 14,500. | 0. | | | FOR GENERAL OPERATING SUPPORT; TO LAUNCH THE AVFS LAB FILMMAKING TRACK |
| ALEXANDER VALLEY UNION SCHOOL DISTRICT - 8511 CAL HWY 128 - HEALDSBURG, CA 95448 | 45-2381410 | 501(C)(3) | 13,000. | 0. | | | TO SUPPORT THE ALEXANDER VALLEY ADULT & FAMILY ESL |
| ALLIANCE MEDICAL CENTER 1381 UNIVERSITY AVENUE HEALDSBURG, CA 95448 | 94-2308748 | 501(C)(3) | 17,500. | 0. | | | TO SUPPORT AMC'S MY BODY IS HEALTHY EDUCATION PROGRAM; TO SUPPORT THE GROWTH AND DEVELOPMENT OF |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **221.**

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) (2017)

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) | 10,000. | 0. | | | TO SUPPORT THE ROYAL FAMILY KIDS PROGRAM |
| ALZHEIMER'S ASSOCIATION NORTHERN CALIFORNIA CHAPTER - 2290 NORTH FIRST STREET - SAN JOSE, CA 95131 | 13-3039601 | 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) | 32,150. | 0. | | | FOR GENERAL OPERATING SUPPORT; TO SUPPORT THE WORK OF PROTECTING RIGHTS AND LIBER |
| AMERICAN HEART ASSOCIATION 1400 N. DUTTON AVE., STE. 20 SANTA ROSA, CA 95401 | 13-5613797 | 501(C)(3) | 10,000. | 0. | | | TO PURCHASE INFANT CPR MASKS AND RESUSCITATION EQUIPMENT |
| AMERICAN OVERSIGHT INC. 1030 15TH ST. NW, SUITE B255 WASHINGTON, DC 20005 | 81-5294830 | 501(C)(3) | 15,000. | 0. | | | FOR OPERATING SUPPORT |
| AMERICAN RED CROSS OF THE CALIFORNIA NORTHWEST - 5297 AERO DRIVE - SANTA ROSA, CA 95403 | 53-0196605 | 501(C)(3) | 66,000. | 0. | | | FOR GENERAL OPERATING SUPPORT; TO SUPPORT HURRICANE HARVEY DISASTER RELIEF; FOR HURRICANE |
| ANALY ALUMNI ASSOCIATION 8140 FRANKEL LANE SEBASTOPOL, CA 95472 | 37-1642167 | 501(C)(3) | 16,192. | 0. | | | TO SUPPORT ATHLETIC ENHANCEMENTS AT ANALY HIGH SCHOOL |
| ART ESCAPE 17474 SONOMA HIGHWAY SONOMA, CA 95476 | 47-3626950 | 501(C)(3) | 23,750. | 0. | | | FOR GENERAL OPERATING SUPPORT; TO ESTABLISH A NEW PART-TIME PROGRAM STAFF POSITION; TO LAUNCH |
| ARTSTART 716 BENNETT VALLEY ROAD SANTA ROSA, CA 95404 | 68-0468124 | 501(C)(3) | 7,000. | 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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| ASSISTANCE LEAGUE OF SONOMA COUNTY 5 WEST 6TH STREET SANTA ROSA, CA 95401 | 23-7064030 | 501(C)(3) | 7,000. | 0. | | | FOR GENERAL OPERATING SUPPORT; FOR SIGHTS & SOUNDS OTHER PHILANTHROPIC PROJECTS |
| BATON ROUGE AREA FOUNDATION 100 NORTH STREET, SUITE 900 BATON ROUGE, LA 70802 | 72-6030391 | 501(C)(3) | 50,000. | 0. | | | TO SUPPORT THE FRIEDMAN'S HOME IMPROVEMENT EMPLOYMENT |
| BECOMING INDEPENDENT 1425 CORPORATE CENTER PARKWAY SANTA ROSA, CA 95407 | 94-2641147 | 501(C)(3) | 101,160. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| BELLEVUE UNION SCHOOL DISTRICT 3150 EDUCATION DRIVE SANTA ROSA, CA 95407 | 58-2129727 | GOVERNMENT | 94,207. | 0. | | | FOR SALARY SUPPORT FOR KAWANA SPRINGS TECH PERSON |
| BELOS CAVALOS INC. 88 KING STREET #1205 SAN FRANCISCO, CA 94107 | 47-3009464 | 501(C)(3) | 7,100. | 0. | | | FOR GENERAL OPERATING SUPPORT; FOR THE EQUINE ASSISTED PROGRAM |
| BILINGUAL BROADCASTING FOUNDATION PO BOX 7189 SANTA ROSA, CA 95407 | 23-7134263 | 501(C)(3) | 34,198. | 0. | | | TO SUPPORT SALARY OF GENERAL MANAGER |
| BISHOP JOHN T. WALKER SCHOOL FOR BOYS, DEVELOPMENT OFFICE - 1801 MISSISSIPPI AVENUE, SE - WASHINGTON, DC 20020 | 53-0196608 | 501(C)(3) | 10,000. | 0. | | | TO SUPPORT THE BWS MEALS PROGRAM |
| BLOOD SYSTEMS, INC. 10536 PETER A. MCCUEN BLVD MATHER, CA 95655 | 86-0098929 | 501(C)(3) | 154,500. | 0. | | | TO HELP PURCHASE A NEW MOBILE BLOOD VAN |
| BOYS & GIRLS CLUB MARIN AND SOUTHERN SONOMA COUNTIES - 117 PAUL DR., SUITE B - SAN RAFAEL, CA 94903 | 94-1244390 | 501(C)(3) | 13,265. | 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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| BOYS AND GIRLS CLUBS OF CENTRAL SONOMA COUNTY - 1400 NORTH DUTTON AVENUE, SUITE 24 - SANTA ROSA, CA 95401 | 68-0309534 | 501(C)(3) | 21,504. | 0. | | | FOR GENERAL OPERATING SUPPORT; TO EXPAND THE "UKE'AN BE HAPPY PROGRAM"; FOR 2017 SUMMER |
| BOYS AND GIRLS CLUBS OF SONOMA VALLEY - 100 W. VERANO AVENUE - SONOMA, CA 95476 | 94-1579901 | 501(C)(3) | 300,000. | 0. | | | SCHOLARSHIPS FOR SUMMER CAMPS; FOR GENERAL OPERATING SUPPORT |
| BRANDEIS MARIN 180 N. SAN PEDRO ROAD SAN RAFAEL, CA 94903 | 47-1253063 | 501(C)(3) | 25,000. | 0. | | | IN SUPPORT OF THE JACKIE HOFFNER KINDNESS AND TIKK |
| BUCKELEW PROGRAMS 555 NORTHGATE DRIVE, SUITE 100 SAN RAFAEL, CA 94903 | 23-7088977 | 501(C)(3) | 10,250. | 0. | | | TO SUPPORT MENTAL HEALTH ART COLLABORATIVE; TO SUPPLEMENT AND EXPAND BUCKELEW PROGRAM'S RENTAL |
| CALIFORNIA HUMAN DEVELOPMENT 3315 AIRWAY DRIVE SANTA ROSA, CA 95403 | 94-1653023 | 501(C)(3) | 62,500. | 0. | | | FOR GENERAL OPERATING SUPPORT; TO SUPPORT IMMEDIATE FIRE RELIEF EFFORTS; TO SUPPORT DACA |
| CALIFORNIA PARENTING INSTITUTE 3650 STANDISH AVENUE SANTA ROSA, CA 95407 | 94-2541640 | 501(C)(3) | 48,900. | 0. | | | FOR CREATIVE ARTS PROGRAMS; FOR GENERAL OPERATING SUPPORT |
| CANAL WELCOME CENTER 30 N. SAN PEDRO RD., SUITE 250 SAN RAFAEL, CA 94903 | 84-0485451 | 501(C)(3) | 8,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| CANINE COMPANIONS FOR INDEPENDENCE, INC - PO BOX 446 - SANTA ROSA, CA 95402 | 94-2494324 | 501(C)(3) | 20,384. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| CAREER TECHNICAL EDUCATION FOUNDATION SONOMA COUNTY - 1030 APOLLO WAY, SUITE 200 - SANTA ROSA, CA 95407 | 46-5607272 | 501(C)(3) | 77,000. | 0. | | | 2017 GENERAL OPERATING EXPENSES; TO FUND STEM EDUCATION IN SONOMA COUNTY HIGH SCHOOLS |

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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| CATHEDRAL SCHOOL FOR BOYS 1275 SACRAMENTO STREET SAN FRANCISCO, CA 94108 | 94-1156846 | 501(C)(3) | 5,250. | 0. | | | GENERAL OPERATING SUPPORT; IN MEMORY OF MIMI LOWREY |
| CATHOLIC CHARITIES OF THE DIOCESE OF SANTA ROSA - PO BOX 4900 - SANTA ROSA, CA 95402 | 94-2479393 | 501(C)(3) | 237,650. | 0. | | | TO SUPPORT SECURITY SERVICES; FOR GENERAL OPERATING SUPPORT; FOR HOUSING AND SHELTER FOR |
| CATHOLIC RELIEF SERVICES PO BOX 17090 BALTIMORE, MD 21297-0303 | 13-5563422 | 501(C)(3) | 11,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| CENTER FOR CLIMATE PROTECTION PO BOX 3785 SANTA ROSA, CA 95402 | 45-0485495 | 501(C)(3) | 36,500. | 0. | | | FOR GENERAL OPERATING SUPPORT; TO SUPPORT ECO2SCHOOL'S WORLD CHANGERS CAREER PATH |
| CENTRAL PACIFIC DISTRICT OF THE CHRISTIAN AND MISSIONARY ALLIANCE - 715 LINCOLN AVE - WOODLAND, CA 95695 | 13-1623940 | 501(C)(3) | 126,000. | 0. | | | TO SUPPORT THE BRIDGE CHURCH - GENERAL FUND |
| CENTRO LABORAL DE GRATON PO BOX 42 GRATON, CA 95444 | 68-0472311 | 501(C)(3) | 20,038. | 0. | | | FOR GENERAL OPERATING SUPPORT; TO SUPPORT THE ALMAS PROGRAM |
| CERES COMMUNITY PROJECT 7351 BODEGA AVENUE SEBASTOPOL, CA 95472 | 26-2250997 | 501(C)(3) | 63,500. | 0. | | | FOR GENERAL OPERATING SUPPORT; TO SUPPORT THE PAID WORK INTERNSHIP PROGRAM |
| CHILD GUIDANCE RESOURCE CENTER 2000 OLD WEST CHESTER PIKE HAVERTOWN, PA 19083 | 23-1490061 | 501(C)(3) | 15,000. | 0. | | | FOR GENERAL FUND |
| CHILDREN'S MUSEUM OF SONOMA COUNTY 1835 WEST STEELE LANE SANTA ROSA, CA 95403 | 20-3496878 | 501(C)(3) | 9,276. | 0. | | | FOR GENERAL OPERATING SUPPORT; IN SUPPORT OF CMOSC'S FAMILY ACCESS PROGRAMS |

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) | 518,601. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| CITIZENS FOR RESPONSIBILITY AND ETHICS IN WASHINGTON AKA CREW - 455 MASSACHUSETTS AVE. NW, SUITE 600 - WASHINGTON, DC 20001 | 03-0445391 | 501(C)(3) | 10,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| CITY OF HEALDSBURG 1557 HEALDSBURG AVE. HEALDSBURG, CA 95448 | 94-6000347 | GOVERNMENT | 5,650. | 0. | | | TO SUPPORT TUESDAY MUSIC IN THE PLAZA |
| CITY OF SANTA ROSA HOUSING AND COMMUNITY SERVICES - 90 SANTA ROSA AVENUE - SANTA ROSA, CA 95404 | 94-6000428 | 501(C)(3) | 65,000. | 0. | | | TO PROVIDE GENERAL OPERATING SUPPORT TO SAM JONES |
| COLUMBUS FOUNDATION 1234 EAST BROAD STREET COLUMBUS, OH 43205 | 31-6044264 | 501(C)(3) | 5,500. | 0. | | | TO SUPPORT THE WOMEN'S FUND OF CENTRAL OHIO |
| COMMITTEE ON THE SHELTERLESS PO BOX 2744 PETALUMA, CA 94953-2744 | 68-0176855 | 501(C)(3) | 127,698. | 0. | | | FOR THE PETALUMA KITCHEN; FOR GENERAL OPERATING SUPPORT |
| COMMUNITY ACTION PARTNERSHIP OF SONOMA COUNTY - 141 STONY CIRCLE, #210 - SANTA ROSA, CA 95401 | 94-1648949 | 501(C)(3) | 58,000. | 0. | | | TO CREATE AN EMERGENCY FUND FOR STUDENTS IN YOUTH; TO SUPPORT SLOAN HOUSE |
| COMMUNITY CHILD CARE COUNCIL OF SONOMA COUNTY - 131-A STONY CIRCLE, STE 300 - SANTA ROSA, CA 95401 | 94-2274620 | 501(C)(3) | 25,000. | 0. | | | TO SUPPORT IMMEDIATE FIRE RELIEF EFFORTS |
| COMMUNITY MATTERS 120 STONY POINT RD, SUITE 120 SANTA ROSA, CA 95401 | 68-0369720 | 501(C)(3) | 16,000. | 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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| COMMUNITY SUPPORT NETWORK 1410 GUERNEVILLE RD., SUITE 14 SANTA ROSA, CA 95403 | 94-2159583 | 501(C)(3) | 27,800. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| COMPASSION WITHOUT BORDERS P.O. BOX 14995 SANTA ROSA, CA 95402 | 20-4698227 | 501(C)(3) | 35,000. | 0. | | | TO SUPPORT THE WELLNESS AND SPAY/NEUTER CLINICS |
| 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) | 20,000. | 0. | | | \$10 000 WILL BE FOR FISCAL YEAR 2018 OPERATING EXPENSES |
| CORAZON HEALDSBURG P.O. BOX 1004 HEALDSBURG, CA 95448 | 27-3044487 | 501(C)(3) | 46,500. | 0. | | | FOR GENERAL OPERATING SUPPORT IN 2017 |
| COURT APPOINTED SPECIAL ADVOCATES OF SONOMA COUNTY INC - PO BOX 1418 - KENWOOD, CA 95452 | 68-0404770 | 501(C)(3) | 56,500. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| EPISCOPAL SENIOR COMMUNITIES FOUNDATION - 2185 N. CALIFORNIA BLVD, #575 - WALNUT CREEK, CA 94596 | 94-6130471 | 501(C)(3) | 14,250. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| CSU SACRAMENTO-SCHOLARSHIPS 6000 J STREET, LESSON HALL 1001 SACRAMENTO, CA 95819 | 94-3001359 | 501(C)(3) | 7,429. | 0. | | | TO SUPPORT THE YES WE CAN SCHOLARSHIP PROGRAM |
| DAILY ACTS ORGANIZATION 245 KENTUCKY ST. PETALUMA, CA 94953 | 20-3851259 | 501(C)(3) | 40,000. | 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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| DAILY HOPE MINISTRIES P.O. BOX 80448 RANCHO SANTA MARGARITA, CA 92688 | 26-3854748 | 501(C)(3) | 10,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| EL VERANO SCHOOL 18606 RIVERSIDE DRIVE SONOMA, CA 95476-4526 | | 501(C)(3) | 10,000. | 0. | | | TO SUPPORT FUND A NEED-FOR LIBRARY |
| ENVIRNOMENTAL DEFENSE FUND 1875 CONNECTICUT AVENUE NW WASHINGTON, DC 20009 | 11-6107128 | 501(C)(3) | 20,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| FACE TO FACE SONOMA COUNTY AIDS NETWORK - 873 SECOND STREET - SANTA ROSA, CA 95404 | 68-0052664 | 501(C)(3) | 8,800. | 0. | | | FOR GENERAL OPERATING SUPPORT; IN HONOR OF GEORGE TRIEST; TO SUPPORT ART FOR LIFE 2017 IN |
| FAMILY JUSTICE CENTER OF SONOMA COUNTY FOUNDATION - 2755 MENDOCINO AVE., STE. 100 - SANTA ROSA, CA 95403 | 45-3160831 | 501(C)(3) | 31,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| FARM TO PANTRY PO BOX 191 HEALDSBURG, CA 95448 | 46-5321538 | 501(C)(3) | 14,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| FELTA EDUCATION FOUNDATION, C/O WEST SIDE ELEMENTARY SCHOOL - 1201 FELTA ROAD - HEALDSBURG, CA 95448 | 68-0479413 | 501(C)(3) | 20,990. | 0. | | | TO SUPPORT ART AND MUSIC EDUCATION; 2017 ARTS ENRICHMENT PROGRAM @ WESTSIDE SCHOOL |
| FISH OF THE SANTA ROSA AREA INC. PO BOX 4291 SANTA ROSA, CA 95402 | 51-0159551 | 501(C)(3) | 15,200. | 0. | | | FOR RENT AND UTILITIES; FOR GENERAL OPERATING SUPPORT |
| FOCUSING PHILANTHROPY 1637 16TH STREET SANTA MONICA, CA 90404 | 45-2405071 | 501(C)(3) | 20,000. | 0. | | | FOR FIRE RESCUE FUND MATCH TO SEVA FOUNDATION |

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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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| FOOD FOR THOUGHT PO BOX 1608 FORESTVILLE, CA 95436 | 68-0181095 | 501(C)(3) | 103,000. | 0. | | | TO SUPPORT THE VITAL NUTRITION PROJECT; FOR GENERAL OPERATING SUPPORT |
| FOREST UNLIMITED PO BOX 506 FORESTVILLE, CA 95436 | 94-3263110 | 501(C)(3) | 40,000. | 0. | | | TO SUPPORT THE FRIENDS OF FELTA CREEK PROJECT |
| FORT ROSS CONSERVANCY 19005 COAST HIGHWAY ONE JENNER, CA 95450 | 94-2370751 | 501(C)(3) | 18,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| FOUNDATION FOR NATIONAL PROGRESS DBA MOTHER JONES - 222 SUTTER STREET, STE. 600 - SAN FRANCISCO, CA 94108 | 94-2282759 | 501(C)(3) | 9,315. | 0. | | | FOR GENERAL OPERATING SUPPORT AND FROM THE ESTATE |
| FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON STREET CHARLOTTE, NC 28202 | 56-6047886 | 501(C)(3) | 100,000. | 0. | | | TO E4E TO PROVIDE DISASTER RELIEF SERVICES; TO PROVIDE DISASTER RELIEF FOR JACKSON FAMILY |
| FRIENDS IN SONOMA HELPING P.O. BOX 507 SONOMA, CA 95476 | 23-7441289 | 501(C)(3) | 16,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| GIANT STEPS THERAPEUTIC EQUESTRIAN CENTER - 1320 COMMERCE ST., STE. A - PETALUMA, CA 94955-4855 | 68-0404917 | 501(C)(3) | 16,000. | 0. | | | FOR AN INDEPENDENT RIDER LIFT; FOR GENERAL OPERATING SUPPORT |
| GIRL SCOUTS OF NORTHERN CALIFORNIA 1650 HARBOR BAY PARKWAY, STE.100 ALAMEDA, CA 94502-3013 | 94-1551410 | 501(C)(3) | 8,001. | 0. | | | TO SUPPORT THE OUTREACH PROGRAM IN SONOMA COUNTY |
| GIVE BACK YOGA FOUNDATION P.O. BOX 415 BOLINAS, CA 94924 | 20-8666751 | 501(C)(3) | 10,000. | 0. | | | TO SUPPORT THE PRISON YOGA PROJECT IN SAN QUENTIN |

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| GLORIA DEI LUTHERN CHURCH 219 N. 6TH AVE. E. DULUTH, MN 55805 | 41-0718322 | 501(C)(3) | 10,000. | 0. | | | TO SUPPORT THE REBUILDING FUND AND IN MEMORY OF CO |
| GRANTMAKERS CONCERNED WITH IMMIGRANTS AND REFUGEES - P.O. BOX 1100 - SEBASTOPOL, CA 95473 | 20-2559651 | 501(C)(3) | 114,500. | 0. | | | TO SUPPORT UNDOCUFUND FIRE RELIEF; TO SUPPORT UNDOCUFUND; FOR GENERAL OPERATING SUPPORT |
| HAND FAN MUSEUM 219 HEALDSBURG AVE. HEALDSBURG, CA 95448 | 51-0429747 | 501(C)(3) | 50,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| HEALDSBURG EDUCATION FOUNDATION PO BOX 1668 HEALDSBURG, CA 95448 | 68-0051242 | 501(C)(3) | 7,500. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| HEALDSBURG JAZZ FESTIVAL, INC PO BOX 266 HEALDSBURG, CA 95448 | 71-0910474 | 501(C)(3) | 34,000. | 0. | | | FOR 2017 GENERAL OPERATING EXPENSES |
| HEALDSBURG MUSEUM & HISTORICAL SOCIETY - 221 MATHESON STREET - HEALDSBURG, CA 95448 | 94-2401543 | 501(C)(3) | 7,000. | 0. | | | TO SUPPORT THE ANNUAL CAMPAIGN; FOR GENERAL OPERATING SUPPORT |
| HEALDSBURG SHARED MINISTRIES PO BOX 1646 HEALDSBURG, CA 95448 | 94-2838706 | 501(C)(3) | 20,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| HEALTHCARE FOUNDATION NORTHERN SONOMA COUNTY - PO BOX 1025 - HEALDSBURG, CA 95448 | 68-0474109 | 501(C)(3) | 20,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| HOSPICE BY THE BAY FOUNDATION 17 E. SIR FRANCIS DRAKE BLVD. LARKSPUR, CA 94939 | 94-2890791 | 501(C)(3) | 15,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |

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| ICVAW DBA EVERYWOMAN EVERYWHERE 152 WOBERN STREET LEXINGTON, MA '02340 | 47-3272024 | 501(C)(3) | 25,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| INDIANA UNIVERSITY PURDUE UNIVERSITY FORT WAYNE - 2101 E. COLISEUM BLVD. - FORT WAYNE, IN 46805 | 35-6002041 | 501(C)(3) | 41,400. | 0. | | | TO SUPPORT IPFW DEPARTMENT OF BIOLOGY. SEA TURTLE |
| INQUIRING SYSTEMS, INC PO BOX 2037 SONOMA, CA 95476 | 94-2524840 | 501(C)(3) | 6,250. | 0. | | | FOR GENERAL OPERATING SUPPORT OF SONOMA VALLEY COMMUNITY FOUNDATION |
| INSIGHT GARDEN PROGRAM 2081 CENTER STREET BERKELEY, CA 94704 | 46-3998218 | 501(C)(3) | 10,000. | 0. | | | TO SUPPORT GARDEN PROGRAM AT SAN QUENTIN PRISON |
| INTERFAITH SHELTER NETWORK 3850 MONTGOMERY DR. SANTA ROSA, CA 95405 | 68-0222942 | 501(C)(3) | 10,000. | 0. | | | TO PROVIDE EMERGENCY FINANCIAL ASSISTANCE FOR HOME |
| INTERNET ARCHIVE 300 FUNSTON AVE. SAN FRANCISCO, CA 94118 | 94-3242767 | 501(C)(3) | 10,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| JEWISH COMMUNITY FREE CLINIC OF SONOMA COUNTY - 50 MONTGOMERY DR - SANTA ROSA, CA 95404 | 94-3386103 | 501(C)(3) | 22,812. | 0. | | | 2017 GENERAL OPERATING EXPENSES; FOR OAK LEAF LEVEL BUILDING FUND |
| JEWISH FAMILY & CHILDREN'S SERVICES - 2150 POST STREET - SAN FRANCISCO, CA 94115 | 94-1156528 | 501(C)(3) | 7,500. | 0. | | | FOR GENERAL OPERATING SUPPORT; FOR SONOMA COUNTY FIRE RELIEF FUND |
| KIDS FOR THE KINGDOM P.O. BOX 85 GRATON, CA 95444 | 68-0421846 | 501(C)(3) | 20,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |

Schedule I (Form 990)

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

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| KNIGHTS OF INDULGENCE THEATRE UNITED STATES - 461 SEBASTOPOL AVENUE - SANTA ROSA, CA 95401 | 03-0461324 | 501(C)(3) | 15,000. | 0. | | | TO SUPPORT IMAGINISTS' ION PROJECT |
| KQED INC. 2601 MARIPOSA STREET SAN FRANCISCO, CA 94110 | 94-1241309 | 501(C)(3) | 30,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| LA CASA DE LOS NINOS PO BOX 1355 SEBASTOPOL, CA 95473 | 14-1949425 | 501(C)(3) | 30,500. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| LA LUZ CENTER 17560 GREGER STREET SONOMA, CA 95476 | 68-0228235 | 501(C)(3) | 69,000. | 0. | | | FOR GENERAL OPERATIONS SUPPORT; TO SUPPORT 2017 ANNUAL FUND |
| LANDPATHS 618 4TH ST. #217 SANTA ROSA, CA 95404 | 68-0328590 | 501(C)(3) | 533,250. | 0. | | | TO SUPPORT OWL CAMP SCHOLARSHIPS; FOR GENERAL OPERATING SUPPORT |
| 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 |
| LEUKEMIA AND LYMPHOMA SOCIETY 101 MONTGOMERY STREET, SUITE 750 SAN FRANCISCO, CA 94104 | 13-5644916 | 501(C)(3) | 40,000. | 0. | | | TO PARTIALLY FUND A PART-TIME PATIENT ACCESS OUTREACH |
| LIFEHOUSE, INC. 899 NORTHGATE DRIVE, SUITE 500 SAN RAFAEL, CA 94903 | 94-6050196 | 501(C)(3) | 15,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| LISTENING FOR A CHANGE 4908 SONOMA HIGHWAY, SUITE B SANTA ROSA, CA 95409 | 68-0431904 | 501(C)(3) | 9,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |

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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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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| LOS CIEN SONOMA COUNTY, INC. P.O.BOX 105 GUERNEVILLE, CA 95446 | 47-4474273 | 501(C)(3) | 15,375. | 0. | | | TO HIRE A CONSULTANT TO FACILITATE THE GROWTH OF LOS CIEN SONOMA COUNTY, INC. |
| LUTHER BURBANK HOME AND GARDENS 100 SANTA ROSA AVE, ROOM 10 SANTA ROSA, CA 95404 | 26-3008405 | 501(C)(3) | 7,636. | 0. | | | FOR GENERAL OPERATING SUPPORT; TO HAVE NEW GARDEN SIGNS MADE |
| LUTHER BURBANK MEMORIAL FOUNDATION 50 MARK WEST SPRINGS ROAD SANTA ROSA, CA 95403 | 94-2581084 | 501(C)(3) | 15,901. | 0. | | | TO SUPPORT THE ARTIST IN SCHOOLS PROGRAM; FOR GENERAL OPERATING SUPPORT |
| MANZANITA SERVICES INC. 410 JONES ST., SUITE C-1 UKIAH, CA 95482 | 26-3901214 | 501(C)(3) | 12,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| MARIN COUNTY SHERIFF'S DEPARTMENT SEARCH AND RESCUE - 1600 LOS GAMOS DRIVE, SUITE 200 - SAN RAFAEL, CA 94903 | 68-0442928 | 501(C)(3) | 10,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| MARINE MAMMAL CENTER 2000 BUNKER RD. - FORT CRONKITE SAUSALITO, CA 94965 | 51-0144434 | 501(C)(3) | 6,751. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| MARYKNOLL FATHERS AND BROTHERS P.O. BOX 302 MARYKNOLL, NY 10545-0302 | 13-1740144 | 501(C)(3) | 10,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| MIRACLE LEAGUE NORTH BAY 40 FOURTH STREET PETALUMA, CA 94952 | 81-2922763 | 501(C)(3) | 10,000. | 0. | | | TO SUPPORT THE CAPITAL CAMPAIGN |
| MUSEUMS OF SONOMA COUNTY 425 SEVENTH STREET SANTA ROSA, CA 95401 | 94-2506626 | 501(C)(3) | 97,500. | 0. | | | TO SUPPORT THE ANNUAL GALA; TO SUPPORT ART4KIDS; TO SUPPORT OVERHEAD FOR ART SHOW |

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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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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| NAPA VALLEY COMMUNITY FOUNDATION 3299 CLAREMONT WAY, SUITE 2 NAPA, CA 94558 | 68-0349777 | 501(C)(3) | 12,500. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| NATURE CONSERVANCY IN CALIFORNIA 201 MISSION STREET, 4TH FLOOR SAN FRANCISCO, CA 94105 | 20-5797732 | 501(C)(3) | 75,000. | 0. | | | TO SUPPORT THE TEN MILE RIVER PROJECT |
| NORTH BAY ASSOCIATION OF REALTORS CHARITY - 2235 CHALLENGER WAY, SUITE 100 - SANTA ROSA, CA 95407 | 81-2793219 | 501(C)(3) | 16,622. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| NORTH BAY ORGANIZING PROJECT PO BOX 503 GRATON, CA 95444 | 45-2369887 | 501(C)(3) | 39,500. | 0. | | | TO SUPPORT THE LATINO STUDENT CONGRESS |
| NORTHERN CALIFORNIA CENTER FOR WELL-BEING - 101 BROOKWOOD AVENUE, SUITE A - SANTA ROSA, CA 95404 | 93-1144835 | 501(C)(3) | 32,500. | 0. | | | IN SUPPORT OF LOW INCOME RESIDENTS IN NEED OF LIFE; FOR GENERAL OPERATING SUPPORT |
| NPH USA - ST. DAMIEN PEDIATRIC HOSPITAL FUND - 134 NORTH LASALLE STREET, SUITE 500 - CHICAGO, IL 60602 | 65-1229309 | 501(C)(3) | 7,000. | 0. | | | FOR ST. DAMIEN PEDIATRIC HOSPITAL OPERATIONS; FOR GENERAL OPERATING SUPPORT |
| NPR FOUNDATION 1111 NORTH CAPITOL STREET, NE WASHINGTON, DC 20002 | 52-1795789 | 501(C)(3) | 25,000. | 0. | | | TO SUPPORT 2018 GENERAL OPERATING EXPENSES |
| OCCIDENTAL ARTS AND ECOLOGY CENTER 15290 COLEMAN VALLEY ROAD OCCIDENTAL, CA 95465 | 68-0359676 | 501(C)(3) | 15,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| ON THE MOVE 780 LINCOLN AVE. NAPA, CA 94558 | 75-3149095 | 501(C)(3) | 121,970. | 0. | | | TO SUPPORT VOICES SONOMA |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| OUR FAMILY COALITION 1385 MISSION STREET SAN FRANCISCO, CA 94103 | 94-3261786 | 501(C)(3) | 10,000. | 0. | | | TO SUPPORT THREE ANNUAL EVENTS FOR NORTH BAY LGBTQ |
| PEDIATRIC DENTAL INITIATIVE OF THE NORTH COAST INC. - 1380 19TH HOLE DRIVE - WINDSOR, CA 95492 | 34-2012430 | 501(C)(3) | 61,000. | 0. | | | FOR GENERAL OPERATING SUPPORT; FOR ANNUAL DONATION |
| PEPPERWOOD FOUNDATION 2130 PEPPERWOOD PRESERVE RD. SANTA ROSA, CA 95404-7543 | 01-0817571 | 501(C)(3) | 595,500. | 0. | | | TO SUPPORT FUND A NEED; FOR GENERAL OPERATING SUPPORT; TO SUPPORT THE FOREVER TEAM WORK |
| PETALUMA ECUMENICAL PROPERTIES 951 PETALUMA BLVD. SOUTH PETALUMA, CA 94952 | 94-2565270 | 501(C)(3) | 7,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| PETALUMA PEOPLE SERVICES CENTER 1500 PETALUMA BLVD. SOUTH PETALUMA, CA 94952 | 94-2271299 | 501(C)(3) | 35,000. | 0. | | | IN SUPPORT OF SHARE PROGRAM; TO SUPPORT MEALS ON WHEELS; TO SUPPORT IMMEDIATE FIRE RELIEF |
| PFLAG NAPA PO BOX 2661 NAPA, CA 94558 | 95-3750694 | 501(C)(3) | 6,500. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| PLANNED PARENTHOOD OF NORTHERN CALIFORNIA - 2185 PACHECO STREET - CONCORD, CA 94520 | 94-1575233 | 501(C)(3) | 29,000. | 0. | | | IN SUPPORT OF PLANNED PARENTHOOD SANTA ROSA; FOR GENERAL OPERATING SUPPORT |
| POINT REYES NATIONAL SEASHORE ASSOCIATION - 1 BEAR VALLEY ROAD, BLDG 70 - POINT REYES STATION, CA 94956 | 94-2228894 | 501(C)(3) | 13,500. | 0. | | | FOR GENERAL OPERATING SUPPORT; TO SUPPORT OCT. 7, 2017 PACIFIC PLATE EVENT |
| PONY EXPRESS EQUINE ASSISTED SKILLS FOR YOUTH - 6413 SONOMA HIGHWAY - SANTA ROSA, CA 95409 | 80-0370392 | 501(C)(3) | 11,000. | 0. | | | TO SUPPORT THE NEW EQUINE PROGRAM; FOR GENERAL OPERATING SUPPORT |

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| PRESENTATION SCHOOL PO BOX 1220 SONOMA, CA 95476-1220 | 91-1829138 | 501(C)(3) | 5,500. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| PRESTWOOD ELEMENTARY SCHOOL 343 E. MACARTHUR STREET SONOMA, CA 95476 | | 501(C)(3) | 5,100. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| PUBLIC HEALTH INSTITUTE 555 12TH STREET 10TH FLOOR OAKLAND, CA 94607 | 94-1646278 | 501(C)(3) | 7,500. | 0. | | | TO SUPPORT ROOTS OF CHANGE |
| PUBLIC SCHOOL SUCCESS TEAM INC. PO BOX 781 HEALDSBURG, CA 95448 | 26-4632140 | 501(C)(3) | 20,000. | 0. | | | FOR GRADUATION GRANTS OF \$2 000.00 EACH FOR TEN 20 |
| RAIZES COLLECTIVE PO BOX 8606 SANTA ROSA, CA 95407 | 47-3129493 | 501(C)(3) | 7,500. | 0. | | | TO DESIGN A DOCUMENTATION AND OUTCOME METHODOLOGY |
| REACH FOR HOME 443 HUDSON STREET HEALDSBURG, CA 95448 | 47-2692320 | 501(C)(3) | 28,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| REDWOOD COMMUNITY HEALTH COALITION 1310 REDWOOD WAY, SUITE 135 PETALUMA, CA 94954 | 94-3220029 | 501(C)(3) | 48,337. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| REDWOOD CREDIT UNION COMMUNITY FUND INC. - 3033 CLEVELAND AVENUE - SANTA ROSA, CA 95403 | 47-5084832 | 501(C)(3) | 1,012,904. | 0. | | | FOR NORTH BAY FIRE RELIEF FUND FOR SONOMA COUNTY |
| REDWOOD EMPIRE FOOD BANK 3990 BRICKWAY BLVD. SANTA ROSA, CA 95403 | 68-0121855 | 501(C)(3) | 147,750. | 0. | | | FOR GENERAL OPERATING SUPPORT; FOR DISASTER RELIEF FOR FIRE VICTIMS AND HOMELESS; TO SUPPORT |

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| REDWOOD GOSPEL MISSION P.O. BOX 493 SANTA ROSA, CA 95402-0493 | 94-6122045 | 501(C)(3) | 139,000. | 0. | | | FOR THE CERTIFICATE TRAINING PROGRAM; TO REPAIR AIR AND HEAT SYSTEM AND ROOF |
| REGENTS OF THE UNIVERSITY OF CALIFORNIA, DAVIS-CASHIER & PAYMENT SOLUTIONS - PO BOX 989062 - WEST SACRAMENTO, CA 95798 | 94-6036494 | 501(C)(3) | 8,996. | 0. | | | TO SUPPORT THE YES WE CAN SCHOLARSHIP PROGRAM |
| REPORTERS COMMITTEE FOR FREEDOM OF THE PRESS - 156 15TH STREET NW, SUITE 1250 - WASHINGTON, DC 20005 | 52-0972043 | 501(C)(3) | 10,000. | 0. | | | 2017 GENERAL OPERATING EXPENSES |
| RINCON VALLEY CHRISTIAN SCHOOL 4585 BADGER ROAD SANTA ROSA, CA 95409 | 94-1520078 | 501(C)(3) | 20,000. | 0. | | | TO SUPPORT THE ROBERT A GRAVES FUND FOR TUITION |
| RIVER TO COAST CHILDREN'S SERVICES P.O. BOX 16 GUERNEVILLE, CA 95446-0016 | 94-2378459 | 501(C)(3) | 12,500. | 0. | | | TO PROVIDE EMERGENCY FOOD, DIAPERS, AND HYGIENE ITEMS |
| ROSELAND CHARTER SCHOOL 1691 BURBANK AVE SANTA ROSA, CA 95407 | 43-2029144 | 501(C)(3) | 163,000. | 0. | | | TO FUND THE BRIDGE GRANT |
| ROSELAND UNIVERSITY PREP 1691 BURBANK AVE. SANTA ROSA, CA 95407 | 43-2029144 | 501(C)(3) | 335,000. | 0. | | | FOR THE PHALAROPE FUND BRIDGE GRANT ONLY |
| RURAL CALIFORNIA BROADCASTING-KRCB 5850 LABATH AVENUE ROHNERT PARK, CA 94928 | 94-2718837 | 501(C)(3) | 9,162. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| RUSSIAN RIVERKEEPER P.O. BOX 1335 HEALDSBURG, CA 95448 | 68-0321117 | 501(C)(3) | 29,500. | 0. | | | TO SUPPORT THE RUSSIAN RIVER RACE; FOR 2017 OPERATING EXPENSES |

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| RWANDA SCHOOL PROJECT 1300 ST. FRANCIS ROAD SANTA ROSA, CA 95409 | 20-3545455 | 501(C)(3) | 10,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607 | 58-1437002 | 501(C)(3) | 10,000. | 0. | | | TO SUPPORT HURRICANE RELIEF EFFORTS |
| SAN FRANCISCO FILM SOCIETY 39 MESA STREET, SUITE 110 SAN FRANCISCO, CA 94129 | 94-2663216 | 501(C)(3) | 28,000. | 0. | | | DAVID L. BROWN'S PULSE OF PEACE PICTURES FOR KEEP |
| SANTA ROSA CHILDREN'S CHORUS P.O. BOX 9389 SANTA ROSA, CA 95405 | 68-0165953 | 501(C)(3) | 34,700. | 0. | | | GENERAL OPERATING SUPPORT |
| SANTA ROSA COMMUNITY HEALTH 3569 ROUND BARN CIRCLE SANTA ROSA, CA 95403 | 68-0365296 | 501(C)(3) | 315,000. | 0. | | | FOR THE VISTA FIRE RECOVERY FUND; FOR GENERAL OPERATING SUPPORT |
| SANTA ROSA MEMORIAL HOSPITAL FOUNDATION - 1154 MONTGOMERY DRIVE, SUITE 1 - SANTA ROSA, CA 95405 | 94-1231005 | 501(C)(3) | 180,500. | 0. | | | TO SUPPORT THE CAPITAL FUND; FOR THE CARDIAC PROGRAM IN HONOR OF DR. JOHN REED |
| SANTA ROSA PLAYERS DBA SIXTH STREET PLAYHOUSE - 52 W. 6TH STREET - SANTA ROSA, CA 95401 | 94-1748527 | 501(C)(3) | 9,000. | 0. | | | TO SUPPORT THE PLAYHOUSE'S EFFORTS TO EXPAND ARTS; FOR GENERAL OPERATING SUPPORT |
| SANTA ROSA SUNRISE ROTARY FOUNDATION - P.O. BOX 14953 - SANTA ROSA, CA 95402 | 68-0339109 | 501(C)(3) | 11,000. | 0. | | | TO SUPPORT THE MATCH FOR NICARAGUAN SURGERY CENTER |
| SANTA ROSA SYMPHONY 50 SANTA ROSA AVENUE, STE. 410 SANTA ROSA, CA 95404 | 94-6134075 | 501(C)(3) | 63,925. | 0. | | | TO SUPPORT FUNDRAISING EVENT IN MARCH 2017; TO SUPPORT MUSIC EDUCATION PROGRAMS |

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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| SAVE THE REDWOODS LEAGUE 111 SUTTER STREET, 11TH FLOOR SAN FRANCISCO, CA 94104 | 94-0843915 | 501(C)(3) | 22,500. | 0. | | | IN SUPPORT OF YEAR END MATCHING CAMPAIGN; FOR GENERAL OPERATING SUPPORT |
| SEBASTOPOL CENTER FOR THE ARTS 282 S. HIGH ST. SEBASTOPOL, CA 95472 | 68-0168638 | 501(C)(3) | 13,000. | 0. | | | FOR GENERAL OPERATING SUPPORT; IN SUPPORT OF THE SEBASTOPOL DOCUMENTARY FILM FESTIVAL |
| SEEDS OF AWARENESS 7 4TH STREET, SUITE 46 PETALUMA, CA 94952 | 46-3027361 | 501(C)(3) | 7,500. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| SEEDS OF LEARNING PO BOX 2107 SONOMA, CA 95476 | 68-0254397 | 501(C)(3) | 5,658. | 0. | | | TO SUPPORT THE ANNUAL FUND; FOR GENERAL OPERATING SUPPORT |
| SOCIAL ADVOCATES FOR YOUTH 2447 SUMMERFIELD ROAD SANTA ROSA, CA 95405 | 94-1711490 | 501(C)(3) | 211,250. | 0. | | | TO SUPPORT THE DREAM CENTER; TO SUPPORT THE TLT PROGRAM; FOR GENERAL OPERATING SUPPORT |
| 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 |
| SONOMA ACADEMY 2500 FARMERS LANE SANTA ROSA, CA 95404-7013 | 94-3343174 | 501(C)(3) | 5,030,500. | 0. | | | TO SUPPORT THE FUND FOR EXCELLENCE; TO SUPPORT THE ANNUAL FUND |
| SONOMA COMMUNITY CENTER 276 EAST NAPA STREET SONOMA, CA 95476 | 94-1566728 | 501(C)(3) | 11,100. | 0. | | | TO SUPPORT FUND-A-NEED AT MUSE 2017; TO SUPPORT FUND THE FUTURE |
| SONOMA COUNTY CHILDREN'S CHARITIES 414 AVIATION BLVD. SANTA ROSA, CA 95403 | 68-0270692 | 501(C)(3) | 50,000. | 0. | | | TO SUPPORT FUND-A-NEED AT SCCC AUCTION 6/6/17 |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| SONOMA COUNTY FAIR FOUNDATION 1350 BENNETT VALLEY RD. SANTA ROSA, CA 95404 | 45-4827997 | 501(C)(3) | 185,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| SONOMA COUNTY HORSE COUNCIL PO BOX 7157 SANTA ROSA, CA 95407 | 68-0400194 | 501(C)(3) | 35,000. | 0. | | | TO SUPPORT FIRE RELIEF EFFORTS |
| SONOMA COUNTY PUBLIC LIBRARY FOUNDATION - PO BOX 1402 - SANTA ROSA, CA 95402-1402 | 68-0137105 | 501(C)(3) | 17,000. | 0. | | | TO SUPPORT THE SONOMA COUNTY FREE BOOKMOBILE; FOR GENERAL OPERATING SUPPORT |
| SONOMA COUNTY REGIONAL PARKS FOUNDATION - 2300 COUNTY CENTER DRIVE #120A - SANTA ROSA, CA 95403 | 68-0421813 | 501(C)(3) | 32,500. | 0. | | | TO SUPPORT PARKS RESTORATION; TO SUPPORT TAYLOR MOUNTAIN TRAILS; TO SUPPORT THE HEALDSBURG |
| SONOMA ECOLOGY CENTER P.O. BOX 1486 ELDRIDGE, CA 95431 | 94-3136500 | 501(C)(3) | 20,900. | 0. | | | FOR SONOMA VALLEY FIRES ECOLOGICAL RELIEF EFFORTS; TO SUPPORT THE K-12 WATERSHED EDUCATION |
| SONOMA HUMANE SOCIETY PO BOX 1296 SANTA ROSA, CA 95402 | 94-6001315 | 501(C)(3) | 65,600. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| SONOMA LAND TRUST 822 FIFTH STREET SANTA ROSA, CA 95404 | 51-0197006 | 501(C)(3) | 336,350. | 0. | | | TO SUPPORT THE SOUTHEAST GREENWAY ACQUISITION FUND; FOR GENERAL OPERATING SUPPORT |
| SONOMA OVERNIGHT SUPPORT INC P.O. BOX 748 SONOMA, CA 95476 | 03-0483033 | 501(C)(3) | 33,250. | 0. | | | TO SUPPORT DAY SERVICES FOR THE HUNGRY AND HOMELESS; FOR GENERAL OPERATING SUPPORT |
| SONOMA STATE UNIVERSITY 1801 E. COTATI AVENUE, STEVENSON HALL, ROOM 1054 - ROHNERT PARK, CA 94928 | 68-0338225 | 501(C)(3) | 10,000. | 0. | | | TO SUPPORT THE GREEN MUSIC CENTER; TO SUPPORT THE WOLF FAMILY YES WE CAN SCHOLARSHIP |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| SONOMA STATE UNIVERSITY SEAWOLF SCHOLARS PROGRAM - 1801 EAST COTATI AVE. - ROHNERT PARK, CA 94928 | 68-0338225 | 501(C)(3) | 10,000. | 0. | | | TO SUPPORT THE SEAWOLF SCHOLARS PROGRAM |
| SONOMA VALLEY COMMUNITY HEALTH CENTER - 19270 SONOMA HWY - SONOMA, CA 95476 | 68-0286382 | 501(C)(3) | 11,500. | 0. | | | TO SUPPORT THE SONOMA VALLEY COMMUNITY HEALTH FAIR |
| SONOMA VALLEY EDUCATION FOUNDATION PO BOX 493 SONOMA, CA 95476 | 68-0279152 | 501(C)(3) | 35,500. | 0. | | | TO SUPPORT FUND-A-NEED FROM THE RED AND WHITE BALL; FOR GENERAL OPERATING SUPPORT |
| SONOMA VALLEY HOSPITAL FOUNDATION 347 ANDRIEUX STREET SONOMA, CA 95476 | 94-2832488 | 501(C)(3) | 14,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| SONOMA VALLEY MENTORING ALLIANCE P.O. BOX 721 SONOMA, CA 95476 | 68-0429128 | 501(C)(3) | 51,880. | 0. | | | TO SUPPORT THE ANNUAL CAMPAIGN; FOR GENERAL OPERATING SUPPORT |
| SONOMA VALLEY MUSEUM OF ART PO BOX 322 SONOMA, CA 95476 | 68-0409459 | 501(C)(3) | 27,500. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| SONOMA VALLEY ROTARY FOUNDATION P.O. BOX 910 SONOMA, CA 95476 | 68-0343129 | 501(C)(3) | 10,000. | 0. | | | FOR SONOMASTRONG FIRE RELIEF |
| SONOMA VALLEY VINTNERS & GROWERS FOUNDATION - 783 BROADWAY - SONOMA, CA 95476 | 91-1934463 | 501(C)(3) | 20,000. | 0. | | | TO SUPPORT FUND THE FUTURE |
| SONOMA WEST MEDICAL FOUNDATION 245 NORTH MAIN STREET SEBASTOPOL, CA 95472 | 94-3314210 | 501(C)(3) | 13,006. | 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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|-------------------------------------|
| SANTA ROSA JUNIOR COLLEGE FOUNDATION - 1501 MENDOCINO AVENUE - SANTA ROSA, CA 95401-4395 | 94-1735861 | 501(C)(3) | 5,200. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| SRM ALLIANCE HOSPITAL SERVICES 1154 MONTGOMERY DRIVE, STE. 1 SANTA ROSA, CA 95405 | 68-0395200 | 501(C)(3) | 6,386. | 0. | | | TO SUPPORT THE HOSPICE DIGNITY FUND |
| ST. ANDREW PRESBYTERIAN CHURCH 16290 ARNOLD DR. SONOMA, CA 95476 | 51-0158108 | 501(C)(3) | 10,900. | 0. | | | TO SUPPORT OPERATIONS |
| ST. EUGENE'S CATHEDRAL SCHOOL 300 FARMERS LANE SANTA ROSA, CA 95405 | 94-1565933 | 501(C)(3) | 28,947. | 0. | | | TUITION ASSISTANCE (2016-2017) |
| ST. JAMES BY-THE-SEA EPISCOPAL CHURCH - 743 PROSPECT STREET - LA JOLLA, CA 92037 | 95-1792756 | 501(C)(3) | 10,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| STANFORD UNIVERSITY PO BOX 20466 STANFORD, CA 94309-0466 | 94-1156365 | 501(C)(3) | 18,302. | 0. | | | TO SUPPORT THE PRESIDENT'S FUND |
| STEWARDS OF THE COAST AND REDWOODS PO BOX 2 DUNCANS MILLS, CA 95430 | 94-3039895 | 501(C)(3) | 5,200. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| SUKHASIDDHI FOUNDATION PO BOX 151327 SAN RAFAEL, CA 94915 | 68-0395959 | 501(C)(3) | 12,400. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| SUNNY HILLS SERVICES 300 SUNNY HILLS DRIVE, BLDG #5 SAN ANSELMO, CA 94960 | 94-1156301 | 501(C)(3) | 10,000. | 0. | | | TO HELP SAVE THE LIVES OF CHILDREN |

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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| SUTTER MEDICAL CENTER OF SANTA ROSA - 30 MARK WEST SPRINGS ROAD - SANTA ROSA, CA 95403 | 94-6187756 | 501(C)(3) | 33,500. | 0. | | | TO SUPPORT CATWALK FOR A CURE; FOR NEW BUILDING FUND |
| SWEETWATER SPECTRUM INC. 369 FIFTH STREET WEST SONOMA, CA 95476 | 27-0184641 | 501(C)(3) | 58,281. | 0. | | | FOR GENERAL OPERATING SUPPORT; TO SUPPORT THE ANNUAL FUND |
| TEEN SERVICES SONOMA 17440 SONOMA HIGHWAY SONOMA, CA 95476 | 68-0390038 | 501(C)(3) | 27,250. | 0. | | | IN SUPPORT OF THE TEEN CENTER; TO SUPPORT FUND A NEED; TO SUPPORT ANNUAL CAMPAIGN |
| THE LIVING ROOM CENTER, INC. 1207 CLEVELAND AVENUE SANTA ROSA, CA 95401 | 58-2675876 | 501(C)(3) | 102,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| THE MONASTERY PROJECT 919 MCFARLANE AVENUE SEBASTOPOL, CA 95472 | 68-0473949 | 501(C)(3) | 25,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| TLC CHILD AND FAMILY SERVICES PO BOX 2079 SEBASTOPOL, CA 95473-2079 | 68-0008634 | 501(C)(3) | 15,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| TRANSCENDENCE THEATRE COMPANY 19201 SONOMA HIGHWAY, #214 SONOMA, CA 95476 | 46-2182873 | 501(C)(3) | 7,500. | 0. | | | TO GO TOWARDS BEST CHALLENGE EVER MATCHING FUNDS |
| UC BERKELEY FOUNDATION - GIFT OPERATIONS - 1995 UNIVERSITY AVE., SUITE 400 - BERKELEY, CA 94704 | 94-6090626 | 501(C)(3) | 15,000. | 0. | | | TO SUPPORT THE FOLLOWING: THE DOE LIBRARY FUND |
| UNITED WAY OF THE WINE COUNTRY 975 CORPORATE CTR PKWY, #160 SANTA ROSA, CA 95407 | 94-1669646 | 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.)

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| UNIVERSITY OF COLORADO FOUNDATION P.O. BOX 17126 DENVER, CO 80217 | 84-6049811 | 501(C)(3) | 15,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| UPVALLEY FAMILY CENTERS OF NAPA COUNTY - 1500 CEDAR ST. - CALISTOGA, CA 94515 | 80-0023012 | 501(C)(3) | 10,000. | 0. | | | TO FUND THE EARLY CHILDHOOD ENRICHMENT PROGRAM |
| VERITY-COMPASSION SAFETY SUPPORT A CALIFORNIA CORPORATION - 835 PINER RD SUITE D - SANTA ROSA, CA 95403 | 94-2437947 | 501(C)(3) | 9,501. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| THE VISIONARIES, INC. 748 PAGE ST. STOUGHTON, MA '02072 | 04-3282172 | 501(C)(3) | 10,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| VITAL IMMIGRANT DEFENSE ADVOCACY AND SERVICE - 576 B STREET, SUITE 1C - SANTA ROSA, CA 95401 | 90-1019558 | 501(C)(3) | 13,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| VOLUNTEER CENTER OF SONOMA COUNTY INC - 153 STONY CIRCLE, SUITE 100 - SANTA ROSA, CA 95401 | 94-1751375 | 501(C)(3) | 42,115. | 0. | | | TO SUPPORT THE AMAROSA ACADEMY; FOR GENERAL OPERATING SUPPORT |
| WARNECKE INSTITUTE, INC. 13427 CHALK HILL ROAD. HEALDSBURG, CA 95448 | 20-4401473 | 501(C)(3) | 40,000. | 0. | | | FOR GENERAL OPERATING AND ARCHITECTURE ARCHIVE APP |
| WARREN COUNTY HISTORICAL SOCIETY 102 WEST WALTON ST. WARRENTON, MO 63383 | 23-7331657 | 501(C)(3) | 63,165. | 0. | | | TO SUPPORT THE COSTS OF VIDEO MAP DISPLAY KIOSKS |
| WEST COUNTY COMMUNITY SERVICES P.O. BOX 325 GUERNEVILLE, CA 95446 | 94-2277740 | 501(C)(3) | 7,500. | 0. | | | TO FUND NEEDED ENVIRONMENTAL FIX-ITS FOR NEW UNITS; FOR GENERAL OPERATING SUPPORT |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| WEST COUNTY HEALTH CENTERS INC 14045 MILL STREET GUERNEVILLE, CA 95446 | 23-7310613 | 501(C)(3) | 315,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| WEST SONOMA COUNTY UNION HIGH SCHOOL DISTRICT - 462 JOHNSON STREET - SEBASTOPOL, CA 95472 | 94-6002635 | GOVERNMENT | 22,276. | 0. | | | TO SUPPORT LAGUNA HIGH SCHOOL WITH COUNSELING SUPPORT |
| WIKIMEDIA FOUNDATION, INC. 149 NEW MONTGOMERY STREET, 6TH FLO SAN FRANCISCO, CA 94105 | 20-0049703 | 501(C)(3) | 11,000. | 0. | | | TO SUPPORT THE FUNDRAISING DRIVE; FOR GENERAL OPERATING SUPPORT |
| WILD FARM ALLIANCE PO BOX 2570 WATSONVILLE, CA 95077 | 20-0195670 | 501(C)(3) | 10,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| WINDSOR PARK AND RECREATION FOUNDATION - 228 WINDSOR RIVER ROAD - WINDSOR, CA 95492 | 45-2913488 | 501(C)(3) | 7,428. | 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) | 39,000. | 0. | | | FOR GENERAL SUPPORT OF WOMEN'S RECOVERY SERVICES |
| WORLD CONNECT INC. 209 CONOVER STREET BROOKLYN, NY 11231 | 56-2525151 | 501(C)(3) | 15,000. | 0. | | | FOR GENERAL OPERATING SUPPORT |
| YWCA OF SONOMA COUNTY PO BOX 3506 SANTA ROSA, CA 95402 | 94-2347428 | 501(C)(3) | 52,500. | 0. | | | TO SUPPORT THE WOMEN'S SHELTER; FOR GENERAL OPERATING SUPPORT |
| | | | | | | | |

Schedule I (Form 990)

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of 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 2017-2018 SCHOLARSHIPS; TO

SUPPORT SONOMA COUNTY STUDENTS; FOR GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: ALLIANCE MEDICAL CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT AMC'S MY BODY IS HEALTHY

EDUCATION PROGRAM; TO SUPPORT THE GROWTH AND DEVELOPMENT OF ALLIANCE

NAME OF ORGANIZATION OR GOVERNMENT:

AMERICAN RED CROSS OF THE CALIFORNIA NORTHWEST

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

SUPPORT HURRICANE HARVEY DISASTER RELIEF; FOR HURRICANE IRMA DISASTER

RELIEF

NAME OF ORGANIZATION OR GOVERNMENT: ART ESCAPE

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

ESTABLISH A NEW PART-TIME PROGRAM STAFF POSITION; TO LAUNCH "ART &

ANCESTRY THROUGH DAY OF THE DEAD"

NAME OF ORGANIZATION OR GOVERNMENT:

BOYS AND GIRLS CLUBS OF CENTRAL SONOMA COUNTY

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

EXPAND THE "UKE'AN BE HAPPY PROGRAM"; FOR 2017 SUMMER CAMP PROGRAM IN

HEALDSBURG

NAME OF ORGANIZATION OR GOVERNMENT: CALIFORNIA HUMAN DEVELOPMENT

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

SUPPORT IMMEDIATE FIRE RELIEF EFFORTS; TO SUPPORT DACA RENEWALS

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC CHARITIES OF THE DIOCESE OF SANTA ROSA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT SECURITY SERVICES; FOR

GENERAL OPERATING SUPPORT; FOR HOUSING AND SHELTER FOR THOSE IMPACTED BY

FIRES

NAME OF ORGANIZATION OR GOVERNMENT:

FACE TO FACE SONOMA COUNTY AIDS NETWORK

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

HONOR OF GEORGE TRIEST; TO SUPPORT ART FOR LIFE 2017 IN HONOR OF ROY

ZAJAC

NAME OF ORGANIZATION OR GOVERNMENT: FOUNDATION FOR THE CAROLINAS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO E4E TO PROVIDE DISASTER RELIEF

SERVICES; TO PROVIDE DISASTER RELIEF FOR JACKSON FAMILY WINE

NAME OF ORGANIZATION OR GOVERNMENT: PETALUMA PEOPLE SERVICES CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF SHARE PROGRAM; TO

SUPPORT MEALS ON WHEELS; TO SUPPORT IMMEDIATE FIRE RELIEF EFFORTS

NAME OF ORGANIZATION OR GOVERNMENT: REDWOOD EMPIRE FOOD BANK

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

DISASTER RELIEF FOR FIRE VICTIMS AND HOMELESS; TO SUPPORT THE PRODUCE

PANTRY

NAME OF ORGANIZATION OR GOVERNMENT: REDWOOD GOSPEL MISSION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE CERTIFICATE TRAINING

PROGRAM; TO REPAIR AIR AND HEAT SYSTEM AND ROOF INSTALLATION

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

SONOMA COUNTY REGIONAL PARKS FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT PARKS RESTORATION; TO SUPPORT TAYLOR MOUNTAIN TRAILS; TO SUPPORT THE HEALDSBURG WATER CARNIVAL

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA ECOLOGY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SONOMA VALLEY FIRES ECOLOGICAL RELIEF EFFORTS; TO SUPPORT THE K-12 WATERSHED EDUCATION PROGRAM

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2017

**Open to Public
Inspection**

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.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- 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? **5a**
- b** Any related organization? **5b**
- 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? **6a**
- b** Any related organization? **6b**
- 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) 2017

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) | 201,736. | 25,000. | 0. | 13,134. | 8,300. | 248,170. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) W JOHN MULLINEAUX VP OF DEVELOPMENT | (i) | 123,220. | 3,500. | 0. | 7,677. | 21,022. | 155,419. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

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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.**
- ▶ **Go to www.irs.gov/Form990 for the latest information.**

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 | 42 | 5,748,583. | 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) 2017

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

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

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

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

FORM 990, PART VI, SECTION B, LINE 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. A HARD COPY OF THE COMPLETE
FORM 990 WAS PROVIDED TO ALL VOTING MEMBERS OF THE BOARD AT AN IN-PERSON
MEETING BEFORE FILING. BOARD MEMBERS WERE ENCOURAGED TO FORWARD QUESTIONS
AND COMMENTS TO THE VP.

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.

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

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

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS

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

FORTH IN SEC. 6104(D).

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

| | |
|---|----------|
| CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT | 106,427. |
|---|----------|

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

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| | |
|---|---|
| Name of the organization <p style="text-align: center;">COMMUNITY FOUNDATION SONOMA COUNTY</p> | Employer identification number <p style="text-align: center;">68-0003212</p> |
|---|---|

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

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

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|--|--|---|-------------------------------|---|--|--|----|
| | | | | | | Yes | No |
| DEMEO TEEN CLUB, INC. - 91-1859251 509 ADAMS STREET SANTA ROSA, CA 95401 | PROVIDE A TEEN CLUB FOR SANTA ROSA RESIDENTS | CALIFORNIA | 501(C)(3) | LINE 12B, II | COMMUNITY FOUNDATION SONOMA COUNTY | X | |
| SONOMA PARADISO FOUNDATION - 42-1728309 120 STONY POINT ROAD, SUITE 220 SANTA ROSA, CA 95401 | RAISE MONEY TO BENEFIT CHILDREN'S ORGANIZATIONS IN SONOMA COUNTY | CALIFORNIA | 501(C)(3) | LINE 12B, II | COMMUNITY FOUNDATION SONOMA COUNTY | X | |
| OLIVER RANCH FOUNDATION - 80-0513305 120 STONY POINT ROAD, SUITE 220 SANTA ROSA, CA 95401 | PROMOTE APPRECIATION FOR SITE-SPECIFIC SCULPTURE | CALIFORNIA | 501(C)(3) | LINE 12B, II | COMMUNITY FOUNDATION SONOMA COUNTY | X | |
| | | | | | | | |
| | | | | | | | |

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

Schedule R (Form 990) 2017

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

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

| | Yes | No |
|--|-----|----|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | 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) DEMEO TEEN CLUB | B | 475,000. | ACTUAL PAID/ACCRUED |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

