

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2018

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.

Open to Public Inspection

A For the 2018 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		G Gross receipts \$ 80,871,201.
	City or town, state or province, country, and ZIP or foreign postal code SANTA ROSA, CA 95401		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 ▶
F Name and address of principal officer: ELIZABETH BROWN SAME AS C ABOVE			

J Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.SONOMACF.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1983 **M** State of legal domicile: CA

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>WE CONNECT PEOPLE, IDEAS AND RESOURCES TO BENEFIT THE LIVES OF THOSE WHO LIVE IN SONOMA COUNTY.</u>		
	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	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	21
	6 Total number of volunteers (estimate if necessary)	6	17
	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 38	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	26,892,930.	18,633,970.
	9 Program service revenue (Part VIII, line 2g)	197,710.	231,525.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,231,925.	5,203,576.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,277.	78.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	31,324,842.	24,069,149.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	16,939,645.	14,137,738.
	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)	1,377,166.	1,616,609.
	16 a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	798,385.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,456,234.	1,930,517.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	19,773,045.	17,684,864.	
19 Revenue less expenses. Subtract line 18 from line 12	11,551,797.	6,384,285.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 168,859,657.	End of Year 163,843,026.
	21 Total liabilities (Part X, line 26)	5,368,355.	6,101,559.
	22 Net assets or fund balances. Subtract line 21 from line 20	163,491,302.	157,741,467.

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: *Elizabeth Brown* Date: 4/13/19

ELIZABETH BROWN, PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **MAGA E. KISRIEV** Preparer's signature: *Maga E. Kisriev* Date: 4/13/19 Check if self-employed: PTIN: **P01008919**

Firm's name: **HOOD & STRONG LLP** Firm's EIN: **94-1254756**

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.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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/e-file-providers/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

ANN BUTTERFIELD

- 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, 2019, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year 2018 or
▶ tax year beginning _____, and ending _____.

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

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

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 15,372,947. including grants of \$ 14,137,738.) (Revenue \$ 231,603.) GRANTMAKING: AWARDED MORE THAN \$13.368 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 15,372,947.

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
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	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Description, Yes, No. Rows 22-38 covering various organizational requirements.

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

Table with 3 columns: Question ID, Description, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, 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 (1024 or 1024-A 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) DEBERAH KELLEY CHAIR	1.00 0.00	X		X			0.	0.	0.	
(2) BARRY WEITZENBERG IMMEDIATE PAST CHAIR	3.00 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) KATIE JACKSON DIRECTOR	1.00 0.00	X					0.	0.	0.	
(6) LAWRENCE MILLS DIRECTOR	1.00 0.00	X					0.	0.	0.	
(7) LISA CARRENO DIRECTOR	1.00 0.00	X					0.	0.	0.	
(8) MATTHEW INGRAM DIRECTOR	1.00 0.00	X					0.	0.	0.	
(9) MICHELLE ZYGELBAUM DIRECTOR	1.00 0.00	X					0.	0.	0.	
(10) OSCAR CHAVEZ DIRECTOR	1.00 0.00	X					0.	0.	0.	
(11) PATRICK EMERY DIRECTOR	1.00 0.00	X					0.	0.	0.	
(12) RICHARD DAVIS DIRECTOR	1.00 0.00	X					0.	0.	0.	
(13) STEVE GOLDBERG DIRECTOR	1.00 0.00	X					0.	0.	0.	
(14) STEVE RABINOWITSH DIRECTOR	1.00 0.00	X					0.	0.	0.	
(15) SUSAN LENTZ DIRECTOR	1.00 0.00	X					0.	0.	0.	
(16) THELIA EAGAN DIRECTOR	1.00 0.00	X					0.	0.	0.	
(17) JANET RAMATICI 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) ELIZABETH BROWN PRESIDENT & CEO	45.00 1.00			X				237,736.	0.	19,930.
(19) KARL GRIMM VP FINANCE AND OPS (THRU 2/15/18)	45.00 1.00			X				22,334.	0.	2,274.
(20) ANN BUTTERFIELD VP FINANCE AND OPS (EFF. 5/31/18)	46.00 1.00			X				75,171.	0.	11,167.
(21) W JOHN MULLINEAUX VP OF DEVELOPMENT	45.00 1.00					X		131,899.	0.	26,536.
(22) KARIN DEMAREST VP OF COMMUNITY IMPACT	45.00 0.00					X		108,902.	0.	6,255.
1b Sub-total								576,042.	0.	66,162.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								576,042.	0.	66,162.

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
GRAYSTONE CONSULTING, 3562 ROUND BARN CIRCLE, 1ST FLOOR, SANTA ROSA, CA 95403	INVESTMENT CONSULTING	107,274.

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 1

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 1,566.				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 270,000.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 18,362,404.				
	g Noncash contributions included in lines 1a-1f: \$	2,330,329.				
	h Total. Add lines 1a-1f	▶ 18,633,970.				
	Program Service Revenue	2 a MANAGEMENT FEES	Business Code 561000	231,525.	231,525.	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f		▶ 231,525.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶ 4,056,268.			4,056,268.	
	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	57,949,360.			
		c Gain or (loss)	56,802,052.			
	d Net gain or (loss)	▶ 1,147,308.			1,147,308.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b			
c Net income or (loss) from fundraising events		▶				
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
Miscellaneous Revenue		Business Code				
11 a LITIGATION SETTLEMENT	900099	78.	78.			
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	▶ 78.				
12 Total revenue. See instructions	▶ 24,069,149.	231,603.	0.	5,203,576.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	14,137,738.	14,137,738.		
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	368,612.	147,538.	126,645.	94,429.
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	976,389.	390,802.	335,461.	250,126.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	53,411.	21,378.	18,350.	13,683.
9 Other employee benefits	116,600.	46,670.	40,060.	29,870.
10 Payroll taxes	101,597.	51,611.	9,144.	40,842.
11 Fees for services (non-employees):				
a Management				
b Legal	45,606.	18,254.	15,669.	11,683.
c Accounting	62,139.	24,871.	21,350.	15,918.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	488,400.		488,400.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	644,780.	258,075.	221,528.	165,177.
12 Advertising and promotion	66,591.	26,653.	22,879.	17,059.
13 Office expenses	108,294.	43,345.	37,207.	27,742.
14 Information technology	114,843.	45,966.	39,457.	29,420.
15 Royalties				
16 Occupancy	116,560.	46,653.	40,047.	29,860.
17 Travel	10,067.	4,029.	3,459.	2,579.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	63,804.	25,538.	21,921.	16,345.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	39,518.	15,817.	13,577.	10,124.
23 Insurance	159,541.	63,857.	54,814.	40,870.
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	10,374.	4,152.	3,564.	2,658.
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	17,684,864.	15,372,947.	1,513,532.	798,385.
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	14,332,403.	1	9,282,487.
	2 Savings and temporary cash investments	2,259,873.	2	2,081,545.
	3 Pledges and grants receivable, net	7,954,460.	3	7,996,943.
	4 Accounts receivable, net	586,353.	4	234,814.
	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	1,031,289.	7	1,001,289.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	78,022.	9	94,631.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 355,240.		
	b Less: accumulated depreciation	10b 252,276.	106,794.	10c 102,964.
	11 Investments - publicly traded securities	138,739,466.	11	140,638,953.
	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	3,402,497.	15	2,040,900.
16 Total assets. Add lines 1 through 15 (must equal line 34)	168,859,657.	16	163,843,026.	
Liabilities	17 Accounts payable and accrued expenses	88,836.	17	67,610.
	18 Grants payable	5,202,141.	18	6,025,454.
	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	77,378.	25	8,495.
	26 Total liabilities. Add lines 17 through 25	5,368,355.	26	6,101,559.
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	35,331,002.	27	36,125,682.
	28 Temporarily restricted net assets	35,407,525.	28	28,327,675.
	29 Permanently restricted net assets	92,752,775.	29	93,288,110.
	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	163,491,302.	33	157,741,467.	
34 Total liabilities and net assets/fund balances	168,859,657.	34	163,843,026.	

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	24,069,149.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,684,864.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,384,285.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	163,491,302.
5	Net unrealized gains (losses) on investments	5	-11,651,224.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-82,229.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-400,667.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	157,741,467.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis 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? _____
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? _____
- 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 _____

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

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

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,763,207.	14,404,710.	16,537,057.	26,892,930.	18,633,970.	86,231,874.
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	9,763,207.	14,404,710.	16,537,057.	26,892,930.	18,633,970.	86,231,874.
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)						8,103,466.
6 Public support. Subtract line 5 from line 4.						78,128,408.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	9,763,207.	14,404,710.	16,537,057.	26,892,930.	18,633,970.	86,231,874.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,491,508.	2,755,061.	2,178,927.	3,001,983.	4,056,268.	16,483,747.
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						102,715,621.
12 Gross receipts from related activities, etc. (see instructions)					12	886,669.
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 2018 (line 6, column (f) divided by line 11, column (f))	14	76.06 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	73.42 %
16a 33 1/3% support test - 2018. 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 - 2017. 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 - 2018. 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 - 2017. 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. 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 (as 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 (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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>		
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).		

Schedule A (Form 990 or 990-EZ) 2018

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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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

2018

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 (entering "N/A" in column (b) instead of the contributor name and address), 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).

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	<hr/> <hr/> <hr/>	\$ 1,604,419.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 1,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 887,635.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 800,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ 750,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ 421,598.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ 413,794.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
5	2,900 SHARES NVDA, 990 SHARES USPH <hr/> <hr/> <hr/>	\$ 467,635.	12/31/18
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018
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	178	56
2 Aggregate value of contributions to (during year)	11,067,869.	717,725.
3 Aggregate value of grants from (during year)	8,120,471.	1,664,376.
4 Aggregate value at end of year	36,780,546.	34,948,411.
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) 2018

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	84,598,098.	74,627,859.	73,086,044.	75,573,899.	71,685,198.
b Contributions	1,233,069.	492,843.	1,152,647.	3,600,496.	6,299,330.
c Net investment earnings, gains, and losses	-5,390,715.	11,633,914.	3,655,451.	-1,860,881.	-1,300,312.
d Grants or scholarships	2,229,581.	2,156,518.	3,266,283.	4,227,470.	1,110,317.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	78,210,871.	84,598,098.	74,627,859.	73,086,044.	75,573,899.

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

- a Board designated or quasi-endowment .98 %
- b Permanent endowment 90.68 %
- c Temporarily restricted endowment 8.34 %

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

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

- (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		48,132.	34,773.	13,359.
d Equipment		232,676.	150,404.	82,272.
e Other		74,432.	67,099.	7,333.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				102,964.

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	8,495.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	8,495.

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 shaded area for calculations.

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 shaded area for calculations.

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, 2018, 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 CONSOLIDATED 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

2018

**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
PEPPERWOOD FOUNDATION 2130 PEPPERWOOD PRESERVE RD. SANTA ROSA, CA 95404-7543	01-0817571	501(C)(3)	1,588,500.	0.			FOR GENERAL OPERATING SUPPORT
SONOMA VALLEY HOSPITAL FOUNDATION 347 ANDRIEUX STREET SONOMA, CA 95476	94-2832488	501(C)(3)	1,070,000.	0.			TO HELP FUND THE NEW DIAGNOSTIC FACILITY WITHIN THE SONOMA VALLEY HOSPITAL
SANTA ROSA COMMUNITY HEALTH 3569 ROUND BARN CIRCLE SANTA ROSA, CA 95403	68-0365296	501(C)(3)	805,000.	0.			TO SUPPORT SONOMA COMMUNITY RESILIENCE COLLABORATIVE - BUILDING A SELF-HEALING COMMUNITY
CATHOLIC CHARITIES OF THE DIOCESE OF SANTA ROSA - P.O. BOX 4900 - SANTA ROSA, CA 95402	94-2479393	501(C)(3)	740,000.	0.			TO SUPPORT DEPORTATION LEGAL DEFENSE AND RELATED IMMIGRATION SERVICES
ROSELAND UNIVERSITY PREP 1691 BURBANK AVE. SANTA ROSA, CA 95407	43-2029144	501(C)(3)	425,200.	0.			THE PHALAROPE FUND BRIDGE GRANT ONLY
SONOMA ACADEMY 2500 FARMERS LANE SANTA ROSA, CA 95404-7013	94-3343174	501(C)(3)	305,150.	0.			IN SUPPORT OF THE FUND FOR EXCELLENCE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **200.**

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.**
SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2018)

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
LEGAL AID OF SONOMA COUNTY 144 SOUTH E STREET, SUITE 100 SANTA ROSA, CA 95404	68-0008581	501(C)(3)	295,000.	0.			TO SUPPORT THE DISASTER LAW PROGRAM (DLP) TO PROVIDE LEGAL INFORMATION AND REPRESENTATION TO
UNITED POLICYHOLDERS 381 BUSH STREET, 8TH FLOOR SAN FRANCISCO, CA 94104	94-3162024	501(C)(3)	220,000.	0.			TO SUPPORT THE ENHANCED LONG TERM RECOVERY SERVICES TO NORTH BAY WILDFIRE IMPACTED
HEALTHCARE FOUNDATION NORTHERN SONOMA COUNTY - P.O. BOX 1025 - HEALDSBURG, CA 95448	68-0474109	501(C)(3)	220,000.	0.			TO SUPPORT THE WILDFIRE MENTAL HEALTH COLLABORATIVE PUBLIC AWARENESS CAMPAIGN
WEST COUNTY HEALTH CENTERS INC 14045 MILL STREET GUERNEVILLE, CA 95446	23-7310613	501(C)(3)	250,000.	0.			TO SUPPORT THE CAPITAL CAMPAIGN FOR 2019
SHARED HOUSING AND RESOURCE EXCHANGE CALIFORNIA - 10 FOURTH STREET - PETALUMA, CA 94952	81-3993230	501(C)(3)	150,000.	0.			TO PROVIDE FUNDING FOR AN ADDITIONAL HOME MATCHING SPECIALIST TO SHARE SONOMA COUNTY
SONOMA COUNTY VINTNERS FOUNDATION 400 AVIATION BOULEVARD, SUITE 500 SANTA ROSA, CA 95403	68-0175790	501(C)(3)	125,000.	0.			FOR SONOMA COUNTY VINTNERS FOUNDATION EMERGENCY RELIEF FUND
UNITED WAY OF THE WINE COUNTRY 975 CORPORATE CTR PKWY, #160 SANTA ROSA, CA 95407	94-1669646	501(C)(3)	140,000.	0.			TO PROVIDE GRANTS TO LAW ENFORCEMENT AND FIRE PERSONNEL WHO LOST HOMES IN THE 2017 WILDFIRE IN
REDWOOD GOSPEL MISSION P.O. BOX 493 SANTA ROSA, CA 95402-0493	94-6122045	501(C)(3)	135,000.	0.			TO IMPROVE THE MISSION'S FACILITIES
CENTRAL PACIFIC DISTRICT OF THE CHRISTIAN AND MISSIONARY ALLIANCE - 715 LINCOLN AVE - WOODLAND, CA 95695	13-1623940	501(C)(3)	120,000.	0.			TO SUPPORT THE BRIDGE CHURCH GENERAL OPERATING FUND

Schedule I (Form 990)

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

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UCSF FOUNDATION P.O. BOX 45339 SAN FRANCISCO, CA 94145	94-2829914	501(C)(3)	100,000.	0.			TO SUPPORT NUEROSCAPE AND THE GAZZALEY LAB
IMMACULATE CONCEPTION ACADEMY 3625 - 24TH STREET SAN FRANCISCO, CA 94110	94-1156675	501(C)(3)	100,000.	0.			FOR SCHOLARSHIP ASSISTANCE FOR STUDENTS IN NEED
SOCIAL ADVOCATES FOR YOUTH 2447 SUMMERFIELD ROAD SANTA ROSA, CA 95405	94-1711490	501(C)(3)	230,000.	0.			TO SUPPORT THE DREAM CENTER
SWFL CHILDRENS CHARITIES INC. 9736 COMMERCE CENTER CT. FT. MEYERS, FL 33908	26-2302491	501(C)(3)	100,000.	0.			IN SUPPORT OF SWFL CHILDREN'S CHARITIES INC.'S 2018 FUND-A-CAUSE
10,000 DEGREES 1650 LOS GAMOS DRIVE, SUITE 110 SAN RAFAEL, CA 94903	95-3667812	501(C)(3)	360,100.	0.			2018-19 CFSC DAF SCHOLARSHIP FUND DISTRIBUTION
SAMARITAN'S PURSE P.O. BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	100,000.	0.			IN SUPPORT OF PARADISE FIRE RELIEF
ON THE MOVE 780 LINCOLN AVE. NAPA, CA 94558	75-3149095	501(C)(3)	85,000.	0.			TO SUPPORT THE LAUNCH AND IMPLEMENTATION OF LA PLAZA WHICH WILL IMPROVE ACCESS TO TRAUMA-INFORMED
WOMEN'S RECOVERY SERVICES A UNIQUE PLACE - P.O. BOX 1356 - SANTA ROSA, CA 95402	51-0178620	501(C)(3)	76,500.	0.			FOR CAPITAL CAMPAIGN CONSTRUCTION FUND
BURBANK HOUSING DEVELOPMENT CORPORATION - 790 SONOMA AVENUE - SANTA ROSA, CA 95404	94-2837785	501(C)(3)	75,000.	0.			TO SUPPORT THE DEVELOPMENT OF A CROSS-SECTOR LEADERSHIP GROUP TO ADVOCATE IN

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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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 HALL
SONOMA COUNTY ECONOMIC DEVELOPMENT BOARD FOUNDATION - 141 STONY CIRCLE, SUITE 110 - SANTA ROSA, CA 95401	94-3397043	501(C)(3)	62,000.	0.			TO SUPPORT THE COMMUNITY FOUNDATION AND CREATIVE SONOMA ARTS EDUCATION COLLABORATIVE GRANTS
REDWOOD CREDIT UNION COMMUNITY FUND INC. - 3033 CLEVELAND AVENUE - SANTA ROSA, CA 95403	47-5084832	501(C)(3)	60,085.	0.			TO SUPPORT THE NORTH BAY FIRE RELIEF FUND 2017
WINDSOR ROTARY COMMUNITY FOUNDATION - 414 AVIATION BLVD. - SANTA ROSA, CA 95403	68-0185065	501(C)(3)	65,000.	0.			TO SUPPORT FUND-A-NEED TO RISE UP SONOMA
NORTH COAST BUILDERS EXCHANGE COMMUNITY FUND - 1030 APOLLO WAY - SANTA ROSA, CA 95407	68-0454441	501(C)(3)	50,000.	0.			IN SUPPORT OF THE WORKFORCE DEVELOPMENT PROGRAM
SRJC FOUNDATION 1501 MENDOCINO AVENUE SANTA ROSA, CA 95401-4395	94-1735861	501(C)(3)	60,000.	0.			IN SUPPORT OF THE TRADE TECH DEPARTMENT
SANTA ROSA MEMORIAL HOSPITAL FOUNDATION - 101 BROOKWOOD AVE., STE 202 - SANTA ROSA, CA 95404	94-1231005	501(C)(3)	110,000.	0.			IN SUPPORT OF THE NEW 3-D MAMMOGRAM MACHINE
FOUNDATION FOR INTERDISCIPLINARY STUDIES - P.O. BOX 388 - CARDIFF BY THE SEA, CA 92007	77-0086554	501(C)(3)	50,000.	0.			IN SUPPORT OF STUDENT-CENTERED INTERDISCIPLINARY LEARNING SENIOR PROJECTS
ROSELAND CHARTER SCHOOL 1691 BURBANK AVE SANTA ROSA, CA 95407	43-2029144	501(C)(3)	50,000.	0.			FOR THE FIVE RECIPIENTS OF THE GAINING GROUND GRADUATE EDUCATION SCHOLARSHIP

Schedule I (Form 990)

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CANINE COMPANIONS FOR INDEPENDENCE, INC - P.O. BOX 446 - SANTA ROSA, CA 95402	94-2494324	501(C)(3)	75,000.	0.			IN SUPPORT OF THE NORTHWEST SERVICE CENTER
SANTA ROSA SUNRISE ROTARY FOUNDATION - P.O. BOX 14953 - SANTA ROSA, CA 95402	68-0339109	501(C)(3)	60,000.	0.			FOR JAPAN RELIEF FUND (\$25,000.00) AND ROTARY DISTRICT #5130 FIRE RELIEF FUND (\$25,000.00)
ONE CLIMB 5237 BISCHOFF AVE SAINT LOUIS, MO 63110	82-1959606	501(C)(3)	50,000.	0.			TO FUND THE INSTALLATION OF A CLIMBING WALL AT THE BOYS AND GIRLS CLUB OF GREATER SANTA ROSA IN
COMMUNITY ACTION PARTNERSHIP OF SONOMA COUNTY - 141 STONY CIRCLE, #210 - SANTA ROSA, CA 95401	94-1648949	501(C)(3)	195,000.	0.			TO FUND ADMINISTRATIVE SUPPORT FOR REBUILDING OUR COMMUNITY SONOMA COUNTY (ROC)
YWCA OF SONOMA COUNTY P.O. BOX 3506 SANTA ROSA, CA 95402	94-2347428	501(C)(3)	70,000.	0.			TO SUPPORT THE REAL ESTATE ACQUISITION FOR THE PURCHASE OF 136 ORANGE STREET IN SANTA
SONOMA ECOLOGY CENTER P.O. BOX 1486 ELDRIDGE, CA 95431	94-3136500	501(C)(3)	64,000.	0.			TO SUPPORT RESTORING FULL ACCESS TO TRAILS AT SUGERLOAF RIDGE STATE PARK THAT WERE IMPACTED
HEALDSBURG EDUCATION FOUNDATION P.O. BOX 1668 HEALDSBURG, CA 95448	68-0051242	501(C)(3)	47,000.	0.			TO COVER COSTS FOR AM/FM 17/18 AND LAST YEAR'S MEET THE MASTERS, PLUS 2018 AM/FM (\$8,760) AND
MIRACLE LEAGUE NORTH BAY 40 FOURTH STREET PETALUMA, CA 94952	81-2922763	501(C)(3)	40,000.	0.			FOR MIRACLE LEAGUE PETALUMA BALLFIELD
WARNECKE INSTITUTE, INC. 13427 CHALK HILL ROAD. HEALDSBURG, CA 95448	20-4401473	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.)

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HUMANE SOCIETY OF SONOMA COUNTY P.O. BOX 1296 SANTA ROSA, CA 95402	94-6001315	501(C)(3)	45,000.	0.			TO SUPPORT SONOMA HUMANE SOCIETY'S LOW-INCOME SPAY NEUTER CLINIC
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 TARGETED TO LOW-INCOME RESIDENTS IN THE ROSELAND
THE LIVING ROOM CENTER, INC. 1207 CLEVELAND AVENUE SANTA ROSA, CA 95401	58-2675876	501(C)(3)	81,000.	0.			FOR GENERAL OPERATING SUPPORT
CENTER FOR CLIMATE PROTECTION P.O. BOX 3785 SANTA ROSA, CA 95402	45-0485495	501(C)(3)	45,000.	0.			TO SUPPORT GENERAL OPERATIONS (\$20,000.00) AND TO SUPPORT THE SCHOOLS PROGRAM
BECOMING INDEPENDENT 1425 CORPORATE CENTER PARKWAY SANTA ROSA, CA 95407	94-2641147	501(C)(3)	55,000.	0.			FOR GENERAL OPERATING SUPPORT
LA LUZ CENTER 17560 GREGER STREET SONOMA, CA 95476	68-0228235	501(C)(3)	45,000.	0.			TO TRAIN LATINO AND OTHER LOW WAGE EARNERS WITH THE SKILLS NECESSARY TO ALLOW THEM TO SUCCESSFULLY WORK
BUCK INSTITUTE 8001 REDWOOD BLVD. NOVATO, CA 94945	94-3030609	501(C)(3)	30,000.	0.			FOR GENERAL OPERATING SUPPORT
NORTHERN CALIFORNIA CENTER FOR WELL-BEING - 101 BROOKWOOD AVENUE, SUITE A - SANTA ROSA, CA 95404	93-1144835	501(C)(3)	30,000.	0.			FOR GENERAL OPERATING SUPPORT
FOREST UNLIMITED P.O. BOX 506 FORESTVILLE, CA 95436	94-3263110	501(C)(3)	40,000.	0.			FOR FRIENDS OF FELTA CREEK

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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ROCKEFELLER PHILANTHROPY ADVISORS 6 WEST 48TH STREET, 10TH FLOOR NEW YORK, NY 10036	13-3615533	501(C)(3)	30,000.	0.			TO SUPPORT THE FUND FOR SHARED INSIGHT'S LISTEN FOR GOOD INITIATIVE
COMMITTEE ON THE SHELTERLESS P.O. BOX 2744 PETALUMA, CA 94953-2744	68-0176855	501(C)(3)	109,540.	0.			FOR GENERAL OPERATING SUPPORT
LUTHERAN SOCIAL SERVICES OF NORTHERN CALIFORNIA - 1465 CIVIC COURT, BUILDING D, SUITE 810 - CONCORD, CA 94520	94-1659687	501(C)(3)	30,000.	0.			TO SUPPORT THE UNMET NEEDS OF OUR MOST VULNERABLE COMMUNITY MEMBERS POST-FIRES
WARREN COUNTY HISTORICAL SOCIETY 102 WEST WALTON ST. WARRENTON, MO 63383	23-7331657	501(C)(3)	29,545.	0.			FOR DIGITAL AND AUDIOVISUAL MUSEUM SUPPORT
POSITIVE IMAGES 200 MONTGOMERY DRIVE, SUITE C SANTA ROSA, CA 95404	94-3137845	501(C)(3)	42,004.	0.			FOR GENERAL OPERATING SUPPORT
NAPA VALLEY COMMUNITY FOUNDATION 3299 CLAREMONT WAY, SUITE 2 NAPA, CA 94558	68-0349777	501(C)(3)	41,458.	0.			FOR NAPA VALLEY DISASTER RELIEF FUND
ANALY ALUMNI ASSOCIATION 8140 FRANKEL LANE SEBASTOPOL, CA 95472	37-1642167	501(C)(3)	36,167.	0.			TO SUPPORT ATHLETIC ENHANCEMENTS AT ANALY HIGH SCHOOL
DOVETAIL LEARNING 825 GRAVENTEIN HWY N, SUITE 2 SEBASTOPOL, CA 95472	68-0673821	501(C)(3)	25,000.	0.			TO SUPPORT THE EXPANSION OF TOOLBOX PROJECT IN SONOMA COUNTY
ROTARY DISTRICT 5130 FIRE RELIEF FUND - P.O. BOX 2921 - CLEARLAKE, CA 95422	46-1149482	501(C)(3)	25,000.	0.			FOR SONOMA COUNTY SMALL BUSINESS FIRE RECOVERY ASSISTANCE

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TLC CHILD AND FAMILY SERVICES P.O. BOX 2079 SEBASTOPOL, CA 95473-2079	68-0008634	501(C)(3)	50,000.	0.			TO PROVIDE UNRESTRICTED FUNDS
KIDS FOR THE KINGDOM P.O. BOX 85 GRATON, CA 95444	68-0421846	501(C)(3)	25,000.	0.			FOR GENERAL OPERATING SUPPORT
REDWOOD EMPIRE FOOD BANK 3990 BRICKWAY BLVD. SANTA ROSA, CA 95403	68-0121855	501(C)(3)	110,000.	0.			TO SUPPORT EMPTY BOWLS PROGRAM
SONOMA COUNTY HORSE COUNCIL P.O. BOX 7157 SANTA ROSA, CA 95407	68-0400194	501(C)(3)	25,000.	0.			TO SUPPORT FIRE RECOVERY EFFORTS
COURT APPOINTED SPECIAL ADVOCATES OF SONOMA COUNTY INC - P.O. BOX 1418 - KENWOOD, CA 95452	68-0404770	501(C)(3)	30,000.	0.			FOR GENERAL OPERATING SUPPORT
ICVAW DBA EVERYWOMAN EVERYWHERE 3135 KENNEDY BLVD., SUITE 191 NORTH BERGEN, NJ 07047	47-3272024	501(C)(3)	25,000.	0.			FOR GENERAL OPERATING SUPPORT AND IN HONOR OF CHARLES CLEMENTS MD
RUSSIAN RIVERKEEPER P.O. BOX 1335 HEALDSBURG, CA 95448	68-0321117	501(C)(3)	35,000.	0.			FOR RECLAMATION PROJECT AND IN MEMORY OF MERRITT SHER
SCHOOL FOR ADVANCED RESEARCH P.O. BOX 2188 SANTA FE, NM 87504	85-0125045	501(C)(3)	25,000.	0.			IN SUPPORT OF THE VOICES OF THE RAINFOREST PROJECT
DAILY HOPE MINISTRIES P.O. BOX 80448 RANCHO SANTA MARGARITA, CA 92688	26-3854748	501(C)(3)	25,000.	0.			FOR GENERAL OPERATING SUPPORT

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FOCUSING PHILANTHROPY 1637 16TH STREET SANTA MONICA, CA 90404	45-2405071	501(C)(3)	25,000.	0.			TOWARD SEVA FOUNDATION WORLD SIGHT DAY MATCHING DONATION
NPR FOUNDATION 1111 NORTH CAPITOL STREET, NE WASHINGTON, DC 20002	52-1795789	501(C)(3)	25,000.	0.			FOR 2019 GENERAL OPERATING EXPENSES
LOMI SCHOOL FOUNDATION 534 B STREET SANTA ROSA, CA 95401	94-2495238	501(C)(3)	25,000.	0.			TO PROVIDE INDIVIDUAL AND FAMILY PSYCHOTHERAPY TO ADULTS AND CHILDREN IMPACTED BY THE WILDFIRE
CHILDREN'S MUSEUM OF SONOMA COUNTY 1835 WEST STEELE LANE SANTA ROSA, CA 95403	20-3496878	501(C)(3)	48,000.	0.			FOR GENERAL OPERATING SUPPORT
PEPPERDINE UNIVERSITY 24255 PACIFIC COAST HWY. MALIBU, CA 90263	95-1644037	501(C)(3)	25,000.	0.			FOR PEPPERDINE STRONG FUND FOR FIRE RELIEF
REBUILD NORTH BAY FOUNDATION 144 WEST NAPA ST. SONOMA, CA 95476	82-3266893	501(C)(3)	25,000.	0.			FOR BERRY BROOK SUBDIVISION WALL REPAIR
SWEETWATER SPECTRUM INC. 369 FIFTH STREET WEST SONOMA, CA 95476	27-0184641	501(C)(3)	25,000.	0.			FOR GENERAL OPERATING SUPPORT
FAMILY JUSTICE CENTER OF SONOMA COUNTY FOUNDATION - 2755 MENDOCINO AVE., STE. 100 - SANTA ROSA, CA 95403	45-3160831	501(C)(3)	25,000.	0.			FOR GENERAL OPERATING SUPPORT
SONOMA LAND TRUST 822 FIFTH STREET SANTA ROSA, CA 95404	51-0197006	501(C)(3)	42,500.	0.			FOR GENERAL OPERATING SUPPORT

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ROSELAND CINCO DE MAYO P.O. BOX 15156 SANTA ROSA, CA 95402	46-5236388	501(C)(3)	23,065.	0.			TO SUPPORT 2018 ROSELAND CINCO DE MAYO CELEBRATION
MUSEUM OF SONOMA COUNTY 425 SEVENTH STREET SANTA ROSA, CA 95401	94-2506626	501(C)(3)	40,000.	0.			GENERAL OPERATING SUPPORT
SONOMA VALLEY MENTORING ALLIANCE P.O. BOX 721 SONOMA, CA 95476	68-0429128	501(C)(3)	20,000.	0.			FOR GENERAL OPERATING SUPPORT
INSTITUTE OF ECOLOGICAL DESIGN 9890 BODEGA HWY SEBASTOPOL, CA 95472	46-3142317	501(C)(3)	20,000.	0.			TO PROVIDE SUPPORTIVE SERVICES TO THE MOSKITO PEOPLE OF NORTH EASTERN NICARAGUA TO FACILITATE A
THE LEATHERBACK TRUST 5736 KINLOCK PLACE FORT WAYNE, IN 46835	22-3741033	501(C)(3)	20,000.	0.			TO SUPPORT THE FIELD STATION AND THE TURTLE RESEARCH BEING DONE IN COSTA RICA
HABITAT FOR HUMANITY OF SONOMA COUNTY - 3273 AIRWAY DR., STE. E - SANTA ROSA, CA 95403	68-0041170	501(C)(3)	15,500.	0.			TO ASSIST IN THE BUILDING OF A HOME IN GRATON
FACE TO FACE SONOMA COUNTY AIDS NETWORK - 873 SECOND STREET - SANTA ROSA, CA 95404	68-0052664	501(C)(3)	20,000.	0.			TO SUPPORT FACE TO FACE'S AGING WITH HIV CASE MANAGEMENT SERVICES
UC BERKELEY FOUNDATION - GIFT OPERATIONS - 1995 UNIVERSITY AVE., SUITE 401 - BERKELEY, CA 94704-1058	94-6090626	501(C)(3)	35,000.	0.			TO SUPPORT GRANTS TO ESTABLISH THE PURDOM FAMILY FUND AT THE UC BERKELEY FOUNDATION FOR
ST. ANDREW PRESBYTERIAN CHURCH 16290 ARNOLD DR. SONOMA, CA 95476	51-0158108	501(C)(3)	20,000.	0.			FOR CAPITAL CAMPAIGN

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BELLEVUE UNION SCHOOL DISTRICT 3150 EDUCATION DRIVE SANTA ROSA, CA 95407	58-2129727	GOV'T	62,240.	0.			FOR TECHNOLOGIST SALARY (3 MONTHS, \$6,560/MO. X 3=\$19,680.00)
SANTA ROSA CHILDREN'S CHORUS P.O. BOX 9389 SANTA ROSA, CA 95405	68-0165953	501(C)(3)	33,700.	0.			FOR GENERAL OPERATING SUPPORT
FARM BUREAU FOUNDATION OF SONOMA COUNTY - 3589 WESTWIND BLVD. - SANTA ROSA, CA 95403	75-3187688	501(C)(3)	15,000.	0.			TO SUPPORT SCHOLARSHIP FUNDS
BOYS AND GIRLS CLUBS OF SONOMA VALLEY - 100 W. VERANO AVENUE - SONOMA, CA 95476	94-1579901	501(C)(3)	25,000.	0.			TO SPONSOR 2018 BOYS AND GIRLS CLUB GOLF TOURNAMENT.
LANDPATHS 618 4TH ST., #217 SANTA ROSA, CA 95404	68-0328590	501(C)(3)	40,000.	0.			TO SUPPORT THE IN OUR OWN BACK YARDS PROGRAM
BURBANK HOUSING MANAGEMENT CORPORATION - 790 SONOMA AVENUE - SANTA ROSA, CA 95404	68-0328717	501(C)(3)	15,000.	0.			TO COVER THE TEMPORARY HOUSING COSTS FOR JOURNEY'S END RESIDENTS AWAITING PERMANENT
SONOMA VALLEY MUSEUM OF ART P.O. BOX 322 SONOMA, CA 95476	68-0409459	501(C)(3)	15,000.	0.			TO SUPPORT THE ART REWARDS THE STUDENT PROGRAM
SANTA ROSA SYMPHONY 50 SANTA ROSA AVENUE, STE. 410 SANTA ROSA, CA 95404	94-6134075	501(C)(3)	50,000.	0.			TO SUPPORT THE SIMPLY STRINGS PROGRAM
KNIGHTS OF INDULGENCE THEATRE UNITED STATES - 461 SEBASTOPOL AVENUE - SANTA ROSA, CA 95401	03-0461324	501(C)(3)	25,000.	0.			TO SUPPORT IMAGINISTS' ION PROJECT

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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COMMUNITY SUPPORT NETWORK 1410 GUERNEVILLE RD., SUITE 14 SANTA ROSA, CA 95403	94-2159583	501(C)(3)	15,000.	0.			FOR GENERAL OPERATING SUPPORT
TIDES FOUNDATION THE PRESIDIO- PO BOX 29903 SAN FRANCISCO, CA 94129	51-0198509	501(C)(3)	15,000.	0.			TO SUPPORT THE MOVEMENT VOTER FUND
COMMUNITY HOUSING SONOMA COUNTY 131-A STONY CIRCLE, SUITE 500 SANTA ROSA, CA 95401	68-0336461	501(C)(3)	15,000.	0.			IN SUPPORT OF THE TINY HOMES PROJECT
CHRIS 180 INC. 1017 FAYETTEVILLE ROAD, SUITE B ATLANTA, GA 30316	58-1430183	501(C)(3)	15,000.	0.			FOR GENERAL OPERATING SUPPORT AND IN HONOR OF KATHY COLBENSON
ST. JAMES BY-THE-SEA EPISCOPAL CHURCH - 743 PROSPECT STREET - LA JOLLA, CA 92037	95-1792756	501(C)(3)	14,000.	0.			FOR GENERAL OPERATING SUPPORT
SUTTER MEDICAL CENTER OF SANTA ROSA - 30 MARK WEST SPRINGS ROAD - SANTA ROSA, CA 95403	94-6187756	501(C)(3)	13,807.	0.			TO PURCHASE TECHNOLOGY THAT WILL BE USED TO TEACH MEDICAL STUDENTS HOW TO DO ULTRASOUND
LATINO SERVICE PROVIDERS 930 SHILOH RD, BLDG. 40 SUITE A WINDSOR, CA 95492	46-4107589	501(C)(3)	13,000.	0.			TO SUPPORT LSP TESTIMONIOS PROJECT AND REDUCE STIGMA IN THE LATINO COMMUNITY AROUND
NORTH BAY CHILDRENS CENTER INC 932 C STREET NOVATO, CA 94949	94-3024246	501(C)(3)	13,000.	0.			TO SUPPORT THE PRESCHOOL ACCELERATED ENGLISH PROGRAM AT NBCC'S FITCH MOUNTAIN CAMPUS WITH
REACH FOR HOME 443 HUDSON STREET HEALDSBURG, CA 95448	47-2692320	501(C)(3)	23,000.	0.			TO SUPPORT OUR PERMANENT SUPPORTIVE HOUSING PROGRAM

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VITAL IMMIGRANT DEFENSE ADVOCACY AND SERVICE - 576 B STREET, SUITE 1C - SANTA ROSA, CA 95401	90-1019558	501(C)(3)	13,000.	0.			TO PROVIDE LOW/NO COST IMMIGRATION LEGAL SERVICES TO THOSE IN NEED
BOYS AND GIRLS CLUBS OF GREATER SANTA ROSA, INC. - P.O. BOX 2392 - SANTA ROSA, CA 95405	94-1498233	501(C)(3)	20,372.	0.			IN SUPPORT OF CAFETERIA REMODEL
GEYSERVILLE UNIFIED SCHOOL DISTRICT - 1300 MOODY LANE - GEYSERVILLE, CA 95441	37-1737941	GOV'T	12,000.	0.			TO SUPPORT THE CONSTRUCTION AND INDUSTRIAL ARTS PROGRAM AT GEYSERVILLE NEW TECH
PFLAG NAPA P.O. BOX 2661 NAPA, CA 94558	95-3750694	501(C)(3)	11,400.	0.			FOR GENERAL OPERATING SUPPORT
SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVENUE MONTGOMERY, AL 36104	63-0598743	501(C)(3)	20,000.	0.			TO SUPPORT ORGANIZATIONAL EFFORTS TO STOP HATE GROUPS IN THE US
HAND FAN MUSEUM 309 HEALDSBURG AVE. HEALDSBURG, CA 95448	51-0429747	501(C)(3)	50,000.	0.			FOR GENERAL OPERATING SUPPORT
UNIVERSITY OF MAINE AT AUGUSTA 46 UNIVERSITY DRIVE AUGUSTA, ME 04330	26-2278252	501(C)(3)	10,000.	0.			TO SUPPORT STUDENT TRAVEL, ARCHITECTURE PROGRAM
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 FUND-A-NEED FOR THE SUSTAINABLE OCEAN ALLIANCE
BISHOP JOHN T. WALKER SCHOOL FOR BOYS - 1801 MISSISSIPPI AVENUE, SE - WASHINGTON, DC 20020	53-0196608	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT

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PRESENTATION SCHOOL 20872 BROADWAY SONOMA, CA 95476	91-1829138	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
HEALDSBURG ELEMENTARY SCHOOL PARENTS CLUB - 400 FIRST STREET - HEALDSBURG, CA 95448	68-0289254	501(C)(3)	10,000.	0.			TO SUPPORT NOCHE DE FIESTA GENERAL OPERATING SUPPORT
ST. EUGENE'S CATHEDRAL SCHOOL 300 FARMERS LANE SANTA ROSA, CA 95405	94-1565933	501(C)(3)	10,000.	0.			FOR FINANCIAL ASSISTANCE FOR STUDENT FAMILIES
EVERYTOWN FOR GUN SAFETY SUPPORT FUND INC. - P.O. BOX 3886 - NEW YORK, NY 10017	26-1598353	501(C)(3)	20,000.	0.			TO SUPPORT THE MISSION GOALS OF THE EVERYTOWN FOR GUN SAFETY SUPPORT FUND 501C3 ORGANIZATION
AUTISM TREE PROJECT INC. 2845 NIMITZ BLVD, SUITE C SAN DIEGO, CA 92106	71-0942573	501(C)(3)	10,000.	0.			TO SUPPORT THE GENERAL FUNDS
BELOS CAVALOS INC. 88 KING STREET, #1205 SAN FRANCISCO, CA 94107	47-3009464	501(C)(3)	15,000.	0.			IN SUPPORT OF THE EQUINE ASSISTED PROGRAMS
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
ARCHIE BRAY FOUNDATION 2915 COUNTRY CLUB AVE. HELENA, MT 59602	81-0284022	501(C)(3)	10,000.	0.			IN SUPPORT OF BUILDING AND MATERIALS FOR SODA FIRE KILN
ST. MARK LUTHERAN CHURCH 4325 MAYETTE AVENUE SANTA ROSA, CA 95405	94-1731992	501(C)(3)	10,000.	0.			TO SUPPORT THE NICARAGUA MISSION (2018)

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ILLINOIS INSTITUTE OF TECHNOLOGY 7565 SOLUTION CENTER CHICAGO, IL 60677-7005	36-2170136	501(C)(3)	10,000.	0.			FOR LUCAS DANIEL LECTURE ENDOWMENT. PLEASE NOTIFY JOHN LANKFORD ABOUT THIS GIFT SO IT CAN BE
ROSELAND SCHOOL DISTRICT 1691 BURBANK AVENUE SANTA ROSA, CA 95407	36-4766964	501(C)(3)	21,707.	0.			ROSELAND COLLEGIATE PREP
FOUNDATION FOR NATIONAL PROGRESS DBA MOTHER JONES - 222 SUTTER STREET, STE. 600 - SAN FRANCISCO, CA 94108	94-2282759	501(C)(3)	10,000.	0.			THIS GRANT MAY BE USED AS A CHALLENGE GRANT TO HELP MEET THE FUNDRAISING OBJECTIVES FOR THE
MIDDLE EAST CHILDREN'S ALLIANCE 1101 8TH STREET BERKELEY, CA 94710	94-3074600	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT OR THE AREA MOST IN NEED
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 A PROFESSOR FELLOWSHIP IN THE DEPARTMENT OF ECONOMICS
LUTHER BURBANK MEMORIAL FOUNDATION 50 MARK WEST SPRINGS ROAD SANTA ROSA, CA 95403	94-2581084	501(C)(3)	27,500.	0.			FOR THE MARIACHI PROGRAM FOR GENERAL OPERATING SUPPORT
AMERICAN OVERSIGHT INC. 1030 15TH ST. NW, SUITE B255 WASHINGTON, DC 20005	81-5294830	501(C)(3)	15,000.	0.			FOR OPERATING SUPPORT
CORAZON HEALDSBURG P.O. BOX 1004 HEALDSBURG, CA 95448	27-3044487	501(C)(3)	41,500.	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)	21,500.	0.			IN SUPPORT OF THE CONSTRUCTION SUSTAINABILITY PROGRAM AT HEALDSBURG HIGH

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WIKIMEDIA FOUNDATION, INC. 1 MONTGOMERY ST., SUITE 1600 SAN FRANCISCO, CA 94104	20-0049703	501(C)(3)	10,000.	0.			TO SUPPORT OPERATIONS
CHOP'S TEEN CLUB AKA DEMEO TEEN CLUB INC. - 509 ADAMS STREET - SANTA ROSA, CA 95401	91-1859251	501(C)(3)	20,500.	0.			FOR ANNUAL FUNDRAISER: GENERAL OPERATING SUPPORT
KQED INC. 2601 MARIPOSA STREET SAN FRANCISCO, CA 94110	94-1241309	501(C)(3)	10,000.	0.			FOR OUR ANNUAL GIFT FOR GENERAL OPERATING EXPENSES
B-RAD FOUNDATION 295 MURPHY AVE. SEBASTOPOL, CA 95472	47-3536926	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT TO AID B-RAD FOUNDATION IN EDUCATING YOUTH AND THEIR FAMILIES
AMBULATORY SURGERY ACCESS COALITION DBA OPERATION ACCESS - 1119 MARKET STREET, SUITE 400 - SAN FRANCISCO, CA 94103	94-3180356	501(C)(3)	10,000.	0.			TO PROVIDE SURGERIES AND SPECIALTY PROCEDURES FOR UNDOCUMENTED PEOPLE IN SONOMA COUNTY
BUCKELEW PROGRAMS 1401 LOS GAMOS DRIVE, SUITE 240 SAN RAFAEL, CA 94903	23-7088977	501(C)(3)	10,000.	0.			TO EXPAND THE EMERGENCY RENTAL ASSISTANCE FUND FOR RENTS AND RENTAL DEPOSITS
CALIFORNIA PARENTING INSTITUTE 3650 STANDISH AVENUE SANTA ROSA, CA 95407	94-2541640	501(C)(3)	22,500.	0.			TO PROVIDE EMERGENCY FUNDING FOR MEDICAL CO-PAYS, HOUSING AND RELATED EXPENSES FOR
CERES COMMUNITY PROJECT 7351 BODEGA AVENUE SEBASTOPOL, CA 95472	26-2250997	501(C)(3)	15,000.	0.			TO PROVIDE MEDICALLY TAILORED MEALS TO VERY LOW INCOME PATIENTS WITH SERIOUS ILLNESS
COUNCIL ON AGING SERVICES FOR SENIORS - 30 KAWANA SPRINGS RD. - SANTA ROSA, CA 95404	94-6138714	501(C)(3)	10,000.	0.			TO PROVIDE HOME DELIVERED MEALS TO FRAIL ISOLATED SENIORS

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COVIA COMMUNITIES 2185 N. CALIFORNIA BLVD, #215 WALNUT CREEK, CA 94596	94-6130471	501(C)(3)	10,000.	0.			TO PROVIDE EMERGENCY FUNDING FOR LOW-INCOME SENIORS
FISH OF THE SANTA ROSA AREA INC. P.O. BOX 4291 SANTA ROSA, CA 95402	51-0159551	501(C)(3)	15,000.	0.			TO SUPPORT FISH'S FOOD PANTRY
FOOD FOR THOUGHT P.O. BOX 1608 FORESTVILLE, CA 95436	68-0181095	501(C)(3)	10,000.	0.			TO PROVIDE NUTRITIOUS FOOD TO 50 LOW-INCOME SONOMA COUNTY RESIDENTS AFFECTED BY CONGESTIVE
FRIENDS IN SONOMA HELPING P.O. BOX 507 SONOMA, CA 95476	23-7441289	501(C)(3)	10,000.	0.			TO PARTIALLY SUPPORT RENTAL ASSISTANCE TO NEEDY SONOMA VALLEY RESIDENTS
HEALDSBURG SHARED MINISTRIES P.O. BOX 1646 HEALDSBURG, CA 95448	94-2838706	501(C)(3)	10,000.	0.			TO PROVIDE FREE FOOD TO NEEDY FAMILIES IN THE HEALDSBURG/GEYSERVILLE AREA
INTERFAITH SHELTER NETWORK 3850 MONTGOMERY DR. SANTA ROSA, CA 95405	68-0222942	501(C)(3)	10,000.	0.			TO PROVIDE INTERIM HOUSING AND PERMANENT HOUSING PLACEMENT FOR SONOMA COUNTY HOMELESS
JEWISH COMMUNITY FREE CLINIC OF SONOMA COUNTY - 50 MONTGOMERY DR - SANTA ROSA, CA 95404	94-3386103	501(C)(3)	15,000.	0.			TO SUPPORT THE JCFC'S FREE MEDICATIONS, VACCINES, AND LABS DIRECT AID PROGRAM
PETALUMA ECUMENICAL PROPERTIES 951 PETALUMA BLVD. SOUTH PETALUMA, CA 94952	94-2565270	501(C)(3)	10,000.	0.			TO PROVIDE EMERGENCY FUNDING TO RESIDENTS IN NEED OF FOOD, SHELTER, OR MEDICAL FINANCIAL AID
PETALUMA PEOPLE SERVICES CENTER 1500 PETALUMA BLVD. SOUTH PETALUMA, CA 94952	94-2271299	501(C)(3)	10,000.	0.			TO SUPPORT THE MEALS ON WHEELS PROGRAM FOR AT-RISK SENIORS

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RIVER TO COAST CHILDREN'S SERVICES P.O. BOX 16 GUERNEVILLE, CA 95446-0016	94-2378459	501(C)(3)	10,000.	0.			TO PROVIDE EMERGENCY FOOD, DIAPERS, AND HYGIENE ITEMS TO WEST COUNTY FAMILIES
SONOMA OVERNIGHT SUPPORT P.O. BOX 748 SONOMA, CA 95476	03-0483033	501(C)(3)	10,000.	0.			TO PROVIDE FOOD AND SERVICES TO THE HOMELESS IN SONOMA AND SONOMA VALLEY
SONOMA STATE UNIVERSITY SEAWOLF SCHOLARS PROGRAM - 1801 EAST COTATI AVE. - ROHNERT PARK, CA 94928	68-0338225	501(C)(3)	10,000.	0.			TO PROVIDE ESSENTIAL SERVICES TO CURRENT AND FORMER FOSTER YOUTH ENROLLED AT SONOMA STATE
SONOMA VALLEY COMMUNITY HEALTH CENTER - 19270 SONOMA HWY - SONOMA, CA 95476	68-0286382	501(C)(3)	10,000.	0.			TO PROVIDE MEDICAL TRANSPORTATION TO UNDERSERVED RESIDENTS OF SONOMA VALLEY
SIDE BY SIDE, FORMERLY SUNNY HILLS SERVICES - 300 SUNNY HILLS DRIVE, BLDG #5 - SAN ANSELMO, CA 94960	94-1156301	501(C)(3)	25,000.	0.			TO PROVIDE EMERGENCY FUNDING FOR OUR SONOMA CLIENTS RECEIVING MENTAL HEALTH SERVICES
VOLUNTEER CENTER OF SONOMA COUNTY INC - 153 STONY CIRCLE, SUITE 100 - SANTA ROSA, CA 95401	94-1751375	501(C)(3)	10,000.	0.			TO SUPPORT THE 211 PROGRAM
VERITY-COMPASSION SAFETY SUPPORT A CALIFORNIA CORPORATION - 835 PINER RD, SUITE D - SANTA ROSA, CA 95403	94-2437947	501(C)(3)	10,000.	0.			TO ENABLE VICTIMS OF SEXUAL ASSAULT TO ACCESS EMERGENCY SHELTER, FOOD AND TRANSPORTATION
WEST COUNTY COMMUNITY SERVICES P.O. BOX 325 GUERNEVILLE, CA 95446	94-2277740	501(C)(3)	15,000.	0.			TO PROVIDE BETTER AND MORE MEALS TO LOW-INCOME AND HOMELESS SENIORS
SONOMA COUNTY REGIONAL PARKS FOUNDATION - 2300 COUNTY CENTER DRIVE, #120A - SANTA ROSA, CA 95403	68-0421813	501(C)(3)	25,500.	0.			TO SUPPORT "SCIENCE, SCIENCE, EVERYWHERE" CUSTOM BUNDLES OF THREE ENVIRONMENTAL EDUCATION

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PETALUMA HEALTH CENTER 1179 N. MCDOWELL BLVD. PETALUMA, CA 94954	68-0437840	501(C)(3)	10,000.	0.			TO SUPPORT TRAUMA-INFORMED BEHAVIORAL HEALTH CARE FOR LOW-INCOME,
LOS CIEN SONOMA COUNTY, INC. P.O.BOX 105 GUERNEVILLE, CA 95446	47-4474273	501(C)(3)	15,000.	0.			FOR GENERAL OPERATING SUPPORT
NORTH BAY ORGANIZING PROJECT P.O. BOX 503 GRATON, CA 95444	45-2369887	501(C)(3)	17,500.	0.			TO SUPPORT THE LATINX STUDENT CONGRESS
LEONARDO DICAPRIO FOUNDATION P.O. BOX 921 CULVER CITY, CA 90232	81-2932097	501(C)(3)	10,000.	0.			IN SUPORT OF THEIR 20TH ANNIVERSARY CELEBRATION, TO FUND THEIR CRITICAL ENVIRONMENTAL WORK
SONOMA COUNTY HUMAN SERVICES DEPARTMENT - P.O. BOX 1539 - SANTA ROSA, CA 95402	94-6000539	509(A)(1)	10,000.	0.			FOR CARE ACCESS FOR LGBTQI OLDER ADULTS PROJECT
OUR FAMILY COALITION 1385 MISSION STREET SAN FRANCISCO, CA 94103	94-3261786	501(C)(3)	10,000.	0.			FOR NORTH BAY LGBTQI FAMILY FORMATION SYMPOSIUM AND PARENT LEADERSHIP PROGRAM
UPVALLEY FAMILY CENTERS OF NAPA COUNTY - 1500 CEDAR ST. - CALISTOGA, CA 94515	80-0023012	501(C)(3)	10,000.	0.			IN SUPPORT OF THE EARLY CHILDHOOD EDUCATION PROGRAM AT THE CALISTOGA CENTER AND IN LOVING
SALVATION ARMY - SANTA ROSA 93 STONY CIRCLE SANTA ROSA, CA 95401	94-1156347	501(C)(3)	10,000.	0.			IN SUPPORT OF THE DOUBLE PUNCHES BOXING CLUB (\$5,000) AND THE TUTOR AND MENTORING PROGRAM AT
WILD FARM ALLIANCE P.O. BOX 2570 WATSONVILLE, CA 95077	20-0195670	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT

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LIFEHOUSE, INC. 899 NORTHGATE DRIVE, SUITE 500 SAN RAFAEL, CA 94903	94-6050196	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
NORTH VALLEY COMMUNITY FOUNDATION 240 MAIN STREET, SUITE 260 CHICO, CA 95928	68-0161455	501(C)(3)	41,458.	0.			FOR THE CAMP FIRE EVACUATION RELIEF FUND
THE EMERIL LAGASSE FOUNDATION 829 ST. CHARLES AVE. NEW ORLEANS, LA 70130	42-1536915	501(C)(3)	10,000.	0.			FOR CARNIVAL DU VIN
SAVE THE REDWOODS LEAGUE 111 SUTTER STREET, 11TH FLOOR SAN FRANCISCO, CA 94104	94-0843915	501(C)(3)	25,000.	0.			FOR GENERAL OPERATING SUPPORT
PEDIATRIC DENTAL INITIATIVE OF THE NORTH COAST INC. - 1380 19TH HOLE DRIVE - WINDSOR, CA 95492	34-2012430	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
BOYS & GIRLS CLUBS OF SONOMA-MARIN 1400 NORTH DUTTON AVENUE, SUITE 24 SANTA ROSA, CA 95401	68-0309534	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
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
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
TRACE MEDIA INC. P.O. BOX 24532 BROOKLYN, NY 11202	47-4175513	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT

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INQUIRING SYSTEMS, INC 101 BROOKWOOD AVE., STE. 204 SANTA ROSA, CA 95404	94-2524840	501(C)(3)	9,500.	0.			FOR DISTRIBUTION OF FUNDS FOR NURSE-FAMILY PARTNERSHIP PROGRAM
SONOMA COUNTY SHERIFF'S DEPARTMENT 2796 VENTURA AVE. SANTA ROSA, CA 95403	94-6000539	GOV'T	8,700.	0.			TO SUPPORT THE PURCHASE OF MEDALS FOR STAFF IN RECOGNITION OF THEIR PERFORMANCE DURING THE
ST. HUBERT'S EPISCOPAL CHURCH 8870 BALDWIN ROAD KIRTLAND HILLS, OH 44060	31-1629166	501(C)(3)	8,200.	0.			FOR LIGHTING PROTECTION PACKAGE NEAR THE EVANS ROOM
OCCIDENTAL ARTS AND ECOLOGY CENTER 15290 COLEMAN VALLEY ROAD OCCIDENTAL, CA 95465	68-0359676	501(C)(3)	13,000.	0.			WILDLANDS PROGRAM
SEBASTOPOL CENTER FOR THE ARTS 282 S. HIGH ST. SEBASTOPOL, CA 95472	68-0168638	501(C)(3)	8,000.	0.			TO SUPPORT CHILDREN'S PROGRAMS SCA INCLUDING WAGES FOR HIGH SCHOOL STUDENT(S) TO WORK AS
SONOMA WEST MEDICAL FOUNDATION 245 NORTH MAIN STREET SEBASTOPOL, CA 95472	94-3314210	501(C)(3)	8,000.	0.			FOR GENERAL OPERATING SUPPORT
UNIVERSITY OF THE PACIFIC 3601 PACIFIC AVE STOCKTON, CA 95211	94-1156266	501(C)(3)	8,000.	0.			TO SUPPORT THE CONSERVATORY FOR PACIFIC HEAVY ENSEMBLE
UNITED WAY OF NORTHERN CALIFORNIA 2280 BENTON DRIVE, BUILDING B REDDING, CA 96003	94-1251675	501(C)(3)	13,000.	0.			FOR CAMP FIRE ASSISTANCE
ARTSTART 716 BENNETT VALLEY ROAD SANTA ROSA, CA 95404	68-0468124	501(C)(3)	7,628.	0.			FOR TWO ART CLASSROOMS - ONE FOR MOSAICS AND ONE FOR PAINTING

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
CSU SACRAMENTO-SCHOLARSHIPS 6000 J STREET, LESSON HALL 1001 SACRAMENTO, CA 95819	94-3001359	501(C)(3)	7,618.	0.			TO SUPPORT THE 'YES WE CAN' SCHOLARSHIP PROGRAM
SUKHASIDDHI FOUNDATION P.O. BOX 151327 SAN RAFAEL, CA 94915	68-0395959	501(C)(3)	7,500.	0.			FOR GENERAL OPERATING SUPPORT
SCRIPPS COLLEGE 1030 COLUMBIA AVE., #2009 CLAREMONT, CA 91711	95-1664123	501(C)(3)	7,500.	0.			FOR THE ANNUAL CAMPAIGN (\$5000); FOR THE CLASS OF 1970 SCHOLARSHIP FUND (\$2500)
EXTENDED CHILD CARE COALITION OF SONOMA COUNTY INC. - 1745 COPPERHILL PARKWAY - SANTA ROSA, CA 95403	94-2526630	501(C)(3)	7,500.	0.			TO SUPPORT THE COMMUNITY SOIL FOUNDATION'S GARDEN-BASED ENVIRONMENTAL EDUCATION
POINT REYES NATIONAL SEASHORE ASSOCIATION - 1 BEAR VALLEY ROAD, BLDG 70 - POINT REYES STATION, CA 94956	94-2228894	501(C)(3)	7,500.	0.			TO SUPPORT A MULTI-DAY ENVIRONMENTAL EDUCATION PROGRAM IN PARTNERSHIP WITH LANDPATHS
TRUST FOR CONSERVATION INNOVATION 405 14TH STREET, SUITE 164 OAKLAND, CA 94612	91-2166435	501(C)(3)	7,500.	0.			IN SUPPORT OF KITCHEN TABLE ADVISOR'S WORK IN SONOMA COUNTY
EMPIRE COLLEGE FOUNDATION 3035 CLEVELAND AVENUE SANTA ROSA, CA 95403	68-0334006	501(C)(3)	7,500.	0.			TO SUPPORT SCHOLARSHIPS FOR DESERVING AND UNDERPRIVELEGED STUDENTS
HEALDSBURG JAZZ FESTIVAL, INC P.O. BOX 266 HEALDSBURG, CA 95448	71-0910474	501(C)(3)	7,000.	0.			FOR GENERAL OPERATING SUPPORT
BEREA COLLEGE CPO 2216 BEREA, KY 40404	61-0444650	501(C)(3)	7,000.	0.			TO BE USED TOWARD THE PURCHASE OF A NEW ELECTRIC OVAL KILN

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
CHILDREN'S HUMANITARIAN INTERNATIONAL - P.O. BOX 1735 - SEBASTOPOL, CA 95473	27-3280250	501(C)(3)	6,750.	0.			TO SUPPORT SCHOOL BUS (\$3,300.00) TO SPONSOR ONE KENYAN CHILD - GIFT OF EDUCATION (\$750.00) TO
HEALDSBURG CENTER FOR THE ARTS 130 PLAZA STREET HEALDSBURG, CA 95448	72-1571075	501(C)(3)	6,500.	0.			TO PROVIDE SCHOLARSHIPS FOR NEED-BASED CHILDREN DURING THE HCA SUMMER ART CAMP
FARM TO PANTRY P.O. BOX 191 HEALDSBURG, CA 95448	46-5321538	501(C)(3)	6,500.	0.			TO EXPAND THE DELIVERY WITH DIGNITY PROGRAM: "FARMACY CART" AND TO PROVIDE IMPORTANT
JEWISH FAMILY & CHILDREN'S SERVICES - P.O. BOX 159004 - SAN FRANCISCO, CA 94115	94-1156528	501(C)(3)	10,500.	0.			FOR GENERAL OPERATING SUPPORT
GRANTMAKERS CONCERNED WITH IMMIGRANTS AND REFUGEES - P.O. BOX 1100 - SEBASTOPOL, CA 95473	20-2559651	501(C)(3)	10,133.	0.			FOR GENERAL OPERATING SUPPORT

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

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

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

PART I, LINE 2:

FOR COMPETITIVE GRANTS, WE REQUIRE GRANTEES TO SIGN A CONTRACT THAT
 DESCRIBES THE USE OF THE FUNDS. THE CONTRACT ALSO REQUIRES GRANTEES 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: LEGAL AID OF SONOMA COUNTY

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE DISASTER LAW PROGRAM

(DLP) TO PROVIDE LEGAL INFORMATION AND REPRESENTATION TO THOSE AFFECTED

BY THE 2017 WILDFIRES

NAME OF ORGANIZATION OR GOVERNMENT: UNITED POLICYHOLDERS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE ENHANCED LONG TERM

RECOVERY SERVICES TO NORTH BAY WILDFIRE IMPACTED HOUSEHOLDS THROUGH

UNITED POLICYHOLDERS' ROADMAP TO RECOVERY PROGRAM

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

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE GRANTS TO LAW ENFORCEMENT

AND FIRE PERSONNEL WHO LOST HOMES IN THE 2017 WILDFIRE IN SONOMA COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: ON THE MOVE

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

IMPLEMENTATION OF LA PLAZA WHICH WILL IMPROVE ACCESS TO TRAUMA-INFORMED

CARE AND COMMUNITY-LED MENTAL HEALTH SERVICES FOR LATINOS IN SONOMA

COUNTY

NAME OF ORGANIZATION OR GOVERNMENT:

BURBANK HOUSING DEVELOPMENT CORPORATION

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

CROSS-SECTOR LEADERSHIP GROUP TO ADVOCATE IN FAVOR OF HOUSING THROUGH

SONOMA COUNTY

NAME OF ORGANIZATION OR GOVERNMENT:

SONOMA COUNTY ECONOMIC DEVELOPMENT BOARD FOUNDATION

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

Part IV Supplemental Information

AND CREATIVE SONOMA ARTS EDUCATION COLLABORATIVE GRANTS PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

FOUNDATION FOR INTERDISCIPLINARY STUDIES

(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF STUDENT-CENTERED

INTERDISCIPLINARY LEARNING SENIOR PROJECTS AND INDUSTRY AND PROFESSIONAL

CONNECTED LEARNING IN THE SPIRIT OF CAL POLY'S CAED'S FOUNDING DEAN

GEORGE HASSLEIN

NAME OF ORGANIZATION OR GOVERNMENT: ONE CLIMB

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

CLIMBING WALL AT THE BOYS AND GIRLS CLUB OF GREATER SANTA ROSA IN 2019

AND IN HONOR OF THOMAS AND BRITTANY EAMES

NAME OF ORGANIZATION OR GOVERNMENT: YWCA OF SONOMA COUNTY

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

ACQUISITION FOR THE PURCHASE OF 136 ORANGE STREET IN SANTA ROSA TO EXPAND

THE SAFE HOUSE SHELTER

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA ECOLOGY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT RESTORING FULL ACCESS TO

TRAILS AT SUGERLOAF RIDGE STATE PARK THAT WERE IMPACTED BY THE FIRES

NAME OF ORGANIZATION OR GOVERNMENT: HEALDSBURG EDUCATION FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO COVER COSTS FOR AM/FM 17/18 AND

LAST YEAR'S MEET THE MASTERS, PLUS 2018 AM/FM (\$8,760) AND THIS YEAR'S

MEET THE MASTERS (\$10,000). REMAINING AMOUNT IS FOR GENERAL OPERATING

SUPPORT

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: COMPASSION WITHOUT BORDERS

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

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

COMMUNITY

NAME OF ORGANIZATION OR GOVERNMENT: CENTER FOR CLIMATE PROTECTION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT GENERAL OPERATIONS

(\$20,000.00) AND TO SUPPORT THE SCHOOLS PROGRAM (\$10,000.00)

NAME OF ORGANIZATION OR GOVERNMENT: LA LUZ CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO TRAIN LATINO AND OTHER LOW WAGE

EARNERS WITH THE SKILLS NECESSARY TO ALLOW THEM TO SUCCESSFULLY WORK IN

THE BUILDING TRADES (GRANT IS CONTINGENT ON HOUSING TRAINING PROJECT

MOVING FORWARD)

NAME OF ORGANIZATION OR GOVERNMENT: LOMI SCHOOL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE INDIVIDUAL AND FAMILY

PSYCHOTHERAPY TO ADULTS AND CHILDREN IMPACTED BY THE WILDFIRE OF 2018

NAME OF ORGANIZATION OR GOVERNMENT: INSTITUTE OF ECOLOGICAL DESIGN

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUPPORTIVE SERVICES TO

THE MOSKITO PEOPLE OF NORTH EASTERN NICARAGUA TO FACILITATE A COMMUNITY

DRIVEN COMPREHENSIVE FOOD SYSTEM ANALYSIS OF THE REGION; TO CONDUCT A

PILOT PROJECT OF SUSTAINABLE DEVELOPMENT, ETC.

NAME OF ORGANIZATION OR GOVERNMENT:

UC BERKELEY FOUNDATION - GIFT OPERATIONS

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT GRANTS TO ESTABLISH THE PURDOM FAMILY FUND AT THE UC BERKELEY FOUNDATION FOR SCHOLARSHIPS TO BE AWARDED TO STUDENTS FROM SONOMA COUNTY ATTENDING UC BERKELEY

NAME OF ORGANIZATION OR GOVERNMENT:
BURBANK HOUSING MANAGEMENT CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO COVER THE TEMPORARY HOUSING COSTS FOR JOURNEY'S END RESIDENTS AWAITING PERMANENT HOUSING

NAME OF ORGANIZATION OR GOVERNMENT: LATINO SERVICE PROVIDERS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT LSP TESTIMONIOS PROJECT AND REDUCE STIGMA IN THE LATINO COMMUNITY AROUND MENTAL HEALTH

NAME OF ORGANIZATION OR GOVERNMENT: NORTH BAY CHILDRENS CENTER INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE PRESCHOOL ACCELERATED ENGLISH PROGRAM AT NBCC'S FITCH MOUNTAIN CAMPUS WITH TEACHER TRAINING AND IMPLEMENTATION

NAME OF ORGANIZATION OR GOVERNMENT: GEYSERVILLE UNIFIED SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE CONSTRUCTION AND INDUSTRIAL ARTS PROGRAM AT GEYSERVILLE NEW TECH ACADEMY

NAME OF ORGANIZATION OR GOVERNMENT: ILLINOIS INSTITUTE OF TECHNOLOGY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR LUCAS DANIEL LECTURE ENDOWMENT. PLEASE NOTIFY JOHN LANKFORD ABOUT THIS GIFT SO IT CAN BE PROPERLY DIRECTED.

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

FOUNDATION FOR NATIONAL PROGRESS DBA MOTHER JONES

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT MAY BE USED AS A CHALLENGE GRANT TO HELP MEET THE FUNDRAISING OBJECTIVES FOR THE DISINFORMATION CAMPAIGN. GOOD LUCK!

NAME OF ORGANIZATION OR GOVERNMENT: B-RAD FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT TO AID B-RAD FOUNDATION IN EDUCATING YOUTH AND THEIR FAMILIES ABOUT STEWARDSHIP OF OUR LAND AND OUR SEAS, AND IN MEMORY OF BRAD PARKER

NAME OF ORGANIZATION OR GOVERNMENT: CALIFORNIA PARENTING INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE EMERGENCY FUNDING FOR MEDICAL CO-PAYS, HOUSING AND RELATED EXPENSES FOR FAMILIES WITH CHILDREN

NAME OF ORGANIZATION OR GOVERNMENT: FOOD FOR THOUGHT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE NUTRITIOUS FOOD TO 50 LOW-INCOME SONOMA COUNTY RESIDENTS AFFECTED BY CONGESTIVE HEART FAILURE

NAME OF ORGANIZATION OR GOVERNMENT: INTERFAITH SHELTER NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE INTERIM HOUSING AND PERMANENT HOUSING PLACEMENT FOR SONOMA COUNTY HOMELESS POPULATION

NAME OF ORGANIZATION OR GOVERNMENT:

SONOMA STATE UNIVERSITY SEAWOLF SCHOLARS PROGRAM

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE ESSENTIAL SERVICES TO CURRENT AND FORMER FOSTER YOUTH ENROLLED AT SONOMA STATE UNIVERSITY

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

SONOMA COUNTY REGIONAL PARKS FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT "SCIENCE, SCIENCE,
EVERYWHERE" CUSTOM BUNDLES OF THREE ENVIRONMENTAL EDUCATION EXPERIENCES
FOR 10 SCHOOLS

NAME OF ORGANIZATION OR GOVERNMENT: PETALUMA HEALTH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT TRAUMA-INFORMED
BEHAVIORAL HEALTH CARE FOR LOW-INCOME, UNDERSERVED INDIVIDUALS IN SONOMA
COUNTY

NAME OF ORGANIZATION OR GOVERNMENT:

UPVALLEY FAMILY CENTERS OF NAPA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF THE EARLY CHILDHOOD
EDUCATION PROGRAM AT THE CALISTOGA CENTER AND IN LOVING MEMORY OF CLAIR
AND CLAIRE DAVIS

NAME OF ORGANIZATION OR GOVERNMENT: SALVATION ARMY - SANTA ROSA

(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF THE DOUBLE PUNCHES
BOXING CLUB (\$5,000) AND THE TUTOR AND MENTORING PROGRAM AT THE SANTA
ROSA CORP. (\$5,000)

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA COUNTY SHERIFF'S DEPARTMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE PURCHASE OF MEDALS
FOR STAFF IN RECOGNITION OF THEIR PERFORMANCE DURING THE FIRST HOURS OF
THE OCTOBER 2017 FIRES

NAME OF ORGANIZATION OR GOVERNMENT: SEBASTOPOL CENTER FOR THE ARTS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT CHILDREN'S PROGRAMS SCA

Part IV Supplemental Information

INCLUDING WAGES FOR HIGH SCHOOL STUDENT(S) TO WORK AS ASSISTANTS IN YOUTH

PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT:

EXTENDED CHILD CARE COALITION OF SONOMA COUNTY INC.

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

FOUNDATION'S GARDEN-BASED ENVIRONMENTAL EDUCATION OF THE LARKFIELD

COMMUNITY GARDEN AND LEARNING CENTER

NAME OF ORGANIZATION OR GOVERNMENT: CHILDREN'S HUMANITARIAN INTERNATIONAL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT SCHOOL BUS (\$3,300.00) TO

SPONSOR ONE KENYAN CHILD - GIFT OF EDUCATION (\$750.00) TO SUPPORT PARTIAL

SCHOLARSHIPS FOR SUMMER (\$2,700.00) AND IN MEMORY OF JULIA ROSE COUGHLAN

NAME OF ORGANIZATION OR GOVERNMENT: FARM TO PANTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EXPAND THE DELIVERY WITH DIGNITY

PROGRAM: "FARMACY CART" AND TO PROVIDE IMPORTANT OPERATIONAL SUPPORT

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2018

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 **1b**

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? **2**

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input 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 **7**

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 **8**

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

	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) 2018

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)	207,736.	30,000.	0.	12,464.	7,466.	257,666.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) W JOHN MULLINEAUX VP OF DEVELOPMENT	(i)	125,399.	6,500.	0.	7,524.	19,012.	158,435.	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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and 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	28	2,330,329.	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) 2018

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

2018

Open to Public
Inspection

Name of the organization

COMMUNITY FOUNDATION SONOMA COUNTY

Employer identification number

68-0003212

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

USED DIVERSIFIED INVESTMENT STRATEGIES TO MANAGE OVER 434 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 ELECTRONICALLY

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

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS

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

FORTH IN SEC. 6104(D).

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

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	-400,667.
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**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

2018

Open to Public Inspection

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
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) 2018

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CHARITABLE LEAD TRUST (4)	INVESTMENTS	CA	COMMUNITY FOUNDATION SONOMA COUNTY	TRUST				X	
CHARITABLE REMAINDER TRUST (5)	INVESTMENTS	CA	COMMUNITY FOUNDATION SONOMA COUNTY	TRUST				X	
POOLED INCOME FUND	INVESTMENTS	CA	COMMUNITY FOUNDATION SONOMA COUNTY	TRUST				X	

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	