

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2020 calendar year, or tax year beginning and ending																													
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization COMMUNITY FOUNDATION SONOMA COUNTY</td> <td>D Employer identification number 68-0003212</td> </tr> <tr> <td colspan="2">Doing business as</td> <td rowspan="2">E Telephone number 707-579-4073</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td>120 STONY POINT ROAD</td> <td>220</td> <td rowspan="2">G Gross receipts \$ 76,671,892.</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code SANTA ROSA, CA 95401</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: ELIZABETH BROWN SAME AS C ABOVE</td> <td>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2">I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2">J Website: ▶ WWW.SONOMACF.ORG</td> <td>If "No," attach a list. See instructions</td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td>H(c) Group exemption number ▶</td> </tr> <tr> <td colspan="2">L Year of formation: 1983</td> <td>M State of legal domicile: CA</td> </tr> </table>	C Name of organization COMMUNITY FOUNDATION SONOMA COUNTY		D Employer identification number 68-0003212	Doing business as		E Telephone number 707-579-4073	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	120 STONY POINT ROAD	220	G Gross receipts \$ 76,671,892.	City or town, state or province, country, and ZIP or foreign postal code SANTA ROSA, CA 95401		F Name and address of principal officer: ELIZABETH BROWN SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	J Website: ▶ WWW.SONOMACF.ORG		If "No," attach a list. See instructions	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		H(c) Group exemption number ▶	L Year of formation: 1983		M State of legal domicile: CA
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Part I Summary

	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.		
Activities & Governance	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 2020 (Part V, line 2a)	5	23
	6	Total number of volunteers (estimate if necessary)	6	17
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 14,887,819.
9		Program service revenue (Part VIII, line 2g)	2,658.	383,372.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,516,568.	6,845,320.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16,535.	3,854.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	22,423,580.	31,300,834.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	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)	1,716,121.	1,960,353.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 299,206.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,602,369.	1,694,295.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	19,834,816.	25,765,701.
	19	Revenue less expenses. Subtract line 18 from line 12	2,588,764.	5,535,133.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 184,521,909.	End of Year 206,510,762.
	21	Total liabilities (Part X, line 26)	4,817,663.	4,063,236.
	22	Net assets or fund balances. Subtract line 21 from line 20	179,704,246.	202,447,526.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

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

May the IRS discuss this return with the preparer shown above? See instructions Yes No

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

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

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	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 15, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year 2020 or
▶ tax year beginning _____, and ending _____.

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

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

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 23,709,620. including grants of \$ 22,111,053.) (Revenue \$ 387,226.) GRANTMAKING: AWARDED MORE THAN \$20 MILLION IN GRANTS, PRIMARILY IN THE FIELDS OF DISASTER RECOVERY, 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 23,709,620.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and business transactions.

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, unrelated 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 on line 1a... 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 DIRECTOR	3.00 1.00	X						0.	0.	0.
(5) KATIE JACKSON DIRECTOR	1.00 0.00	X						0.	0.	0.
(6) LISA CARRENO DIRECTOR	1.00 0.00	X						0.	0.	0.
(7) MATTHEW INGRAM DIRECTOR	1.00 0.00	X						0.	0.	0.
(8) PATRICK EMERY DIRECTOR	1.00 0.00	X						0.	0.	0.
(9) RICHARD DAVIS-LOWELL DIRECTOR	1.00 0.00	X						0.	0.	0.
(10) STEVE GOLDBERG DIRECTOR	1.00 0.00	X						0.	0.	0.
(11) SUSAN LENTZ DIRECTOR	1.00 0.00	X						0.	0.	0.
(12) THELIA WADE DIRECTOR	1.00 0.00	X						0.	0.	0.
(13) JANET RAMATICI DIRECTOR	1.00 0.00	X						0.	0.	0.
(14) SIMON BLATTNER DIRECTOR	1.00 0.00	X						0.	0.	0.
(15) CAROL BEATTIE DIRECTOR	1.00 0.00	X						0.	0.	0.
(16) AKASH KALIA DIRECTOR	1.00 0.00	X						0.	0.	0.
(17) MICHELLE YOUNG DIRECTOR	1.00 0.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ELIZABETH BROWN PRESIDENT & CEO	45.00 0.00			X				260,044.	0.	22,048.
(19) ANN BUTTERFIELD VP OF FINANCE & OPS	45.00 1.00			X				145,500.	0.	21,812.
(20) KARIN DEMAREST VP FOR COMMUNITY IMPACT	45.00 0.00					X		116,640.	0.	29,942.
1b Subtotal								522,184.	0.	73,802.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								522,184.	0.	73,802.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
GRAYSTONE CONSULTING, 3562 ROUND BARN CIRCLE, 1ST FLOOR, SANTA ROSA, CA 95403	INVESTMENT CONSULTING	133,302.

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	1 a Federated campaigns	1a	3,165.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	50,000.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	24,015,123.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 5,055,289.				
	h Total. Add lines 1a-1f			24,068,288.			
Program Service Revenue	2 a MANAGEMENT FEES	Business Code 561000	383,372.	383,372.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			383,372.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,031,100.			3,031,100.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	49,185,278.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	45,371,058.				
	c Gain or (loss)	7c	3,814,220.				
	d Net gain or (loss)			3,814,220.		3,814,220.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a LITIGATION SETTLEMENT	Business Code 900099	3,834.	3,834.			
	b OTHER INCOME	900099	20.	20.			
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			3,854.			
12 Total revenue. See instructions			31,300,834.	387,226.	0.	6,845,320.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	22,111,053.	22,111,053.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	449,404.	112,837.	294,253.	42,314.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,216,682.	572,220.	530,374.	114,088.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	45,936.	21,893.	18,992.	5,051.
9 Other employee benefits	126,720.	56,105.	56,362.	14,253.
10 Payroll taxes	121,611.	50,695.	59,440.	11,476.
11 Fees for services (nonemployees):				
a Management				
b Legal	76,831.	30,807.	38,000.	8,024.
c Accounting	73,561.	29,496.	36,383.	7,682.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	266,898.		266,898.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	342,094.	137,170.	169,199.	35,725.
12 Advertising and promotion	44,115.	17,689.	21,819.	4,607.
13 Office expenses	344,331.	265,883.	64,772.	13,676.
14 Information technology	127,086.	50,958.	62,856.	13,272.
15 Royalties				
16 Occupancy	175,945.	70,549.	87,022.	18,374.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	37,988.	15,232.	18,789.	3,967.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	45,886.	18,399.	22,695.	4,792.
23 Insurance	159,560.	148,634.	9,021.	1,905.
24 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.)				
a _____				
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	25,765,701.	23,709,620.	1,756,875.	299,206.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	14,354,552.	1	14,049,358.
	2 Savings and temporary cash investments	1,360,819.	2	200,230.
	3 Pledges and grants receivable, net	8,800,909.	3	6,608,977.
	4 Accounts receivable, net		4	
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	975,141.	7	975,141.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	84,623.	9	75,941.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 394,464.		
	b Less: accumulated depreciation	10b 272,405.		
	11 Investments - publicly traded securities	157,496,724.	11	181,351,318.
	12 Investments - other securities. See Part IV, line 11	368,500.	12	368,500.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	915,893.	15	2,759,238.
16 Total assets. Add lines 1 through 15 (must equal line 33)	184,521,909.	16	206,510,762.	
Liabilities	17 Accounts payable and accrued expenses	72,564.	17	158,691.
	18 Grants payable	4,736,891.	18	3,590,391.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	314,154.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	8,208.	25	0.
	26 Total liabilities. Add lines 17 through 25	4,817,663.	26	4,063,236.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	42,184,809.	27	52,510,316.
	28 Net assets with donor restrictions	137,519,437.	28	149,937,210.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	179,704,246.	32	202,447,526.
33 Total liabilities and net assets/fund balances	184,521,909.	33	206,510,762.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	31,300,834.
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,765,701.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,535,133.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	179,704,246.
5	Net unrealized gains (losses) on investments	5	17,349,070.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-140,923.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	202,447,526.

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
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2020)

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	16,537,057.	26,892,930.	18,633,970.	14,887,819.	24,068,288.	101,020,064.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	16,537,057.	26,892,930.	18,633,970.	14,887,819.	24,068,288.	101,020,064.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						8,295,083.
6 Public support. Subtract line 5 from line 4.						92,724,981.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	16,537,057.	26,892,930.	18,633,970.	14,887,819.	24,068,288.	101,020,064.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,178,927.	3,001,983.	4,056,268.	4,007,930.	3,031,100.	16,276,208.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						117,296,272.
12 Gross receipts from related activities, etc. (see instructions)					12	1,047,749.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	79.05 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	76.91 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in line 2, above, 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>		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
2a		
b Did the activities described in line 2a, above, 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>		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
3a		
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>		
3b		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

COMMUNITY FOUNDATION SONOMA COUNTY

Employer identification number

68-0003212

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 4,768,783.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 2,074,410.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 1,570,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 1,261,267.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 1,200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 903,310.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 565,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 535,209.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 528,574.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 508,326.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<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
--	--

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
4	300 SH GOOGL, 600 SH ABT, 350 SH TMO, 370 SH MSFT, 1,660 SH COUP, 630 SH AAPL, 30 SH GOOG	\$ 1,261,267.	08/28/20
6	2,737 SHARES ADSK	\$ 903,310.	07/13/20
8	64 SHARES AMZN, 10,217 SHARES GE, 1,822 SHARES COP, 2,000 SHARES INTC	\$ 481,031.	01/02/20
9	1,200 SHARES CHD, 1,400 SHARES AAPL, 400 SHARES V, 833 SHARES LH	\$ 528,574.	12/08/20
10	3,675 SHARES PPG	\$ 508,326.	11/06/20
		\$	

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

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	169	58
2 Aggregate value of contributions to (during year)	11,415,728.	230,660.
3 Aggregate value of grants from (during year)	10,108,183.	1,577,888.
4 Aggregate value at end of year	50,695,311.	42,297,277.

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 ▶ \$ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

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	92,940,493.	78,210,871.	84,598,098.	74,627,859.	73,086,044.
b Contributions	653,349.	2,922,029.	1,233,069.	492,843.	1,152,647.
c Net investment earnings, gains, and losses	13,379,883.	14,140,117.	-5,390,715.	11,633,914.	3,655,451.
d Grants or scholarships	3,000,873.	2,332,524.	2,229,581.	2,156,518.	3,266,283.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	103,972,852.	92,940,493.	78,210,871.	84,598,098.	74,627,859.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment .9700 %
 - b Permanent endowment 71.6300 %
 - c Term endowment 27.4000 %
- 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.	39,202.	15,053.
d Equipment		49,958.	46,011.	3,947.
e Other		290,251.	187,192.	103,059.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				122,059.

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.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely held equity interests, (3) Other (A-H), and Total.

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.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9) and Total.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (9) and Total.

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.

Table with 2 columns: (a) Description of liability, (b) Book value. Section 1 includes (1) Federal income taxes, rows (2) through (9), and Total.

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 ... [X]

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

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

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

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

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

ENDOWMENT FUNDS SERVE A WIDE VARIETY OF CHARITABLE PURPOSES AND REFLECT

THE INTENT OF OUR DONORS.

PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAX ON RELATED INCOME UNDER

SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE "CODE") AND HAS BEEN

CLASSIFIED AS AN ORGANIZATION WHICH IS NOT A PRIVATE FOUNDATION AS DEFINED

IN SECTIONS 509(A)(1) AND 170(B)(I)(A)(VI) OF THE CODE. HOWEVER, THE

FOUNDATION MAY 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, 2020, MANAGEMENT EVALUATED

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

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

THAT REQUIRE ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization
COMMUNITY FOUNDATION SONOMA COUNTY

Employer identification number
68-0003212

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
PEPPERWOOD FOUNDATION 2130 PEPPERWOOD PRESERVE RD. SANTA ROSA, CA 95404-7543	01-0817571	501(C)(3)	1,480,164.	0.			FOR GENERAL OPERATING SUPPORT; FOR CAPITAL CAMPAIGN; TO SUPPORT THE SONOMA ENVIRONMENTAL
COPPERTOWER FAMILY MEDICAL CENTER, DBA: ALEXANDER VALLEY HEALTHCARE - 100 WEST 3RD STREET - CLOVERDALE, CA 95425	68-0345901	501(C)(3)	1,103,002.	0.			FOR GENERAL OPERATING SUPPORT
ON THE MOVE 780 LINCOLN AVE. NAPA, CA 94558	75-3149095	501(C)(3)	868,500.	0.			FOR SUPPORT OF LA PLAZA; FOR SUPPORT OF VOICES SONOMA; FOR DIRECT EMERGENCY ASSISTANCE TO
COTS (COMMITTEE ON THE SHELTERLESS) - P.O. BOX 2744 - PETALUMA, CA 94953-2744	68-0176855	501(C)(3)	766,500.	0.			FOR GENERAL OPERATING SUPPORT; TO SUPPORT VULNERABLE INDIVIDUALS DURING COVID-19
REDWOOD EMPIRE FOOD BANK 3990 BRICKWAY BLVD. SANTA ROSA, CA 95403	68-0121855	501(C)(3)	739,076.	0.			FOR GENERAL OPERATING SUPPORT; FOR FOOD CRISIS DURING COVID-19; FOR VEHICLE PURCHASE
NORTH BAY ORGANIZING PROJECT P.O. BOX 503 GRATON, CA 95444	45-2369887	501(C)(3)	611,000.	0.			FOR GENERAL OPERATING SUPPORT; FOR UNDOCUFUND; FOR LATINX STUDENT CONGRESS; FOR EMERGENCY

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 298.

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) 2020

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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)	600,000.	0.			FOR DESIGN AND CONSTRUCTION OF RESIDENTIAL BUILDING AT SWEETWATER SONOMA
COMMUNITY ACTION PARTNERSHIP OF SONOMA COUNTY - 141 STONY CIRCLE, #210 - SANTA ROSA, CA 95401	94-1648949	501(C)(3)	577,250.	0.			FOR EMERGENCY PREPAREDNESS CAPACITY BUILDING; FOR SERVICES TO VULNERABLE INDIVIDUALS
CATHOLIC CHARITIES OF THE DIOCESE OF SANTA ROSA - P.O. BOX 4900 - SANTA ROSA, CA 95402	94-2479393	501(C)(3)	506,644.	0.			FOR GENERAL OPERATING SUPPORT; FOR CARITAS VILLAGE; FOR RURAL FOOD PROJECT; FOR FAMILY
CHOPS TEEN CLUB AKA DEMEO TEEN CLUB INC. - 509 ADAMS STREET - SANTA ROSA, CA 95401	91-1859251	501(C)(3)	506,500.	0.			GENERAL OPERATING SUPPORT
10000 DEGREES P.O. BOX L SAN RAFAEL, CA 94913	95-3667812	501(C)(3)	502,975.	0.			FOR SCHOLARSHIPS AND GENERAL OPERATING SUPPORT
VITAL IMMIGRANT DEFENSE ADVOCACY AND SERVICE - 576 B STREET, SUITE 1C - SANTA ROSA, CA 95401	90-1019558	501(C)(3)	460,000.	0.			FOR THE SECURE FAMILIES COLLABORATIVE
ROSELAND UNIVERSITY PREP 1691 BURBANK AVE. SANTA ROSA, CA 95407	43-2029144	501(C)(3)	345,000.	0.			TO SUPPORT BRIDGE GRANT AND GAINING GROUND SCHOLARSHIP
LEGAL AID OF SONOMA COUNTY 144 SOUTH E STREET, SUITE 100 SANTA ROSA, CA 95404	68-0008581	501(C)(3)	300,000.	0.			FOR GENERAL OPERATING SUPPORT, FOR THE DISASTER LAW PROJECT SUPPORTING SONOMA COUNTY FIRE
LUTHERAN SOCIAL SERVICES OF NORTHERN CALIFORNIA - 1465 CIVIC COURT, BUILDING D, SUITE 810 - CONCORD, CA 94520	94-1659687	501(C)(3)	277,500.	0.			TO SUPPORT THE UNMET NEEDS OF VULNERABLE COMMUNITY MEMBERS POST FIRES

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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REDWOOD GOSPEL MISSION P.O. BOX 493 SANTA ROSA, CA 95402-0493	94-6122045	501(C)(3)	265,400.	0.			FOR GENERAL OPERATING SUPPORT
OAKLAND MUSEUM OF CALIFORNIA 1000 OAK STREET OAKLAND, CA 94607	45-3138892	501(C)(3)	252,500.	0.			TO SUPPORT THE ALL IN! CAMPAIGN FOR OMCA
SAMARITAN'S PURSE P.O. BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	250,000.	0.			FOR COVID-19 EMERGENCY MEDICINE FUND; FOR HONDURAS RELIEF
ST. VINCENT DE PAUL SOCIETY OF SONOMA COUNTY - P.O. BOX 1095 - ROHNERT PARK, CA 94927-1095	94-1433890	501(C)(3)	245,000.	0.			TO SUPPORT VULNERABLE INDIVIDUALS AND FAMILIES DURING COVID-19, FOR THE PURCHASE OF HOME FOR
SHARED HOUSING AND RESOURCE EXCHANGE CALIFORNIA - 411 RUSSELL AVE - SANTA ROSA, CA 95403	81-3993230	501(C)(3)	225,000.	0.			TO SUPPORT THE SHARED HOUSING AND RESOURCE EXCHANGE CALIFORNIA; FOR SERVICES TO VULNERABLE
TIDES CENTER P.O. BOX 29907 SAN FRANCISCO, CA 94129-0907	94-3213100	501(C)(3)	221,000.	0.			FOR GENERATION HOUSING OPERATING SUPPORT AND THE MAP ONE PROJECT
ST. JAMES BY-THE-SEA EPISCOPAL CHURCH - 743 PROSPECT STREET - LA JOLLA, CA 92037	95-1792756	501(C)(3)	217,000.	0.			FOR THE ORGAN PROJECT
ALLIANCE REDWOODS CONFERENCE GROUNDS - 6250 BOHEMIAN HIGHWAY - OCCIDENTAL, CA 95465	94-1683665	501(C)(3)	195,000.	0.			FOR THE TREE HOUSE VILLAGE; FOR HOMELESSNESS SERVICES; FOR REDWOOD GOSPEL MISSION PROGRAM
LANDPATHS 618 4TH ST., #217 SANTA ROSA, CA 95404	68-0328590	501(C)(3)	194,539.	0.			FOR GENERAL OPERATING SUPPORT; FOR CAMP SCHOLARSHIPS; FOR THE IOOBY PROGRAM; FOR OWL

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SOCIAL ADVOCATES FOR YOUTH 2447 SUMMERFIELD ROAD SANTA ROSA, CA 95405	94-1711490	501(C)(3)	193,000.	0.			FOR GENERAL OPERATING SUPPORT; FOR GRIEF SERVICES; FOR JOB SUPPORT TO HOMELESS YOUTH
NAPA VALLEY COMMUNITY FOUNDATION 3299 CLAREMONT WAY, SUITE 4 NAPA, CA 94558	68-0349777	501(C)(3)	177,500.	0.			TO SUPPORT THE NAPA SONOMA ACCESSORY DWELLING UNIT PROGRAM; FOR THE NAPA VALLEY COMMUNITY
FIRST 5 SONOMA COUNTY 5340 SKYLANE BLVD. SANTA ROSA, CA 95403	83-3829813	501(C)(3)	177,000.	0.			TO SUPPORT THE SONOMA COUNTY CHILD CARE RESILIENCY FUND DURING COVID-19
CORAZON HEALDSBURG P.O. BOX 1004 HEALDSBURG, CA 95448	27-3044487	501(C)(3)	176,750.	0.			FOR GENERAL OPERATING SUPPORT; FOR SERVICES TO VULNERABLE INDIVIDUALS AND FAMILIES IN
UNITED WAY OF THE WINE COUNTRY 975 CORPORATE CTR PKWY, #160 SANTA ROSA, CA 95407	94-1669646	501(C)(3)	162,500.	0.			TO SUPPORT THE MAP ONE SONOMA INITIATIVE; FOR PARTNERSHIP WITH ECONOMIC DEVELOPMENT BOARD; TO
LA LUZ CENTER 17560 GREGER STREET SONOMA, CA 95476	68-0228235	501(C)(3)	152,500.	0.			FOR SERVICES TO VULNERABLE INDIVIDUALS AND FAMILIES DURING COVID-19; FOR SERVICES TO
COMMUNITY CHILD CARE COUNCIL OF SONOMA COUNTY - 131-A STONY CIRCLE, STE 300 - SANTA ROSA, CA 95401	94-2274620	501(C)(3)	150,000.	0.			FOR GENERAL OPERATING SUPPORT; FOR THE CHILDREN INITIATIVE EXPANSION PROGRAM
THE SIX FOUNDATION GROUP 808 DONAHUE STREET SANTA ROSA, CA 95401	82-5070820	501(C)(3)	150,000.	0.			FOR GENERAL OPERATING SUPPORT
SONOMA VALLEY HOSPITAL FOUNDATION 347 ANDRIEUX STREET SONOMA, CA 95476	94-2832488	501(C)(3)	137,000.	0.			FOR THE DIAGNOSTIC CENTER; FOR THE CAPITAL CAMPAIGN

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MUSEUM OF SONOMA COUNTY 425 SEVENTH STREET SANTA ROSA, CA 95401	94-2506626	501(C)(3)	135,400.	0.			FOR THE EXHIBITION PROGRAM; TO SUPPORT VISUAL ARTS PROGRAMS; FOR GENERAL OPERATING SUPPORT
SONOMA LAND TRUST 822 FIFTH STREET SANTA ROSA, CA 95404	51-0197006	501(C)(3)	131,370.	0.			FOR GENERAL OPERATING SUPPORT; FOR SOUTHEAST GREENWAY ACQUISITION FUND; TO SUPPORT BAY CAMP
SONOMA FAMILY MEAL P.O. BOX 14522 SANTA ROSA, CA 95402	82-3332831	501(C)(3)	127,500.	0.			TO SUPPORT MEALS PROGRAM
DAILY HOPE MINISTRIES P.O. BOX 80448 RANCHO SANTA MARGARITA, CA 92688	26-3854748	501(C)(3)	125,000.	0.			FOR GENERAL OPERATING SUPPORT
FOOD FOR THOUGHT P.O. BOX 1608 FORESTVILLE, CA 95436	68-0181095	501(C)(3)	122,550.	0.			FOR SERVICES TO VULNERABLE INDIVIDUALS AND FAMILIES DURING COVID-19
VINTAGE HOUSE SENIOR MULTIPURPOSE CENTER OF SONOMA VALLEY - 264 FIRST STREET EAST - SONOMA, CA 95476	94-2745586	501(C)(3)	121,750.	0.			FOR SERVICES TO SENIORS DURING COVID-19
CERES COMMUNITY PROJECT P.O. BOX 1562 SEBASTOPOL, CA 95473	26-2250997	501(C)(3)	120,500.	0.			TO SUPPORT MEALS PROGRAM
PETALUMA PEOPLE SERVICES CENTER 1500A PETALUMA BLVD. SOUTH PETALUMA, CA 94952	94-2271299	501(C)(3)	117,770.	0.			FOR GENERAL OPERATING SUPPORT; FOR ISOCARE PROGRAM; FOR SERVICES DURING COVID-19
FORGET ME NOT CHILDRENS SERVICES 5345 HIGHWAY 12, WEST SANTA ROSA, CA 95407	26-3464770	501(C)(3)	117,500.	0.			TO SUPPORT SERVICES TO VICTIMS OF NEGLECT AND ABUSE

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HEALDSBURG SHARED MINISTRIES P.O. BOX 1646 HEALDSBURG, CA 95448	94-2838706	501(C)(3)	116,750.	0.			FOR FOOD DISTRIBUTION SERVICES TO HOMELESS, SENIORS, AND COVID-19 AFFECTED PEOPLE
BAYSIDE COVENANT CHURCH 8211 SIERRA COLLEGE BLVD STE 440 ROSEVILLE, CA 95661	68-0358620	501(C)(3)	110,000.	0.			FOR SANTA ROSA CAMPUS GENERAL FUND; FOR PURCHASING CHROMEBOOKS FOR STUDENT HOME LEARNING
SONOMA ECOLOGY CENTER P.O. BOX 1486 ELDRIDGE, CA 95431	94-3136500	501(C)(3)	109,550.	0.			TO SUPPORT THE REBUILDING OF SUGARLOAF RIDGE STATE PARK AFTER FIRES; TO SUPPORT THE K-8 WATERSHED
CALIFORNIA PARENTING INSTITUTE (CPI) - 3650 STANDISH AVENUE - SANTA ROSA, CA 95407	94-2541640	501(C)(3)	103,900.	0.			TO SUPPORT SERVICES TO INDIVIDUALS AND FAMILIES DURING COVID-19; FOR CHILD ABUSE TREATMENT
COUNCIL ON AGING SERVICES FOR SENIORS - 30 KAWANA SPRINGS RD. - SANTA ROSA, CA 95404	94-6138714	501(C)(3)	103,000.	0.			FOR THE MEALS ON WHEELS PROGRAM
FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON STREET CHARLOTTE, NC 28202	56-6047886	501(C)(3)	100,000.	0.			FOR E4E RELIEF FUND
HAWAII COMMUNITY FOUNDATION 827 FORT STREET HONOLULU, HI 96813	99-0261283	501(C)(3)	100,000.	0.			FOR THE ANDREW AND ELLEN BRADLEY FUND
FRIENDS IN SONOMA HELPING P.O. BOX 507 SONOMA, CA 95476	23-7441289	501(C)(3)	99,750.	0.			TO SUPPORT SERVICES TO INDIVIDUALS AND FAMILIES DURING COVID-19; FOR CAPACITY BUILDING; FOR
REACH FOR HOME 443 HUDSON STREET HEALDSBURG, CA 95448	47-2692320	501(C)(3)	97,750.	0.			FOR GENERAL OPERATING SUPPORT; FOR SERVICES TO VULNERABLE INDIVIDUALS AND FAMILIES IN

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THE LIVING ROOM 328 S. E STREET SANTA ROSA, CA 95404	58-2675876	501(C)(3)	95,500.	0.			FOR GENERAL OPERATING SUPPORT; FOR SERVICES TO VULNERABLE INDIVIDUALS AND FAMILIES IN
NEW VISION SANTA ROSA FOUNDATION 50 OLD COURTHOUSE SQUARE, STE 110 SANTA ROSA, CA 95404	68-0074807	501(C)(3)	85,000.	0.			TO SUPPORT GRANTS FOR SMALL BUSINESSES NEGATIVELY IMPACTED BY COVID-19
SONOMA OVERNIGHT SUPPORT P.O. BOX 748 SONOMA, CA 95476	03-0483033	501(C)(3)	83,500.	0.			FOR GENERAL OPERATING SUPPORT; FOR SERVICES TO VULNERABLE INDIVIDUALS AND FAMILIES IN
SONOMA VALLEY EDUCATION FOUNDATION P.O. BOX 493 SONOMA, CA 95476	68-0279152	501(C)(3)	83,300.	0.			TO SUPPORT THE SCHOOL LUNCH PROGRAM; TO SUPPORT PRESCHOOL FOR ALL PROGRAM; FOR BILINGUAL
SANTA ROSA JUNIOR COLLEGE FOUNDATION - 1501 MENDOCINO AVENUE - SANTA ROSA, CA 95401-4395	94-1735861	501(C)(3)	81,677.	0.			TO SUPPORT THE CRISIS RELIEF FUND; TO ESTABLISH A NURSING SCHOLARSHIP FUND; FOR STUDENT SUPPORT
FARM TO PANTRY P.O. BOX 191 HEALDSBURG, CA 95448	46-5321538	501(C)(3)	80,750.	0.			TO SUPPORT SERVICES RELATED TO FOOD DISTRIBUTION
SANTA ROSA COMMUNITY HEALTH 3569 ROUND BARN CIRCLE SANTA ROSA, CA 95403	68-0365296	501(C)(3)	80,000.	0.			TO EXPAND THE WORK OF SONOMA COMMUNITY RESILIENCE COLLABORATIVE DURING DISASTERS; FOR THE
WEST COUNTY COMMUNITY SERVICES P.O. BOX 325 GUERNEVILLE, CA 95446	94-2277740	501(C)(3)	80,000.	0.			TO SUPPORT THE CONSTRUCTION OF SHOWERS AND LAUNDRY ROOM AT 3RD STREET HOUSE; TO PROVIDE
WINDWARD FUND 1201 CONNECTICUT AVENUE, NW, SUITE WASHINGTON, DC 20036	47-3522162	501(C)(3)	80,000.	0.			TO SUPPORT THE DEVELOPMENT AND DEPLOYMENT OF THE ZONEHAVEN EVACUATION

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YWCA OF SONOMA COUNTY P.O. BOX 3506 SANTA ROSA, CA 95402	94-2347428	501(C)(3)	80,000.	0.			FOR DOMESTIC VIOLENCE SERVICES; TO SUPPORT VULNERABLE INDIVIDUALS AND FAMILIES DURING
WEST COUNTY HEALTH CENTERS INC P.O. BOX 1449 GUERNEVILLE, CA 95446	23-7310613	501(C)(3)	78,000.	0.			TO SUPPORT HIV/AIDS PROGRAM; FOR TELEHEALTH PROGRAM
CITY OF SANTA ROSA HOUSING AND COMMUNITY SERVICES - 90 SANTA ROSA AVENUE - SANTA ROSA, CA 95404	94-6000428	GOV'T	77,700.	0.			FOR SUPPORT OF SAMUEL L. JONES HALL HOMELESS SHELTER
BECOMING INDEPENDENT 1455 CORPORATE CENTER PARKWAY SANTA ROSA, CA 95407	94-2641147	501(C)(3)	77,500.	0.			FOR GENERAL OPERATING SUPPORT; FOR THE TECHNOLOGY CAMPAIGN
BOYS AND GIRLS CLUBS OF SONOMA VALLEY - 100 W. VERANO AVENUE - SONOMA, CA 95476	94-1579901	501(C)(3)	73,000.	0.			FOR GENERAL OPERATING SUPPORT; TO SUPPORT THE INTEGRATION OF TEEN PROGRAMS; FOR
RUSSIAN RIVERKEEPER P.O. BOX 1335 HEALDSBURG, CA 95448	68-0321117	501(C)(3)	70,500.	0.			FOR GENERAL OPERATING SUPPORT; FOR RESTORING FLOODPLAIN AT HANSON SITE; FOR TRASH REMOVAL
BATON ROUGE AREA FOUNDATION 100 NORTH STREET, SUITE 900 BATON ROUGE, LA 70802	72-6030391	501(C)(3)	70,000.	0.			FOR EMPLOYEES 1ST FUND
TLC CHILD & FAMILY SERVICES P.O. BOX 2079 SEBASTOPOL, CA 95473-2079	68-0008634	501(C)(3)	70,000.	0.			FOR THE THP PLUS PROGRAM; FOR SERVICES TO VULNERABLE INDIVIDUALS AND FAMILIES DURING
HUMANE SOCIETY OF SONOMA COUNTY P.O. BOX 1296 SANTA ROSA, CA 95402	94-6001315	501(C)(3)	65,250.	0.			FOR LOW COST SPAY/NEUTER PROGRAM; FOR COMMUNITY VET PROGRAM; FOR GENERAL OPERATING SUPPORT

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WOMEN'S RECOVERY SERVICES - A UNIQUE PLACE - POST OFFICE BOX 1356 - SANTA ROSA, CA 95402	51-0178620	501(C)(3)	65,000.	0.			FOR GENERAL OPERATING SUPPORT; FOR SERVICES TO VULNERABLE INDIVIDUALS AND FAMILIES IN
NORTHERN CALIFORNIA CENTER FOR WELL-BEING - 101 BROOKWOOD AVENUE, SUITE A - SANTA ROSA, CA 95404	93-1144835	501(C)(3)	62,000.	0.			FOR THE PILATES PROGRAM; FOR MEDICAL NUTRITION SERVICES
POLLY KLAAS FOUNDATION P.O. BOX 800 PETALUMA, CA 94953	68-0314615	501(C)(3)	60,000.	0.			TO SUPPORT POLLY KLAAS COMMUNITY THEATER
HUMANIDAD THERAPY & EDUCATION SERVICES - 1260 N. DUTTON AVE., SUITE 230 - SANTA ROSA, CA 95401	46-3725156	501(C)(3)	58,500.	0.			TO INCREASE ACCESS AND PROVIDE MENTAL HEALTH SERVICES
VERITY-COMPASSION SAFETY SUPPORT A CALIFORNIA CORPORATION - 835 PINER RD SUITE D - SANTA ROSA, CA 95403	94-2437947	501(C)(3)	57,700.	0.			TO SUPPORT MENTAL HEALTH OUTREACH TO SURVIVORS OF SEXUAL VIOLENCE AND HUMAN TRAFFICKING
SANTA ROSA MEMORIAL HOSPITAL FOUNDATION - 101 BROOKWOOD AVE., STE 202 - SANTA ROSA, CA 95404	81-4791043	501(C)(3)	57,000.	0.			FOR EMERGENCY ROOM FUNDING; FOR THE NEW LINEAR ACCELERATOR FOR RADIATION TREATMENT
BOYS & GIRLS CLUBS OF SONOMA-MARIN 1400 NORTH DUTTON AVENUE, SUITE 24 SANTA ROSA, CA 95401	68-0309534	501(C)(3)	56,050.	0.			TO SUPPORT THE DISTANCE LEARNING CLUBS; FOR ACADEMIC SUPPORT TO LOW INCOME YOUTH
CALIFORNIA INDIAN MUSEUM & CULTURAL CENTER - 5250 AERO DRIVE - SANTA ROSA, CA 95403	94-3244506	501(C)(3)	56,000.	0.			TO PROVIDE FINANCIAL ASSISTANCE, FOOD, AND OTHER RELIEF TO NATIVE AMERICANS IN SONOMA
SONOMA COMMUNITY CENTER 276 EAST NAPA STREET SONOMA, CA 95476	94-1566728	501(C)(3)	55,500.	0.			TO SUPPORT ORGANIZATIONAL SUSTAINABILITY AND CAPACITY BUILDING

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BOTANICAL BUS 8128 BODEGA AVE. SEBASTOPOL, CA 95472-3116	84-3039239	501(C)(3)	55,000.	0.			TO SUPPORT FARM WORKER CLINICS
SUPPORT OUR STUDENTS 319 SOUTH E. STREET SANTA ROSA, CA 95404	81-0676520	501(C)(3)	54,500.	0.			TO SUPPORT DELIVERING MENTAL HEALTH THERAPY AND RESOURCES TO SOME OF SONOMA COUNTY'S MOST
POINT BLUE CONSERVATION SCIENCE 3820 CYPRESS DRIVE, #11 PETALUMA, CA 94954	94-1594250	501(C)(3)	53,000.	0.			FOR GENERAL OPERATING SUPPORT
LOMI SCHOOL FOUNDATION (LOMI COUNSELING CLINIC) - 534 B STREET - SANTA ROSA, CA 95401	94-2495238	501(C)(3)	52,000.	0.			TO SUPPORT DELIVERING MENTAL HEALTH THERAPY AND RESOURCES TO SOME OF SONOMA COUNTY'S MOST
SONOMA VALLEY ROTARY FOUNDATION P.O. BOX 923 SONOMA, CA 95476	68-0343129	501(C)(3)	52,000.	0.			FOR ASSISTANCE FOR SONOMA VALLEY BUSINESSES
AUTHENTIC LIVING FOUNDATION INC 668 N COAST HWY LAGUNA BEACH, CA 92651	84-4862781	501(C)(3)	50,000.	0.			FOR GENERAL OPERATING SUPPORT
COMPASSION WITHOUT BORDERS P.O. BOX 14995 SANTA ROSA, CA 95402	20-4698227	501(C)(3)	50,000.	0.			TO PROVIDE FREE AND LOW-COST VETERINARY WELLNESS AND SPAY/NEUTER SERVICES TO PETS OF
NAMI SONOMA COUNTY 182 FARMERS LANE, SUITE 202 SANTA ROSA, CA 95405	68-0041644	501(C)(3)	50,000.	0.			FOR GENERAL OPERATING SUPPORT
PETALUMA ECUMENICAL PROPERTIES 625 ACACIA LN. SANTA ROSA, CA 95409	94-2565270	501(C)(3)	50,000.	0.			TO PROVIDE RESOURCES TO SENIORS LIVING IN PEP HOUSING DURING COVID-19

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PLAYWORKS 638 3RD STREET OAKLAND, CA 94607	94-3251867	501(C)(3)	50,000.	0.			FOR GENERAL OPERATING SUPPORT
REDWOOD ADVENTIST ACADEMY 385 MARK WEST SPRINGS ROAD SANTA ROSA, CA 95404-1101	94-1726911	501(C)(3)	50,000.	0.			FOR GENERAL OPERATING SUPPORT; TO REBUILD THE WELL LOST DURING THE 2017 FIRES
SONOMA VALLEY MENTORING ALLIANCE P.O. BOX 721 SONOMA, CA 95476	68-0429128	501(C)(3)	49,278.	0.			FOR GENERAL OPERATING SUPPORT; TO PROVIDE LAPTOPS FOR FACILITATORS
CANINE COMPANIONS FOR INDEPENDENCE, INC - P.O. BOX 446 - SANTA ROSA, CA 95402	94-2494324	501(C)(3)	48,824.	0.			FOR GENERAL OPERATING SUPPORT
JEWISH COMMUNITY FREE CLINIC OF SONOMA COUNTY - 50 MONTGOMERY DR - SANTA ROSA, CA 95404	94-3386103	501(C)(3)	46,250.	0.			TO SUPPORT DIRECT SERVICES FOCUSED ON PREVENTION, QUARANTINE, AND COPING WITH COVID-19
OCCIDENTAL ARTS AND ECOLOGY CENTER 15290 COLEMAN VALLEY ROAD OCCIDENTAL, CA 95465	68-0359676	501(C)(3)	45,000.	0.			FOR GENERAL OPERATING SUPPORT; FOR THE WILDING CONFERENCE; TO SUPPORT THE NICARAGUA PROJECT
INQUIRING SYSTEMS INC 887 SONOMA AVE, #23 SANTA ROSA, CA 95404	94-2524840	501(C)(3)	44,500.	0.			TO SUPPORT FARMWORKER CLINICS BY PROVIDING FREE INTEGRATIVE HEALTH SERVICES TO LATINX
HEALDSBURG JAZZ FESTIVAL, INC P.O. BOX 266 HEALDSBURG, CA 95448	71-0910474	501(C)(3)	44,000.	0.			OPERATIONAL SUPPORT FOR THE HEALDSBURG JAZZ FESTIVAL; TO SUPPORT JAZZ EDUCATION IN SCHOOLS
SANTA ROSA SYMPHONY 50 SANTA ROSA AVENUE, STE. 410 SANTA ROSA, CA 95404	94-6134075	501(C)(3)	43,450.	0.			TO SUPPORT THE SANTA ROSA SYMPHONY COMPREHENSIVE RANGE OF FREE TO LOW-COST MUSIC EXPLORATION AND

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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MULTIPLIER 405-14TH STREET OAKLAND, CA 94612	91-2166435	501(C)(3)	43,000.	0.			TO PROVIDE CONTINUITY FOR LOW-INCOME SENIORS ACCESSING PRODUCE THROUGH FARMERS MARKETS
ALLIANCE MEDICAL CENTER 1381 UNIVERSITY AVENUE HEALDSBURG, CA 95448	94-2308748	501(C)(3)	42,750.	0.			TO PROVIDE COMMUNITY HEALTH WORKER SERVICES TO UNINSURED PATIENTS AND FAMILIES WITH COVID-19
SONOMA VALLEY COMMUNITY COMMUNICATIONS - 680 W. NAPA STREET - SONOMA, CA 95476	82-5520172	501(C)(3)	42,250.	0.			TO SUPPORT INSTALLMENT OF A NEW RADIO ANTENNA FOR KSVY 91.3 SONOMA
CENTER FOR VOLUNTEER & NONPROFIT LEADERSHIP - 65 MITCHELL BLVD, SUITE 101 - SAN RAFAEL, CA 94903	68-0101012	501(C)(3)	41,500.	0.			TO DEVELOP AND IMPLEMENT A WEBINAR SERIES TITLED, STRONGER TOGETHER: EFFECTIVE NONPROFIT
COLUMBIA UNIVERSITY 622 W. 113TH STREET, MC 4524 NEW YORK, NY 10025	13-5598093	501(C)(3)	40,000.	0.			FOR GENERAL OPERATING SUPPORT
FISH OF THE SANTA ROSA AREA INC. P.O. BOX 4291 SANTA ROSA, CA 95402	51-0159551	501(C)(3)	40,000.	0.			TO PROVIDE SUPPORT FOR ECONOMICALLY VULNERABLE INDIVIDUALS AND NONPROFIT OPERATIONS AFFECTED
RENEWAL ENTERPRISE DISTRICT P.O. BOX 3531 SANTA ROSA, CA 95402	84-4301037	501(C)(3)	40,000.	0.			TO SUPPORT THE COMMITMENT OF THE RENEWAL ENTERPRISE DISTRICT TO INCREASE THE HOUSING STOCK IN SONOMA
SONOMA SPRINGS COMMUNITY HALL P.O. BOX 1897 BOYES HOT SPRINGS, CA 95416	23-7529964	501(C)(3)	40,000.	0.			TO PARTICIPATE IN THE CREATING RESILIENCE WITH CAPACITY AND CONNECTIONS COHORT; FOR
SONOMA VALLEY YOUTH & FAMILY SERVICES - 154 W SPAIN ST., UNIT 154 - SONOMA, CA 95476	83-1028814	501(C)(3)	40,000.	0.			TO PARTICIPATE IN THE CREATING RESILIENCE WITH CAPACITY AND CONNECTIONS COHORT; FOR

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ACTIVE 20-30 CLUB #50 P.O. BOX 391 SANTA ROSA, CA 95402	77-0446360	501(C)(3)	39,000.	0.			TO SUPPORT THE KIDS SHOPPING SPREE AND KIDS CHRISTMAS EVENTS
SALVATION ARMY - SANTA ROSA 93 STONY CIRCLE SANTA ROSA, CA 95401	94-1156347	501(C)(3)	39,000.	0.			TO PROVIDE SUPPORT FOR ECONOMICALLY VULNERABLE INDIVIDUALS AND NONPROFIT OPERATIONS AFFECTED
SONOMA STATE UNIVERSITY 1801 E. COTATI AVE. ROHNERT PARK, CA 94928-3609	68-0338225	GOV'T	39,000.	0.			TO EXPAND THE UNDOCU-SURVIVAL INITIATIVE; FOR THE GREEN MUSIC CENTER
THE CLIMATE CENTER P.O. BOX 3785 SANTA ROSA, CA 95402	45-0485495	501(C)(3)	39,000.	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)	37,500.	0.			TO PROVIDE FOOD, HOUSING, IMMEDIATE NEEDS (GIFT CARDS), AND EMERGENCY SUPPLIES TO VICTIMS OF
CAREER TECHNICAL EDUCATION FOUNDATION SONOMA COUNTY - 1030 APOLLO WAY, SUITE 200 - SANTA ROSA, CA 95407	46-5607272	501(C)(3)	35,000.	0.			FOR GENERAL OPERATING SUPPORT; FOR CTE DISTANCE LEARNING KITS
NPR FOUNDATION P.O. BOX 791490 BALTIMORE, MD 21279-1490	52-1795789	501(C)(3)	35,000.	0.			FOR GENERAL OPERATING SUPPORT
ST. SERAPHIM OF SAROV ORTHODOX CHURCH - 90 MOUNTAIN VIEW AVE. - SANTA ROSA, CA 95407	94-1576974	501(C)(3)	35,000.	0.			TO PROVIDE DELIVERIES OF HYGIENE SUPPLIES, PPE, AND FRESH AND PREPARED FOOD TO LOW-INCOME
SANTA ROSA CHILDREN'S CHORUS P.O. BOX 9389 SANTA ROSA, CA 95405	68-0165953	501(C)(3)	34,600.	0.			FOR GENERAL OPERATING SUPPORT

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KNIGHTS OF INDULGENCE THEATRE UNITED STATES - 461 SEBASTOPOL AVENUE - SANTA ROSA, CA 95401	03-0461324	501(C)(3)	33,000.	0.			TO SUPPORT THE DEVELOPMENT OF NEW PROGRAMMING RESPONDING TO THE CHALLENGES PRESENTED
LUTHER BURBANK MEMORIAL FOUNDATION 50 MARK WEST SPRINGS ROAD SANTA ROSA, CA 95403	94-2581084	501(C)(3)	32,200.	0.			TO SUPPORT ARTS EDUCATION PROGRAMMING HAMPERED BY COVID; IN SUPPORT OF THE ARTISTS IN SCHOOLS
WIKIMEDIA FOUNDATION, INC. 1 MONTGOMERY ST., SUITE 1600 SAN FRANCISCO, CA 94104	20-0049703	501(C)(3)	31,000.	0.			FOR GENERAL OPERATING SUPPORT
CENTRO LABORAL DE GRATON P.O. BOX 42 GRATON, CA 95444	68-0472311	501(C)(3)	30,000.	0.			FOR GENERAL OPERATING SUPPORT, INCLUDING TO THE ALMAS PROGRAM
COASTAL SENIORS, INC P.O. BOX 437 POINT ARENA, CA 95468	94-2902833	501(C)(3)	30,000.	0.			TO PROVIDE HOME DELIVERED MEALS TO QUALIFYING SONOMA COUNTY SENIORS AND DISABLED ADULTS
CREATING HOPE INTERNATIONAL P.O. BOX 1058 DEARBORN, MI 48121	38-3288402	501(C)(3)	30,000.	0.			FOR THE AFGHAN INSTITUTE OF LEARNING SPECIFICALLY FOR TEACHER TRAINING IN AFGHANISTAN.
INSTITUTE OF ECOLOGICAL DESIGN 9890 BODEGA HWY SEBASTOPOL, CA 95472	46-3142317	501(C)(3)	30,000.	0.			TO SUPPORT NICARAGUAN RELIEF EFFORTS; TO SUPPORT THE COVID RESPONSE WITH FOOD AND
SONOMA COUNTY BLACK FORUM P.O. BOX 1093 SANTA ROSA, CA 95402	38-4070204	501(C)(3)	30,000.	0.			TO PROVIDE FOOD ASSISTANCE TO INDIVIDUALS AND FAMILIES AND SUPPORT THE URBAN GARDENING
WARNECKE INSTITUTE, INC. 13427 CHALK HILL ROAD. HEALDSBURG, CA 95448	20-4401473	501(C)(3)	30,000.	0.			FOR GENERAL OPERATING SUPPORT

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FACE TO FACE SONOMA COUNTY AIDS NETWORK - 873 SECOND STREET - SANTA ROSA, CA 95404	68-0052664	501(C)(3)	28,500.	0.			TO PROVIDE HOUSING, UTILITY, FOOD, TRANSPORTATION OR OTHER EMERGENCY SUPPORT FOR
LATINO SERVICE PROVIDERS 1015-A CENTER DRIVE SANTA ROSE, CA 95403	46-4107589	501(C)(3)	28,350.	0.			FOR GENERAL OPERATING SUPPORT TO LATINO SERVICE PROVIDERS, INCLUDING LEADERSHIP DEVELOPMENT TO
HOSPICE BY THE BAY FOUNDATION 17 E. SIR FRANCIS DRAKE BLVD. LARKSPUR, CA 94939	94-2890791	501(C)(3)	27,000.	0.			TO PROVIDE INCREASED ADVOCACY, COUNSELING, AND RESOURCES TO LOW-INCOME, MEDICALLY FRAGILE
MARINE MAMMAL CENTER 2000 BUNKER RD.- FORT CRONKITE SAUSALITO, CA 94965	51-0144434	501(C)(3)	26,806.	0.			FOR GENERAL OPERATING SUPPORT
SONOMA APPLIED VILLAGE SERVICES 1585 TERRACE WAY, #213 SANTA ROSA, CA 95404	83-4609220	501(C)(3)	26,500.	0.			TO PROVIDE DIRECT FOOD AND OUTREACH SERVICES TO THE HOMELESS OF SONOMA COUNTY
NORTH BAY CHILDRENS CENTER INC 932 C STREET NOVATO, CA 94949	94-3024246	501(C)(3)	26,000.	0.			TO PROVIDE DIRECT CHILD CARE SERVICES AND EARLY EDUCATIONAL PROGRAMS FOR CHILDREN OF ESSENTIAL AND
PETALUMA EDUCATIONAL FOUNDATION 200 DOUGLAS ST. PETALUMA, CA 94952	94-2847212	501(C)(3)	26,000.	0.			TO SUPPORT TK-12 GRADE STUDENTS WITH SOCIAL EMOTIONAL LEARNING PROGRAMS HELPING STUDENTS
SIDE BY SIDE 300 SUNNY HILLS DRIVE, BLDG #5 SAN ANSELMO, CA 94960	94-1156301	501(C)(3)	26,000.	0.			TO PROVIDE SUPPORT FOR ECONOMICALLY VULNERABLE INDIVIDUALS AND NONPROFIT OPERATIONS AFFECTED
SONOMA MOUNTAIN PRESERVATION GROUP P.O. BOX 1772 GLEN ELLEN, CA 95442-9321	68-0428234	501(C)(3)	26,000.	0.			FOR GENERAL OPERATING SUPPORT

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ASIA FOUNDATION 465 CALIFORNIA STREET SAN FRANCISCO, CA 94104	94-1191246	501(C)(3)	25,000.	0.			FOR THE SPECIFIC OBJECTIVE OF SUPPORTING THE LAUNCH OF THE LET'S READ PROGRAM IN
BUCKELEW PROGRAMS 201 ALAMEDA DEL PRADO, #103 NOVATO, CA 94949	23-7088977	501(C)(3)	25,000.	0.			TO PROVIDE SUPPORT FOR ECONOMICALLY VULNERABLE INDIVIDUALS AND NONPROFIT OPERATIONS AFFECTED
CALIFORNIA HUMAN DEVELOPMENT 3315 AIRWAY DRIVE SANTA ROSA, CA 95403	94-1653023	501(C)(3)	25,000.	0.			TO PROVIDE EDUCATION, PPE, AND FOOD TO DAY LABORERS AND FAMILIES THAT UTILIZE THE DAY
CALIFORNIA PACIFIC MEDICAL CENTER FOUNDATION - P.O. BOX 7999 - SAN FRANCISCO, CA 94115	94-2728423	501(C)(3)	25,000.	0.			FOR NURSING EDUCATION
COMMUNITY BAPTIST CHURCH 1620 SONOMA AVE SANTA ROSA, CA 95405	68-0023157	501(C)(3)	25,000.	0.			TO PROVIDE COVID-19 CARE PACKAGES TO LOW-INCOME FAMILIES AND HOMELESS COMMUNITIES IN SANTA ROSA
COMMUNITY FOUNDATION OF MENDOCINO COUNTY - 290 SOUTH OAK STREET - UKIAH, CA 95482	68-0330462	501(C)(3)	25,000.	0.			FOR THE DISASTER FUND FOR MENDOCINO COUNTY
COMMUNITY SUPPORT NETWORK 1410 GUERNEVILLE RD., SUITE 14 SANTA ROSA, CA 95403	94-2159583	501(C)(3)	25,000.	0.			FOR GENERAL OPERATING SUPPORT
DAILY ACTS ORGANIZATION P.O. BOX 293 PETALUMA, CA 94952	20-3851259	501(C)(3)	25,000.	0.			FOR GENERAL OPERATING SUPPORT
HEALDSBURG EDUCATION FOUNDATION P.O. BOX 1668 HEALDSBURG, CA 95448	68-0051242	501(C)(3)	25,000.	0.			FOR GENERAL OPERATING SUPPORT; IN SUPPORT OF MEET THE MASTERS

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INTERFAITH SHELTER NETWORK 3850 MONTGOMERY DR. SANTA ROSA, CA 95405	68-0222942	501(C)(3)	25,000.	0.			TO PROVIDE SUPPORT FOR ECONOMICALLY VULNERABLE INDIVIDUALS AND NONPROFIT OPERATIONS AFFECTED
LONG NOW FOUNDATION P.O. BOX 475668 SAN FRANCISCO, CA 94147	68-0384748	501(C)(3)	25,000.	0.			FOR GENERAL OPERATING SUPPORT
NEVADA COUNTY RELIEF FUND C/O SNMH FOUNDATION, P.O. BOX 1810 GRASS VALLEY, CA 95945	68-0005939	501(C)(3)	25,000.	0.			FOR THE NEVADA COUNTY RELIEF FUND, TO PROVIDE EMERGENCY RELIEF FUNDS TO THE COMMUNITY
NORTH COAST OPPORTUNITIES INC. 413 NORTH STATE STREET UKIAH, CA 95482	94-1671958	501(C)(3)	25,000.	0.			FOR THE DISASTER RELIEF FUND TO SUPPORT LONG TERM RECOVERY IN LAKE COUNTY FROM THE 2017 SULPHUR
NUESTRA COMUNIDAD P.O. BOX 1406 WINDSOR, CA 95492	83-0609417	501(C)(3)	25,000.	0.			TO PROVIDE PPE TO VINEYARD, AGRICULTURAL, AND ESSENTIAL WORKERS THROUGH THE FARMWORKER
PETALUMA HEALTH CENTER 1179 N. MCDOWELL BLVD. PETALUMA, CA 94954	68-0437840	501(C)(3)	25,000.	0.			TO SUPPORT THE COVID TEAM, A SPECIALIZED HEALTH CARE TEAM TO PROVIDE COVID-19
SPRING IMPACT, INC. 1890 BRYANT ST, #305 SAN FRANCISCO, CA 94110	47-1876230	501(C)(3)	25,000.	0.			FOR PROJECT MANAGEMENT SERVICES FOR THE COALITION FOR A CLEAN SF
TEEN CHALLENGE P.O. BOX 24309 SAN JOSE, CA 95154	77-0071828	501(C)(3)	25,000.	0.			IN SUPPORT OF THE ALPHA HENSON CENTER
THE BARACK OBAMA FOUNDATION P.O. BOX 779056 CHICAGO, IL 60677-9056	46-4950751	501(C)(3)	25,000.	0.			FOR THE PRESIDENTIAL CENTER

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UC BERKELEY FOUNDATION - GIFT OPERATIONS - 1995 UNIVERSITY AVE., SUITE 401 - BERKELEY, CA 94704-1058	94-6090626	501(C)(3)	25,000.	0.			FOR SONOMA COUNTY STUDENTS TO ATTEND UC BERKELEY
WILD FARM ALLIANCE P.O. BOX 2570 WATSONVILLE, CA 95077	20-0195670	501(C)(3)	25,000.	0.			FOR GENERAL OPERATING SUPPORT; FOR COMMUNICATION DEVELOPMENT
YUBA-SUTTER-COLUSA UNITED WAY P.O. BOX 122 MARYSVILLE, CA 95901	94-1668459	501(C)(3)	25,000.	0.			FOR FIRE RELIEF AND RECOVERY
GLOBAL OFFSITE CARE P.O. BOX 921 PETALUMA, CA 94953	46-2973737	501(C)(3)	24,500.	0.			FOR GENERAL OPERATING SUPPORT
CHILDREN'S MUSEUM OF SONOMA COUNTY P.O. BOX 6141 SANTA ROSA, CA 95406	20-3496878	501(C)(3)	24,250.	0.			TO SUPPORT STEM ACTIVITY KITS WITH ARTS CURRICULA FOR LOCAL SCHOOL PARTNERS; TO SUPPORT
ART ESCAPE 17474 SONOMA HIGHWAY SONOMA, CA 95476	47-3626950	501(C)(3)	23,750.	0.			TO SUPPORT ORGANIZATIONAL SUSTAINABILITY DURING THE COVID-19 CRISIS; TO SUPPORT THE FAREFORWARD
SEBASTOPOL CENTER FOR THE ARTS 282 S. HIGH ST. SEBASTOPOL, CA 95472	68-0168638	501(C)(3)	22,100.	0.			FOR THE SEBASTOPOL DOCUMENTARY FILM FESTIVAL; GENERAL OPERATING SUPPORT
BURBANK HOUSING DEVELOPMENT CORPORATION - 790 SONOMA AVENUE - SANTA ROSA, CA 95404	94-2837785	501(C)(3)	20,500.	0.			FOR 8-WEEK SUMMER ENRICHMENT PROGRAM WITH SONOMA COUNTY LIBRARY'S YOUTH SERVICES
SONOMA VALLEY MUSEUM OF ART P.O. BOX 322 SONOMA, CA 95476	68-0409459	501(C)(3)	20,250.	0.			TO SUPPORT THE ART REWARDS THE STUDENT ONLINE PROGRAM FOR THE 2020-2021 SCHOOL YEAR

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STEWARDS OF THE COAST AND REDWOODS P.O. BOX 2 DUNCANS MILLS, CA 95430	94-3039895	501(C)(3)	20,100.	0.			IN SUPPORT OF FIRE RECOVERY; TO UNDERWRITE THE COSTS OF ARTIST RESIDENCIES AT POND FARM
626 LANDMARK FOUNDATION 626 NORTH MICHIGAN AVE CHICAGO, IL 60611	36-4382547	501(C)(3)	20,000.	0.			FOR GENERAL OPERATING SUPPORT
BILINGUAL BROADCASTING FOUNDATION P.O. BOX 7189 SANTA ROSA, CA 95407	23-7134263	501(C)(3)	20,000.	0.			TO INFORM ENGLISH, SPANISH, TRIQUI, MIXTECO AND CHATINO SPEAKING COMMUNITY CRITICAL
CENTER FOR EFFECTIVE PHILANTHROPY 675 MASSACHUSETTS AVE., STE 7 CAMBRIDGE, MA 02139	04-3523528	501(C)(3)	20,000.	0.			TO SUPPORT YOUTHTRUTH SURVEYS - PHASE 1
CLOVERDALE SENIOR MULTIPURPOSE CENTER - P.O. BOX 663 - CLOVERDALE, CA 95425	68-0106405	501(C)(3)	20,000.	0.			TO PROVIDE MENTAL HEALTH SUPPORT TO ISOLATED SENIORS AND OTHER MEMBERS OF THE COMMUNITY EFFECTED
GRACE SCIENCE FOUNDATION P.O. BOX 114 MENLO PARK, CA 94026	46-5727883	501(C)(3)	20,000.	0.			FOR GENERAL OPERATING SUPPORT
HAND FAN MUSEUM 309 HEALDSBURG AVE. HEALDSBURG, CA 95448	51-0429747	501(C)(3)	20,000.	0.			FOR GENERAL OPERATING SUPPORT
LIFEWORKS OF SONOMA COUNTY 1260 NORTH DUTTON AVE, #105 SANTA ROSA, CA 95401	68-0375462	501(C)(3)	20,000.	0.			TO PROVIDE BILINGUAL YOUTH AND FAMILY THERAPY TO THE LATINO COMMUNITY THROUGH THE EL PUENTE
LOS CIEN SONOMA COUNTY P.O. BOX 105 GUERNEVILLE, CA 95446	47-4474273	501(C)(3)	20,000.	0.			TO SUPPORT THE LOS CIEN VIRTUAL PLATFORM FOR DEVELOPMENT OF THE SONOMA COUNTY LATINO REPORT CARD

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REDWOOD COMMUNITY HEALTH COALITION 1310 REDWOOD WAY, SUITE 135 PETALUMA, CA 94954	94-3220029	501(C)(3)	20,000.	0.			TO SUPPORT THE OUTREACH AND ENROLLMENT PROGRAM WITH SERVICE REFERRALS TO HELP THE MOST VULNERABLE
SONOMA VALLEY COMMUNITY HEALTH CENTER - 19270 SONOMA HWY - SONOMA, CA 95476	68-0286382	501(C)(3)	20,000.	0.			TO PROVIDE SUPPORT FOR ECONOMICALLY VULNERABLE INDIVIDUALS AND NONPROFIT OPERATIONS AFFECTED
TIDES FOUNDATION P.O. BOX 399389 SAN FRANCISCO, CA 94139	51-0198509	501(C)(3)	20,000.	0.			TO SUPPORT THE MOVEMENT VOTER FUND
UNA VIDA 1736 GILRIX STREET PETALUMA, CA 94954	20-1611683	501(C)(3)	20,000.	0.			TO SUPPORT THE COMMUNITY PANTRY-CRISIS RESPONSE PROGRAM DEVELOPED TO SUPPORT VULNERABLE
ROTARY CLUB OF SANTA ROSA FOUNDATION - P.O. BOX 1513 - SANTA ROSA, CA 95402	68-0205619	501(C)(3)	19,615.	0.			TO SUPPORT THE WES JAMISON PROGRAM FOR GOATS, SHEEP, OR HOGS AT THE 2020 FAIR; TO SUPPORT
DOCTORS WITHOUT BORDERS 40 RECTOR STREET, 16TH FLOOR NEW YORK, NY 10006-1705	13-3433452	501(C)(3)	19,000.	0.			FOR GENERAL OPERATING SUPPORT
CALIFORNIA POETS IN THE SCHOOLS P.O. BOX 1328 SANTA ROSA, CA 95402	94-2977264	501(C)(3)	18,500.	0.			TO SUPPORT CREATIVE POETRY WRITING RESIDENCIES, TAUGHT BY PROFESSIONAL POETS, IN
TEEN SERVICES SONOMA 17440 SONOMA HIGHWAY SONOMA, CA 95476	68-0390038	501(C)(3)	18,500.	0.			TO SUPPORT ORGANIZATIONAL SUSTAINABILITY DURING THE COVID-19 CRISIS
STONE CREEK ZEN CENTER P.O. BOX 56 SEBASTOPOL, CA 95473	31-1547322	501(C)(3)	17,500.	0.			FOR GENERAL OPERATING SUPPORT; FOR BUILDING REMODEL

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KQED INC. 2601 MARIPOSA STREET SAN FRANCISCO, CA 94110	94-1241309	501(C)(3)	16,500.	0.			FOR GENERAL OPERATING SUPPORT
CONSERVATION CORPS NORTH BAY 27 LARKSPUR ST. SAN RAFAEL, CA 94901	94-2831592	501(C)(3)	16,000.	0.			TO PROVIDE PAID JOB TRAINING, CASE MANAGEMENT, AND BASIC HUMAN NEEDS SUPPORT FOR
ROSELAND SCHOOL DISTRICT 1691 BURBANK AVENUE SANTA ROSA, CA 95407	36-4766964	GOV'T	16,000.	0.			TO SUPPORT ENRICHMENT PROGRAMS; FOR SCHOLARSHIPS
COVIA FOUNDATION 2185 N. CALIFORNIA BLVD., #215 WALNUT CREEK, CA 94596	46-0502111	501(C)(3)	15,750.	0.			TO PROVIDE SUPPORT FOR ECONOMICALLY VULNERABLE INDIVIDUALS AND NONPROFIT OPERATIONS AFFECTED
TRANSCENDENCE THEATRE COMPANY 19201 SONOMA HIGHWAY, #214 SONOMA, CA 95476	46-2182873	501(C)(3)	15,750.	0.			FOR GENERAL OPERATING SUPPORT
POINT REYES NATIONAL SEASHORE ASSOCIATION - 1 BEAR VALLEY ROAD, BLDG 70 - POINT REYES STATION, CA 94956	94-2228894	501(C)(3)	15,500.	0.			TO SUPPORT !VAMOS AFUERA! ENVIRONMENTAL EDUCATION OUTDOOR EXPLORATION PROGRAM FOR UNDERSERVED
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 PROVIDE SUPPORT FOR ECONOMICALLY VULNERABLE INDIVIDUALS AND NONPROFIT OPERATIONS AFFECTED
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
DOWNTOWN STREETS TEAM 1671 THE ALAMEDA, SUITE, #306 SAN JOSE, CA 95126	20-5242330	501(C)(3)	15,000.	0.			TO PROVIDE BASIC NEEDS STIPENDS IN THE FORM OF GIFT CARDS FOR FOOD, CLOTHING, AND MEDICINE TO

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
FRIENDS OF THE GUALALA RIVER P.O. BOX 1543 GUALALA, CA 95445	68-0207591	501(C)(3)	15,000.	0.			FOR GENERAL OPERATING SUPPORT; FOR THE DOGWOOD PROJECT
IMMIGRATION INSTITUTE OF THE BAY AREA - 1111 MARKET STREET, 4TH FLOOR - SAN FRANCISCO, CA 94103	94-1156554	501(C)(3)	15,000.	0.			TO PROVIDE ESSENTIAL IMMIGRATION LEGAL SERVICES TO LATINX IMMIGRANTS
JUDICIAL WATCH 425 THIRD ST., SW, SUITE 800 WASHINGTON, DC 20024	52-1885088	501(C)(3)	15,000.	0.			FOR GENERAL OPERATING SUPPORT; FOR CONTINUING EDUCATION
LILLIPUT CHILDREN'S SERVICES 8391 AUBURN BOULEVARD CITRUS HEIGHTS, CA 95610	94-2614102	501(C)(3)	15,000.	0.			TO PROVIDE SUPPORT FOR ECONOMICALLY VULNERABLE INDIVIDUALS AND NONPROFIT OPERATIONS AFFECTED
LITERACYWORKS 625 2ND STREET, SUITE 107 PETALUMA, CA 94952	94-3396412	501(C)(3)	15,000.	0.			TO PROVIDE PLAIN LANGUAGE MENTAL HEALTH INFORMATION, WORKSHOPS, AND RESOURCES TO
MANZANITA SERVICES INC. 410 JONES ST., SUITE C-1 UKIAH, CA 95482	26-3901214	501(C)(3)	15,000.	0.			FOR GENERAL OPERATING SUPPORT
MULTIDISCIPLINARY ASSOCIATION FOR PSYCHEDELIC STUDIES - 1115 MISSION STREET - SANTA CRUZ, CA 95060-9989	59-2751953	501(C)(3)	15,000.	0.			IN SUPPORT OF THE FILM "FROM SHOCK TO AWE"
NORTH BAY CANCER ALLIANCE INC. 2360 MENDOCINO AVE., A2, #363 SANTA ROSA, CA 95403	01-0821673	501(C)(3)	15,000.	0.			FOR PATIENT ASSISTANCE
RIVER TO COAST CHILDREN'S SERVICES P.O. BOX 16 GUERNEVILLE, CA 95446-0016	94-2378459	501(C)(3)	15,000.	0.			TO PROVIDE SUPPORT FOR ECONOMICALLY VULNERABLE INDIVIDUALS AND NONPROFIT OPERATIONS AFFECTED

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SANTA BARBARA VINTNERS FOUNDATION P.O. BOX 1209 BUELLTON, CA 93427	91-2132001	501(C)(3)	15,000.	0.			IN SUPPORT OF DIRECT RELIEF
SONOMA ACADEMY 2500 FARMERS LANE SANTA ROSA, CA 95404-7013	94-3343174	501(C)(3)	15,000.	0.			FOR GENERAL OPERATING SUPPORT
SONOMA COUNTY FAIR FOUNDATION 1350 BENNETT VALLEY RD. SANTA ROSA, CA 95404	45-4827997	501(C)(3)	15,000.	0.			TO SUPPORT THE SONOMA COUNTY FAIR JUNIOR LIVESTOCK AUCTION
SONOMA COUNTY VINTNERS FOUNDATION 400 AVIATION BOULEVARD, SUITE 500 SANTA ROSA, CA 95403	68-0175790	501(C)(3)	15,000.	0.			FOR THE SONOMA COUNTY VINTNERS FOUNDATION EMERGENCY RELIEF FUND
YOUNG LIFE P.O. BOX 70065 PRESCOTT, AZ 86304-7065	84-0385934	501(C)(3)	15,000.	0.			FOR GENERAL OPERATING SUPPORT OF YOUNG LIFE PETALUMA (CALIFORNIA)
SONOMA COUNTY REGIONAL PARKS FOUNDATION - 2300 COUNTY CENTER DRIVE, #120A - SANTA ROSA, CA 95403	68-0421813	501(C)(3)	14,250.	0.			TO SUPPORT SCIENCE, SCIENCE EVERYWHERE A LEARNING EXPERIENCE INTEGRATING CLASSROOM
THE BISHOPS RANCH 5297 WESTSIDE ROAD HEALDSBURG, CA 95448	94-1156840	501(C)(3)	14,000.	0.			FOR GENERAL OPERATING SUPPORT; FOR FIRE MITIGATION
HENRY THE HAND FOUNDATION 11714 US ROUTE 42 CINCINNATI, OH 45241	31-1706835	501(C)(3)	13,500.	0.			FOR GENERAL OPERATING SUPPORT; TO PURCHASE FACE SHIELDS
BELLEVUE UNION SCHOOL DISTRICT 3150 EDUCATION DRIVE SANTA ROSA, CA 95407	58-2129727	501(C)(3)	13,235.	0.			TO SUPPORT THE OUTDOOR EDUCATION PROGRAM FOR 6TH GRADE STUDENTS AT WESTMINSTER WOODS; TO

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H-TOWN YOUTH THEATRE DBA YOUNG ACTORS STUDIO AND LEFT EDGE THEATRE - 50 MARK WEST SPRINGS ROAD - SANTA ROSA, CA 95403	27-4551816	501(C)(3)	13,000.	0.			TO SUPPORT IMMEDIATE ORGANIZATIONAL NEEDS RELATED TO COVID-19
HEALTHCARE FOUNDATION NORTHERN SONOMA COUNTY - P.O. BOX 1025 - HEALDSBURG, CA 95448	68-0474109	501(C)(3)	12,000.	0.			IN SUPPORT OF EMERGENCY FUNDS AND OPERATIONS
ST. ANDREW PRESBYTERIAN CHURCH 16290 ARNOLD DR. SONOMA, CA 95476	51-0158108	501(C)(3)	11,500.	0.			FOR GENERAL OPERATING SUPPORT
LAGUNA DE SANTA ROSA FOUNDATION 900 SANFORD ROAD SANTA ROSA, CA 95401	94-3155180	501(C)(3)	11,300.	0.			FOR GENERAL OPERATING SUPPORT; 12 CAMPERSHIPS FOR FOSTER CHILDREN TO ATTEND CAMP TULE
CLASSICAL KDFC P.O. BOX 7913 LOS ANGELES, CA 90007	95-1642394	501(C)(3)	11,000.	0.			FOR GENERAL OPERATING SUPPORT
PUBLIC HEALTH INSTITUTE 555 12TH STREET, SUITE 290 OAKLAND, CA 94607	94-1646278	501(C)(3)	11,000.	0.			IN SUPPORT OF THE ROOTS OF CHANGE PROGRAM
REBUILDING TOGETHER - PETALUMA P.O. BOX 100 PETALUMA, CA 94953-0100	91-1762902	501(C)(3)	11,000.	0.			FOR GENERAL OPERATING SUPPORT
SMITH COLLEGE 76 ELM STREET NORTHAMPTON, MA 01063	04-1843040	501(C)(3)	11,000.	0.			FOR THE 45TH REUNION
SUKHASIDDHI FOUNDATION P.O. BOX 151327 SAN RAFAEL, CA 94915	68-0395959	501(C)(3)	11,000.	0.			FOR GENERAL OPERATING SUPPORT

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PETS LIFELINE P.O. BOX 341 SONOMA, CA 95476	94-2851279	501(C)(3)	10,250.	0.			TO FUND FREE SPAY/NEUTER AND VACCINE CLINICS FOR UP TO 100 CATS AND DOGS BELONGING TO LOW-INCOME
SEBASTIANI THEATRE FOUNDATION, INC. - P.O. BOX 874 - SONOMA, CA 95476	26-1872589	501(C)(3)	10,250.	0.			FOR GENERAL OPERATING SUPPORT
ALZHEIMER'S ASSOCIATION NORTHERN CALIFORNIA CHAPTER - 2290 NORTH FIRST STREET, SUITE 101 - SAN JOSE, CA 95131	13-3039601	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
BLACK LIVES MATTER GLOBAL NETWORK FOUNDATION - 1330 BROADWAY SUITE 301 - OAKLAND, CA 94612	77-0071852	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
BUILDING MARKETS 32 BROADWAY, SUITE 1714 NEW YORK, NY 10004	98-0575195	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
BURBANK HOUSING MANAGEMENT CORPORATION - 790 SONOMA AVENUE - SANTA ROSA, CA 95404	68-0328717	501(C)(3)	10,000.	0.			TO SUPPORT THE DIGITAL DIVIDE THAT LOW-INCOME FAMILIES FACE BY PROVIDING FREE,
CATHOLIC RELIEF SERVICES P.O. BOX 17090 BALTIMORE, MD 21297-0303	13-5563422	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
COMMUNITY INITIATIVES 1000 BROADWAY, SUITE 480 OAKLAND, CA 94607	94-3255070	501(C)(3)	10,000.	0.			FOR FSP 6325 FUND FOR PEOPLE IN PARKS
CRIME PREVENTION RESEARCH CENTER 106 WOODBINE PL MISSOULA, MT 59803-1300	80-0917179	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT

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DOGWOOD ANIMAL RESCUE PROJECT 1415 FULTON RD SUITE 205, BOX 432 SANTA ROSA, CA 95403	81-1178819	501(C)(3)	10,000.	0.			FOR ANIMAL RESCUE
EQUAL JUSTICE INITIATIVE 122 COMMERCE STREET MONTGOMERY, AL 36104	63-1135091	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
EXPLORATORIUM PIER 17, SUITE 100 SAN FRANCISCO, CA 94111	94-1696494	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 K-8 STUDENTS PARTICIPATION IN ENVIRONMENTAL EDUCATIONAL
FINANCIAL AWARENESS FOUNDATION 959 GOLF COURSE DR., #273 ROHNERT PARK, CA 94928	46-3726461	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
FOOD BANK FOR MONTEREY COUNTY 353 WEST ROSSI STREET SALINAS, CA 93907	77-0270228	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
FOODBANK OF SANTA BARBARA COUNTY 4554 HOLLISTER AVE SANTA BARBARA, CA 93110	77-0169214	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
FOREST UNLIMITED P.O. BOX 506 FORESTVILLE, CA 95436	94-3263110	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
FOUNDATION FOR INTERDISCIPLINARY STUDIES - P.O. BOX 388 - CARDIFF BY THE SEA, CA 92007	77-0086554	501(C)(3)	10,000.	0.			IN SUPPORT OF CONTINUING EDUCATION OF THE COLLEGE OF ARCHITECTURE AND ENVIRONMENTAL DESIGN

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IMAGINE SCHOLAR P.O. BOX 80175 PORTLAND, OR 97280	27-3014517	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
KID SCOOP NEWS P.O. BOX 1802 SONOMA, CA 95476	81-0832367	501(C)(3)	10,000.	0.			TO PROVIDE URGENT LITERACY EDUCATIONAL NEWS MATERIALS FOR LATINX FAMILIES, CHILDREN, AND
LEUKEMIA AND LYMPHOMA SOCIETY NORTHERN CALIFORNIA - 101 MONTGOMERY STREET, SUITE 750 - SAN FRANCISCO, CA 94104	13-5644916	501(C)(3)	10,000.	0.			TO SUPPORT THE TRAVEL ASSISTANCE PROGRAM FOR PATIENTS IN THE NORTH BAY
LIFEHOUSE, INC. 18 PROFESSIONAL CENTER PARKWAY SAN RAFAEL, CA 94903	94-6050196	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
MARIN ART AND GARDEN CENTER P.O. BOX 437 ROSS, CA 94957	94-1085734	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
MARYKNOLL FATHERS AND BROTHERS P.O. BOX 302 MARYKNOLL, NY 10545-0302	13-1740144	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
NATURE CONSERVANCY IN CALIFORNIA 201 MISSION STREET, 4TH FLOOR SAN FRANCISCO, CA 94105	20-5797732	501(C)(3)	10,000.	0.			IN SUPPORT OF DOUG MCCONNELL'S SEA LEVEL RISE PROJECT
NORTH COAST BUILDERS EXCHANGE COMMUNITY FUND - 1030 APOLLO WAY - SANTA ROSA, CA 95407	68-0454441	501(C)(3)	10,000.	0.			TO SUPPORT ON-GOING PROGRAMS FOR TRADES EDUCATION
OPERATION DIGNITY 3850 SAN PABLO AVENUE, SUITE 102 EMERYVILLE, CA 94608	94-3176007	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT

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PALOS VERDES PERFORMING ARTS 27570 NORRIS CENTER DRIVE ROLLING HILLS ESTATES, CA 90274	95-3254351	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
PETERS VALLEY SCHOOL OF CRAFT 19 KUHN RD LAYTON, NJ 07851	22-1920050	501(C)(3)	10,000.	0.			TO SUPPORT THE BUILDING OF THE NOBORIGAMA KILN
PLANNED PARENTHOOD OF GREATER OHIO 206 EAST STATE STREET COLUMBUS, OH 43215	34-1015976	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
PRAGER UNIVERSITY FOUNDATION 15021 VENTURA BLVD., #552 SHERMAN OAKS, CA 91403	27-1763901	501(C)(3)	10,000.	0.			FOR CONTINUED EDUCATION
RAIZES COLLECTIVE P.O. BOX 8606 SANTA ROSA, CA 95407	47-3129493	501(C)(3)	10,000.	0.			TO SUPPORT IMMEDIATE ORGANIZATIONAL NEEDS RELATED TO COVID-19
REDWOOD COAST MEDICAL SERVICES P.O. BOX 1100 GUALALA, CA 95445	94-2395606	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
SCRIPPS COLLEGE 1030 COLUMBIA AVE., #2009 CLAREMONT, CA 91711	95-1664123	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
SONOMA CONSERVATORY OF DANCE 561 BROADWAY, SUITE B SONOMA, CA 95476	81-3649673	501(C)(3)	10,000.	0.			TO SUPPORT IMMEDIATE ORGANIZATIONAL NEEDS RELATED TO COVID-19
SPUR 654 MISSION STREET SAN FRANCISCO, CA 94105	94-1498232	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT

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STAR OF THE VALLEY CATHOLIC CHURCH 495 WHITE OAK DR. SANTA ROSA, CA 95409	94-2509590	501(C)(3)	10,000.	0.			TO SUPPORT THE NEIGHBOR TO NEIGHBOR PROGRAM
STOVETEAM INTERNATIONAL P.O. BOX 14707 PORTLAND, OR 97293	42-1757328	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
THE BIRD RESCUE CENTER OF SONOMA COUNTY - P.O. BOX 475 - SANTA ROSA, CA 95402	94-2378213	501(C)(3)	10,000.	0.			FOR NATURAL PROTEIN-SOURCED DIETS FOR BABY BIRDS
THE FOUNDATION FOR BARNES-JEWISH HOSPITAL - 1001 HIGHLANDS PLAZA DR. W., STE. 140 - SAINT LOUIS, MO 63110	43-1648435	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
THE WILDLANDS CONSERVANCY 39611 OAK GLEN ROAD BLDG., #12 OAK GLEN, CA 92399	33-0676450	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT; FOR JENNER HEADLANDS
TRI COUNTY WILDLIFE CARE P.O. BOX 367 JACKSON, CA 95642	68-0354986	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
VITALANT 3505 INDUSTRIAL DRIVE SANTA ROSA, CA 95403	86-0098929	501(C)(3)	10,000.	0.			TO SUPPORT THE BUCKET BRIGADE IN SONOMA, LAKE, AND MENDOCINO COUNTIES
VOTER PARTICIPATION CENTER 1707 L STREET, NW SUITE 300 WASHINGTON, DC 20036	55-0889748	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
WILDAID 333 PINE ST. SUITE 300 SAN FRANCISCO, CA 94104	20-3644441	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT

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PFLAG NAPA C/O LGBTQ CONNECTION 780 LINCOLN AVENUE NAPA, CA 94558	95-3750694	501(C)(3)	9,750.	0.			TO SUPPORT SCHOLARSHIP AWARDS
RURAL CALIFORNIA BROADCASTING-KRCB 5850 LABATH AVENUE ROHNERT PARK, CA 94928	94-2718837	501(C)(3)	9,216.	0.			FOR GENERAL OPERATING EXPENSES FOR THE SONOMA COUNTY LOCAL NEWS INITIATIVE
HEALDSBURG CENTER FOR THE ARTS 334 CENTER STREET HEALDSBURG, CA 95448	72-1571075	501(C)(3)	9,000.	0.			TO SUPPORT IMMEDIATE ORGANIZATIONAL NEEDS RELATED TO COVID-19
PONY EXPRESS EQUINE ASSISTED SKILLS FOR YOUTH - 6413 SONOMA HIGHWAY - SANTA ROSA, CA 95409	80-0370392	501(C)(3)	8,500.	0.			TO CONTINUE EQUINE TRAINING FOR "AT RISK" YOUTH
GIRL SCOUTS OF NORTHERN CALIFORNIA 1650 HARBOR BAY PARKWAY, STE.100 ALAMEDA, CA 94502-3013	94-1551410	501(C)(3)	8,200.	0.			FOR BRINGING GIRL SCOUTING ACTIVITIES AND OPPORTUNITIES TO A DIVERSE POPULATION OF
ALEXANDER VALLEY FILM SOCIETY P.O. BOX 314 CLOVERDALE, CA 95425	47-2085577	501(C)(3)	8,000.	0.			TO SUPPORT IMMEDIATE ORGANIZATIONAL NEEDS RELATED TO COVID-19
AMERICAN RED CROSS OF THE CALIFORNIA NORTHWEST - 5297 AERO DRIVE - SANTA ROSA, CA 95403	53-0196605	501(C)(3)	8,000.	0.			FOR FIRE RELIEF EFFORTS IN SONOMA COUNTY; FOR GENERAL OPERATING SUPPORT
GOLDEN RULE REENTRY 2305 ASHLAND ST, # C350 ASHLAND, OR 97520	84-4869731	501(C)(3)	8,000.	0.			TO SUPPORT THE COMMUNITY NAVIGATOR TRAINING DEVELOPMENT PROGRAM; FOR GENERAL OPERATING SUPPORT
HEIFER PROJECT INTERNATIONAL 1 WORLD AVENUE LITTLE ROCK, AR 72202	35-1019477	501(C)(3)	8,000.	0.			FOR GENERAL OPERATING SUPPORT

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JEWISH FAMILY & CHILDRENS SERVICES P.O. BOX 159004 SAN FRANCISCO, CA 94115	94-1156528	501(C)(3)	8,000.	0.			FOR SONOMA COUNTY EMERGENCY SERVICES AND DREAM PROGRAM SERVING WOMEN
LAW ENFORCEMENT CHAPLAINCY SERVICE P.O. BOX 15167 SANTA ROSA, CA 95402	68-0424491	501(C)(3)	8,000.	0.			TO SUPPORT CHAPLAINCY SERVICES FOR SUICIDES, DEATH NOTIFICATIONS, ACCIDENTS, COVID,
NORTH BEACH CITIZENS 1034 KEARNY STREET SAN FRANCISCO, CA 94133	94-3360013	501(C)(3)	8,000.	0.			TO PROVIDE ASSISTANCE TO THE HOMELESS DURING THE COVID-19 PANDEMIC
SAN FRANCISCO CONSERVATORY OF MUSIC - 50 OAK STREET - SAN FRANCISCO, CA 94102	94-1156610	501(C)(3)	8,000.	0.			IN SUPPORT OF THE BOWES CENTER
AUDUBON CANYON RANCH P.O. BOX 577 STINSON BEACH, CA 94970	94-6069140	501(C)(3)	7,500.	0.			FOR BOUVERIE PRESERVE GENERAL OPERATING SUPPORT
RVML RESOURCE CENTER 1757 ASHLAND STREET ASHLAND, OR 97520	56-2403599	501(C)(3)	7,500.	0.			FOR ARCHITECTS OF THE NEW PARADIGM 2021 CONFERENCE
CINNABAR ARTS CORPORATION 3333 PETALUMA BLVD. NORTH PETALUMA, CA 94952	23-7386031	501(C)(3)	7,000.	0.			TO SUPPORT IMMEDIATE ORGANIZATIONAL NEEDS RELATED TO COVID-19
HAWKEN SCHOOL P.O. BOX 8002 GATES MILLS, OH 44040	34-0714427	501(C)(3)	7,000.	0.			TO SUPPORT THE COMMUNITY RESPONSE FUND; FOR GENERAL OPERATING SUPPORT
HEALDSBURG PERFORMING ARTS THEATER P.O. BOX 870 HEALDSBURG, CA 95448	68-0470571	501(C)(3)	7,000.	0.			FOR GENERAL OPERATING SUPPORT; IN SUPPORT OF THE RAVEN THEATER

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
PETALUMA ARTS COUNCIL DBA PETALUMA ARTS CENTER - 230 LAKEVILLE ST. - PETALUMA, CA 94952	31-1804169	501(C)(3)	7,000.	0.			TO SUPPORT IMMEDIATE ORGANIZATIONAL NEEDS RELATED TO COVID-19
ARTSTART (START SOCO) 317 SUTTON PLACE SANTA ROSA, CA 95407	68-0468124	501(C)(3)	6,750.	0.			TO SUPPORT IMMEDIATE ORGANIZATIONAL NEEDS RELATED TO COVID-19
CONGREGATION SHOMREI TORAH 2600 BENNETT VALLEY RD. SANTA ROSA, CA 95404	94-2261436	501(C)(3)	6,720.	0.			FOR GENERAL OPERATING SUPPORT; TO SUPPORT ELISHA'S PANTRY
CLOVERDALE ARTS ALLIANCE 204 N. CLOVERDALE BLVD CLOVERDALE, CA 95425	68-0466983	501(C)(3)	6,500.	0.			FOR GENERAL OPERATING SUPPORT
HUDSON RIVER MUSEUM 511 WARBURTON AVE. YONKERS, NY 10701	13-2670081	501(C)(3)	6,500.	0.			FOR GENERAL OPERATING SUPPORT
NEW SONG CHURCH ASSEMBLY OF GOD P.O. BOX 1500 WINDSOR, CA 95492	32-0346424	501(C)(3)	6,500.	0.			FOR GENERAL OPERATING SUPPORT
PEDIATRIC DENTAL INITIATIVE OF THE NORTH COAST INC. - 1380 19TH HOLE DRIVE - WINDSOR, CA 95492	34-2012430	501(C)(3)	6,500.	0.			FOR GENERAL OPERATING SUPPORT
AMERICAN CONSERVATORY THEATER ATTN: DEVELOPMENT DEPARTMENT SAN FRANCISCO, CA 94102	94-6135772	501(C)(3)	6,000.	0.			FOR GENERAL OPERATING SUPPORT
CIVIL EATS 502 E. COTATI AVE, NO. 7014 COTATI, CA 94931	84-4826419	501(C)(3)	6,000.	0.			FOR GENERAL OPERATING SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
END WELL FOUNDATION 41 CASTLE ST. SAN FRANCISCO, CA 94133	82-3405496	501(C)(3)	6,000.	0.			FOR GENERAL OPERATING SUPPORT
LISTENING FOR A CHANGE 4908 SONOMA HIGHWAY, SUITE B SANTA ROSA, CA 95409	68-0431904	501(C)(3)	6,000.	0.			SECOND/FINAL GRANT FOR PRODUCTION OF DOCUMENTARY VIDEO 2017 FIRESTORM SURVIVORS
MENDOCINO COUNTY PUBLIC BROADCASTING - P.O. BOX 1 - PHILO, CA 95466	68-0050440	501(C)(3)	6,000.	0.			FOR GENERAL OPERATING SUPPORT
SANTA ROSA SUNRISE ROTARY FOUNDATION - P.O. BOX 14953 - SANTA ROSA, CA 95402	68-0339109	501(C)(3)	6,000.	0.			IN SUPPORT OF MEDICAL SERVICES AT NICARAGUAN SABALOS SURGERY CENTER
ST. EUGENE'S CATHEDRAL 2323 MONTGOMERY DRIVE SANTA ROSA, CA 95405	94-2509590	501(C)(3)	6,000.	0.			FOR CHURCH ROOF REPAIR
ST. VINCENT DE PAUL HIGH SCHOOL 849 KEOKUK STREET PETALUMA, CA 94952	94-2284011	501(C)(3)	6,000.	0.			COMMUNITY SERVICE ENHANCEMENT
UC REGENTS - UNIVERSITY OF CALIFORNIA LOS ANGELES - P.O. BOX 957089, 1125 MURPHY HALL, 405 HILGARD AVENUE - LOS ANGELES, CA	95-6006143	GOV'T	5,863.	0.			TO SUPPORT SCHOLARSHIPS
PUBLIC EDUCATION AND EMPOWERMENT RESOURCE SERVICE - 16791 GREENHORN ROAD - GRASS VALLEY, CA 95945	20-4323713	501(C)(3)	5,500.	0.			FOR "WANT TO KNOW" EDUCATION PROGRAM; FOR WEBSITE DEVELOPMENT
SONOMA COUNTY OFFICE OF EDUCATION 5340 SKYLANE BOULEVARD SANTA ROSA, CA 95403	94-6002635	GOV'T	5,500.	0.			FOR THE TECHNOLOGY SUPPORT FUND

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
GREENBELT ALLIANCE 312 SUTTER STREET, SUITE 402 SAN FRANCISCO, CA 94108	94-1676747	501(C)(3)	5,250.	0.			FOR GENERAL OPERATING SUPPORT
HORIZONS FOUNDATION 550 MONTGOMERY STREET, SUITE 700 SAN FRANCISCO, CA 94111	94-2686530	501(C)(3)	5,250.	0.			FOR THE PRIDE FUND
PACT DBA MAIN STAGE WEST 104 N. MAIN STREET SEBASTOPOL, CA 95472	45-2126844	501(C)(3)	5,250.	0.			TO SUPPORT IMMEDIATE ORGANIZATIONAL NEEDS RELATED TO COVID-19
FREE TO BE 1180 FOURTH STREET, SUITE B SANTA ROSA, CA 95404	20-8880651	501(C)(3)	5,180.	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 GENERAL OPERATING SUPPORT; FOR

CAPITAL CAMPAIGN; TO SUPPORT THE SONOMA ENVIRONMENTAL EDUCATION

COLLABORATIVE; TO SUPPORT TEENNAT

NAME OF ORGANIZATION OR GOVERNMENT: ON THE MOVE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF LA PLAZA; FOR SUPPORT

OF VOICES SONOMA; FOR DIRECT EMERGENCY ASSISTANCE TO INDIVIDUALS AND

NONPROFITS DURING COVID-19

NAME OF ORGANIZATION OR GOVERNMENT: NORTH BAY ORGANIZING PROJECT

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

UNDOCUFUND; FOR LATINX STUDENT CONGRESS; FOR EMERGENCY FOOD NEEDS

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY ACTION PARTNERSHIP OF SONOMA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR EMERGENCY PREPAREDNESS CAPACITY

BUILDING; FOR SERVICES TO VULNERABLE INDIVIDUALS AND FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC CHARITIES OF THE DIOCESE OF SANTA ROSA

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

CARITAS VILLAGE; FOR RURAL FOOD PROJECT; FOR FAMILY SUPPORT CENTER

NAME OF ORGANIZATION OR GOVERNMENT: LEGAL AID OF SONOMA COUNTY

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

THE DISASTER LAW PROJECT SUPPORTING SONOMA COUNTY FIRE SURVIVORS, FOR

COVID-19 RESPONSE

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

ST. VINCENT DE PAUL SOCIETY OF SONOMA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT VULNERABLE INDIVIDUALS

AND FAMILIES DURING COVID-19, FOR THE PURCHASE OF HOME FOR FOSTER CARE

NAME OF ORGANIZATION OR GOVERNMENT:

SHARED HOUSING AND RESOURCE EXCHANGE CALIFORNIA

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

RESOURCE EXCHANGE CALIFORNIA; FOR SERVICES TO VULNERABLE INDIVIDUALS AND

FAMILIES DURING COVID-19

NAME OF ORGANIZATION OR GOVERNMENT: LANDPATHS

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

CAMP SCHOLARSHIPS; FOR THE IOOBY PROGRAM; FOR OWL CAMP

NAME OF ORGANIZATION OR GOVERNMENT: NAPA VALLEY COMMUNITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE NAPA SONOMA ACCESSORY

DWELLING UNIT PROGRAM; FOR THE NAPA VALLEY COMMUNITY DISASTER RELIEF

FUND; FOR THE ONE NAPA VALLEY INITIATIVE PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: CORAZON HEALDSBURG

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

SERVICES TO VULNERABLE INDIVIDUALS AND FAMILIES IN HEALDSBURG DURING

COVID-19

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

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE MAP ONE SONOMA

INITIATIVE; FOR PARTNERSHIP WITH ECONOMIC DEVELOPMENT BOARD; TO SUPPORT

Part IV Supplemental Information

2-1-1 PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: LA LUZ CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SERVICES TO VULNERABLE

INDIVIDUALS AND FAMILIES DURING COVID-19; FOR SERVICES TO FIRE SURVIVORS;

FOR THE MICRO LOAN PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA ECOLOGY CENTER

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

SUGARLOAF RIDGE STATE PARK AFTER FIRES; TO SUPPORT THE K-8 WATERSHED

EDUCATION PROGRAM; FOR ORGANIZATIONAL SUSTAINABILITY DURING COVID-19

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

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT SERVICES TO INDIVIDUALS

AND FAMILIES DURING COVID-19; FOR CHILD ABUSE TREATMENT PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: FRIENDS IN SONOMA HELPING

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT SERVICES TO INDIVIDUALS

AND FAMILIES DURING COVID-19; FOR CAPACITY BUILDING; FOR ORGANIZATIONAL

SUSTAINABILITY

NAME OF ORGANIZATION OR GOVERNMENT: REACH FOR HOME

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

SERVICES TO VULNERABLE INDIVIDUALS AND FAMILIES IN HEALDSBURG DURING

COVID-19; FOR PURCHASE OF VAN FOR OFFSITE SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: THE LIVING ROOM

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

Part IV Supplemental Information

SERVICES TO VULNERABLE INDIVIDUALS AND FAMILIES IN HEALDSBURG DURING

COVID-19

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA OVERNIGHT SUPPORT

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

SERVICES TO VULNERABLE INDIVIDUALS AND FAMILIES IN HEALDSBURG DURING

COVID-19; FOR MEAL PROGRAM EQUIPMENT

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA VALLEY EDUCATION FOUNDATION

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

TO SUPPORT PRESCHOOL FOR ALL PROGRAM; FOR BILINGUAL TECH SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: SANTA ROSA JUNIOR COLLEGE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE CRISIS RELIEF FUND;

TO ESTABLISH A NURSING SCHOLARSHIP FUND; FOR STUDENT SUPPORT SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: SANTA ROSA COMMUNITY HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EXPAND THE WORK OF SONOMA

COMMUNITY RESILIENCE COLLABORATIVE DURING DISASTERS; FOR THE CAPITAL

BUILDING CAMPAIGN; FOR THE DUTTON CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT: WEST COUNTY COMMUNITY SERVICES

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

SHOWERS AND LAUNDRY ROOM AT 3RD STREET HOUSE; TO PROVIDE SUPPORT TO

VULNERABLE INDIVIDUALS AND FAMILIES DURING COVID-19

NAME OF ORGANIZATION OR GOVERNMENT: WINDWARD FUND

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

Part IV Supplemental Information

DEPLOYMENT OF THE ZONEHAVEN EVACUATION MANAGEMENT PLATFORM

NAME OF ORGANIZATION OR GOVERNMENT: YWCA OF SONOMA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR DOMESTIC VIOLENCE SERVICES; TO SUPPORT VULNERABLE INDIVIDUALS AND FAMILIES DURING COVID-19

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

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT; TO SUPPORT THE INTEGRATION OF TEEN PROGRAMS; FOR ORGANIZATIONAL SUSTAINABILITY DURING COVID-19

NAME OF ORGANIZATION OR GOVERNMENT: TLC CHILD & FAMILY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE THP PLUS PROGRAM; FOR SERVICES TO VULNERABLE INDIVIDUALS AND FAMILIES DURING COVID-19

NAME OF ORGANIZATION OR GOVERNMENT:

WOMEN'S RECOVERY SERVICES - A UNIQUE PLACE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT; FOR SERVICES TO VULNERABLE INDIVIDUALS AND FAMILIES IN HEALDSBURG DURING COVID-19

NAME OF ORGANIZATION OR GOVERNMENT:

CALIFORNIA INDIAN MUSEUM & CULTURAL CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE, FOOD, AND OTHER RELIEF TO NATIVE AMERICANS IN SONOMA COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: SUPPORT OUR STUDENTS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT DELIVERING MENTAL HEALTH

Part IV Supplemental Information

THERAPY AND RESOURCES TO SOME OF SONOMA COUNTY'S MOST VULNERABLE

INDIVIDUALS DURING THIS COVID-19 PANDEMIC

NAME OF ORGANIZATION OR GOVERNMENT:

LOMI SCHOOL FOUNDATION (LOMI COUNSELING CLINIC)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT DELIVERING MENTAL HEALTH

THERAPY AND RESOURCES TO SOME OF SONOMA COUNTY'S MOST VULNERABLE

INDIVIDUALS DURING COVID-19

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, AND HOMELESS COMMUNITY MEMBERS

NAME OF ORGANIZATION OR GOVERNMENT:

JEWISH COMMUNITY FREE CLINIC OF SONOMA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT DIRECT SERVICES FOCUSED

ON PREVENTION, QUARANTINE, AND COPING WITH COVID-19 IMPACT FOR LATINX,

ELDERLY, AND OTHER AT-RISK PATIENTS

NAME OF ORGANIZATION OR GOVERNMENT: INQUIRING SYSTEMS INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT FARMWORKER CLINICS BY

PROVIDING FREE INTEGRATIVE HEALTH SERVICES TO LATINX COMMUNITY MEMBERS

WORKING IN SONOMA COUNTY VINEYARDS; TO SUSTAIN AND EXPAND THE TEXT

FOOD/COMIDA PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: SANTA ROSA SYMPHONY

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

Part IV Supplemental Information

COMPREHENSIVE RANGE OF FREE TO LOW-COST MUSIC EXPLORATION AND TRAINING

SERVICES FOR YOUTH

NAME OF ORGANIZATION OR GOVERNMENT:

CENTER FOR VOLUNTEER & NONPROFIT LEADERSHIP

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DEVELOP AND IMPLEMENT A WEBINAR

SERIES TITLED, STRONGER TOGETHER: EFFECTIVE NONPROFIT LEADERSHIP DURING

THE CRISIS; IN SUPPORT OF SC-COAD

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

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUPPORT FOR ECONOMICALLY

VULNERABLE INDIVIDUALS AND NONPROFIT OPERATIONS AFFECTED DURING THE

COVID-19 PANDEMIC

NAME OF ORGANIZATION OR GOVERNMENT: RENEWAL ENTERPRISE DISTRICT

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

RENEWAL ENTERPRISE DISTRICT TO INCREASE THE HOUSING STOCK IN SONOMA

COUNTY, THROUGH PARTNERSHIPS WITH FORSYTH STREET AND MAPONESONOMA

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA SPRINGS COMMUNITY HALL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PARTICIPATE IN THE CREATING

RESILIENCE WITH CAPACITY AND CONNECTIONS COHORT; FOR ORGANIZATIONAL

CAPACITY

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA VALLEY YOUTH & FAMILY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PARTICIPATE IN THE CREATING

RESILIENCE WITH CAPACITY AND CONNECTIONS COHORT; FOR ORGANIZATIONAL

CAPACITY

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: SALVATION ARMY - SANTA ROSA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUPPORT FOR ECONOMICALLY VULNERABLE INDIVIDUALS AND NONPROFIT OPERATIONS AFFECTED DURING THE COVID-19 PANDEMIC

NAME OF ORGANIZATION OR GOVERNMENT:

FAMILY JUSTICE CENTER OF SONOMA COUNTY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FOOD, HOUSING, IMMEDIATE NEEDS (GIFT CARDS), AND EMERGENCY SUPPLIES TO VICTIMS OF DOMESTIC VIOLENCE, SEXUAL ASSAULT, CHILD ABUSE, ELDER ABUSE, AND HUMAN TRAFFICKING

NAME OF ORGANIZATION OR GOVERNMENT: ST. SERAPHIM OF SAROV ORTHODOX CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE DELIVERIES OF HYGIENE SUPPLIES, PPE, AND FRESH AND PREPARED FOOD TO LOW-INCOME FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT:

KNIGHTS OF INDULGENCE THEATRE UNITED STATES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE DEVELOPMENT OF NEW PROGRAMMING RESPONDING TO THE CHALLENGES PRESENTED BY THE PANDEMIC

NAME OF ORGANIZATION OR GOVERNMENT: LUTHER BURBANK MEMORIAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT ARTS EDUCATION PROGRAMMING HAMPERED BY COVID; IN SUPPORT OF THE ARTISTS IN SCHOOLS PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: INSTITUTE OF ECOLOGICAL DESIGN

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT NICARAGUAN RELIEF

Part IV Supplemental Information

EFFORTS; TO SUPPORT THE COVID RESPONSE WITH FOOD AND HYGIENE KITS AMONG

THE MISQITU TRIBE

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA COUNTY BLACK FORUM

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

INDIVIDUALS AND FAMILIES AND SUPPORT THE URBAN GARDENING SERIES

NAME OF ORGANIZATION OR GOVERNMENT:

FACE TO FACE SONOMA COUNTY AIDS NETWORK

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

TRANSPORTATION OR OTHER EMERGENCY SUPPORT FOR LATINX AND BIPOC CLIENTS

WHO ARE INELIGIBLE FOR GOVERNMENT FUNDING

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: HOSPICE BY THE BAY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE INCREASED ADVOCACY,

COUNSELING, AND RESOURCES TO LOW-INCOME, MEDICALLY FRAGILE CHILDREN AND

SENIORS AND THEIR FAMILIES THROUGH THE CORONAVIRUS EMERGENCY FUND

NAME OF ORGANIZATION OR GOVERNMENT: NORTH BAY CHILDRENS CENTER INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE DIRECT CHILD CARE

SERVICES AND EARLY EDUCATIONAL PROGRAMS FOR CHILDREN OF ESSENTIAL AND

FRONT LINE WORKERS DISPROPORTIONATELY AFFECTED BY THE COVID-19

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: PETALUMA EDUCATIONAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT TK-12 GRADE STUDENTS WITH

SOCIAL EMOTIONAL LEARNING PROGRAMS HELPING STUDENTS AND FAMILIES ADAPT TO

CHALLENGES OF COVID-19

NAME OF ORGANIZATION OR GOVERNMENT: SIDE BY SIDE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUPPORT FOR ECONOMICALLY

VULNERABLE INDIVIDUALS AND NONPROFIT OPERATIONS AFFECTED DURING THE

COVID-19 PANDEMIC

NAME OF ORGANIZATION OR GOVERNMENT: ASIA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE SPECIFIC OBJECTIVE OF

SUPPORTING THE LAUNCH OF THE LET'S READ PROGRAM IN AFGHANISTAN

NAME OF ORGANIZATION OR GOVERNMENT: BUCKELEW PROGRAMS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUPPORT FOR ECONOMICALLY

VULNERABLE INDIVIDUALS AND NONPROFIT OPERATIONS AFFECTED DURING THE

COVID-19 PANDEMIC

NAME OF ORGANIZATION OR GOVERNMENT: CALIFORNIA HUMAN DEVELOPMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE EDUCATION, PPE, AND FOOD

TO DAY LABORERS AND FAMILIES THAT UTILIZE THE DAY LABOR CENTER PROGRAM

DURING COVID-19

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY BAPTIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE COVID-19 CARE PACKAGES TO

LOW-INCOME FAMILIES AND HOMELESS COMMUNITIES IN SANTA ROSA AND PETALUMA

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: INTERFAITH SHELTER NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUPPORT FOR ECONOMICALLY

VULNERABLE INDIVIDUALS AND NONPROFIT OPERATIONS AFFECTED DURING THE

COVID-19 PANDEMIC

NAME OF ORGANIZATION OR GOVERNMENT: NORTH COAST OPPORTUNITIES INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE DISASTER RELIEF FUND TO

SUPPORT LONG TERM RECOVERY IN LAKE COUNTY FROM THE 2017 SULPHUR FIRE

NAME OF ORGANIZATION OR GOVERNMENT: NUESTRA COMUNIDAD

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE PPE TO VINEYARD,

AGRICULTURAL, AND ESSENTIAL WORKERS THROUGH THE FARMWORKER CLINIC PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: PETALUMA HEALTH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE COVID TEAM, A

SPECIALIZED HEALTH CARE TEAM TO PROVIDE COVID-19 EDUCATION, OUTREACH,

SCREENING/TESTING, AND REFERRALS TARGETED AT UNINSURED AND LATINX

POPULATIONS

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

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT STEM ACTIVITY KITS WITH

ARTS CURRICULA FOR LOCAL SCHOOL PARTNERS; TO SUPPORT IMMEDIATE

ORGANIZATIONAL NEEDS RELATED TO COVID-19

NAME OF ORGANIZATION OR GOVERNMENT: ART ESCAPE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT ORGANIZATIONAL

SUSTAINABILITY DURING THE COVID-19 CRISIS; TO SUPPORT THE FAREFORWARD

PILOT

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

BURBANK HOUSING DEVELOPMENT CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR 8-WEEK SUMMER ENRICHMENT PROGRAM

WITH SONOMA COUNTY LIBRARY'S YOUTH SERVICES DEPARTMENT; TO SUPPORT

INTERNET AND TECHNOLOGY FOR RESIDENTS' DISTANCE LEARNING NEEDS

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

(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF FIRE RECOVERY; TO

UNDERWRITE THE COSTS OF ARTIST RESIDENCIES AT POND FARM POTTERY AND TO

PROMOTE BLACK, INDIGENOUS AND ARTISTS OF COLOR FOR THE RESIDENCIES OF

2021 AND 2022

NAME OF ORGANIZATION OR GOVERNMENT: BILINGUAL BROADCASTING FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO INFORM ENGLISH, SPANISH, TRIQUI,

MIXTECO AND CHATINO SPEAKING COMMUNITY CRITICAL INFORMATION ON THE

COVID-19 PANDEMIC

NAME OF ORGANIZATION OR GOVERNMENT: CLOVERDALE SENIOR MULTIPURPOSE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE MENTAL HEALTH SUPPORT TO

ISOLATED SENIORS AND OTHER MEMBERS OF THE COMMUNITY EFFECTED BY COVID-19

NAME OF ORGANIZATION OR GOVERNMENT: LIFEWORKS OF SONOMA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE BILINGUAL YOUTH AND

FAMILY THERAPY TO THE LATINO COMMUNITY THROUGH THE EL PUENTE PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: LOS CIEN SONOMA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE LOS CIEN VIRTUAL

Part IV Supplemental Information

PLATFORM FOR DEVELOPMENT OF THE SONOMA COUNTY LATINO REPORT CARD & STATE

OF THE LATINO COMMUNITY FORUM

NAME OF ORGANIZATION OR GOVERNMENT: REDWOOD COMMUNITY HEALTH COALITION

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

ENROLLMENT PROGRAM WITH SERVICE REFERRALS TO HELP THE MOST VULNERABLE

FAMILIES AFFECTED BY THE PANDEMIC AND ITS RESULTING ECONOMIC DOWNTURN

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA VALLEY COMMUNITY HEALTH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUPPORT FOR ECONOMICALLY

VULNERABLE INDIVIDUALS AND NONPROFIT OPERATIONS AFFECTED DURING THE

COVID-19 PANDEMIC

NAME OF ORGANIZATION OR GOVERNMENT: UNA VIDA

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

PANTRY-CRISIS RESPONSE PROGRAM DEVELOPED TO SUPPORT VULNERABLE COMMUNITY

MEMBERS AFFECTED BY COVID-19

NAME OF ORGANIZATION OR GOVERNMENT: ROTARY CLUB OF SANTA ROSA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE WES JAMISON PROGRAM

FOR GOATS, SHEEP, OR HOGS AT THE 2020 FAIR; TO SUPPORT THE JMA STEER

PROGRAM; FOR SCHOLARSHIPS

NAME OF ORGANIZATION OR GOVERNMENT: CALIFORNIA POETS IN THE SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT CREATIVE POETRY WRITING

RESIDENCIES, TAUGHT BY PROFESSIONAL POETS, IN PUBLIC K-12 SCHOOLS

NAME OF ORGANIZATION OR GOVERNMENT: CONSERVATION CORPS NORTH BAY

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE PAID JOB TRAINING, CASE

MANAGEMENT, AND BASIC HUMAN NEEDS SUPPORT FOR YOUNG PEOPLE OF COLOR

PREPARING TO ENTER A WORKFORCE IMPACTED BY COVID-19

NAME OF ORGANIZATION OR GOVERNMENT: COVIA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUPPORT FOR ECONOMICALLY

VULNERABLE INDIVIDUALS AND NONPROFIT OPERATIONS AFFECTED DURING THE

COVID-19 PANDEMIC

NAME OF ORGANIZATION OR GOVERNMENT:

POINT REYES NATIONAL SEASHORE ASSOCIATION

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

ENVIRONMENTAL EDUCATION OUTDOOR EXPLORATION PROGRAM FOR UNDERSERVED

LATINO YOUTH AND FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT:

AMBULATORY SURGERY ACCESS COALITION DBA OPERATION ACCESS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUPPORT FOR ECONOMICALLY

VULNERABLE INDIVIDUALS AND NONPROFIT OPERATIONS AFFECTED DURING THE

COVID-19 PANDEMIC

NAME OF ORGANIZATION OR GOVERNMENT: DOWNTOWN STREETS TEAM

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

THE FORM OF GIFT CARDS FOR FOOD, CLOTHING, AND MEDICINE TO INDIVIDUALS

EXPERIENCING HOMELESSNESS

NAME OF ORGANIZATION OR GOVERNMENT: LILLIPUT CHILDREN'S SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUPPORT FOR ECONOMICALLY

Part IV Supplemental Information

VULNERABLE INDIVIDUALS AND NONPROFIT OPERATIONS AFFECTED DURING THE

COVID-19 PANDEMIC

NAME OF ORGANIZATION OR GOVERNMENT: LITERACYWORKS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE PLAIN LANGUAGE MENTAL

HEALTH INFORMATION, WORKSHOPS, AND RESOURCES TO LOW-LITERACY, LOW-INCOME

LATINX/BIPOC FAMILIES

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

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUPPORT FOR ECONOMICALLY

VULNERABLE INDIVIDUALS AND NONPROFIT OPERATIONS AFFECTED DURING THE

COVID-19 PANDEMIC

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

NAME OF ORGANIZATION OR GOVERNMENT: BELLEVUE UNION SCHOOL DISTRICT

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

PROGRAM FOR 6TH GRADE STUDENTS AT WESTMINSTER WOODS; TO SUPPORT

PROFESSIONAL TRAINING FOR BILINGUAL TEACHERS; TO PURCHASE CLASSROOM

MATERIALS TO SUPPORT INSTRUCTION ON DIVERSITY ISSUES

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

Part IV Supplemental Information

THE SONOMA VALLEY

NAME OF ORGANIZATION OR GOVERNMENT:

BURBANK HOUSING MANAGEMENT CORPORATION

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

LOW-INCOME FAMILIES FACE BY PROVIDING FREE, HIGH-QUALITY INTERNET SERVICE

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 K-8 STUDENTS PARTICIPATION IN ENVIRONMENTAL EDUCATIONAL

PROGRAMS AT THE LARKFIELD COMMUNITY GARDEN/ LEARNING CENTER AND GENERAL

OPERATIONS

NAME OF ORGANIZATION OR GOVERNMENT:

FOUNDATION FOR INTERDISCIPLINARY STUDIES

(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF CONTINUING EDUCATION

OF THE COLLEGE OF ARCHITECTURE AND ENVIRONMENTAL DESIGN FOUNDATION

NAME OF ORGANIZATION OR GOVERNMENT: KID SCOOP NEWS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE URGENT LITERACY

EDUCATIONAL NEWS MATERIALS FOR LATINX FAMILIES, CHILDREN, AND LOW-INCOME

SENIORS SUFFERING FROM COVID-19 DISRUPTION AND INSECURITY

NAME OF ORGANIZATION OR GOVERNMENT: GIRL SCOUTS OF NORTHERN CALIFORNIA

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR BRINGING GIRL SCOUTING

ACTIVITIES AND OPPORTUNITIES TO A DIVERSE POPULATION OF GIRLS THROUGHOUT

CALIFORNIA'S SONOMA, LAKE, AND MENDOCINO COUNTIES

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: LAW ENFORCEMENT CHAPLAINCY SERVICE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT CHAPLAINCY SERVICES FOR
SUICIDES, DEATH NOTIFICATIONS, ACCIDENTS, COVID, RE-POPULATION/EVACUATION
IN WILDFIRES.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITY FOUNDATION SONOMA COUNTY

Employer identification number
68-0003212

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2020

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)	224,044.	36,000.	0.	13,556.	8,492.	282,092.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ANN BUTTERFIELD VP OF FINANCE & OPS	(i)	141,000.	4,500.	0.	8,626.	13,186.	167,312.	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

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	41	5,055,289.	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 V, 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.		

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 REPRESENTS THE NUMBER OF CONTRIBUTORS, NOT

THE NUMBER OF ITEMS CONTRIBUTED.

Horizontal lines for supplemental information input.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

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 450 CHARITABLE

FUNDS TO ENSURE FUTURE FUNDING FOR THE COMMUNITY.

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

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

OPERATIONS. THE VP DISTRIBUTED 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) 2020

032211 11-20-20

Name of the organization COMMUNITY FOUNDATION SONOMA COUNTY	Employer identification number 68-0003212
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FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS

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

FORTH IN SEC. 6104(D).

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

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	-140,923.
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**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2020

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 12A, I	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 12A, I	COMMUNITY FOUNDATION SONOMA COUNTY	X	

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

Schedule R (Form 990) 2020

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) DEMEO TEEN CLUB, INC.	B	506,500.	COST
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, COLUMN A:

EFFECTIVE JUNE 1, 2020, DEMEO TEEN CLUB, INC. BECAME AN INDEPENDENT

NONPROFIT ORGANIZATION AND CEASED BEING A SUPPORTING ORGANIZATION OF

THE FOUNDATION.