

Form **990**  
(Rev. January 2020)  
Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2019**

Open to Public Inspection

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

**A** For the **2019** calendar year, or tax year beginning and ending

<b>B</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 checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization COMMUNITY FOUNDATION SONOMA COUNTY		<b>D</b> Employer identification number 68-0003212
	Doing business as		<b>E</b> 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 220		<b>G</b> Gross receipts \$ 92,857,815.
City or town, state or province, country, and ZIP or foreign postal code SANTA ROSA, CA 95401		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>F</b> Name and address of principal officer: ELIZABETH BROWN SAME AS C ABOVE		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. (see instructions)	
<b>J</b> Website: WWW.SONOMACF.ORG		<b>H(c)</b> Group exemption number	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: 1983	<b>M</b> 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: WE CONNECT PEOPLE, IDEAS AND RESOURCES TO BENEFIT THE LIVES OF THOSE WHO LIVE IN SONOMA COUNTY.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	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 2019 (Part V, line 2a)	5	20
	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 39	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	18,633,970.	14,887,819.
	9 Program service revenue (Part VIII, line 2g)	231,525.	2,658.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,203,576.	7,516,568.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	78.	16,535.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,069,149.	22,423,580.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	14,137,738.	16,516,326.
	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)	1,616,609.	1,716,121.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	360,519.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,930,517.	1,602,369.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	17,684,864.	19,834,816.
19 Revenue less expenses. Subtract line 18 from line 12	6,384,285.	2,588,764.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 163,843,026.	End of Year 184,521,909.
	21 Total liabilities (Part X, line 26)	6,101,559.	4,817,663.
	22 Net assets or fund balances. Subtract line 21 from line 20	157,741,467.	179,704,246.

**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.

<b>Sign Here</b>	Signature of officer	Date			
	ELIZABETH BROWN, PRESIDENT & CEO Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name MAGA E. KISRIV	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P01008919
	Firm's name HOOD & STRONG LLP	Firm's EIN 94-1254756	Firm's address 275 BATTERY 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](http://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](http://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.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  COMMUNITY FOUNDATION SONOMA COUNTY	Taxpayer identification number (TIN)  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	
	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 TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until NOVEMBER 16, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year 2019 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

<b>3a</b> 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.	<b>3a</b>	\$	0.
<b>b</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.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code: ) (Expenses \$ 17,794,716. including grants of \$ 16,516,326. ) (Revenue \$ 19,193. ) GRANTMAKING: AWARDED MORE THAN \$14.8 MILLION IN SONOMA COUNTY, PRIMARILY IN THE FIELDS OF HEALTH & HUMAN SERVICES, ARTS & CULTURE, EDUCATION, AND THE ENVIRONMENT.

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

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

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

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

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

4e Total program service expenses 17,794,716.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
<b>3</b> 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
<b>4 Section 501(c)(3) organizations.</b> 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
<b>5</b> 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
<b>6</b> 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	
<b>7</b> 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
<b>8</b> 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
<b>9</b> 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
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
<b>11</b> 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.		
<b>a</b> 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>b</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
<b>c</b> 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
<b>d</b> 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
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
<b>f</b> 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	
<b>12a</b> 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>b</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	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		X
<b>b</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
<b>15</b> 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
<b>16</b> 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
<b>17</b> 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
<b>18</b> 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
<b>19</b> 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
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> 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, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and contributions.

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, Question Text, Yes, No. Rows include questions 1a, 1b, and 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 response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business 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 on 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... 17; 1b Enter the number of voting members included... 17; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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? X; 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? X; 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... X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done... X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official... X; b Other officers or key employees of the organization... X; 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? X; 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 on Schedule O)
19 Describe on 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. See instructions for the order in which to list the persons above.

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) HARRIET DERWINGSON SECRETARY	3.00 0.00	X		X				0.	0.	0.
(3) CHRISTINA HOLLINGSWORTH TREASURER	1.00 0.00	X		X				0.	0.	0.
(4) BARRY WEITZENBERG IMMEDIATE PAST CHAIR	3.00 0.00	X		X				0.	0.	0.
(5) KATIE JACKSON DIRECTOR	1.00 0.00	X						0.	0.	0.
(6) LAWRENCE MILLS DIRECTOR (THRU 9/30/19)	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 (THRU 6/30/19)	1.00 0.00	X						0.	0.	0.
(10) OSCAR CHAVEZ DIRECTOR (THRU 9/30/19)	1.00 0.00	X						0.	0.	0.
(11) PATRICK EMERY DIRECTOR	1.00 0.00	X						0.	0.	0.
(12) RICHARD DAVIS-LOWELL 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 (THRU 9/30/19)	1.00 0.00	X						0.	0.	0.
(15) SUSAN LENTZ DIRECTOR	1.00 0.00	X						0.	0.	0.
(16) THELIA WADE 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) CHIP ALLEN DIRECTOR (THRU 9/30/19)	1.00 0.00	X						0.	0.	0.
(19) SIMON BLATTNER DIRECTOR	1.00 0.00	X						0.	0.	0.
(20) CAROL BEATTIE DIRECTOR	1.00 0.00	X						0.	0.	0.
(21) AKASH KALIA DIRECTOR	1.00 0.00	X						0.	0.	0.
(22) MICHELLE YOUNG DIRECTOR	1.00 0.00	X						0.	0.	0.
(23) ELIZABETH BROWN PRESIDENT & CEO	45.00 0.00			X				231,859.	0.	20,823.
(24) ANN BUTTERFIELD VP OF FINANCE & OPS	45.00 1.00			X				134,143.	0.	24,187.
(25) W JOHN MULLINEAUX VP OF DEVELOPMENT	45.00 1.00					X		123,230.	0.	24,679.
(26) KARIN DEMAREST VP FOR COMMUNITY IMPACT	45.00 0.00					X		110,254.	0.	28,632.
<b>1b Subtotal</b>								599,486.	0.	98,321.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								599,486.	0.	98,321.

**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 4

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> 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	
<b>5</b> 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	144,307.

**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)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b>	2,571.				
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	200,000.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	14,685,248.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 1,652,690.				
	<b>h Total.</b> Add lines 1a-1f .....			14,887,819.			
Program Service Revenue	<b>2 a</b> MANAGEMENT FEES	Business Code					
		561000	2,658.	2,658.			
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....			2,658.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		4,007,930.			4,007,930.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	73,942,873.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	70,434,235.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	3,508,638.				
	<b>d</b> Net gain or (loss) .....			3,508,638.		3,508,638.	
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b> OTHER INCOME	Business Code					
		900099	12,341.	12,341.			
	<b>b</b> LITIGATION SETTLEMENT	900099	4,194.	4,194.			
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....			16,535.				
<b>12 Total revenue.</b> See instructions .....			22,423,580.	19,193.	0.	7,516,568.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	16,516,326.	16,516,326.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	411,012.	101,073.	272,037.	37,902.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	1,015,881.	432,946.	432,105.	150,830.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	53,163.	22,790.	24,056.	6,317.
<b>9</b> Other employee benefits .....	130,033.	58,972.	53,934.	17,127.
<b>10</b> Payroll taxes .....	106,032.	40,336.	51,454.	14,242.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	76,831.	30,331.	37,555.	8,945.
<b>c</b> Accounting .....	73,560.	29,040.	35,956.	8,564.
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	245,433.		245,433.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	369,140.	145,730.	180,434.	42,976.
<b>12</b> Advertising and promotion .....	71,944.	28,402.	35,166.	8,376.
<b>13</b> Office expenses .....	114,641.	42,296.	59,872.	12,473.
<b>14</b> Information technology .....	146,066.	57,664.	71,397.	17,005.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	149,630.	59,071.	73,139.	17,420.
<b>17</b> Travel .....	3,509.	1,385.	1,715.	409.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	74,875.	29,559.	36,599.	8,717.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	50,944.	20,112.	24,901.	5,931.
<b>23</b> Insurance .....	156,810.	147,436.	7,571.	1,803.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> BAD DEBT EXPENSE	30,032.		30,032.	
<b>b</b> SPECIAL PROJECT EXPENSE	26,220.	26,220.		
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses _____	12,734.	5,027.	6,225.	1,482.
<b>25</b> Total functional expenses. Add lines 1 through 24e	19,834,816.	17,794,716.	1,679,581.	360,519.
<b>26</b> 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 <input type="checkbox"/> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	9,282,487.	<b>1</b>	14,354,552.
	<b>2</b> Savings and temporary cash investments .....	2,081,545.	<b>2</b>	1,360,819.
	<b>3</b> Pledges and grants receivable, net .....	7,996,943.	<b>3</b>	8,800,909.
	<b>4</b> Accounts receivable, net .....	234,814.	<b>4</b>	0.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	1,001,289.	<b>7</b>	975,141.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	94,631.	<b>9</b>	84,623.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 467,968.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 303,220.		
	<b>11</b> Investments - publicly traded securities .....	140,638,953.	<b>11</b>	157,496,724.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	368,500.	<b>12</b>	368,500.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	2,040,900.	<b>15</b>	915,893.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	163,843,026.	<b>16</b>	184,521,909.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	67,610.	<b>17</b>	72,564.
	<b>18</b> Grants payable .....	6,025,454.	<b>18</b>	4,736,891.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	8,495.	<b>25</b>	8,208.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	6,101,559.	<b>26</b>	4,817,663.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	36,125,682.	<b>27</b>	42,184,809.
	<b>28</b> Net assets with donor restrictions .....	121,615,785.	<b>28</b>	137,519,437.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	157,741,467.	<b>32</b>	179,704,246.
<b>33</b> Total liabilities and net assets/fund balances .....	163,843,026.	<b>33</b>	184,521,909.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	22,423,580.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	19,834,816.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	2,588,764.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	157,741,467.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	18,492,423.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	-22,914.
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	904,506.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	179,704,246.

**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 on 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 on Schedule O and describe any steps taken to undergo such audits \_\_\_\_\_

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form **990** (2019)

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization <p style="text-align: center;">COMMUNITY FOUNDATION SONOMA COUNTY</p>	Employer identification number <p style="text-align: center;">68-0003212</p>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

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

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

**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	14,404,710.	16,537,057.	26,892,930.	18,633,970.	14,887,819.	91,356,486.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	14,404,710.	16,537,057.	26,892,930.	18,633,970.	14,887,819.	91,356,486.
<b>5</b> 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) .....						8,792,251.
<b>6 Public support.</b> Subtract line 5 from line 4.						82,564,235.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....	14,404,710.	16,537,057.	26,892,930.	18,633,970.	14,887,819.	91,356,486.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	2,755,061.	2,178,927.	3,001,983.	4,056,268.	4,007,930.	16,000,169.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						107,356,655.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	634,311.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	76.91 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	<b>15</b>	76.06 %
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2018.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** 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 - 2018.** 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> 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
<b>1</b> 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>		
<b>2</b> 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
<b>1</b> 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
<b>1</b> 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?		
<b>2</b> 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>		
<b>3</b> 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**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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>b</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>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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>b</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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> 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) 2019

**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 <b>Part VI</b> ). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
9 Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7 <b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

# 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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

# 2019

Name of the organization

COMMUNITY FOUNDATION SONOMA COUNTY

Employer identification number

68-0003212

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

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

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<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.)
3	<hr/> <hr/> <hr/>	\$ 698,905.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 510,464.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 506,179.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 482,944.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 353,290.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 308,581.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	165 SHARES ROST, 1,245 SHARES TXN, 1,358 SHARES BR _____ _____ _____	\$ 506,179.	12/10/19
8	2,000 SHARES ADSK _____ _____ _____	\$ 353,290.	12/31/19
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____



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.

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

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**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	177	58
2 Aggregate value of contributions to (during year)	9,890,882.	438,442.
3 Aggregate value of grants from (during year)	7,091,463.	1,594,008.
4 Aggregate value at end of year	44,289,104.	39,052,639.

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?  Yes  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?  Yes  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 (for example, 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?  Yes  No

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)?  Yes  No

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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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**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 make 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 program
  - 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	78,210,871.	84,598,098.	74,627,859.	73,086,044.	75,573,899.
b Contributions	2,922,029.	1,233,069.	492,843.	1,152,647.	3,600,496.
c Net investment earnings, gains, and losses	14,140,117.	-5,390,715.	11,633,914.	3,655,451.	-1,860,881.
d Grants or scholarships	2,332,524.	2,229,581.	2,156,518.	3,266,283.	4,227,470.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	92,940,493.	78,210,871.	84,598,098.	74,627,859.	73,086,044.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  .95 %
  - b Permanent endowment  79.45 %
  - c Term endowment  19.60 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations   |     | X  |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 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		54,255.	36,192.	18,063.
d Equipment		271,155.	185,119.	86,036.
e Other		142,558.	81,909.	60,649.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				164,748.

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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	8,208.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	8,208.

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 FASB 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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>	
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....		<b>4c</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....		<b>5</b>

**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.

<b>1</b>	Total expenses and losses per audited financial statements .....		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>	
<b>b</b>	Prior year adjustments .....	<b>2b</b>	
<b>c</b>	Other losses .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....		<b>4c</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....		<b>5</b>

**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, 2019, 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](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2019**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
PEPPERWOOD FOUNDATION 2130 PEPPERWOOD PRESERVE RD. SANTA ROSA, CA 95404-7543	01-0817571	501(C)(3)	1,488,000.	0.			FOR BUILDING CAMPAIGN; FOR GENERAL OPERATING SUPPORT; FOR GENERAL OPERATING SUPPORT AND IN
SONOMA LAND TRUST 822 FIFTH STREET SANTA ROSA, CA 95404	51-0197006	501(C)(3)	893,250.	0.			TO PRESERVE OPEN SPACE AND MAINTAIN THE TRAIL SYSTEM AT SONOMA DEVELOPMENTAL CENTER; TO
LUTHERAN SOCIAL SERVICES OF NORTHERN CALIFORNIA - 1465 CIVIC COURT, BUILDING D, SUITE 810 - CONCORD, CA 94520	94-1659687	501(C)(3)	753,855.	0.			TO SUPPORT THE UNMET NEEDS OF OUR MOST VULNERABLE COMMUNITY MEMBERS POST-FIRES
CHOP'S TEEN CLUB AKA DEMEO TEEN CLUB INC. - 509 ADAMS STREET - SANTA ROSA, CA 95401	91-1859251	501(C)(3)	530,700.	0.			FOR CHOP'S FALL EVENT FUNDRAISER; FOR GENERAL OPERATING SUPPORT; TO SUPPORT TRAINING &
TIDES CENTER PO BOX 29907 SAN FRANCISCO, CA 94129-0907	94-3213100	501(C)(3)	500,000.	0.			TO PROVIDE CORE FUNDING FOR GENERATION HOUSING
ROSELAND SCHOOL DISTRICT 1691 BURBANK AVENUE SANTA ROSA, CA 95407	36-4766964	GOV'T	486,893.	0.			IN SUPPORT OF THE YES WE CAN "SCHOLARSHIP"; FOR THE BRIDGE GRANT ONLY; TO SUPPORT SCHOLARSHIPS FOR

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 245.**

**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) (2019)**

**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
COMMITTEE ON THE SHELTERLESS PO BOX 2744 PETALUMA, CA 94953-2744	68-0176855	501(C)(3)	439,000.	0.			FOR GENERAL OPERATING SUPPORT
CATHOLIC CHARITIES OF THE DIOCESE OF SANTA ROSA - PO BOX 4900 - SANTA ROSA, CA 95402	94-2479393	501(C)(3)	405,926.	0.			FOR CAPITAL CAMPAIGN - CARITAS VILLAGE; FOR GENERAL OPERATING SUPPORT; FOR HOMELESS
10,000 DEGREES PO BOX L SAN RAFAEL, CA 94913	95-3667812	501(C)(3)	401,069.	0.			FOR GENERAL OPERATING SUPPORT; TO SUPPORT SCHOLARSHIPS IN 2019-2020; TO SUPPORT THE
VINTAGE HOUSE SENIOR MULTIPURPOSE CENTER OF SONOMA VALLEY - 264 FIRST STREET EAST - SONOMA, CA 95476	94-2745586	501(C)(3)	397,062.	0.			FOR GENERAL OPERATING SUPPORT
NAPA VALLEY COMMUNITY FOUNDATION 3299 CLAREMONT WAY, SUITE 2 NAPA, CA 94558	68-0349777	501(C)(3)	342,527.	0.			APPLY TO ONE NAPA VALLEY INITIATIVE PROJECT TO SUPPORT LEGAL PERMANENT RESIDENTS APPLYING FOR US
COMMUNITY ACTION PARTNERSHIP OF SONOMA COUNTY - 141 STONY CIRCLE #210 - SANTA ROSA, CA 95401	94-1648949	501(C)(3)	320,750.	0.			FOR GENERAL OPERATING FUNDS FOR SLOAN AND HAROLD'S HOUSE; FOR GENERAL OPERATING
CARDINAL NEWMAN HIGH SCHOOL 50 URSULINE ROAD SANTA ROSA, CA 95403	94-1578925	501(C)(3)	300,000.	0.			IN SUPPORT OF CARDINAL NEWMAN'S BUILDING CAMPAIGN
UNITED WAY OF THE WINE COUNTRY 975 CORPORATE CTR PKWY #160 SANTA ROSA, CA 95407	94-1669646	501(C)(3)	280,958.	0.			FOR GENERAL OPERATING SUPPORT; TO SUPPORT A TWO-DAY SUMMIT TO CREATE A COMMUNITY-WIDE
SONOMA ACADEMY 2500 FARMERS LANE SANTA ROSA, CA 95404-7013	94-3343174	501(C)(3)	263,000.	0.			IN SUPPORT OF THE VISUAL AND PERFORMING ARTS CENTER CAPITAL CAMPAIGN; FOR THE FUND FOR

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
PETS LIFELINE PO BOX 341 SONOMA, CA 95476	94-2851279	501(C)(3)	259,529.	0.			TO FUND FREE SPAY/NEUTER AND VACCINE CLINICS FOR UP TO 100 CATS AND DOGS BELONGING TO LOW-INCOME
VITAL IMMIGRANT DEFENSE ADVOCACY AND SERVICE - 576 B STREET, SUITE 1C - SANTA ROSA, CA 95401	90-1019558	501(C)(3)	220,000.	0.			FOR YEAR 2 FUNDING OF THE SECURE FAMILIES COLLABORATIVE
REDWOOD EMPIRE FOOD BANK 3990 BRICKWAY BLVD. SANTA ROSA, CA 95403	68-0121855	501(C)(3)	218,500.	0.			FOR GENERAL OPERATING TO SUPPORT RESPONSE TO THE KINCADE FIRE; TO SUPPORT EMPTY BOWLS PROGRAM; TO
SOCIAL ADVOCATES FOR YOUTH 2447 SUMMERFIELD ROAD SANTA ROSA, CA 95405	94-1711490	501(C)(3)	184,500.	0.			TO SUPPORT THE DREAM CENTER; FOR GENERAL OPERATING SUPPORT; FOR THE DREAM CENTER, ETC.
CALIFORNIA PARENTING INSTITUTE 3650 STANDISH AVENUE SANTA ROSA, CA 95407	94-2541640	501(C)(3)	179,300.	0.			FOR GENERAL OPERATING SUPPORT; TO PROVIDE FINANCIAL SUPPORT TO HIGH RISK FAMILIES WITH
CORAZON HEALDSBURG PO BOX 1004 HEALDSBURG, CA 95448	27-3044487	501(C)(3)	176,500.	0.			FOR GENERAL OPERATING SUPPORT AND SUPPORT OF AFFAIR OF THE HEART EVENT; TO SUPPORT FIRE
REDWOOD GOSPEL MISSION PO BOX 493 SANTA ROSA, CA 95402-0493	94-6122045	501(C)(3)	163,000.	0.			FOR GENERAL FUND SUPPORT
WEST COUNTY HEALTH CENTERS INC 14045 MILL STREET GUERNEVILLE, CA 95446	23-7310613	501(C)(3)	160,000.	0.			TO SUPPORT THE CAPITAL CAMPAIGN FOR RUSSIAN RIVER HEALTH AND WELLNESS CENTER; FOR GENERAL
BAYSIDE COVENANT CHURCH 8211 SIERRA COLLEGE BLVD, STE 440 ROSEVILLE, CA 95661	68-0358620	501(C)(3)	151,000.	0.			FOR BAYSIDE SANTA ROSA CAMPUS; FOR CITY SERVE PROGRAM; FOR BAYSIDE SANTA ROSA THRIVE PROGRAM

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CERES COMMUNITY PROJECT PO BOX 1562 SEBASTOPOL, CA 95473	26-2250997	501(C)(3)	143,000.	0.			TO SUPPORT 10 ORGANIZATIONS' TRAINING AND PROJECTS RELATED TO RESILIENT LEADERSHIP IN
THE LIVING ROOM 1207 CLEVELAND AVENUE SANTA ROSA, CA 95401	58-2675876	501(C)(3)	141,350.	0.			TO PROVIDE SUPPORTIVE PROGRAMMING AND SERVICES TO WOMEN AND MOTHERS WHO ARE CURRENTLY
KENWOOD COMMUNITY CHURCH - UCC PO BOX 46 KENWOOD, CA 95452	94-6109091	501(C)(3)	136,099.	0.			CLOSING FUND ACCOUNT TO SUPPORT PURCHASE OF PASTORAL PARSONAGE; FOR GENERAL OPERATING SUPPORT
HANNA BOYS CENTER 17000 ARNOLD DRIVE SONOMA, CA 95476	94-1156478	501(C)(3)	122,293.	0.			FOR SONOMA COUNTY TITLE I SCHOOL TEACHER SCHOLARSHIPS TO ATTEND THE HANNA INSTITUTE
NAMI SONOMA COUNTY 182 FARMERS LANE, SUITE 202 SANTA ROSA, CA 95405	68-0041644	501(C)(3)	120,000.	0.			FOR GENERAL OPERATING SUPPORT TO INCREASE THE CAPACITY OF NAMI'S WARMLINE AND OUTREACH AND
BURBANK HOUSING DEVELOPMENT CORPORATION - 790 SONOMA AVENUE - SANTA ROSA, CA 95404	94-2837785	501(C)(3)	117,000.	0.			TO SUPPORT THE INCUBATION OF THE CROSS SECTOR LEADERSHIP GROUP, GENERATION HOUSING; FOR
ST. JAMES BY-THE-SEA EPISCOPAL CHURCH - 743 PROSPECT STREET - LA JOLLA, CA 92037	95-1792756	501(C)(3)	116,000.	0.			ORGAN PROJECT; ANNUAL FUND
NORTH BAY ORGANIZING PROJECT PO BOX 503 GRATON, CA 95444	45-2369887	501(C)(3)	115,500.	0.			FOR NBOP'S STUDENT CONGRESS, IMMIGRANT DEFENSE, AND ENVIRONMENTAL JUSTICE
SONOMA COUNTY VINTNERS FOUNDATION 400 AVIATION BOULEVARD, SUITE 500 SANTA ROSA, CA 95403	68-0175790	501(C)(3)	100,000.	0.			FOR THE SONOMA COUNTY VINTNERS FOUNDATION EMERGENCY RELIEF FUND

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SWEETWATER SPECTRUM INC. 369 FIFTH STREET WEST SONOMA, CA 95476	27-0184641	501(C)(3)	100,000.	0.			FOR ANNUAL FUND
BECAUSE OF YOU CHIHUAHUA RESCUE, INC. - PO BOX 30482 - EDMOND, OK 73003	33-1173322	501(C)(3)	96,475.	0.			FOR ANIMAL RESCUE; FOR GENERAL OPERATING SUPPORT
SONOMA VALLEY HOSPITAL FOUNDATION 347 ANDRIEUX STREET SONOMA, CA 95476	94-2832488	501(C)(3)	90,000.	0.			TO SUPPORT THE CAPITAL CAMPAIGN FOR DIAGNOSTIC CENTER; FOR SONOMA CARES CAPITAL CAMPAIGN FOR
BOYS AND GIRLS CLUBS OF SONOMA VALLEY - 100 W. VERANO AVENUE - SONOMA, CA 95476	94-1579901	501(C)(3)	89,750.	0.			FOR GENERAL OPERATING SUPPORT; FOR FUND A NEED GOLF TOURNAMENT; TO SUPPORT SUMMER CAMP
THE BISHOP'S RANCH 5297 WESTSIDE ROAD HEALDSBURG, CA 95448	94-1156840	501(C)(3)	86,500.	0.			TO SUPPORT SUMMER CAMP FOR LOW INCOME ENGLISH LANGUAGE LEARNER STUDENTS IN HEALDSBURG; FOR THE
LIFEHOUSE, INC. 899 NORTHGATE DRIVE, SUITE 500 SAN RAFAEL, CA 94903	94-6050196	501(C)(3)	85,000.	0.			ANNUAL FUND; FOR LIFEHOUSE AGENCY HOME FOR LIFE CAPITAL CAMPAIGN
WOMEN'S RECOVERY SERVICES - A UNIQUE PLACE - PO BOX 1356 - SANTA ROSA, CA 95402	51-0178620	501(C)(3)	85,000.	0.			TO SUPPORT WOMEN'S RECOVERY SERVICES PROGRAMS AND OPERATIONS; FOR CHILDREN'S PROGRAMS;
HUMANE SOCIETY OF SONOMA COUNTY PO BOX 1296 SANTA ROSA, CA 95402	94-6001315	501(C)(3)	82,311.	0.			FOR GENERAL OPERATING SUPPORT; FOR THE COMMUNITY VET PROGRAM, TO PROVIDE LOW-COST
RUSSIAN RIVERKEEPER PO BOX 1335 HEALDSBURG, CA 95448	68-0321117	501(C)(3)	82,000.	0.			TO FUND THE RUSSIAN RIVER 2019 OPERATING EXPENSES; TO SUPPORT THE HANSON PROJECT; FOR DIESEL TRUCK

Schedule I (Form 990)

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

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SONOMA COUNTY ECONOMIC DEVELOPMENT BOARD FOUNDATION - 141 STONY CIRCLE, SUITE 110 - SANTA ROSA, CA 95401	94-3397043	501(C)(3)	82,000.	0.			TO PARTNER WITH CREATIVE SONOMA TO SUPPORT THE ARTS EDUCATION INNOVATION GRANTS PROGRAM
CAREER TECHNICAL EDUCATION FOUNDATION SONOMA COUNTY - 1030 APOLLO WAY, SUITE 200 - SANTA ROSA, CA 95407	46-5607272	501(C)(3)	81,734.	0.			FOR 2019 GENERAL OPERATING EXPENSES; FOR FUND-A-NEED SPARK THE FUTURE; GRANT FOR
MUSEUM OF SONOMA COUNTY 425 SEVENTH STREET SANTA ROSA, CA 95401	94-2506626	501(C)(3)	80,500.	0.			FOR GENERAL OPERATING SUPPORT (\$5,000) AND EXHIBITIONS (TWO SHOWS, \$10,000 EACH) AND IN
FIRST 5 SONOMA COUNTY 5340 SKYLANE BLVD. SANTA ROSA, CA 95403	83-3829813	501(C)(3)	80,000.	0.			TO SUPPORT THE COLLABORATIVE FUNDING FOR THE ROSIE CAPACITY BUILDING PROGRAM
LANDPATHS 618 4TH ST. #217 SANTA ROSA, CA 95404	68-0328590	501(C)(3)	75,700.	0.			FOR CAMP SCHOLARSHIPS; FOR GENERAL OPERATING SUPPORT; FOR SUPPORT TO OCEAN SONG PROPERTY, ETC.
4 DOGS FARM RESCUE 122 CALISTOGA ROAD SANTA ROSA, CA 95409	81-3860722	501(C)(3)	75,000.	0.			FOR GENERAL OPERATING SUPPORT
NATURE CONSERVANCY IN CALIFORNIA 201 MISSION STREET, 4TH FLOOR SAN FRANCISCO, CA 94105	20-5797732	501(C)(3)	75,000.	0.			FOR GARCIA RIVER ESTUARY RESTORATION
WEST COUNTY COMMUNITY SERVICES PO BOX 325 GUERNEVILLE, CA 95446	94-2277740	501(C)(3)	73,500.	0.			TO PROVIDE FOOD FOR VERY LOW-INCOME AND FLOOD-AFFECTED SENIORS; FOR FLOOD RELIEF; FOR
HUMANIDAD THERAPY & EDUCATION SERVICES - 1260 N. DUTTON AVE., SUITE 230 - SANTA ROSA, CA 95401	46-3725156	501(C)(3)	72,500.	0.			TO SUPPORT CULTURALLY-PROFICIENT MENTAL HEALTH COUNSELING FOR UNDERSERVED LATINOS,

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CITY OF SANTA ROSA HOUSING AND COMMUNITY SERVICES - 90 SANTA ROSA AVENUE - SANTA ROSA, CA 95404	94-6000428	GOV'T	71,600.	0.			FOR GENERAL OPERATING SUPPORT AND ENHANCED SERVICES AT SAM JONES HALL; TO PROVIDE GENERAL
SONOMA ECOLOGY CENTER PO BOX 1486 ELDRIDGE, CA 95431	94-3136500	501(C)(3)	69,000.	0.			TO SUPPORT THE K-8 WATERSHED EDUCATION PROGRAM; TO SUPPORT SUSTAINABLE SONOMA; FOR
CANINE COMPANIONS FOR INDEPENDENCE, INC - PO BOX 446 - SANTA ROSA, CA 95402	94-2494324	501(C)(3)	68,476.	0.			FOR GENERAL OPERATING SUPPORT AND IN HONOR OF IMOGENE, A LAB/RETRIEVER
COMPASSION WITHOUT BORDERS PO BOX 14995 SANTA ROSA, CA 95402	20-4698227	501(C)(3)	65,000.	0.			TO PROVIDE FREE AND LOW-COST VETERINARY WELLNESS AND SPAY/NEUTER SERVICES TO PETS OF
DOGWOOD ANIMAL RESCUE PROJECT 1415 FULTON RD, SUITE 205, BOX 432 SANTA ROSA, CA 95403	81-1178819	501(C)(3)	65,000.	0.			FOR GENERAL OPERATING SUPPORT
SANTA ROSA COMMUNITY HEALTH 3569 ROUND BARN CIRCLE SANTA ROSA, CA 95403	68-0365296	501(C)(3)	64,780.	0.			CAPITAL BUILDING CAMPAIGN; FOR THE DUTTON CAMPAIGN; FOR FINAL 3 AWARD, ETC.
VERITY-COMPASSION SAFETY SUPPORT A CALIFORNIA CORPORATION - 835 PINER RD, SUITE D - SANTA ROSA, CA 95403	94-2437947	501(C)(3)	64,600.	0.			FOR GENERAL OPERATING SUPPORT; TO ASSIST SURVIVORS OF SEXUAL VIOLENCE MEET EMERGENCY
SANTA ROSA JUNIOR COLLEGE FOUNDATION - 1501 MENDOCINO AVENUE - SANTA ROSA, CA 95401-4395	94-1735861	501(C)(3)	61,116.	0.			TO ESTABLISH AN ENDOWED SCHOLARSHIP AT THE SANTA ROSA JUNIOR COLLEGE TO SUPPORT STUDENTS PURSUING
LOMI SCHOOL FOUNDATION 534 B STREET SANTA ROSA, CA 95401	94-2495238	501(C)(3)	61,000.	0.			TO PROMOTE THE HEALTH AND WELLBEING OF THE DIVERSE COMMUNITY OF SONOMA COUNTY BY PROVIDING

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HAND FAN MUSEUM 309 HEALDSBURG AVE. HEALDSBURG, CA 95448	51-0429747	501(C)(3)	60,000.	0.			DISPLAYS HAND FANS; FOR GENERAL OPERATING SUPPORT AND INSURANCE AND TAXES; FOR MOVING AND TECHNOLOGY
PETALUMA PEOPLE SERVICES CENTER 1500 PETALUMA BLVD. SOUTH PETALUMA, CA 94952	94-2271299	501(C)(3)	59,000.	0.			FOR GENERAL OPERATING TO SUPPORT RESPONSE TO THE KINCADE FIRE; FOR PARTICIPATION IN THE
SONOMA STATE UNIVERSITY 1801 E. COTATI AVE. ROHNERT PARK, CA 94928-3609	68-0338225	501(C)(3)	57,000.	0.			TO SUPPORT THE SONOMA STATE MEN'S TENNIS TEAM'S 2020 GENERAL OPERATING BUDGET; IN SUPPORT OF THE
SUPPORT OUR STUDENTS 319 SOUTH E. STREET SANTA ROSA, CA 95404	81-0676520	501(C)(3)	52,500.	0.			FOR GENERAL OPERATING SUPPORT
SONOMA OVERNIGHT SUPPORT PO BOX 748 SONOMA, CA 95476	03-0483033	501(C)(3)	52,000.	0.			TO PROVIDE FUNDING FOR DAY SERVICES; TO ASSIST CLIENTS WITH BASIC-NEED DAY-SERVICES SUCH AS
REDWOOD COMMUNITY HEALTH COALITION 1310 REDWOOD WAY, SUITE 135 PETALUMA, CA 94954	94-3220029	501(C)(3)	51,450.	0.			FOR GENERAL OPERATING SUPPORT
LA LUZ CENTER 17560 GREGER STREET SONOMA, CA 95476	68-0228235	501(C)(3)	51,100.	0.			FOR GENERAL OPERATING SUPPORT; FOR NOCHE SPONSOR AND FUND A NEED; FOR PARTICIPATION IN THE
BECOMING INDEPENDENT 1425 CORPORATE CENTER PARKWAY SANTA ROSA, CA 95407	94-2641147	501(C)(3)	50,000.	0.			FOR GENERAL OPERATING SUPPORT; TO SUPPORT ESTABLISHING SCHOLARSHIP FUND FOR LIFE SKILLS
CENTER FOR VOLUNTEER & NONPROFIT LEADERSHIP - 65 MITCHELL BLVD, SUITE 101 - SAN RAFAEL, CA 94903	68-0101012	501(C)(3)	50,000.	0.			TO SUPPORT THE VOLUNTEER CENTER OF SONOMA COUNTY AND CVNLT MERGER

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ONE MIND PO BOX 680 RUTHERFORD, CA 94573	68-0359707	501(C)(3)	50,000.	0.			IN SUPPORT OF THE ASPIRE PROGRAM'S SONOMA COUNTY CLINIC
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	50,000.	0.			FOR HURRICANE DORIAN RELIEF EFFORTS
SANTA ROSA FIRE FIGHTERS FOUNDATION - PO BOX 1251 - SANTA ROSA, CA 95402	82-3840919	501(C)(3)	50,000.	0.			TO SUPPORT BEHAVIORAL HEALTH PROGRAMS FOR FIREFIGHTERS IN OUR COUNTY
SONOMA COUNTY GRAPE GROWERS FOUNDATION - 400 AVIATION BLVD, SUITE 500 - SANTA ROSA, CA 95403	41-2040096	501(C)(3)	50,000.	0.			TO SUPPORT THE NEEDS OF OUR MOST ECONOMICALLY VULNERABLE COMMUNITY MEMBERS AFTER THE KINCADE
UNIVERSITY OF MARYLAND BALTIMORE FOUNDATION, INC. - 220 N. ARCH STREET, 13TH FLOOR - BALTIMORE, MD 21201	31-1678679	501(C)(3)	50,000.	0.			TO ESTABLISH A CHAIRED PROFESSORSHIP
MARINE MAMMAL CENTER 2000 BUNKER RD. - FORT CRONKITE SAUSALITO, CA 94965	51-0144434	501(C)(3)	49,600.	0.			FOR GENERAL OPERATING SUPPORT
FOOD FOR THOUGHT PO BOX 1608 FORESTVILLE, CA 95436	68-0181095	501(C)(3)	48,250.	0.			FOR GENERAL OPERATING SUPPORT & EXPENSES; TO PROVIDE HEALTHY FOOD TO SERIOUSLY ILL, HOMELESS
NEW VISION SANTA ROSA FOUNDATION 50 OLD COURTHOUSE SQUARE, STE 110 SANTA ROSA, CA 95404	68-0074807	501(C)(3)	48,000.	0.			TO DEVELOP RESOURCES AND INFORMATION TO FACILITATE AFFORDABLE HOUSING DEVELOPMENT IN SONOMA
ON THE MOVE 780 LINCOLN AVE. NAPA, CA 94558	75-3149095	501(C)(3)	46,077.	0.			FOR GENERAL OPERATING SUPPORT FOR VOICES SONOMA; FOR SANTA ROSA DIA DE LOS MUERTOS; TO

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LOS CIEN SONOMA COUNTY PO BOX 105 GUERNEVILLE, CA 95446	47-4474273	501(C)(3)	45,000.	0.			FOR GENERAL OPERATING SUPPORT TO LOS CIEN, INCLUDING LEADERSHIP DEVELOPMENT FOR THE
SIDE BY SIDE, FORMERLY SUNNY HILLS SERVICES - 300 SUNNY HILLS DRIVE, BLDG #5 - SAN ANSELMO, CA 94960	94-1156301	501(C)(3)	44,500.	0.			TO REDUCE THE STIGMA OF MENTAL HEALTH CHALLENGES IN THE VULNERABLE, AT-RISK LATINO YOUTH
BOYS & GIRLS CLUBS OF SONOMA-MARIN 1400 NORTH DUTTON AVENUE, SUITE 24 SANTA ROSA, CA 95401	68-0309534	501(C)(3)	43,300.	0.			FOR GENERAL OPERATING SUPPORT; FOR 2019 HEALDSBURG SUMMER CAMP PROGRAM; FOR WEST
LUTHER BURBANK MEMORIAL FOUNDATION 50 MARK WEST SPRINGS ROAD SANTA ROSA, CA 95403	94-2581084	501(C)(3)	41,500.	0.			FOR THE ARTISTS IN THE SCHOOLS RESIDENCIES; IN SUPPORT OF THE ARTISTS IN SCHOOLS PROGRAM; TO
E.O. WILSON BIODIVERSITY FOUNDATION - 300 BLACKWELL ST., STE. 102 - DURHAM, NC 27701	20-4547380	501(C)(3)	40,000.	0.			FOR GENERAL OPERATING SUPPORT
RIVER TO COAST CHILDREN'S SERVICES PO BOX 16 GUERNEVILLE, CA 95446-0016	94-2378459	501(C)(3)	40,000.	0.			TO INCREASE THE READING LEVELS OF FAMILIES IN WEST SONOMA COUNTY BY PROVIDING FREE BOOKS AND
TLC CHILD & FAMILY SERVICES PO BOX 2079 SEBASTOPOL, CA 95473-2079	68-0008634	501(C)(3)	40,000.	0.			TO ASSIST FORMER FOSTER YOUTH WITH EMERGENCY HOUSING, GAS, FOOD AND TRANSPORTATION
WARNECKE INSTITUTE, INC. 13427 CHALK HILL ROAD. HEALDSBURG, CA 95448	20-4401473	501(C)(3)	40,000.	0.			FOR GENERAL OPERATING SUPPORT
SANTA ROSA MEMORIAL HOSPITAL FOUNDATION - 101 BROOKWOOD AVE., STE 202 - SANTA ROSA, CA 95404	94-1231005	501(C)(3)	37,500.	0.			EMERGENCY ROOM FUNDING; TO SERVE THE WOMEN'S AND CHILDREN'S SERVICES AT MEMORIAL HOSPITAL; FOR

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SENIOR ADVOCACY SERVICES 1129 INDUSTRIAL AVE., SUITE 201 PETALUMA, CA 94954	94-2684774	501(C)(3)	36,000.	0.			FOR DOWN PAYMENT OF NEW OFFICE SPACE; FOR GENERAL OPERATING SUPPORT
REACH FOR HOME 443 HUDSON STREET HEALDSBURG, CA 95448	47-2692320	501(C)(3)	35,100.	0.			TO PROVIDE UTILITY AND HOUSING STABILIZATION THROUGH YOUR RAPID RE-HOUSING PROGRAM IN
DAILY ACTS ORGANIZATION PO BOX 293 PETALUMA, CA 94952	20-3851259	501(C)(3)	35,000.	0.			FOR GENERAL OPERATING SUPPORT; TO SUPPORT THE SONOMA COUNTY ENVIRONMENTAL HEALTH
PUBLIC SCHOOL SUCCESS TEAM INC. PO BOX 781 HEALDSBURG, CA 95448	26-4632140	501(C)(3)	34,083.	0.			FOR GENERAL OPERATING SUPPORT (\$20,000) AND FOR THE GRADUATION GRANTS FOR 20 PSST GRADUATES FOR
INSTITUTE OF ECOLOGICAL DESIGN 9890 BODEGA HWY SEBASTOPOL, CA 95472	46-3142317	501(C)(3)	34,005.	0.			FOR THE PERMACULTURE PROJECT AT ST STEPHEN'S EPISCOPAL CHURCH; FOR THE WELCOME AREA OF THE
SANTA ROSA CHILDREN'S CHORUS PO BOX 9389 SANTA ROSA, CA 95405	68-0165953	501(C)(3)	33,900.	0.			FOR GENERAL OPERATING SUPPORT
NPR FOUNDATION 1111 NORTH CAPITOL STREET, NE WASHINGTON, DC 20002	52-1795789	501(C)(3)	30,000.	0.			2020 OPERATING BUDGET
PEDIATRIC DENTAL INITIATIVE OF THE NORTH COAST INC. - 1380 19TH HOLE DRIVE - WINDSOR, CA 95492	34-2012430	501(C)(3)	30,000.	0.			FOR DENTAL AND MEDICAL SUPPLIES TO TREAT MORE CHILDREN; TO SUPPORT THE UNANTICIPATED COSTS
SHARED HOUSING AND RESOURCE EXCHANGE CALIFORNIA - 411 RUSSELL AVE - SANTA ROSA, CA 95403	81-3993230	501(C)(3)	30,000.	0.			TO PROVIDE IMMEDIATE AND DIRECT AID THROUGH AN EMERGENCY NEEDS FUND FOR PARTICIPANTS IN THE HOME

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SONOMA COUNTY TRAILBLAZER FOUNDATION - 55 PROFESSIONAL CENTER PKWY, SUITE A - SAN RAFAEL, CA 94903	68-0241584	501(C)(3)	30,000.	0.			TO SUPPORT 2019 GRANTMAKING
UC BERKELEY FOUNDATION - GIFT OPERATIONS - 1995 UNIVERSITY AVE., SUITE 401 - BERKELEY, CA 94704-1058	94-6090626	501(C)(3)	30,000.	0.			FOR SONOMA COUNTY STUDENTS TO ATTEND UC BERKELEY; FOR UC BERKELEY RESEARCH AT PEPPERWOOD
SEBASTOPOL CENTER FOR THE ARTS 282 S. HIGH ST. SEBASTOPOL, CA 95472	68-0168638	501(C)(3)	28,250.	0.			IN SUPPORT OF THE SEBASTOPOL DOCUMENTARY FILM FESTIVAL; FOR THE PURPOSE OF PURCHASING A
SALVATION ARMY - SANTA ROSA 93 STONY CIRCLE SANTA ROSA, CA 95401	94-1156347	501(C)(3)	28,000.	0.			FOR THE CHRISTMAS KETTLE CAMPAIGN; TO PROVIDE EMERGENCY BUS PASSES FOR CLIENTS IN THE ADULT
COUNCIL ON AGING SERVICES FOR SENIORS - 30 KAWANA SPRINGS RD. - SANTA ROSA, CA 95404	94-6138714	501(C)(3)	27,750.	0.			FOR GENERAL OPERATING SUPPORT; FOR MEALS ON WHEELS
CALIFORNIA PACIFIC MEDICAL CENTER FOUNDATION - PO BOX 7999 - SAN FRANCISCO, CA 94115	94-2728423	501(C)(3)	27,500.	0.			FOR GENERAL OPERATING SUPPORT AND IN HONOR OF KAREN EARLE, M.D.
CANCER RESOURCE CENTERS OF MENDOCINO COUNTY - 510 CYPRESS ST., B-200 - FORT BRAGG, CA 95437-5411	68-0357416	501(C)(3)	27,500.	0.			TO SUPPORT CANCER PATIENTS IN LAKE AND MENDOCINO COUNTIES; TO SUPPORT THE COMPASSION IN
THE PRIORY IN THE USA OF THE ORDER OF ST JOHN - 1850 M ST, NW, SUITE 1070 - WASHINGTON, DC 20036	13-6161455	501(C)(3)	27,500.	0.			SAN FRANCISCO ENDOWMENT FUND; 2020 OBLATION
FREE BOOKMOBILE OF SONOMA COUNTY 12797 DUPONT RD SEBASTOPOL, CA 95472	83-3579229	501(C)(3)	27,000.	0.			FOR GENERAL OPERATING SUPPORT; FOR PHASE ONE OF SUCCESSION PLAN; IN SUPPORT OF THE

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HEALDSBURG JAZZ FESTIVAL, INC PO BOX 266 HEALDSBURG, CA 95448	71-0910474	501(C)(3)	27,000.	0.			FOR 2019 JAZZ EDUCATION PROGRAM AND IN RECOGNITION OF FRANK CARRUBBA FOR HIS MANY
HEALDSBURG SHARED MINISTRIES PO BOX 1646 HEALDSBURG, CA 95448	94-2838706	501(C)(3)	27,000.	0.			TO PURCHASE FOOD FROM THE REDWOOD EMPIRE FOOD BANK; TO PROVIDE FREE FOOD TO UNDERSERVED FAMILIES AND
SONOMA COUNTY REGIONAL PARKS FOUNDATION - 2300 COUNTY CENTER DRIVE #120A - SANTA ROSA, CA 95403	68-0421813	501(C)(3)	27,000.	0.			TO SUPPORT "SCIENCE, SCIENCE EVERYWHERE" A LEARNING EXPERIENCE INTEGRATING CLASSROOM
AUDUBON CANYON RANCH 4900 SHORELINE HIGHWAY ONE STINSON BEACH, CA 94970	94-6069140	501(C)(3)	26,000.	0.			FOR GENERAL OPERATING SUPPORT; FOR BOUVERIE PRESERVE
SANTA ROSA SYMPHONY 50 SANTA ROSA AVENUE, STE. 410 SANTA ROSA, CA 95404	94-6134075	501(C)(3)	25,950.	0.			IN SUPPORT OF THE SANTA ROSA SYMPHONY YOUTH ORCHESTRA; TO SUPPORT THE SIMPLY STRINGS PROGRAM,
BUCKELEW PROGRAMS 201 ALAMEDA DEL PRADO #103 NOVATO, CA 94949	23-7088977	501(C)(3)	25,000.	0.			TO PROVIDE DIRECT AND IMMEDIATE EMERGENCY SERVICES TO COMMUNITY MEMBERS WITH BEHAVIORAL
CENTRAL PACIFIC DISTRICT OF THE CHRISTIAN AND MISSIONARY ALLIANCE - 715 LINCOLN AVE - WOODLAND, CA 95695	13-1623940	501(C)(3)	25,000.	0.			TO SUPPORT THE BRIDGE CHURCH
DAILY HOPE MINISTRIES PO BOX 80448 RANCHO SANTA MARGARITA, CA 92688	26-3854748	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

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FOUNDATION FOR NATIONAL PROGRESS DBA MOTHER JONES - 222 SUTTER STREET, STE. 600 - SAN FRANCISCO, CA 94108	94-2282759	501(C)(3)	25,000.	0.			TO FUND THE NEW MENTOR INITIATIVE
GOLDEN GATE NATIONAL PARKS CONSERVANCY - 201 FORT MASON, 3RD FLOOR - SAN FRANCISCO, CA 94123	94-2781708	501(C)(3)	25,000.	0.			TO SUPPORT ONETAM
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, M.D.
KNIGHTS OF INDULGENCE THEATRE UNITED STATES - 461 SEBASTOPOL AVENUE - SANTA ROSA, CA 95401	03-0461324	501(C)(3)	25,000.	0.			FOR GENERAL OPERATING SUPPORT AND TO SUPPORT THE ARTISTS OWNED CAMPAIGN; TO SUPPORT THE
LEGAL AID OF SONOMA COUNTY 144 SOUTH E STREET, SUITE 100 SANTA ROSA, CA 95404	68-0008581	501(C)(3)	25,000.	0.			FOR GENERAL OPERATING SUPPORT
SONOMA VALLEY MENTORING ALLIANCE PO BOX 721 SONOMA, CA 95476	68-0429128	501(C)(3)	24,500.	0.			FOR GENERAL OPERATING SUPPORT
PONY EXPRESS EQUINE ASSISTED SKILLS FOR YOUTH - 6413 SONOMA HIGHWAY - SANTA ROSA, CA 95409	80-0370392	501(C)(3)	23,000.	0.			FOR GENERAL OPERATING SUPPORT; SUPPORTING THE EQUINE ASSISTED SKILLS FOR YOUTH PROGRAM; TO
HEALTHCARE FOUNDATION NORTHERN SONOMA COUNTY - PO BOX 1025 - HEALDSBURG, CA 95448	68-0474109	501(C)(3)	22,500.	0.			FOR GENERAL OPERATING SUPPORT AND IN HONOR OF THE 70TH BIRTHDAY OF DR. STEVEN UNGERLEIDER, M.D.
TEEN SERVICES SONOMA 17440 SONOMA HIGHWAY SONOMA, CA 95476	68-0390038	501(C)(3)	22,500.	0.			TO SUPPORT THE TEAM BUILDING PROGRAM; IN SUPPORT OF THE COWBOY CAB EVENT; FOR GENERAL

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SONOMA COMMUNITY CENTER 276 EAST NAPA STREET SONOMA, CA 95476	94-1566728	501(C)(3)	21,500.	0.			FOR THE PURPOSE OF BUILDING A SODA KILN FOR THE CERAMICS DEPARTMENT
ALZHEIMER'S ASSOCIATION NORTHERN CALIFORNIA CHAPTER - 2290 NORTH FIRST STREET - SAN JOSE, CA 95131	13-3039601	501(C)(3)	21,000.	0.			FOR GENERAL OPERATING SUPPORT; FOR THE PETALUMA WALK TO END ALZHEIMER'S, ETC.
AMERICAN RED CROSS OF THE CALIFORNIA NORTHWEST - 5297 AERO DRIVE - SANTA ROSA, CA 95403	53-0196605	501(C)(3)	21,000.	0.			TO BE DIVIDED EVENLY BETWEEN THE HOME FIRE CAMPAIGN (PREVENTION AND EDUCATION) AND THE HOME
BUILDING MARKETS 32 BROADWAY, SUITE 1714 NEW YORK, NY 10004	98-0575195	501(C)(3)	21,000.	0.			FOR GENERAL OPERATING SUPPORT
HABITAT FOR HUMANITY OF SONOMA COUNTY - 3273 AIRWAY DR., STE. E - SANTA ROSA, CA 95403	68-0041170	501(C)(3)	20,250.	0.			FOR THE GRATON HOME BUILDING PROJECT; FOR GENERAL OPERATING SUPPORT
AUM CENTER INC 4803 YELLOWWOOD AVE. BALTIMORE, MD 21209	23-7181971	501(C)(3)	20,000.	0.			FOR THE STANLEY KRIPPNER LIVING CONSCIOUSNESS STUDIES PROGRAM
BOTANICAL BUS 8128 BODEGA AVE. SEBASTOPOL, CA 95472-3116	84-3039239	501(C)(3)	20,000.	0.			FOR GENERAL OPERATING SUPPORT
COMMUNITY CHILD CARE COUNCIL OF SONOMA COUNTY - 131-A STONY CIRCLE, STE 300 - SANTA ROSA, CA 95401	94-2274620	501(C)(3)	20,000.	0.			FOR EMERGENCY CHILD SUPPORT; TO SUPPORT TRAINING & PROJECTS RELATED TO RESILIENT
GRANTMAKERS CONCERNED WITH IMMIGRANTS AND REFUGEES - PO BOX 1100 - SEBASTOPOL, CA 95473	20-2559651	501(C)(3)	20,000.	0.			TO SUPPORT UNDOCUFUND'S FLOOD RELIEF WORK

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LATINO SERVICE PROVIDERS 1015-A CENTER DRIVE SANTA ROSE, CA 95403	46-4107589	501(C)(3)	20,000.	0.			FOR GENERAL OPERATING SUPPORT TO LATINO SERVICE PROVIDERS, INCLUDING LEADERSHIP DEVELOPMENT TO
NORTH BAY JOBS WITH JUSTICE 600 B STREET SANTA ROSA, CA 95401	81-1374240	501(C)(3)	20,000.	0.			TO SUPPORT BUILDING ECONOMIC RESILIENCE FOR VULNERABLE COMMUNITIES IMPACTED BY THE WILDFIRES
PETALUMA PHOENIX CENTER 201 WASHINGTON ST. PETALUMA, CA 94952	68-0482910	501(C)(3)	20,000.	0.			FOR GENERAL OPERATING SUPPORT
ST. JOSEPH HOME CARE NETWORK 439 COLLEGE AVENUE SANTA ROSA, CA 95401	68-0331084	501(C)(3)	20,000.	0.			TO SUPPORT THE CHILDREN'S GRIEF SERVICES PROGRAM
YWCA OF SONOMA COUNTY PO BOX 3506 SANTA ROSA, CA 95402	94-2347428	501(C)(3)	20,000.	0.			TO PROVIDE BASIC NEEDS TO VICTIMS OF DOMESTIC VIOLENCE IN YOUR CONFIDENTIAL SAFE HOUSE;
FORT ROSS CONSERVANCY 19005 COAST HIGHWAY ONE JENNER, CA 95450	94-2370751	501(C)(3)	19,611.	0.			FOR GENERAL OPERATING SUPPORT
COMMUNITY SUPPORT NETWORK 1410 GUERNEVILLE RD., SUITE 14 SANTA ROSA, CA 95403	94-2159583	501(C)(3)	18,903.	0.			FOR GENERAL OPERATING SUPPORT
SUKHASIDDHI FOUNDATION PO BOX 151327 SAN RAFAEL, CA 94915	68-0395959	501(C)(3)	18,000.	0.			FOR GENERAL OPERATING SUPPORT AND IN RECOGNITION OF JOANNE MOLYNEAUX
CENTRO LABORAL DE GRATON PO BOX 42 GRATON, CA 95444	68-0472311	501(C)(3)	17,500.	0.			TO SUPPORT CENTRO LABORAL DE GRATON'S DOMESTIC WORKER ORGANIZING PROJECT, ALMAS; FOR

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OCCIDENTAL ARTS AND ECOLOGY CENTER 15290 COLEMAN VALLEY ROAD OCCIDENTAL, CA 95465	68-0359676	501(C)(3)	17,500.	0.			FOR GENERAL OPERATING SUPPORT; FOR REWILDING CONFERENCE, TO BE MATCHED BY PATAGONIA ACTION
SONOMA VALLEY EDUCATION FOUNDATION PO BOX 493 SONOMA, CA 95476	68-0279152	501(C)(3)	17,500.	0.			FOR GENERAL OPERATING SUPPORT
HEALDSBURG EDUCATION FOUNDATION PO BOX 1668 HEALDSBURG, CA 95448	68-0051242	501(C)(3)	17,200.	0.			TO SUPPORT THE JUNIOR ACADEMIC INTERNSHIP PROGRAM AT HEALDSBURG HIGH SCHOOL; FOR GENERAL
FRIENDS IN SONOMA HELPING PO BOX 507 SONOMA, CA 95476	23-7441289	501(C)(3)	17,000.	0.			FOR GENERAL OPERATING SUPPORT; TO PROVIDE RENTAL ASSISTANCE TO UNDERSERVED SONOMA VALLEY
THE CLIMATE CENTER PO BOX 3785 SANTA ROSA, CA 95402	45-0485495	501(C)(3)	17,000.	0.			FOR GENERAL OPERATING SUPPORT
BELLEVUE UNION SCHOOL DISTRICT 3150 EDUCATION DRIVE SANTA ROSA, CA 95407	58-2129727	GOV'T	16,218.	0.			TO SUPPORT FUNDING FOR READING INTERVENTION MATERIALS FOR KAWANA ELEMENTARY'S DUAL
CHILDREN'S MUSEUM OF SONOMA COUNTY 1835 WEST STEELE LANE SANTA ROSA, CA 95403	20-3496878	501(C)(3)	16,000.	0.			FOR GENERAL OPERATING SUPPORT; TO SUPPORT 2019 TIME TO WONDER BENEFIT; TO SUPPORT TRAINING &
INTERNATIONAL RESCUE COMMITTEE 122 EAST 42ND STREET NEW YORK, NY 10168	13-5660870	501(C)(3)	15,500.	0.			FOR GENERAL OPERATING SUPPORT; TO SUPPORT FUNDING FOR THE POP-UP LEARNING PROJECT WITHIN
LILLIPUT CHILDREN'S SERVICES 8391 AUBURN BOULEVARD CITRUS HEIGHTS, CA 95610	94-2614102	501(C)(3)	15,250.	0.			IN SUPPORT OF ADDRESSING NEEDS OF FOSTER FAMILIES, ENABLING SCHOOL-AGED CHILDREN IN FOSTER CARE

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AMBULATORY SURGERY ACCESS COALITION DBA OPERATION ACCESS - 1119 MARKET STREET, SUITE 400 - SAN FRANCISCO, CA 94103	94-3180356	501(C)(3)	15,000.	0.			TO COORDINATE DONATED SURGERIES AND SPECIALTY MEDICAL PROCEDURES FOR UNDOCUMENTED PEOPLE IN
AMERICAN OVERSIGHT INC. 1030 15TH ST. NW, SUITE B255 WASHINGTON, DC 20005	81-5294830	501(C)(3)	15,000.	0.			FOR 2020 GENERAL OPERATING EXPENSES
BISHOP JOHN T. WALKER SCHOOL FOR BOYS - DEVELOPMENT OFFICE, 1801 MISSISSIPPI AVENUE, SE - WASHINGTON, DC 20020	53-0196608	501(C)(3)	15,000.	0.			FOR GENERAL OPERATING SUPPORT
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
FISH OF THE SANTA ROSA AREA INC. PO BOX 4291 SANTA ROSA, CA 95402	51-0159551	501(C)(3)	15,000.	0.			FOR GENERAL OPERATING SUPPORT; TO PURCHASE FOOD FROM REDWOOD EMPIRE FOOD BANK FOR EVER INCREASING
HEARTWOOD CHURCH PO BOX 1409 ROHNERT PARK, CA 94928	94-1347058	501(C)(3)	15,000.	0.			IN SUPPORT OF DEMOLITION WORK
INTERFAITH SHELTER NETWORK 3850 MONTGOMERY DR. SANTA ROSA, CA 95405	68-0222942	501(C)(3)	15,000.	0.			TO PROVIDE EMERGENCY FUNDING FOR CLIENTS IN IFSN HOUSING PROGRAMS
JEWISH COMMUNITY FREE CLINIC OF SONOMA COUNTY - 50 MONTGOMERY DR. - SANTA ROSA, CA 95404	94-3386103	501(C)(3)	15,000.	0.			FOR GENERAL OPERATING SUPPORT; TO FUND TANGIBLE DIRECT AID HEALTH PROVISIONS FOR THE
PETALUMA ECUMENICAL PROPERTIES 625 ACACIA LN. SANTA ROSA, CA 95409	94-2565270	501(C)(3)	15,000.	0.			TO SUPPORT TRAINING AND PROJECTS RELATED TO RESILIENT LEADERSHIP IN TIMES OF DISASTER

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RESTORE HETCH HETCHY 3286 ADELINE STREET, SUITE 7 BERKELEY, CA 94703	77-0551533	501(C)(3)	15,000.	0.			FOR GENERAL OPERATING SUPPORT
SMITH COLLEGE 76 ELM STREET NORTHAMPTON, MA 01063	04-1843040	501(C)(3)	15,000.	0.			FOR 45TH REUNION; FOR GENERAL OPERATING SUPPORT
SONOMA STATE UNIVERSITY SEAWOLF SCHOLARS PROGRAM - 1801 EAST COTATI AVE. - ROHNERT PARK, CA 94928	68-0338225	501(C)(3)	15,000.	0.			TO PROVIDE EMERGENCY FUNDING TO STUDENTS ENROLLED IN THE SEAWOLF SCHOLARS PROGRAM AT
SONOMA VALLEY COMMUNITY HEALTH CENTER - 19270 SONOMA HWY - SONOMA, CA 95476	68-0286382	501(C)(3)	14,500.	0.			TO PROVIDE TRANSPORTATION FOR PEOPLE TO RECEIVE MEDICAL CARE AT SONOMA VALLEY COMMUNITY HEALTH
FARM TO PANTRY PO BOX 191 HEALDSBURG, CA 95448	46-5321538	501(C)(3)	14,000.	0.			FOR GENERAL OPERATING SUPPORT & EXPENSES; TO SUPPORT INCREASE STAFFING TO MEETING INCREASING
KQED INC. 2601 MARIPOSA STREET SAN FRANCISCO, CA 94110	94-1241309	501(C)(3)	13,850.	0.			FOR GENERAL OPERATING SUPPORT; FOR OUR ANNUAL GIFT FOR 2019 GENERAL OPERATING EXPENSES
HEALDSBURG PERFORMING ARTS THEATER PO BOX 870 HEALDSBURG, CA 95448	68-0470571	501(C)(3)	13,500.	0.			TO PROVIDE A FREE PERFORMING ARTS PROGRAM FROM ACTING, SINGING, AND DANCE FOR THE DIVERSE
SONOMA VALLEY MUSEUM OF ART PO BOX 322 SONOMA, CA 95476	68-0409459	501(C)(3)	13,500.	0.			TO SUPPORT THE ART REWARDS THE STUDENT PROGRAM; FOR GENERAL OPERATING SUPPORT
ALEXANDER VALLEY UNION SCHOOL DISTRICT - 8511 CAL HWY 128 - HEALDSBURG, CA 95448	45-2381410	GOV'T	13,000.	0.			TO SUPPORT THE OPERATING COSTS OF OUR ADULT AND FAMILY ESL PROGRAM

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SEBASTOPOL COMMUNITY CULTURAL CENTER - 390 MORRIS STREET - SEBASTOPOL, CA 95472	94-2915229	501(C)(3)	13,000.	0.			TO RECOGNIZE THE SEBASTOPOL COMMUNITY CENTER'S GUEST SPEAKER'S PROGRAM AND IN SUPPORT OF
POINT REYES NATIONAL SEASHORE ASSOCIATION - 1 BEAR VALLEY ROAD, BLDG 70 - POINT REYES STATION, CA 94956	94-2228894	501(C)(3)	12,500.	0.			TO SUPPORT PRNSA'S !VAMOS AFUERA! ENVIRONMENTAL EDUCATION OUTDOOR EXPLORATION PROGRAM FOR
SONOMA COUNTY PUBLIC LIBRARY FOUNDATION - PO BOX 1402 - SANTA ROSA, CA 95402-1402	68-0137105	501(C)(3)	12,500.	0.			TO INCREASE DAILY READING TO LOCAL CHILDREN BY SUPPLYING FAMILIES WITH BOOKS, INSTRUCTION AND
ST. VINCENT DE PAUL SOCIETY OF SONOMA COUNTY - PO BOX 1095 - ROHNERT PARK, CA 94927-1095	94-1433890	501(C)(3)	12,500.	0.			TO SUPPORT THE FOOD PROGRAM AT THE ST. VINCENT DE PAUL COMMUNITY KITCHEN; FOR GENERAL
MANZANITA SERVICES INC. 410 JONES ST., SUITE C-1 UKIAH, CA 95482	26-3901214	501(C)(3)	12,000.	0.			FOR GENERAL OPERATING SUPPORT
COURT APPOINTED SPECIAL ADVOCATES OF SONOMA COUNTY INC - PO BOX 1418 - KENWOOD, CA 95452	68-0404770	501(C)(3)	11,000.	0.			FOR GENERAL OPERATING SUPPORT
HOSPICE BY THE BAY FOUNDATION 17 E. SIR FRANCIS DRAKE BLVD. LARKSPUR, CA 94939	94-2890791	501(C)(3)	11,000.	0.			FOR GENERAL OPERATING SUPPORT
INLAND NORTHWEST OPERA PO BOX 3106 COEUR D'ALENE, ID 83816	82-0464809	501(C)(3)	11,000.	0.			FOR GENERAL OPERATING SUPPORT AND IN HONOR OF OUR FRIEND JOAN WOODARD
POINT BLUE CONSERVATION SCIENCE 3820 CYPRESS DRIVE #11 PETALUMA, CA 94954	94-1594250	501(C)(3)	11,000.	0.			FOR GENERAL OPERATING SUPPORT AND IN MEMORY OF TED ELIOT

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REBUILDING TOGETHER - PETALUMA PO BOX 100 PETALUMA, CA 94953-0100	91-1762902	501(C)(3)	11,000.	0.			TO SUPPORT THE REPAIR WORK FOR FOUR COTS FACILITIES; TO BE USED TOWARD THE \$10,000 NEEDED
SONOMA FAMILY MEAL PO BOX 14522 SANTA ROSA, CA 95402	82-3332831	501(C)(3)	11,000.	0.			TO PROVIDE MEALS TO FIRST RESPONDERS, EVACUEES, AND DISASTER SURVIVORS DURING AND AFTER LARGE-SCALE
VALLEY OF THE MOON CHILDREN'S HOME FOUNDATION - PO BOX 11671 - SANTA ROSA, CA 95406	68-0343720	501(C)(3)	11,000.	0.			TO HELP COVER COSTS AND EXPENSES FOR DENTAL TREATMENTS AND DENTAL EMERGENCIES FOR CHILDREN
RURAL CALIFORNIA BROADCASTING-KRCB 5850 LABATH AVENUE ROHNERT PARK, CA 94928	94-2718837	501(C)(3)	10,600.	0.			FOR GENERAL OPERATING SUPPORT; FOR REPLACEMENT OF RADIO TRANSMITTER DESTROYED BY KINCADE FIRE
COVIA FOUNDATION 2185 N. CALIFORNIA BLVD. #215 WALNUT CREEK, CA 94596	46-0502111	501(C)(3)	10,500.	0.			FOR THE CONTINUATION OF SPRING LAKE VILLAGE CLASSICAL MUSIC; TO PROVIDE EMERGENCY FUNDING
CITY OF HEALDSBURG 1557 HEALDSBURG AVE. HEALDSBURG, CA 95448	94-6000347	GOV'T	10,350.	0.			FOR RUSTIC REDWOOD BENCH ON FITCH MOUNTAIN; TO SUPPORT HEALDSBURG MUSIC IN THE PLAZA; TO SUPPORT
ALLIANCE MEDICAL CENTER 1381 UNIVERSITY AVENUE HEALDSBURG, CA 95448	94-2308748	501(C)(3)	10,000.	0.			TO SUPPORT THE GROWTH AND DEVELOPMENT OF ALLIANCE MEDICAL CENTER'S LITERACY EDUCATION AND REACH OUT
ALLIANCE REDWOODS CONFERENCE GROUNDS - 6250 BOHEMIAN HIGHWAY - OCCIDENTAL, CA 95465	94-1683665	501(C)(3)	10,000.	0.			TO FUND EFFORTS MADE BY ALLIANCE REDWOODS CONFERENCE GROUNDS TO HOUSE, FEED, AND CARE FOR
ANALY BAND WAGON PO BOX 2154 SEBASTOPOL, CA 95473	68-0342897	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT

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AUTISM TREE PROJECT INC. 2845 NIMITZ BLVD, SUITE C SAN DIEGO, CA 92106	71-0942573	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
BRANDEIS HILLEL DAY SCHOOL - MARIN 180 N. SAN PEDRO ROAD SAN RAFAEL, CA 94903	47-1253063	501(C)(3)	10,000.	0.			FOR MULTI-YEAR ENDOWMENT FOR JACKIE HOFFNER KINDNESS AND TIKKUN OLAM AWARD
CITIZENS FOR RESPONSIBILITY AND ETHICS IN WASHINGTON AKA CREW - 455 MASSACHUSETTS AVE. NW, SUITE 600 - WASHINGTON, DC 20001	03-0445391	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
CITY OF SANTA ROSA 637 FIRST STREET SANTA ROSA, CA 95404	94-6000428	GOV'T	10,000.	0.			TO STRENGTHEN COMMUNITY COHESION AND PREPARE NEIGHBORHOODS FOR FUTURE EMERGENCY VIA THE
COLUMBUS FOUNDATION 1234 EAST BROAD STREET COLUMBUS, OH 43205	31-6044264	501(C)(3)	10,000.	0.			WASHINGTON GLADDEN SOCIAL JUSTICE PARK FUND (#3599) AND IN HONOR OF LOANN CRANE
CRIME PREVENTION RESEARCH CENTER 106 WOODBINE PL MISSOULA, MT 59803-1300	80-0917179	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
EXTENDED CHILD CARE COALITION OF SONOMA COUNTY INC. - 1745 COPPERHILL PARKWAY - SANTA ROSA, CA 95403	94-2526630	501(C)(3)	10,000.	0.			TO SUPPORT THE COMMUNITY SOIL FOUNDATION ENVIRONMENTAL EDUCATIONAL PROGRAMS AT THE LARKFIELD
FINANCIAL AWARENESS FOUNDATION 959 GOLF COURSE DR. #273 ROHNERT PARK, CA 94928	46-3726461	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
FOUNDATION FOR INTERDISCIPLINARY STUDIES - PO BOX 388 - CARDIFF BY THE SEA, CA 92007	77-0086554	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT

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GERMANTOWN FRIENDS SCHOOL 31 WEST COULTER ST. PHILADELPHIA, PA 19144-2801	05-0630018	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
GLOBAL LEADERSHIP NETWORK DBA WILLOW CREEK ASSOCIATION - PO BOX 3188 - BARRINGTON HILLS, IL 60010	36-3799040	501(C)(3)	10,000.	0.			IN SUPPORT OF GLOBAL SITES (\$5,000) AND SCHOLARSHIPS (\$5,000)
INTERVARSITY CHRISTIAN FELLOWSHIP PO BOX 7895 MADISON, WI 53707-7895	36-2171714	501(C)(3)	10,000.	0.			IN SUPPORT OF MARIA FINKBINER'S WORK WITH URBANA 21
LATINO COMMUNITY FOUNDATION 235 MONTGOMERY STREET, SUITE 1160 SAN FRANCISCO, CA 94104	81-0564400	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
LIME FOUNDATION 3327 MCMAUDE PLACE SANTA ROSA, CA 95407	47-2046585	501(C)(3)	10,000.	0.			FOR NEXTGEN TRADES ACADEMY
NATIONAL PARKS CONSERVATION ASSOCIATION - 777 6TH STREET NW, SUITE 700 - WASHINGTON, DC 20001-3723	53-0225165	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
SAVE THE REDWOODS LEAGUE 111 SUTTER STREET, 11TH FLOOR SAN FRANCISCO, CA 94104	94-0843915	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SONOMA COUNTY CHILDREN'S CHARITIES 414 AVIATION BLVD. SANTA ROSA, CA 95403	68-0270692	501(C)(3)	10,000.	0.			TO SUPPORT THE 2019 SCHULZ AUCTION FUNDRAISER
SPUR 654 MISSION STREET SAN FRANCISCO, CA 94105	94-1498232	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT

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ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
STOVETEAM INTERNATIONAL PO BOX 51025 EUGENE, OR 97405	42-1757328	501(C)(3)	10,000.	0.			FOR THE IMPLEMENTATION OF A TRAINING PROGRAM IN GUATEMALAN SCHOOLS TO PROMOTE THE IMPORTANCE OF
UNIVERSITY OF THE PACIFIC OFFICE OF FINANCIAL AID STOCKTON, CA 95211	94-1156266	501(C)(3)	10,000.	0.			TO SUPPORT THE PACIFIC HEAVY ENSEMBLE
VOTER REGISTRATION PROJECT 1300 EYE STREET, NW, SUITE 450 EAST WASHINGTON, DC 20005	26-4802468	501(C)(3)	10,000.	0.			GENERAL OPERATING EXPENSES
WORLD CONNECT INC. 209 CONOVER STREET BROOKLYN, NY 11231	56-2525151	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
YOUTH LEADERSHIP INSTITUTE 209 9TH STREET, SUITE 200 SAN FRANCISCO, CA 94103	68-0184712	501(C)(3)	10,000.	0.			TO SUPPORT YOUTH VOICE AT THE CALIFORNIA ECONOMIC SUMMIT
YR MEDIA 1701 BROADWAY OAKLAND, CA 94612	94-3180825	501(C)(3)	10,000.	0.			2019-20 OPERATING EXPENSES
BILINGUAL BROADCASTING FOUNDATION PO BOX 7189 SANTA ROSA, CA 95407	23-7134263	501(C)(3)	9,056.	0.			FOR GENERAL OPERATING SUPPORT
VOLUNTEER CENTER OF SONOMA COUNTY INC - 153 STONY CIRCLE, SUITE 100 - SANTA ROSA, CA 95401	94-1751375	501(C)(3)	8,900.	0.			FOR GENERAL OPERATING SUPPORT FOR THE COLLEGE TEE PROJECT; FOR GENERAL OPERATING SUPPORT

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GIRL SCOUTS OF NORTHERN CALIFORNIA 1650 HARBOR BAY PARKWAY, STE.100 ALAMEDA, CA 94502-3013	94-1551410	501(C)(3)	8,000.	0.			FOR THE OUTREACH PROGRAM IN SONOMA COUNTY
ST. VINCENT DE PAUL HIGH SCHOOL 849 KEOKUK STREET PETALUMA, CA 94952	94-2284011	501(C)(3)	8,000.	0.			FOR COMMUNITY SERVICE ENHANCEMENT
GEYSERVILLE UNIFIED SCHOOL DISTRICT - 1300 MOODY LANE - GEYSERVILLE, CA 95441	37-1737941	GOV'T	7,900.	0.			FOR GENERAL OPERATING SUPPORT
ACTION NETWORK PO BOX 1163 GUALALA, CA 95445	45-0479312	501(C)(3)	7,500.	0.			TO SUPPORT THE IREAD TODAY FOR SUCCESS TOMORROW PROGRAM
CORNELL UNIVERSITY BOX 37334 BOONE, IA 50037-0334	15-0532082	501(C)(3)	7,500.	0.			FOR GENERAL OPERATING SUPPORT AND IN MEMORY OF TED ELIOT; TO SUPPORT A SOCIAL ENTREPRENEUR WHO
SAN DOMENICO SCHOOL 1500 BUTTERFIELD ROAD SAN ANSELMO, CA 94960	94-6080077	501(C)(3)	7,500.	0.			IN SUPPORT OF THE PROPOSED SR. GERVAISE VALPEY AQUATIC AND COMMUNITY CENTER; FOR
SAN FRANCISCO UNIVERSITY HIGH SCHOOL - 3065 JACKSON STREET - SAN FRANCISCO, CA 94115	23-7313754	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 GENERAL OPERATING SUPPORT
SONOMA VOLUNTEER FIREFIGHTERS ASSOCIATION - 630 2ND STREET WEST - SONOMA, CA 95476	23-7335141	501(C)(3)	7,500.	0.			FOR PURCHASE OF STATION 4 TYPE 6 ENGINE; FOR GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. ANDREW PRESBYTERIAN CHURCH 16290 ARNOLD DR. SONOMA, CA 95476	51-0158108	501(C)(3)	7,500.	0.			FOR GENERAL OPERATING SUPPORT
UNIVERSITY OF GEORGIA FOUNDATION 394 S. MILLEDGE AVENUE ATHENS, GA 30602	58-6033837	501(C)(3)	7,500.	0.			FOR THE PURCHASE OF A KILN FOR THE UGA CORTONA CENTER
SEEDS OF LEARNING PO BOX 2107 SONOMA, CA 95476	68-0254397	501(C)(3)	7,200.	0.			FOR GENERAL OPERATING SUPPORT
JEWISH FAMILY & CHILDREN'S SERVICES - PO BOX 159004 - SAN FRANCISCO, CA 94115	94-1156528	501(C)(3)	7,000.	0.			FOR GENERAL OPERATING SUPPORT
HEADCOUNT 104 WEST 29TH STREET, 11TH FLOOR NEW YORK, NY 10001	77-0626772	501(C)(3)	6,500.	0.			FOR GENERAL OPERATING SUPPORT
HEALDSBURG CENTER FOR THE ARTS 130 PLAZA STREET HEALDSBURG, CA 95448	72-1571075	501(C)(3)	6,500.	0.			TO SUPPORT THE OPERATIONAL EXPENSES NEEDED TO PROVIDE PROGRAMMING AND SERVICES
CAMP WINNARAINBOW PO BOX 1359 LAYTONVILLE, CA 95454	94-2869998	501(C)(3)	6,000.	0.			FOR GENERAL OPERATING SUPPORT
EMPIRE COLLEGE - OFFICE OF FINANCIAL AID - 3035 CLEVELAND AVENUE - SANTA ROSA, CA 95403	68-0334006	501(C)(3)	6,000.	0.			FOR SCHOLARSHIP TO SUPPORT KRISTIN WALLEY
JUDICIAL WATCH 425 THIRD ST., SW, SUITE 800 WASHINGTON, DC 20024	52-1885088	501(C)(3)	6,000.	0.			FOR GENERAL OPERATING SUPPORT; IN SUPPORT OF THE CONTINUING INQUIRY INTO THE EMAIL

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
KAISER FOUNDATION HOSPITALS 1950 FRANKLIN STREET, THIRD FLOOR OAKLAND, CA 94612	94-1105628	501(C)(3)	6,000.	0.			TO SUPPORT HEARTFELT HELP - SANTA CLARA
MENDOCINO COUNTY PUBLIC BROADCASTING - PO BOX 1 - PHILO, CA 95466	68-0050440	501(C)(3)	6,000.	0.			FOR GENERAL OPERATING SUPPORT
SONOMA VALLEY HIGH BOOSTERS CLUB PO BOX 1264 SONOMA, CA 95476	68-0037583	501(C)(3)	6,000.	0.			FUNDS ARE FOR THE PERFORMING ARTS PROGRAM; FOR GENERAL OPERATING SUPPORT
TAHOE TRUCKEE UNIFIED SCHOOL DISTRICT - 11603 DONNER PASS ROAD - TRUCKEE, CA 96161-4953	94-6003109	GOV'T	6,000.	0.			5K FOR FIELDWORK, TEACHER EDUCATION AND PLAYGROUND NEEDS.
WILDAID 333 PINE ST. SAN FRANCISCO, CA 94104	20-3644441	501(C)(3)	6,000.	0.			FOR GENERAL OPERATING SUPPORT; FOR FUND A NEED
BODEGA LAND TRUST PO BOX 254 BODEGA, CA 94922	94-3175306	501(C)(3)	5,925.	0.			FOR GENERAL OPERATING SUPPORT
INQUIRING SYSTEMS, INC 101 BROOKWOOD AVE., STE. 204 SANTA ROSA, CA 95404	94-2524840	501(C)(3)	5,850.	0.			FOR CARE PARTNERS INITIATIVE; FOR START UP FEE FOR CARE PARTNERS INITIATIVE FOR FINANCIAL
PRESENTATION SCHOOL 20872 BROADWAY SONOMA, CA 95476	91-1829138	501(C)(3)	5,775.	0.			FOR FUND A NEED CAMPAIGN; FOR GENERAL OPERATING SUPPORT
HEALDSBURG MUSEUM & HISTORICAL SOCIETY - 221 MATHESON STREET - HEALDSBURG, CA 95448	94-2401543	501(C)(3)	5,754.	0.			FOR GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONGREGATION SHOMREI TORAH 2600 BENNETT VALLEY RD. SANTA ROSA, CA 95404	94-2261436	501(C)(3)	5,700.	0.			FOR 2019/2020 MEMBERSHIP/SUPPORT; TO SUPPORT ELIJAH'S PANTRY
CLOVERDALE ARTS ALLIANCE 204 N. CLOVERDALE BLVD CLOVERDALE, CA 95425	68-0466983	501(C)(3)	5,500.	0.			GENERAL SUPPORT; IN SUPPORT OF THE ANNUAL APPEAL; TO SUPPORT FRIDAY NIGHT LIVE
LISTENING FOR A CHANGE 4908 SONOMA HIGHWAY, SUITE B SANTA ROSA, CA 95409	68-0431904	501(C)(3)	5,500.	0.			FOR DOCUMENTARY FILM OF FIRESTORM SURVIVORS; TO SPONSOR THE WEAVE COMMUNITY FUNDRAISING
FACE TO FACE SONOMA COUNTY AIDS NETWORK - 873 SECOND STREET - SANTA ROSA, CA 95404	68-0052664	501(C)(3)	5,050.	0.			FOR GENERAL OPERATING SUPPORT; TO SUPPORT THE 2019 ART FOR LIFE BENEFIT
LAGUNA DE SANTA ROSA FOUNDATION 900 SANFORD ROAD SANTA ROSA, CA 95401	94-3155180	501(C)(3)	5,025.	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: PEPPERWOOD FOUNDATION

**Part IV Supplemental Information**

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR BUILDING CAMPAIGN; FOR GENERAL

OPERATING SUPPORT; FOR GENERAL OPERATING SUPPORT AND IN HONOR OF KATE

ECKER; ETC.

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA LAND TRUST

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PRESERVE OPEN SPACE AND MAINTAIN

THE TRAIL SYSTEM AT SONOMA DEVELOPMENTAL CENTER; TO SUPPORT BAY CAMP, A

BILINGUAL SUMMER DAY CAMP ON THE SAN PABLO BAY

NAME OF ORGANIZATION OR GOVERNMENT:

CHOP'S TEEN CLUB AKA DEMEO TEEN CLUB INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR CHOP'S FALL EVENT FUNDRAISER;

FOR GENERAL OPERATING SUPPORT; TO SUPPORT TRAINING & PROJECTS RELATED TO

RESILIENT LEADERSHIP IN TIMES OF DISASTER

NAME OF ORGANIZATION OR GOVERNMENT: ROSELAND SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF THE YES WE CAN

"SCHOLARSHIP"; FOR THE BRIDGE GRANT ONLY; TO SUPPORT SCHOLARSHIPS FOR

ROSELAND UNIVERSITY PREP, ETC.

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC CHARITIES OF THE DIOCESE OF SANTA ROSA

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR CAPITAL CAMPAIGN - CARITAS

VILLAGE; FOR GENERAL OPERATING SUPPORT; FOR HOMELESS WOMEN AND CHILDREN,

ETC.

NAME OF ORGANIZATION OR GOVERNMENT: 10,000 DEGREES

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

**Part IV Supplemental Information**

SUPPORT SCHOLARSHIPS IN 2019-2020; TO SUPPORT THE COLLEGE SUCCESS

PROGRAMMING IN HEALDSBURG HELPING STUDENTS FROM LOW-INCOME BACKGROUNDS

NAME OF ORGANIZATION OR GOVERNMENT: NAPA VALLEY COMMUNITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: APPLY TO ONE NAPA VALLEY INITIATIVE

PROJECT TO SUPPORT LEGAL PERMANENT RESIDENTS APPLYING FOR US CITIZENSHIP,  
ETC.

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY ACTION PARTNERSHIP OF SONOMA COUNTY

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

SLOAN AND HAROLD'S HOUSE; FOR GENERAL OPERATING SUPPORT; TO SUPPORT SLOAN  
HOUSE WOMEN'S SHELTER, ETC.

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

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

SUPPORT A TWO-DAY SUMMIT TO CREATE A COMMUNITY-WIDE RESILIENCE  
COLLABORATIVE; TO SUPPORT 2-1-1, ETC.

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA ACADEMY

(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF THE VISUAL AND

PERFORMING ARTS CENTER CAPITAL CAMPAIGN; FOR THE FUND FOR EXCELLENCE; FOR  
GENERAL OPERATING SUPPORT, ETC.

NAME OF ORGANIZATION OR GOVERNMENT: PETS LIFELINE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND FREE SPAY/NEUTER AND VACCINE

CLINICS FOR UP TO 100 CATS AND DOGS BELONGING TO LOW-INCOME RESIDENTS OF  
THE SONOMA VALLEY; FOR GENERAL OPERATING SUPPORT

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT: REDWOOD EMPIRE FOOD BANK

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING TO SUPPORT RESPONSE TO THE KINCADE FIRE; TO SUPPORT EMPTY BOWLS PROGRAM; TO SUPPORT SCHOOL PANTRY AT HEALDSBURG AND GEYSERVILLE ELEMENTARY SCHOOLS

NAME OF ORGANIZATION OR GOVERNMENT: CALIFORNIA PARENTING INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT; TO PROVIDE FINANCIAL SUPPORT TO HIGH RISK FAMILIES WITH EMERGENT NEEDS TO MAINTAIN HOUSING, MEDICAL CARE AND STABILITY

NAME OF ORGANIZATION OR GOVERNMENT: CORAZON HEALDSBURG

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT AND SUPPORT OF AFFAIR OF THE HEART EVENT; TO SUPPORT FIRE RECOVERY; TO SUPPORT THE HEALTH ACTION CHAPTER; ETC.

NAME OF ORGANIZATION OR GOVERNMENT: WEST COUNTY HEALTH CENTERS INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE CAPITAL CAMPAIGN FOR RUSSIAN RIVER HEALTH AND WELLNESS CENTER; FOR GENERAL OPERATING SUPPORT; TO SUPPORT WORK IN DISASTER RECOVERY, ETC.

NAME OF ORGANIZATION OR GOVERNMENT: CERES COMMUNITY PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT 10 ORGANIZATIONS' TRAINING AND PROJECTS RELATED TO RESILIENT LEADERSHIP IN TIMES OF DISASTER; FOR GENERAL OPERATING SUPPORT, ETC.

NAME OF ORGANIZATION OR GOVERNMENT: THE LIVING ROOM

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

**Part IV Supplemental Information**

AND SERVICES TO WOMEN AND MOTHERS WHO ARE CURRENTLY EXPERIENCING

HOMELESSNESS OR ARE AT-RISK OF BECOMING HOMELESS

NAME OF ORGANIZATION OR GOVERNMENT: HANNA BOYS CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SONOMA COUNTY TITLE I SCHOOL

TEACHER SCHOLARSHIPS TO ATTEND THE HANNA INSTITUTE SUMMIT; FOR GENERAL

OPERATING SUPPORT, ETC.

NAME OF ORGANIZATION OR GOVERNMENT: NAMI SONOMA COUNTY

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

INCREASE THE CAPACITY OF NAMI'S WARMLINE AND OUTREACH AND REFERRAL

SERVICES, ETC.

NAME OF ORGANIZATION OR GOVERNMENT:

BURBANK HOUSING DEVELOPMENT CORPORATION

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

CROSS SECTOR LEADERSHIP GROUP, GENERATION HOUSING; FOR THE INSTALLATION

OF A NEW PLAYGROUND STRUCTURE, ETC.

NAME OF ORGANIZATION OR GOVERNMENT: NORTH BAY ORGANIZING PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR NBOP'S STUDENT CONGRESS,

IMMIGRANT DEFENSE, AND ENVIRONMENTAL JUSTICE PROJECTS; HELPING QUEER

ASYLUM SEEKERS IN SONOMA, NAPA AND SOLANO COUNTIES, ETC.

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA VALLEY HOSPITAL FOUNDATION

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

DIAGNOSTIC CENTER; FOR SONOMA CARES CAPITAL CAMPAIGN FOR CONSTRUCTION OF

NEW DIAGNOSTIC IMAGING CENTER

**Part IV Supplemental Information**

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

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT; FOR FUND A NEED GOLF TOURNAMENT; TO SUPPORT SUMMER CAMP SCHOLARSHIPS, ETC.

NAME OF ORGANIZATION OR GOVERNMENT: THE BISHOP'S RANCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT SUMMER CAMP FOR LOW INCOME ENGLISH LANGUAGE LEARNER STUDENTS IN HEALDSBURG; FOR THE BUILDING FUNDRAISER AND WEAVER ART CENTER, ETC.

NAME OF ORGANIZATION OR GOVERNMENT:

WOMEN'S RECOVERY SERVICES - A UNIQUE PLACE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT WOMEN'S RECOVERY SERVICES PROGRAMS AND OPERATIONS; FOR CHILDREN'S PROGRAMS; FOR A NEW TREATMENT BUILDING/KITCHEN/DINING REMODEL, ETC.

NAME OF ORGANIZATION OR GOVERNMENT: HUMANE SOCIETY OF SONOMA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT; FOR THE COMMUNITY VET PROGRAM, TO PROVIDE LOW-COST SPAY/NEUTER SERVICES FOR OWNED PETS IN THE COMMUNITY, ETC.

NAME OF ORGANIZATION OR GOVERNMENT: RUSSIAN RIVERKEEPER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND THE RUSSIAN RIVER 2019 OPERATING EXPENSES; TO SUPPORT THE HANSON PROJECT; FOR DIESEL TRUCK CLEAN RIVER ALLIANCE, ETC.

NAME OF ORGANIZATION OR GOVERNMENT:

CAREER TECHNICAL EDUCATION FOUNDATION SONOMA COUNTY



**Part IV Supplemental Information**

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR 2019 GENERAL OPERATING EXPENSES;  
FOR FUND-A-NEED SPARK THE FUTURE; GRANT FOR COMMUNITY WISE (WOMEN  
INVESTING IN STEM EQUITY), ETC.

NAME OF ORGANIZATION OR GOVERNMENT: MUSEUM OF SONOMA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT  
(\$5,000) AND EXHIBITIONS (TWO SHOWS, \$10,000 EACH) AND IN MEMORY OF  
CYNTHIA LEUNG; FOR RELOCATION, ETC.

NAME OF ORGANIZATION OR GOVERNMENT: WEST COUNTY COMMUNITY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FOOD FOR VERY LOW-INCOME  
AND FLOOD-AFFECTED SENIORS; FOR FLOOD RELIEF; FOR GENERAL OPERATING  
SUPPORT, ETC.

NAME OF ORGANIZATION OR GOVERNMENT:

HUMANIDAD THERAPY & EDUCATION SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT CULTURALLY-PROFICIENT  
MENTAL HEALTH COUNSELING FOR UNDERSERVED LATINOS, PRIMARILY HIGH-RISK,  
LOW-INCOME MIGRANT WORKERS; FOR GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:

CITY OF SANTA ROSA HOUSING AND COMMUNITY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT AND  
ENHANCED SERVICES AT SAM JONES HALL; TO PROVIDE GENERAL OPERATING SUPPORT  
TO SAM JONES HALL

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA ECOLOGY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE K-8 WATERSHED

**Part IV Supplemental Information**

EDUCATION PROGRAM; TO SUPPORT SUSTAINABLE SONOMA; FOR GENERAL OPERATING

SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: COMPASSION WITHOUT BORDERS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FREE AND LOW-COST

VETERINARY WELLNESS AND SPAY/NEUTER SERVICES TO PETS OF UNDERSERVED,

LOW-INCOME, & HOMELESS COMMUNITY MEMBERS

NAME OF ORGANIZATION OR GOVERNMENT:

VERITY-COMPASSION SAFETY SUPPORT A CALIFORNIA CORPORATION

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

ASSIST SURVIVORS OF SEXUAL VIOLENCE MEET EMERGENCY BASIC NEEDS SUCH AS

HOUSING, FOOD, AND TRANSPORTATION

NAME OF ORGANIZATION OR GOVERNMENT: SANTA ROSA JUNIOR COLLEGE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ESTABLISH AN ENDOWED SCHOLARSHIP

AT THE SANTA ROSA JUNIOR COLLEGE TO SUPPORT STUDENTS PURSUING HEALTHCARE

CAREERS; IN SUPPORT OF THE THEATER ARTS PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: LOMI SCHOOL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROMOTE THE HEALTH AND WELLBEING

OF THE DIVERSE COMMUNITY OF SONOMA COUNTY BY PROVIDING ACCESSIBLE MENTAL

HEALTH CARE AND EDUCATION

NAME OF ORGANIZATION OR GOVERNMENT: HAND FAN MUSEUM

(H) PURPOSE OF GRANT OR ASSISTANCE: DISPLAYS HAND FANS; FOR GENERAL

OPERATING SUPPORT AND INSURANCE AND TAXES; FOR MOVING AND TECHNOLOGY

EXPENSES, ETC.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: PETALUMA PEOPLE SERVICES CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING TO SUPPORT RESPONSE TO THE KINCADE FIRE; FOR PARTICIPATION IN THE ROSIE CAPACITY BUILDING PROJECT, ETC.

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA STATE UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE SONOMA STATE MEN'S TENNIS TEAM'S 2020 GENERAL OPERATING BUDGET; IN SUPPORT OF THE GREEN MUSIC CENTER AND IN HONOR OF CONNIE CODDING, ETC.

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA OVERNIGHT SUPPORT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FUNDING FOR DAY SERVICES; TO ASSIST CLIENTS WITH BASIC-NEED DAY-SERVICES SUCH AS EMERGENCY FOOD AND TRANSPORTATION, ETC.

NAME OF ORGANIZATION OR GOVERNMENT: LA LUZ CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT; FOR NOCHE SPONSOR AND FUND A NEED; FOR PARTICIPATION IN THE ROSIE CAPACITY BUILDING PROJECT, ETC.

NAME OF ORGANIZATION OR GOVERNMENT: BECOMING INDEPENDENT

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT; TO SUPPORT ESTABLISHING SCHOLARSHIP FUND FOR LIFE SKILLS PROGRAM GRADUATES

NAME OF ORGANIZATION OR GOVERNMENT:

SONOMA COUNTY GRAPE GROWERS FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE NEEDS OF OUR MOST

**Part IV Supplemental Information**

ECONOMICALLY VULNERABLE COMMUNITY MEMBERS AFTER THE KINCADE FIRES

NAME OF ORGANIZATION OR GOVERNMENT: FOOD FOR THOUGHT

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

EXPENSES; TO PROVIDE HEALTHY FOOD TO SERIOUSLY ILL, HOMELESS HEALDSBURG

RESIDENT; GENERAL OPERATING SUPPORT FOR FUND-A-NEED; ETC.

NAME OF ORGANIZATION OR GOVERNMENT: NEW VISION SANTA ROSA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DEVELOP RESOURCES AND INFORMATION

TO FACILITATE AFFORDABLE HOUSING DEVELOPMENT IN SONOMA COUNTY THROUGH A

HOUSING TRUST FUND, ETC.

NAME OF ORGANIZATION OR GOVERNMENT: ON THE MOVE

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

VOICES SONOMA; FOR SANTA ROSA DIA DE LOS MUERTOS; TO SUPPORT SONOMA

VALLEY PARENT UNIVERSITY'S FAMILY EARLY LITERACY INITIATIVE, ETC.

NAME OF ORGANIZATION OR GOVERNMENT: LOS CIEN SONOMA COUNTY

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

CIEN, INCLUDING LEADERSHIP DEVELOPMENT FOR THE EXECUTIVE DIRECTOR; TO

SPONSOR ALL LOS CIEN EVENTS FOR THE YEAR, ETC.

NAME OF ORGANIZATION OR GOVERNMENT:

SIDE BY SIDE, FORMERLY SUNNY HILLS SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO REDUCE THE STIGMA OF MENTAL

HEALTH CHALLENGES IN THE VULNERABLE, AT-RISK LATINO YOUTH COMMUNITY; FOR

GENERAL OPERATING SUPPORT, ETC.

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT: BOYS & GIRLS CLUBS OF SONOMA-MARIN

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

2019 HEALDSBURG SUMMER CAMP PROGRAM; FOR WEST COUNTY'S SUMMER CAMP

PROGRAM; TO SUPPORT FIRE RELIEF DAY CAMPS, ETC.

NAME OF ORGANIZATION OR GOVERNMENT: LUTHER BURBANK MEMORIAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE ARTISTS IN THE SCHOOLS

RESIDENCIES; IN SUPPORT OF THE ARTISTS IN SCHOOLS PROGRAM; TO SUPPORT

KIDS MARIACHI PROGRAM ETC.

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

(H) PURPOSE OF GRANT OR ASSISTANCE: TO INCREASE THE READING LEVELS OF

FAMILIES IN WEST SONOMA COUNTY BY PROVIDING FREE BOOKS AND OFFERING

LITERACY ACTIVITIES THROUGH THE KINDERGYM PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: TLC CHILD & FAMILY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST FORMER FOSTER YOUTH WITH

EMERGENCY HOUSING, GAS, FOOD AND TRANSPORTATION ASSISTANCE; TO PROVIDE

GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:

SANTA ROSA MEMORIAL HOSPITAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: EMERGENCY ROOM FUNDING; TO SERVE THE

WOMEN'S AND CHILDREN'S SERVICES AT MEMORIAL HOSPITAL; FOR THE VARIAN

TRUEBEAM LINEAR ACCELERATOR

NAME OF ORGANIZATION OR GOVERNMENT: REACH FOR HOME

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE UTILITY AND HOUSING

**Part IV Supplemental Information**

STABILIZATION THROUGH YOUR RAPID RE-HOUSING PROGRAM IN NORTH SONOMA

COUNTY; FOR 2020 GENERAL OPERATING EXPENSES, ETC.

NAME OF ORGANIZATION OR GOVERNMENT: DAILY ACTS ORGANIZATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT; TO SUPPORT THE SONOMA COUNTY ENVIRONMENTAL HEALTH COALITION PROJECT

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

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT (\$20,000) AND FOR THE GRADUATION GRANTS FOR 20 PSST GRADUATES FOR 2019 (\$5,000)

NAME OF ORGANIZATION OR GOVERNMENT: INSTITUTE OF ECOLOGICAL DESIGN

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE PERMACULTURE PROJECT AT ST STEPHEN'S EPISCOPAL CHURCH; FOR THE WELCOME AREA OF THE PERMACULTURE DESIGN PROJECT AT ST. STEPHEN'S EPISCOPAL CHURCH, ETC.

NAME OF ORGANIZATION OR GOVERNMENT:

PEDIATRIC DENTAL INITIATIVE OF THE NORTH COAST INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR DENTAL AND MEDICAL SUPPLIES TO TREAT MORE CHILDREN; TO SUPPORT THE UNANTICIPATED COSTS RELATED TO THE KINCADE FIRE FOR RE-OPENING OF THE SURGERY CENTER

NAME OF ORGANIZATION OR GOVERNMENT:

SHARED HOUSING AND RESOURCE EXCHANGE CALIFORNIA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE IMMEDIATE AND DIRECT AID THROUGH AN EMERGENCY NEEDS FUND FOR PARTICIPANTS IN THE HOME SHARE PROGRAMS; FOR GENERAL OPERATING SUPPORT

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT:

UC BERKELEY FOUNDATION - GIFT OPERATIONS

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SONOMA COUNTY STUDENTS TO ATTEND

UC BERKELEY; FOR UC BERKELEY RESEARCH AT PEPPERWOOD PRESERVE, ETC.

NAME OF ORGANIZATION OR GOVERNMENT: SEBASTOPOL CENTER FOR THE ARTS

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

DOCUMENTARY FILM FESTIVAL; FOR THE PURPOSE OF PURCHASING A NEW SLAB

ROLLER AND ELECTRIC KILN; FOR GENERAL OPERATING SUPPORT, ETC.

NAME OF ORGANIZATION OR GOVERNMENT: SALVATION ARMY - SANTA ROSA

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE CHRISTMAS KETTLE CAMPAIGN;

TO PROVIDE EMERGENCY BUS PASSES FOR CLIENTS IN THE ADULT TRANSITIONAL

LIVING PROGRAM AND SENIOR CLIENTS

NAME OF ORGANIZATION OR GOVERNMENT:

CANCER RESOURCE CENTERS OF MENDOCINO COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT CANCER PATIENTS IN LAKE

AND MENDOCINO COUNTIES; TO SUPPORT THE COMPASSION IN ACTION

MINI-DOCUMENTARY

NAME OF ORGANIZATION OR GOVERNMENT: FREE BOOKMOBILE OF SONOMA COUNTY

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

PHASE ONE OF SUCCESSION PLAN; IN SUPPORT OF THE BOOKMOBILE'S EXPANSION,

ETC.

NAME OF ORGANIZATION OR GOVERNMENT: HEALDSBURG JAZZ FESTIVAL, INC

**Part IV Supplemental Information**

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR 2019 JAZZ EDUCATION PROGRAM AND

IN RECOGNITION OF FRANK CARRUBBA FOR HIS MANY YEARS OF TECHNICAL AND

FINANCIAL SUPPORT OF THE HEALDSBURG JAZZ FESTIVAL

NAME OF ORGANIZATION OR GOVERNMENT: HEALDSBURG SHARED MINISTRIES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PURCHASE FOOD FROM THE REDWOOD

EMPIRE FOOD BANK; TO PROVIDE FREE FOOD TO UNDERSERVED FAMILIES AND

SENIORS IN THE HEALDSBURG AND GEYSERVILLE AREA, ETC.

NAME OF ORGANIZATION OR GOVERNMENT:

SONOMA COUNTY REGIONAL PARKS FOUNDATION

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

EVERYWHERE" A LEARNING EXPERIENCE INTEGRATING CLASSROOM LESSONS, FIELD

TRIPS, AND STEWARDSHIP PROJECTS; TO RESTORE FOOTHILL PARK, ETC.

NAME OF ORGANIZATION OR GOVERNMENT: SANTA ROSA SYMPHONY

(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF THE SANTA ROSA

SYMPHONY YOUTH ORCHESTRA; TO SUPPORT THE SIMPLY STRINGS PROGRAM, ETC.

NAME OF ORGANIZATION OR GOVERNMENT: BUCKELEW PROGRAMS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE DIRECT AND IMMEDIATE

EMERGENCY SERVICES TO COMMUNITY MEMBERS WITH BEHAVIORAL HEALTH CHALLENGES

NAME OF ORGANIZATION OR GOVERNMENT:

KNIGHTS OF INDULGENCE THEATRE UNITED STATES

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

SUPPORT THE ARTISTS OWNED CAMPAIGN; TO SUPPORT THE IMAGINISTS ION PROJECT



**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT:

PONY EXPRESS EQUINE ASSISTED SKILLS FOR YOUTH

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

SUPPORTING THE EQUINE ASSISTED SKILLS FOR YOUTH PROGRAM; TO ASSIST IN

FLOOD DAMAGE RECOVERY & RECUPERATION FOR EQUINE PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

HEALTHCARE FOUNDATION NORTHERN SONOMA COUNTY

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

HONOR OF THE 70TH BIRTHDAY OF DR. STEVEN UNGERLEIDER, M.D. AND IN MEMORY

OF LEN SCOTT

NAME OF ORGANIZATION OR GOVERNMENT: TEEN SERVICES SONOMA

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

PROGRAM; IN SUPPORT OF THE COWBOY CAB EVENT; FOR GENERAL OPERATING

SUPPORT, ETC.

NAME OF ORGANIZATION OR GOVERNMENT:

AMERICAN RED CROSS OF THE CALIFORNIA NORTHWEST

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BE DIVIDED EVENLY BETWEEN THE

HOME FIRE CAMPAIGN (PREVENTION AND EDUCATION) AND THE HOME FIRE FINANCIAL

ASSISTANCE PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY CHILD CARE COUNCIL OF SONOMA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR EMERGENCY CHILD SUPPORT; TO

SUPPORT TRAINING & PROJECTS RELATED TO RESILIENT LEADERSHIP IN TIMES OF

DISASTER

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT: LATINO SERVICE PROVIDERS

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT TO  
LATINO SERVICE PROVIDERS, INCLUDING LEADERSHIP DEVELOPMENT TO THE  
EXECUTIVE DIRECTOR

NAME OF ORGANIZATION OR GOVERNMENT: YWCA OF SONOMA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE BASIC NEEDS TO VICTIMS OF  
DOMESTIC VIOLENCE IN YOUR CONFIDENTIAL SAFE HOUSE; ON GOING GENERAL  
SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: CENTRO LABORAL DE GRATON

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT CENTRO LABORAL DE  
GRATON'S DOMESTIC WORKER ORGANIZING PROJECT, ALMAS; FOR GENERAL OPERATING  
SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: OCCIDENTAL ARTS AND ECOLOGY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT; FOR  
REWILDING CONFERENCE, TO BE MATCHED BY PATAGONIA ACTION WORKS; TO SUPPORT  
THE PERENNIAL PLANT NURSERY AT OAEC, ETC.

NAME OF ORGANIZATION OR GOVERNMENT: HEALDSBURG EDUCATION FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE JUNIOR ACADEMIC  
INTERNSHIP PROGRAM AT HEALDSBURG HIGH SCHOOL; FOR GENERAL SUPPORT, ETC.

NAME OF ORGANIZATION OR GOVERNMENT: FRIENDS IN SONOMA HELPING

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT; TO  
PROVIDE RENTAL ASSISTANCE TO UNDERSERVED SONOMA VALLEY FAMILIES &

**Part IV Supplemental Information**

INDIVIDUALS

NAME OF ORGANIZATION OR GOVERNMENT: BELLEVUE UNION SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT FUNDING FOR READING

INTERVENTION MATERIALS FOR KAWANA ELEMENTARY'S DUAL IMMERSION PROGRAM

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

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

SUPPORT 2019 TIME TO WONDER BENEFIT; TO SUPPORT TRAINING & PROJECTS

RELATED TO RESILIENT LEADERSHIP IN TIMES OF DISASTER

NAME OF ORGANIZATION OR GOVERNMENT: INTERNATIONAL RESCUE COMMITTEE

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

SUPPORT FUNDING FOR THE POP-UP LEARNING PROJECT WITHIN THE AIRBEL TEAM

NAME OF ORGANIZATION OR GOVERNMENT: LILLIPUT CHILDREN'S SERVICES

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

FOSTER FAMILIES, ENABLING SCHOOL-AGED CHILDREN IN FOSTER CARE TO ACCESS

CULTURAL ENRICHMENT ACTIVITIES

NAME OF ORGANIZATION OR GOVERNMENT:

AMBULATORY SURGERY ACCESS COALITION DBA OPERATION ACCESS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO COORDINATE DONATED SURGERIES AND

SPECIALTY MEDICAL PROCEDURES FOR UNDOCUMENTED PEOPLE IN SONOMA COUNTY

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

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

PURCHASE FOOD FROM REDWOOD EMPIRE FOOD BANK FOR EVER INCREASING CLIENTELE

**Part IV Supplemental Information**

AT F.I.S.H FREE FOOD PANTRY

NAME OF ORGANIZATION OR GOVERNMENT:

JEWISH COMMUNITY FREE CLINIC OF SONOMA COUNTY

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

FUND TANGIBLE DIRECT AID HEALTH PROVISIONS FOR THE UNDERSERVED (E.G.

MEDICATIONS, VACCINES, AND LAB TESTS)

NAME OF ORGANIZATION OR GOVERNMENT:

SONOMA STATE UNIVERSITY SEAWOLF SCHOLARS PROGRAM

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

STUDENTS ENROLLED IN THE SEAWOLF SCHOLARS PROGRAM AT SONOMA STATE

UNIVERSITY

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA VALLEY COMMUNITY HEALTH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE TRANSPORTATION FOR PEOPLE

TO RECEIVE MEDICAL CARE AT SONOMA VALLEY COMMUNITY HEALTH CENTER; FOR

GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: FARM TO PANTRY

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

EXPENSES; TO SUPPORT INCREASE STAFFING TO MEETING INCREASING DEMANDS FOR

OUR PROGRAMS AND SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: HEALDSBURG PERFORMING ARTS THEATER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE A FREE PERFORMING ARTS

PROGRAM FROM ACTING, SINGING, AND DANCE FOR THE DIVERSE YOUTH POPULATION

OF HEALDSBURG; FOR GENERAL OPERATING SUPPORT, ETC.

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT: SEBASTOPOL COMMUNITY CULTURAL CENTER

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

COMMUNITY CENTER'S GUEST SPEAKER'S PROGRAM AND IN SUPPORT OF THE NEW

AUDIO SYSTEM FOR THE MAIN HALL

NAME OF ORGANIZATION OR GOVERNMENT:

POINT REYES NATIONAL SEASHORE ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT PRNSA'S !VAMOS AFUERA!

ENVIRONMENTAL EDUCATION OUTDOOR EXPLORATION PROGRAM FOR UNDERSERVED

LATINO YOUTH AND FAMILIES, ETC.

NAME OF ORGANIZATION OR GOVERNMENT:

SONOMA COUNTY PUBLIC LIBRARY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO INCREASE DAILY READING TO LOCAL

CHILDREN BY SUPPLYING FAMILIES WITH BOOKS, INSTRUCTION AND ENCOURAGEMENT

THROUGH THE FREE BOOK MOBILE

NAME OF ORGANIZATION OR GOVERNMENT:

ST. VINCENT DE PAUL SOCIETY OF SONOMA COUNTY

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

ST. VINCENT DE PAUL COMMUNITY KITCHEN; FOR GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: REBUILDING TOGETHER - PETALUMA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE REPAIR WORK FOR FOUR

COTS FACILITIES; TO BE USED TOWARD THE \$10,000 NEEDED FOR COMMUNITY GRANT

PROPOSAL REPAIRS

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA FAMILY MEAL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE MEALS TO FIRST

RESPONDERS, EVACUEES, AND DISASTER SURVIVORS DURING AND AFTER LARGE-SCALE

EMERGENCIES IN SONOMA COUNTY

NAME OF ORGANIZATION OR GOVERNMENT:

VALLEY OF THE MOON CHILDREN'S HOME FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP COVER COSTS AND EXPENSES FOR

DENTAL TREATMENTS AND DENTAL EMERGENCIES FOR CHILDREN BROUGHT INTO VMCH

CARE; FOR GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: COVIA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE CONTINUATION OF SPRING LAKE

VILLAGE CLASSICAL MUSIC; TO PROVIDE EMERGENCY FUNDING FOR SENIORS LIVING

ON FIXED INCOMES WHO ARE IN DIRE CIRCUMSTANCES

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF HEALDSBURG

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR RUSTIC REDWOOD BENCH ON FITCH

MOUNTAIN; TO SUPPORT HEALDSBURG MUSIC IN THE PLAZA; TO SUPPORT 2019

TUESDAY IN THE PLAZA HISPANIC MUSIC CONCERT, ETC.

NAME OF ORGANIZATION OR GOVERNMENT: ALLIANCE MEDICAL CENTER

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

DEVELOPMENT OF ALLIANCE MEDICAL CENTER'S LITERACY EDUCATION AND REACH OUT

AND READ PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: ALLIANCE REDWOODS CONFERENCE GROUNDS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND EFFORTS MADE BY ALLIANCE

**Part IV Supplemental Information**

REDWOODS CONFERENCE GROUNDS TO HOUSE, FEED, AND CARE FOR FIREFIGHTERS WHO WERE FIGHTING THE KINCADE FIRE

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF SANTA ROSA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO STRENGTHEN COMMUNITY COHESION AND PREPARE NEIGHBORHOODS FOR FUTURE EMERGENCY VIA THE RESILIENT NEIGHBORHOOD NEIGHBORFEST PROGRAM

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 ENVIRONMENTAL EDUCATIONAL PROGRAMS AT THE LARKFIELD COMMUNITY GARDEN/LEARNING CENTER

NAME OF ORGANIZATION OR GOVERNMENT: STOVETEAM INTERNATIONAL

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE IMPLEMENTATION OF A TRAINING PROGRAM IN GUATEMALAN SCHOOLS TO PROMOTE THE IMPORTANCE OF CLEAN INDOOR AIR TO HUMAN HEALTH AND THE ENVIRONMENT

NAME OF ORGANIZATION OR GOVERNMENT: CORNELL UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT AND IN MEMORY OF TED ELIOT; TO SUPPORT A SOCIAL ENTREPRENEUR WHO IS MAKING THE WORLD A BETTER PLACE

NAME OF ORGANIZATION OR GOVERNMENT: SAN DOMENICO SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF THE PROPOSED SR. GERVAISE VALPEY AQUATIC AND COMMUNITY CENTER; FOR GENERAL OPERATING SUPPORT

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT: HEALDSBURG CENTER FOR THE ARTS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE OPERATIONAL EXPENSES  
NEEDED TO PROVIDE PROGRAMMING AND SERVICES AT HCA

NAME OF ORGANIZATION OR GOVERNMENT: JUDICIAL WATCH

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT; IN  
SUPPORT OF THE CONTINUING INQUIRY INTO THE EMAIL INVESTIGATION; ON GOING  
SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: INQUIRING SYSTEMS, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR CARE PARTNERS INITIATIVE; FOR  
START UP FEE FOR CARE PARTNERS INITIATIVE FOR FINANCIAL SPONSORSHIP

NAME OF ORGANIZATION OR GOVERNMENT: LISTENING FOR A CHANGE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR DOCUMENTARY FILM OF FIRESTORM  
SURVIVORS; TO SPONSOR THE WEAVE COMMUNITY FUNDRAISING EVENT HELD ON  
AUGUST 17, 2019



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2019**

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
COMMUNITY FOUNDATION SONOMA COUNTY

Employer identification number  
68-0003212

**Part I Questions Regarding Compensation**

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

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

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

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

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

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

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

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2019

**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)	207,859.	24,000.	0.	12,584.	8,239.	252,682.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ANN BUTTERFIELD VP OF FINANCE & OPS	(i)	126,143.	8,000.	0.	4,731.	19,456.	158,330.	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)							

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

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](http://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	18	1,652,690.	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) 2019

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

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:

STEWARDING ASSETS: FULFILLED THE CHARITABLE LEGACIES OF OUR DONORS AND

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 A PUBLIC DISCLOSURE COPY OF THE FORM 990 TO

THE AUDIT COMMITTEE WHO DISCUSSED THE FORM AT A VIRTUAL MEETING. A COMPLETE

COPY OF FORM 990, INCLUDING SCHEDULE B, WAS MADE AVAILABLE TO ALL VOTING

MEMBERS OF THE BOARD 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.

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

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

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

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS

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

FORTH IN SEC. 6104(D).

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

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	904,506.
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EXPLANATION FOR AMENDED FORM 990:

THE FOUNDATION IS FILING THIS AMENDED FORM 990 TO CORRECTLY REPORT 2019

COMPENSATION FOR ELIZABETH BROWN.

ITEMS THAT HAVE CHANGED:

- AMENDED FORM 990, PART VII, SECTION A, LINE 1A, ROW (23), COLUMN (D):

UPDATED REPORTABLE COMPENSATION FROM THE ORGANIZATION FOR ELIZABETH

BROWN.

- AMENDED FORM 990, PART IX, LINE 5: UPDATED COMPENSATION OF CURRENT

OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES AMOUNT.

- AMENDED FORM 990, PART IX, LINE 7: UPDATED OTHER SALARIES AND WAGES

AMOUNT.

- AMENDED FORM 990, SCHEDULE J, PART II, ROW (1), COLUMN (B)(I):

UPDATED BASE COMPENSATION FOR ELIZABETH BROWN.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

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	
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) 2019

**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 (4)	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
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> 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)			

