

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COMMUNITY FOUNDATION SONOMA COUNTY		D Employer identification number 68-0003212
	Doing business as		E Telephone number 707-579-4073
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	120 STONY POINT ROAD 220		G Gross receipts \$ 83,955,241.
	City or town, state or province, country, and ZIP or foreign postal code SANTA ROSA, CA 95401		
F Name and address of principal officer: RICHARD DAVIS-LOWELL SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶	

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

J Website: ▶ WWW.SONOMACF.ORG

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: 1983 **M** State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: WE CONNECT PEOPLE, IDEAS AND RESOURCES TO BENEFIT THE LIVES OF THOSE WHO LIVE IN SONOMA COUNTY.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	22
	6 Total number of volunteers (estimate if necessary)	6	16
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	24,068,288.	18,605,936.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	383,372.	363,487.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,845,320.	12,219,014.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,854.	1,977.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	31,300,834.	31,190,414.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	22,111,053.	15,485,126.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,960,353.	2,124,979.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 290,011.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,694,295.	1,882,452.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	25,765,701.	19,492,557.
19 Revenue less expenses. Subtract line 18 from line 12	5,535,133.	11,697,857.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	206,510,762.	227,314,167.
	22 Net assets or fund balances. Subtract line 21 from line 20	4,063,236.	2,706,212.
		202,447,526.	224,607,955.

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		
	RICHARD DAVIS-LOWELL, INTERIM CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name MAGA E. KISRIV	Preparer's signature <i>Maga K</i>	Date 11/09/2022	Check if self-employed <input type="checkbox"/>	PTIN P01008919
	Firm's name ▶ HOOD & STRONG LLP	Firm's EIN ▶ 94-1254756	Phone no. 408.998.8400		
Firm's address ▶ 60 SO. MARKET ST, STE 200 SAN JOSE, CA 95113					

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, 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 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
Form 990-T (corporation)	07		

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, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year 2021 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-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-TE and Form 8879-TE for payment instructions.

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 17,363,712. including grants of \$ 15,485,126.) (Revenue \$ 365,464.) GRANTMAKING: AWARDED MORE THAN \$15 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 17,363,712.

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> ? See instructions	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 Rev. Proc. 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> See instructions		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 controlled entities.

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 columns. Includes questions 2a through 17 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... 16; 1b Enter the number of voting members included... 16; 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 on 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 on 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) ELIZABETH BROWN PRESIDENT & CEO	45.00 0.00			X			262,570.	0.	25,313.	
(2) ANN BUTTERFIELD VP OF FINANCE & OPS	45.00 1.00			X			153,780.	0.	26,000.	
(3) KRISTOPHER VAN GIESEN VP FOR PHILANTHROPY	45.00 0.00					X	164,363.	0.	9,874.	
(4) KARIN DEMAREST VP FOR COMMUNITY IMPACT	45.00 0.00					X	124,589.	0.	32,419.	
(5) MARK GEARY DIRECTOR OF FINANCE	45.00 0.00					X	102,528.	0.	20,250.	
(6) THELIA WADE CHAIR	1.00 0.00	X		X			0.	0.	0.	
(7) RICHARD DAVIS-LOWELL VICE-CHAIR	1.00 0.00	X		X			0.	0.	0.	
(8) HARRIET DERWINGSON SECRETARY	3.00 0.00	X		X			0.	0.	0.	
(9) CHRISTINA HOLLINGSWORTH TREASURER	1.00 0.00	X		X			0.	0.	0.	
(10) BARRY WEITZENBERG DIRECTOR	3.00 1.00	X					0.	0.	0.	
(11) KATIE JACKSON DIRECTOR	1.00 0.00	X					0.	0.	0.	
(12) LISA CARRENO DIRECTOR	1.00 0.00	X					0.	0.	0.	
(13) PATRICK EMERY DIRECTOR	1.00 0.00	X					0.	0.	0.	
(14) SUSAN LENTZ DIRECTOR	1.00 0.00	X					0.	0.	0.	
(15) DEBERAH KELLEY DIRECTOR	1.00 0.00	X					0.	0.	0.	
(16) JANET RAMATICI DIRECTOR	1.00 0.00	X					0.	0.	0.	
(17) SIMON BLATTNER 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) CAROL BEATTIE DIRECTOR	1.00 0.00	X						0.	0.	0.
(19) AKASH KALIA DIRECTOR	1.00 0.00	X						0.	0.	0.
(20) DALE WANNEN DIRECTOR	1.00 0.00	X						0.	0.	0.
(21) MICHELLE YOUNG DIRECTOR	1.00 0.00	X						0.	0.	0.
1b Subtotal								807,830.	0.	113,856.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								807,830.	0.	113,856.

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 **5**

	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	172,168.

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	6,371.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	494,154.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	18,105,411.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 4,466,804.				
	h Total. Add lines 1a-1f			18,605,936.			
Program Service Revenue	2 a MANAGEMENT FEES	Business Code					
		561000	363,487.	363,487.			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			363,487.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		4,241,643.			4,241,643.	
	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				
			(ii) Other				
				60,742,198.			
	b Less: cost or other basis and sales expenses	7b	52,764,827.				
	c Gain or (loss)	7c	7,977,371.				
	d Net gain or (loss)			7,977,371.		7,977,371.	
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 OTHER INCOME	Business Code					
		900099	1,977.	1,977.			
	b _____						
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d			1,977.				
12 Total revenue. See instructions			31,190,414.	365,464.	0.	12,219,014.	

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 ...	15,485,126.	15,485,126.		
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	467,663.	115,154.	309,327.	43,182.
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	1,304,460.	694,129.	504,426.	105,905.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	56,899.	26,459.	24,228.	6,212.
9 Other employee benefits	167,077.	84,006.	67,654.	15,417.
10 Payroll taxes	128,880.	59,852.	58,146.	10,882.
11 Fees for services (nonemployees):				
a Management				
b Legal	61,690.	27,023.	28,969.	5,698.
c Accounting	75,501.	33,073.	35,455.	6,973.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	323,847.		323,847.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	374,828.	164,192.	176,017.	34,619.
12 Advertising and promotion	144,276.	63,200.	67,751.	13,325.
13 Office expenses	343,711.	287,390.	47,064.	9,257.
14 Information technology	127,436.	55,823.	59,843.	11,770.
15 Royalties				
16 Occupancy	187,957.	82,334.	88,263.	17,360.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	37,937.	16,618.	17,815.	3,504.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	42,420.	18,582.	19,920.	3,918.
23 Insurance	162,849.	150,751.	10,109.	1,989.
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	19,492,557.	17,363,712.	1,838,834.	290,011.
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	14,049,358.	1	677,101.
	2 Savings and temporary cash investments	200,230.	2	200,443.
	3 Pledges and grants receivable, net	6,608,977.	3	8,604,957.
	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	75,941.	9	172,651.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 413,341.		
	b Less: accumulated depreciation	10b 314,825.		
	11 Investments - publicly traded securities	122,059.	10c	98,516.
	12 Investments - other securities. See Part IV, line 11	181,351,318.	11	213,479,336.
	13 Investments - program-related. See Part IV, line 11	368,500.	12	0.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	2,759,238.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	206,510,762.	15	3,106,022.	
		16	227,314,167.	
Liabilities	17 Accounts payable and accrued expenses	158,691.	17	178,321.
	18 Grants payable	3,590,391.	18	2,527,891.
	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	314,154.	24	0.
	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		25	
	26 Total liabilities. Add lines 17 through 25	4,063,236.	26	2,706,212.
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	52,510,316.	27	60,168,889.
	28 Net assets with donor restrictions	149,937,210.	28	164,439,066.
	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	202,447,526.	32	224,607,955.
33 Total liabilities and net assets/fund balances	206,510,762.	33	227,314,167.	

Form 990 (2021)

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	31,190,414.
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,492,557.
3	Revenue less expenses. Subtract line 2 from line 1	3	11,697,857.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	202,447,526.
5	Net unrealized gains (losses) on investments	5	10,090,788.
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	371,784.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	224,607,955.

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 on 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 (2021)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	26,892,930.	18,633,970.	14,887,819.	24,068,288.	18,605,936.	103,088,943.
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	26,892,930.	18,633,970.	14,887,819.	24,068,288.	18,605,936.	103,088,943.
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)						7,154,555.
6 Public support. Subtract line 5 from line 4.						95,934,388.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	26,892,930.	18,633,970.	14,887,819.	24,068,288.	18,605,936.	103,088,943.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,001,983.	4,056,268.	4,007,930.	3,031,100.	4,241,643.	18,338,924.
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						121,427,867.
12 Gross receipts from related activities, etc. (see instructions)					12	1,203,473.
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 2021 (line 6, column (f), divided by line 11, column (f))	14	79.01 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	79.05 %
16a 33 1/3% support test - 2021. 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 - 2020. 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 - 2021. 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 - 2020. 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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on 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.

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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2021. 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 - 2020. 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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 (<i>explain in detail in Part VI</i>):		
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).		

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 - provide details in Part VI)	5
6	Other distributions (describe in Part VI). 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 (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 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-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

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), 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), 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).

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/>	\$ <u>2,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>1,450,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>1,140,158.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>800,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>792,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>630,000.</u>	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 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/>	\$ 570,520.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 504,105.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 480,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ 400,000.	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 I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/>	\$ <u>399,823.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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
7	375 SH GIS, 2,100 SH AAPL, 950 SH GLW, 2,709 SH HBAN, 22 SH GOOGL, 140 SH MMM, 22 SH GOOG, 140 SH WHR, 60 SH AFL	\$ 570,520.	06/18/21
8	4,386 SHARES CVX	\$ 504,105.	11/10/21
13	SEE STATEMENT 1	\$ 299,823.	06/09/21
		\$	
		\$	
		\$	

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

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

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

SCH B PG 3

STATEMENT 1

6 SH HEI-A, 14 SH AVGO, 100 SH SBGSY, 56 SH PUK, 19 SH DTCWY, 153 SH HNNMY, 8
SH SQ, 11 SH HIG, 15 SH BWA, 8 SH BMO, 3 SH ANET, 53 SH PYPL, 125 SH UNCRY, 13
SH IRM, 67 SH DPSGY, 14 SH TMX, 8 SH RY, 5 SH ATVI, 302 SH LYG, 3 SH DOCU, 10
SH MAS,ETC.

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

2021

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	173	59
2 Aggregate value of contributions to (during year)	11,746,587.	783,704.
3 Aggregate value of grants from (during year)	9,587,967.	694,683.
4 Aggregate value at end of year	58,704,500.	46,216,830.

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) 2021

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	103,972,852.	92,940,493.	78,210,871.	84,598,098.	74,627,859.
b Contributions	2,348,667.	653,349.	2,922,029.	1,233,069.	492,843.
c Net investment earnings, gains, and losses	12,559,057.	13,379,883.	14,140,117.	-5,390,715.	11,633,914.
d Grants or scholarships	3,652,741.	3,000,873.	2,332,524.	2,229,581.	2,156,518.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	115,227,835.	103,972,852.	92,940,493.	78,210,871.	84,598,098.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment .9500 %
 - b Permanent endowment 66.5500 %
 - c Term endowment 32.5000 %
- 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 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		73,132.	44,660.	28,472.
d Equipment		49,958.	49,703.	255.
e Other		290,251.	220,462.	69,789.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				98,516.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

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

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

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)

AS OF DECEMBER 31, 2021, 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

2021

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
10,000 DEGREES 1401 LOS GAMOS DRIVE, SUITE 120 SAN RAFAEL, CA 94903	95-3667812	501(C)(3)	257,666.	0.			FOR GENERAL OPERATING SUPPORT, FOR SCHOLARSHIPS
ALLIANCE MEDICAL CENTER 1381 UNIVERSITY AVENUE HEALDSBURG, CA 95448	94-2308748	501(C)(3)	135,631.	0.			FOR VACCINATION EFFORTS AND MENTAL HEALTH RESEARCH
ALLIANCE REDWOODS CONFERENCE GROUNDS - 6250 BOHEMIAN HIGHWAY - OCCIDENTAL, CA 95465	94-1683665	501(C)(3)	127,500.	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)	11,000.	0.			FOR N. CALIFORNIA AND N. NEVADA PROGRAMS
AMERICAN OVERSIGHT INC. 1030 15TH ST. NW, SUITE B255 WASHINGTON, DC 20005	81-5294830	501(C)(3)	55,000.	0.			FOR GENERAL OPERATING SUPPORT
AMERICAN RED CROSS OF THE CALIFORNIA NORTHWEST - 5297 AERO DRIVE - SANTA ROSA, CA 95403	53-0196605	501(C)(3)	8,500.	0.			FOR WORK IN SONOMA COUNTY

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 259.

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) 2021

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ART ESCAPE 17474 SONOMA HIGHWAY SONOMA, CA 95476	47-3626950	501(C)(3)	12,500.	0.			FOR GENERAL OPERATING SUPPORT
ARTSTART (START SOCO) 317 SUTTON PLACE SANTA ROSA, CA 95407	68-0468124	501(C)(3)	22,250.	0.			FOR GENERAL OPERATING SUPPORT AND HIGH SCHOOL PROJECT
AUDUBON CANYON RANCH P.O. BOX 577 STINSON BEACH, CA 94970	94-6069140	501(C)(3)	28,000.	0.			IN SUPPORT OF LAST HOUSE AND THE FILM AND BOUVERIE PRESERVE AND OPENROAD SEGMENT ON
AUTISM TREE PROJECT INC 4350 PACIFIC HIGHWAY, #1007 SAN DIEGO, CA 92110	71-0942573	501(C)(3)	20,000.	0.			FOR GENERAL OPERATING SUPPORT
BAYSIDE COVENANT CHURCH 8211 SIERRA COLLEGE BLVD STE 440 ROSEVILLE, CA 95661	68-0358620	501(C)(3)	120,000.	0.			FOR SANTA ROSA CAMPUS
BECOMING INDEPENDENT 1455 CORPORATE CENTER PARKWAY SANTA ROSA, CA 95407	94-2641147	501(C)(3)	317,500.	0.			FOR GENERAL OPERATING SUPPORT AND CAPITAL CAMPAIGN AND HYBRID LEARNING
BELLEVUE UNION SCHOOL DISTRICT 3150 EDUCATION DRIVE SANTA ROSA, CA 95407	58-2129727	501(C)(3)	15,741.	0.			FOR SCHOOL SUPPLIES AND PROGRAMS
BISHOP JOHN T. WALKER SCHOOL FOR BOYS - DEVELOPMENT OFFICE, 1801 MISSISSIPPI AVENUE, SE - WASHINGTON, DC 20020	31-1629166	501(C)(3)	15,000.	0.			FOR GENERAL OPERATING SUPPORT
BODEGA LAND TRUST P.O. BOX 254 BODEGA, CA 94922	94-3175306	501(C)(3)	10,000.	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.)

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BOTANICAL BUS 8128 BODEGA AVE. SEBASTOPOL, CA 95472-3116	84-3039239	501(C)(3)	30,000.	0.			FOR GENERAL OPERATING SUPPORT AND PROGRAMMING AT LA LUZ
BOYS & GIRLS CLUBS OF SONOMA-MARIN 1400 NORTH DUTTON AVENUE, SUITE 24 SANTA ROSA, CA 95401	68-0309534	501(C)(3)	10,800.	0.			FOR GENERAL OPERATING SUPPORT AND HEALDSBURG PROGRAMS
BOYS AND GIRLS CLUBS OF SONOMA VALLEY - 100 W. VERANO AVENUE - SONOMA, CA 95476	94-1579901	501(C)(3)	194,538.	0.			FOR GENERAL OPERATING SUPPORT
BRIDGES PREGNANCY CLINIC AND CARE CENTER - 750 MENDOCINO AVE - SANTA ROSA, CA 95401	68-0055469	501(C)(3)	50,000.	0.			FOR GENERAL OPERATING SUPPORT
BUCKELEW PROGRAMS 201 ALAMEDA DEL PRADO #103 NOVATO, CA 94949	23-7088977	501(C)(3)	15,000.	0.			FOR SERVICES TO SONOMA COUNTY RESIDENTS WITH MENTAL ILLNESS
BUILDING MARKETS 32 BROADWAY, SUITE 1714 NEW YORK, NY 10004	98-0575195	501(C)(3)	24,500.	0.			FOR GENERAL OPERATING SUPPORT
CALIFORNIA INDIAN MUSEUM & CULTURAL CENTER - 5250 AERO DRIVE - SANTA ROSA, CA 95403	94-3244506	501(C)(3)	29,000.	0.			FOR GENERAL OPERATING SUPPORT AND ARTS EDUCATION PROGRAMS
CALIFORNIA PACIFIC MEDICAL CENTER FOUNDATION - P.O. BOX 7999 - SAN FRANCISCO, CA 94115	94-2728423	501(C)(3)	27,500.	0.			FOR GENERAL OPERATING SUPPORT
CALIFORNIA PARENTING INSTITUTE (CPI) - 3650 STANDISH AVENUE - SANTA ROSA, CA 95407	94-2541640	501(C)(3)	20,000.	0.			FOR GENERAL OPERATING SUPPORT AND BASIC NEEDS PROGRAM

Schedule I (Form 990)

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

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CALIFORNIA POETS IN THE SCHOOLS P.O. BOX 1328 SANTA ROSA, CA 95402	94-2977264	501(C)(3)	9,000.	0.			FOR GENERAL OPERATING SUPPORT AND ARTS EDUCATION PROGRAMS
CANINE COMPANIONS FOR INDEPENDENCE, INC - P.O. BOX 446 - SANTA ROSA, CA 95402	94-2494324	501(C)(3)	48,000.	0.			FOR GENERAL OPERATING SUPPORT
CAREER TECHNICAL EDUCATION FOUNDATION SONOMA COUNTY - 1030 APOLLO WAY, SUITE 200 - SANTA ROSA, CA 95407	46-5607272	501(C)(3)	39,000.	0.			FOR GENERAL OPERATING SUPPORT AND YOUTHTRUTH PROJECT
CATHOLIC CHARITIES ARCHDIOCESE OF NEW ORLEANS - 1000 HOWARD AVE. - NEW ORLEANS, LA 70113	72-0408911	501(C)(3)	10,000.	0.			FOR HURRICANE IDA RELIEF
CATHOLIC CHARITIES OF THE DIOCESE OF SANTA ROSA - P.O. BOX 4900 - SANTA ROSA, CA 95402	94-2479393	501(C)(3)	605,000.	0.			FOR CARITAS VILLAGE, DEMEO HOUSE, AND HOMELESS SERVICES
CATHOLIC RELIEF SERVICES P.O. BOX 17090 BALTIMORE, MD 21297-0303	13-5563422	501(C)(3)	20,000.	0.			FOR WORK IN HAITI
CENTER FOR VOLUNTEER & NONPROFIT LEADERSHIP - 1 MCINNIS PARKWAY, SUITE 175 - SAN RAFAEL, CA 94903	68-0101012	501(C)(3)	6,600.	0.			FOR GENERAL OPERATING SUPPORT
CENTRO LABORAL DE GRATON P.O. BOX 42 GRATON, CA 95444	68-0472311	501(C)(3)	48,000.	0.			FOR THE ALMAS PROGRAM AND MEMBERSHIP VACCINATION PROJECT
CERES COMMUNITY PROJECT P.O. BOX 1562 SEBASTOPOL, CA 95473	26-2250997	501(C)(3)	174,994.	0.			FOR GENERAL OPERATING SUPPORT AND THE SEBASTOPOL GARDEN AND THE RESILIENT LEADERSHIP

Schedule I (Form 990)

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

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CHILDREN'S MUSEUM OF SONOMA COUNTY P.O. BOX 6141 SANTA ROSA, CA 95406	20-3496878	501(C)(3)	8,500.	0.			FOR GENERAL OPERATING SUPPORT
CHOPS TEEN CLUB AKA DEMEO TEEN CLUB INC. - 509 ADAMS STREET - SANTA ROSA, CA 95401	91-1859251	501(C)(3)	488,200.	0.			FOR GENERAL OPERATING SUPPORT
CINNABAR ARTS CORPORATION 3333 PETALUMA BLVD. NORTH PETALUMA, CA 94952	23-7386031	501(C)(3)	8,000.	0.			FOR YOUTH ARTS EDUCATION PROGRAMS
CITY OF HEALDSBURG 1557 HEALDSBURG AVE. HEALDSBURG, CA 95448	94-6000347	CITY OF HEALDSBU	9,900.	0.			FOR TUESDAYS IN THE PLAZA SERIES AND COMMUNITY CENTER GARDEN
CITY OF SANTA ROSA HOUSING AND COMMUNITY SERVICES - 90 SANTA ROSA AVENUE - SANTA ROSA, CA 95404	94-6000428	CITY OF SANTA RO	75,700.	0.			FOR SERVICES AT SAM JONES HALL
CLASSICAL KDFC 200 VAN NESS, SUITE 219 SAN FRANCISCO, CA 94102	95-1642394	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
COASTAL SENIORS, INC P.O. BOX 437 POINT ARENA, CA 95468	94-2902833	501(C)(3)	27,500.	0.			FOR MEALS ON WHEELS
COMMUNITY ACTION PARTNERSHIP OF SONOMA COUNTY - 141 STONY CIRCLE #210 - SANTA ROSA, CA 95401	94-1648949	501(C)(3)	124,750.	0.			FOR SLOAN HOUSE WOMEN'S SHELTER AND FINANCIAL ASSISTANCE PROGRAM AND KSRO RADIO PROGRAM
COMMUNITY CHILD CARE COUNCIL OF SONOMA COUNTY - 131-A STONY CIRCLE, STE 300 - SANTA ROSA, CA 95401	94-2274620	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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COMMUNITY INITIATIVES 1000 BROADWAY, SUITE 480 OAKLAND, CA 94607	94-3255070	501(C)(3)	10,000.	0.			FOR FUND FOR PEOPLE IN THE PARKS
COMMUNITY SUPPORT NETWORK 1410 GUERNEVILLE RD., SUITE 14 SANTA ROSA, CA 95403	94-2159583	501(C)(3)	48,500.	0.			FOR FOSTER YOUTH PROGRAMS
COMPASSION WITHOUT BORDERS 1130 BUTLER AVENUE SANTA ROSA, CA 95407	20-4698227	501(C)(3)	71,000.	0.			FOR GENERAL OPERATING SUPPORT AND LOW COST SPAY/NEUTER PROGRAMS
CONGREGATION SHOMREI TORAH 2600 BENNETT VALLEY RD. SANTA ROSA, CA 95404	94-2261436	501(C)(3)	6,100.	0.			FOR GENERAL OPERATING SUPPORT
CONSERVATION CORPS NORTH BAY 27 LARKSPUR ST. SAN RAFAEL, CA 94901	94-2831592	501(C)(3)	14,500.	0.			FOR AT RISK YOUTH PROGRAMS
CONTEMPORARY JEWISH MUSEUM 736 MISSION ST. SAN FRANCISCO, CA 94103	47-0920831	501(C)(3)	6,000.	0.			FOR GENERAL OPERATING SUPPORT
COPPERTOWER FAMILY MEDICAL CENTER, DBA: ALEXANDER VALLEY HEALTHCARE - 100 WEST 3RD STREET - CLOVERDALE, CA 95425	68-0345901	501(C)(3)	50,000.	0.			FOR VACCINATION PROGRAMS
CORAZON HEALDSBURG P.O. BOX 1004 HEALDSBURG, CA 95448	27-3044487	501(C)(3)	401,000.	0.			FOR SECURE FAMILIES COLLABORATIVE, FOR CAMP HBG 2.0 AND FINANCIAL ASSISTANCE PROGRAMS
COTS (COMMITTEE ON THE SHELTERLESS) - P.O. BOX 2744 - PETALUMA, CA 94953-2744	68-0176855	501(C)(3)	123,250.	0.			FOR MARY ISAAK CENTER, FOR INTERIM HOUSING PROGRAM, FOR KIDS FIRST FAMILY SHELTER AND

Schedule I (Form 990)

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

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COUNCIL ON AGING SERVICES FOR SENIORS - 30 KAWANA SPRINGS RD. - SANTA ROSA, CA 95404	94-6138714	501(C)(3)	62,250.	0.			FOR MEALS ON WHEELS AND HYBRID PROGRAMMING
COURT APPOINTED SPECIAL ADVOCATES OF SONOMA COUNTY INC - P.O. BOX 1418 - KENWOOD, CA 95452	68-0404770	501(C)(3)	56,000.	0.			FOR GENERAL OPERATING SUPPORT
COVIA FOUNDATION 2185 N. CALIFORNIA BLVD. #215 WALNUT CREEK, CA 94596	46-0502111	501(C)(3)	11,250.	0.			FOR THE MARKET DAY SENIOR PROGRAM
CRESER CAPITAL FUND 195 SAN CARLOS AVE APT 1 SAUSALITO, CA 94965	85-3085043	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
DAILY ACTS ORGANIZATION P.O. BOX 293 PETALUMA, CA 94952	20-3851259	501(C)(3)	22,500.	0.			FOR SHELTON'S MARKET AND FIRE RESISTANCE WEBINARS
DAILY HOPE MINISTRIES P.O. BOX 80448 RANCHO SANTA MARGARITA, CA 92688	26-3854748	501(C)(3)	25,000.	0.			FOR GENERAL OPERATING SUPPORT
DOCTORS WITHOUT BORDERS 40 RECTOR STREET, 16TH FLOOR NEW YORK, NY 10006-1705	13-3433452	501(C)(3)	13,000.	0.			FOR GENERAL OPERATING SUPPORT
DOMINICAN SCHOOL OF PHILOSOPHY AND THEOLOGY - 2301 VINE STREET - BERKELEY, CA 94708	94-1270354	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
E.O. WILSON BIODIVERSITY FOUNDATION - 300 BLACKWELL ST., STE. 102 - DURHAM, NC 27701	20-4547380	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT

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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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EAST PALO ALTO TENNIS AND TUTORING P.O. BOX 60597 PALO ALTO, CA 94306	26-3316879	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
EXPLORATORIUM PIER 17, SUITE 100 SAN FRANCISCO, CA 94111	94-1696494	501(C)(3)	15,000.	0.			FOR GENERAL OPERATING SUPPORT AND STABILITY AND REVITALIZATION FUND
EXTENDED CHILD CARE COALITION OF SONOMA COUNTY INC. - 1745 COPPERHILL PARKWAY - SANTA ROSA, CA 95403	94-2526630	501(C)(3)	10,000.	0.			FOR COMMUNITY GARDEN STUDENT PROGRAMS
FABULOUS WOMEN OF SONOMA COUNTY P.O. BOX 7202 PETALUMA, CA 94955	45-2473269	501(C)(3)	50,000.	0.			FOR INDIVIDUALS, FAMILIES AND CHILDREN FIGHTING CANCER
FACE TO FACE SONOMA COUNTY AIDS NETWORK - 873 SECOND STREET - SANTA ROSA, CA 95404	68-0052664	501(C)(3)	13,345.	0.			FOR GENERAL OPERATING SUPPORT
FAITH IN PRACTICE 7500 BEECHNUT STREET HOUSTON, TX 77074	76-0415986	501(C)(3)	10,000.	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)	13,500.	0.			FOR GENERAL OPERATING SUPPORT
FARM TO PANTRY P.O. BOX 191 HEALDSBURG, CA 95448	46-5321538	501(C)(3)	51,500.	0.			FOR FOOD BOX COLLECTION AND DISTRIBUTION
FINANCIAL AWARENESS FOUNDATION 959 GOLF COURSE DR. #273 ROHNERT PARK, CA 94928	46-3726461	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT

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FIRST 5 SONOMA COUNTY 5340 SKYLANE BLVD. SANTA ROSA, CA 95403	83-3829813	COUNTY OF SONOMA	50,000.	0.			FOR THE FIRST 5 MINI GRANTS FOR CHILD CARE PROVIDERS PROGRAM
FISH OF THE SANTA ROSA AREA INC. P.O. BOX 4291 SANTA ROSA, CA 95402	51-0159551	501(C)(3)	15,000.	0.			FOR PURCHASE AND DISTRIBUTION OF FOOD
FOOD FOR THOUGHT P.O. BOX 1608 FORESTVILLE, CA 95436	68-0181095	501(C)(3)	75,000.	0.			TO PROVIDE HEALTHY GROCERIES
FORESTVILLE FIREFIGHTERS ASSOCIATION - P.O. BOX 427 - FORESTVILLE, CA 95436	47-4744131	501(C)(3)	20,000.	0.			FOR FIRE DEPARTMENT IMPROVEMENTS
FORT ROSS CONSERVANCY 19005 COAST HIGHWAY ONE JENNER, CA 95450	94-2370751	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)	25,000.	0.			FOR GENERAL OPERATING SUPPORT
FRIENDLY WATER 900 JEFFERSON ST UNIT 6070 OLYMPIA, WA 98501	27-2510007	501(C)(3)	30,000.	0.			FOR GENERAL OPERATING SUPPORT
FRIENDS IN SONOMA HELPING P.O. BOX 507 SONOMA, CA 95476	23-7441289	501(C)(3)	75,300.	0.			FOR FOOD BASKETS, RENTAL ASSISTANCE, AND THE CAPACITY BUILDING IMPLEMENTATION PROGRAM
FRIENDS OF THE PETALUMA RIVER 260 H NORTH WATER STREET PETALUMA, CA 94952	94-3275198	501(C)(3)	5,750.	0.			FOR GENERAL OPERATING SUPPORT

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FRIENDS OF TRIONE-ANNADEL STATE PARK - P.O. BOX 1011 - KENWOOD, CA 95452	82-2686083	501(C)(3)	7,500.	0.			FOR TRAIL MAINTENANCE
GIRL SCOUTS OF NORTHERN CALIFORNIA 1650 HARBOR BAY PARKWAY, STE. 100 ALAMEDA, CA 94502-3013	94-1551410	501(C)(3)	8,300.	0.			FOR SONOMA, LAKE AND MENDOCINO PROGRAMS
GOLD RIDGE RESOURCE CONSERVATION DISTRICT - 2776 SULLIVAN RD. - SEBASTOPOL, CA 95472	94-2466509	501(C)(3)	6,000.	0.			FOR THE FOREST WORKING GROUP
GOLDEN GATE NATIONAL PARKS CONSERVANCY - 201 FORT MASON, 3RD FLOOR - SAN FRANCISCO, CA 94123	94-2781708	501(C)(3)	31,000.	0.			FOR THE NORTH BAY WORKFORCE DEVELOPMENT CREW AND ONE TAM
GREENBELT ALLIANCE 312 SUTTER STREET, SUITE 402 SAN FRANCISCO, CA 94108	94-1676747	501(C)(3)	10,250.	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
HANNA BOYS CENTER 17000 ARNOLD DRIVE SONOMA, CA 95476	94-1156478	501(C)(3)	165,500.	0.			FOR THE HANNAH INSTITUTE SUMMIT, SCHOOL MENTAL HEALTH PROGRAMS, THE EQUITY IN EDUCATION
HAVERFORD COLLEGE 370 LANCASTER AVE. HAVERFORD, PA 19041	23-6002304	501(C)(3)	50,000.	0.			FOR THE HILLMANN MOVING IMAGES ENDOWED FUND
HAWAII COMMUNITY FOUNDATION 827 FORT STREET HONOLULU, HI 96813	99-0261283	501(C)(3)	100,000.	0.			FOR THE BRADLEY DONOR ADVISED FUND

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HEALDSBURG JAZZ FESTIVAL, INC P.O. BOX 266 HEALDSBURG, CA 95448	71-0910474	501(C)(3)	25,000.	0.			FOR GENERAL OPERATING SUPPORT AND YOUTH EDUCATION PROGRAMS
HEALDSBURG MUSEUM & HISTORICAL SOCIETY - P.O. BOX 952 - HEALDSBURG, CA 95448	94-2401543	501(C)(3)	21,850.	0.			FOR ARTS EDUCATION PROGRAMS AND MUSEUM IMPROVEMENTS
HEALDSBURG SHARED MINISTRIES P.O. BOX 1646 HEALDSBURG, CA 95448	94-2838706	501(C)(3)	15,000.	0.			FOR THE FOOD PANTRY
HEALTHCARE FOUNDATION NORTHERN SONOMA COUNTY - P.O. BOX 1025 - HEALDSBURG, CA 95448	68-0474109	501(C)(3)	12,000.	0.			FOR GENERAL OPERATING SUPPORT
HOMEBOY INDUSTRIES 130 WEST BRUNO ST. LOS ANGELES, CA 90012	95-4800735	501(C)(3)	6,000.	0.			FOR GENERAL OPERATING SUPPORT
HOMELESS ACTION SONOMA INC P.O. BOX 482 SONOMA, CA 95476	85-2764190	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
HORIZONS FOUNDATION 550 MONTGOMERY STREET, SUITE 700 SAN FRANCISCO, CA 94111	94-2686530	501(C)(3)	6,250.	0.			FOR GENERAL OPERATING SUPPORT
HOSPICE BY THE BAY FOUNDATION DBA BY THE BAY HEALTH - 17 E. SIR FRANCIS DRAKE BLVD. - LARKSPUR, CA 94939	94-2890791	501(C)(3)	12,000.	0.			FOR GENERAL OPERATING SUPPORT
HUDSON RIVER MUSEUM 511 WARBURTON AVE. YONKERS, NY 10701	13-2670081	501(C)(3)	22,000.	0.			FOR GENERAL OPERATING SUPPORT

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HUMANE SOCIETY OF SONOMA COUNTY 5345 HIGHWAY 12 WEST SANTA ROSA, CA 95407	94-6001315	501(C)(3)	65,000.	0.			FOR LOW COST SPAY/NEUTER PROGRAM
HUMANIDAD THERAPY & EDUCATION SERVICES - 1260 N. DUTTON AVE., SUITE 230 - SANTA ROSA, CA 95401	46-3725156	501(C)(3)	528,500.	0.			FOR SECURE FAMILIES COLLABORATIVE AND GENERAL OPERATING SUPPORT
IDEAGARDEN INSTITUTE INCORPORATED 4015 WESTSIDE RD HEALDSBURG, CA 95448	86-2425643	501(C)(3)	25,000.	0.			FOR GENERAL OPERATING SUPPORT
IMAGINE SCHOLAR 4001 SUMMITVIEW AVE YAKIMA, WA 98908	27-3014517	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
INQUIRING SYSTEMS INC 887 SONOMA AVE, #23 SANTA ROSA, CA 95404	94-2524840	501(C)(3)	58,000.	0.			FOR THE CARE PARTNERS INITIATIVE
INSTITUTE OF ECOLOGICAL DESIGN 9890 BODEGA HWY SEBASTOPOL, CA 95472	46-3142317	501(C)(3)	30,000.	0.			FOR WORK WITH INDIGENOUS PEOPLE AND GENERAL OPERATING SUPPORT
JEWISH COMMUNITY FREE CLINIC OF SONOMA COUNTY - 50 MONTGOMERY DR - SANTA ROSA, CA 95404	94-3386103	501(C)(3)	17,500.	0.			FOR VACCINATIONS AND THE MEDICAL CLINIC
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 AFGHAN REFUGEE RESETTLING IN EAST BAY
JUDICIAL WATCH P.O. BOX 96234 WASHINGTON, DC 20090	52-1885088	501(C)(3)	11,000.	0.			FOR ONGOING RESEARCH

Schedule I (Form 990)

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

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KID SCOOP NEWS P.O. BOX 1802 SONOMA, CA 95476	81-0832367	501(C)(3)	12,500.	0.			FOR BILINGUAL, BICULTURAL OUTREACH WORKER
KNIGHTS OF INDULGENCE THEATRE UNITED STATES - 461 SEBASTOPOL AVENUE - SANTA ROSA, CA 95401	03-0461324	501(C)(3)	18,000.	0.			FOR GENERAL OPERATING SUPPORT AND YOUTH EDUCATION PROGRAMS
KQED INC. 2601 MARIPOSA STREET SAN FRANCISCO, CA 94110	94-1241309	501(C)(3)	34,750.	0.			FOR GENERAL OPERATING SUPPORT
LA FAMILIA SANA P.O. BOX 158 CLOVERDALE, CA 95425	86-1711899	501(C)(3)	20,000.	0.			FOR GENERAL OPERATING SUPPORT
LA LUZ CENTER 17560 GREGER STREET SONOMA, CA 95476	68-0228235	501(C)(3)	197,254.	0.			FOR SUPPORT OF PARTNERSHIP WITH SONOMA VALLEY EDUCATION FOUNDATION AND LOW INCOME
LAGUNA DE SANTA ROSA FOUNDATION 900 SANFORD ROAD SANTA ROSA, CA 95401	94-3155180	501(C)(3)	20,576.	0.			FOR GENERAL OPERATING SUPPORT
LANDPATHS 618 4TH ST. #217 SANTA ROSA, CA 95404	68-0328590	501(C)(3)	72,500.	0.			FOR SUMMER CAMP AND OTHER PROGRAMS
LATINO SERVICE PROVIDERS 1015-A CENTER DRIVE SANTA ROSA, CA 95403	46-4107589	501(C)(3)	195,000.	0.			FOR THE VACCINE PROGRAM COORDINATED OUTREACH COLLABORATIVE
LEAGUE OF CALIFORNIA COMMUNITY FOUNDATIONS - 6114 LASALLE AVENUE, #424 - OAKLAND, CA 94611	45-5125583	501(C)(3)	25,000.	0.			FOR THE DISASTER PLANNING AND RESILIENCE TRAINING PROGRAM

Schedule I (Form 990)

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LEGAL AID OF SONOMA COUNTY 144 SOUTH E STREET, SUITE 100 SANTA ROSA, CA 95404	68-0008581	501(C)(3)	227,500.	0.			FOR PROGRAMS SUPPORTING LOW INCOME RESIDENTS AND BILINGUAL SERVICES
LEUKEMIA AND LYMPHOMA SOCIETY NORTHERN CALIFORNIA - 101 MONTGOMERY STREET, SUITE 750 - SAN FRANCISCO, CA 94104	13-5644916	501(C)(3)	25,000.	0.			FOR THE TRAVEL ASSISTANCE PROGRAM
LIFEHOUSE, INC. 18 PROFESSIONAL CENTER PARKWAY SAN RAFAEL, CA 94903	94-6050196	501(C)(3)	7,500.	0.			FOR GENERAL OPERATING SUPPORT
LIME FOUNDATION 3327 MCMAUDE PLACE SANTA ROSA, CA 95407	47-2046585	501(C)(3)	140,994.	0.			FOR NEXTGEN TRADES ACADEMY EXPANSION
LOMI SCHOOL FOUNDATION (LOMI COUNSELING CLINIC) - 320 10TH STREET, SUITE 200 - SANTA ROSA, CA 95401	94-2495238	501(C)(3)	56,500.	0.			FOR PARTICIPATION IN THE MENTAL HEALTH CAPACITY BUILDING COHORT
LUTHER BURBANK MEMORIAL FOUNDATION 50 MARK WEST SPRINGS ROAD SANTA ROSA, CA 95403	94-2581084	501(C)(3)	42,200.	0.			FOR ARTS EDUCATION PROGRAMS AND THE MARIACHI ENSEMBLE
MARYKNOLL FATHERS AND BROTHERS P.O. BOX 302 MARYKNOLL, NY 10545	13-1740144	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-1564655	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
MUSEUM OF SONOMA COUNTY 425 SEVENTH STREET SANTA ROSA, CA 95401	94-2506626	501(C)(3)	91,000.	0.			FOR ARTS EDUCATION PROGRAMS AND THE GAY LEBARON ORAL HISTORY EXHIBIT

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NAMI SONOMA COUNTY 182 FARMERS LANE, SUITE 202 SANTA ROSA, CA 95405	68-0041644	501(C)(3)	55,250.	0.			FOR PARTICIPATION IN THE MENTAL HEALTH CAPACITY BUILDING COHORT
NATIONAL CENTER FOR LESBIAN RIGHTS 870 MARKET ST., STE. 370 SAN FRANCISCO, CA 94102	94-3086885	501(C)(3)	6,000.	0.			FOR GENERAL OPERATING SUPPORT
NEXT VILLAGE SF P.O. BOX 330278 SAN FRANCISCO, CA 94133	80-0476158	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
NORTH BAY CANCER ALLIANCE INC. 2360 MENDOCINO AVE., A2 #363 SANTA ROSA, CA 95403	01-0821673	501(C)(3)	26,400.	0.			FOR GENERAL OPERATING SUPPORT
NORTH BAY JOBS WITH JUSTICE 600 B STREET SANTA ROSA, CA 95401	81-1374240	501(C)(3)	70,000.	0.			TO SUPPORT OUTREACH TO DISASTER CLEANUP AND REBUILD WORKERS
NORTH BAY ORGANIZING PROJECT P.O. BOX 1928 SANTA ROSA, CA 95402	45-2369887	501(C)(3)	553,000.	0.			FOR UNDOCUFUND PROGRAM AND FOOD FOR ALL PROGRAM
NORTH BEACH CITIZENS 1034 KEARNY STREET SAN FRANCISCO, CA 94133	94-3360013	501(C)(3)	11,000.	0.			FOR GENERAL OPERATING SUPPORT
NORTH COAST BUILDERS EXCHANGE COMMUNITY FUND - 1030 APOLLO WAY - SANTA ROSA, CA 95407	68-0454441	501(C)(3)	10,000.	0.			FOR THE NORTH BAY CONSTRUCTION CORPS
NORTHERN CALIFORNIA CENTER FOR WELL-BEING - 101 BROOKWOOD AVENUE, SUITE A - SANTA ROSA, CA 95404	93-1144835	501(C)(3)	11,000.	0.			FOR THE 2022 PILATES PROGRAM

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NPR FOUNDATION P.O. BOX 791490 BALTIMORE, MD 21279-1490	52-1795789	501(C)(3)	40,000.	0.			FOR GENERAL OPERATING SUPPORT
NUESTRA COMUNIDAD P.O. BOX 1406 WINDSOR, CA 95492	83-0609417	501(C)(3)	27,500.	0.			FOR GENERAL OPERATING SUPPORT
OAKLAND LEAF FOUNDATION 520 THIRD STREET, SUITE 109 OAKLAND, CA 94607	81-0565800	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
OAKLAND MUSEUM OF CALIFORNIA 1000 OAK STREET OAKLAND, CA 94607	45-3138892	501(C)(3)	102,500.	0.			FOR GENERAL OPERATING SUPPORT
OCCIDENTAL ARTS AND ECOLOGY CENTER 15290 COLEMAN VALLEY ROAD OCCIDENTAL, CA 95465	68-0359676	501(C)(3)	30,000.	0.			FOR GENERAL OPERATING SUPPORT AND THE NICARAGUA PROJECT
OCCIDENTAL CENTER FOR THE ARTS 3850 DORIS MURPHY CT OCCIDENTAL, CA 95465	31-1686684	501(C)(3)	7,500.	0.			FOR GENERAL OPERATING SUPPORT
OCCIDENTAL COMMUNITY SERVICES DISTRICT - P.O. BOX 244 - OCCIDENTAL, CA 95465	94-2871025	501(C)(3)	10,000.	0.			FOR THE OCCIDENTAL VOLUNTEER FIRE STATION
ON THE MOVE 780 LINCOLN AVE. NAPA, CA 94558	75-3149095	501(C)(3)	90,551.	0.			FOR THE VOICES YOUTH PROGRAM
OUR VILLAGE CLOSET 905 MENDOCINO AVE SANTA ROSA, CA 95401	84-2935270	501(C)(3)	15,000.	0.			FOR THE RESOURCE CENTER

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PARTNERS IN HEALTH P.O. BOX 996 FREDERICK, MD 21705-9942	04-3567502	501(C)(3)	5,500.	0.			FOR MEDICAL SUPPORT IN HAITI
PEDIATRIC DENTAL INITIATIVE OF THE NORTH COAST INC. - 1380 19TH HOLE DRIVE - WINDSOR, CA 95492	34-2012430	501(C)(3)	26,000.	0.			FOR GENERAL OPERATING SUPPORT
PEPPERWOOD FOUNDATION 2130 PEPPERWOOD PRESERVE RD. SANTA ROSA, CA 95404-7543	01-0817571	501(C)(3)	557,786.	0.			FOR CONSERVATION SCIENCE INTERNSHIPS AND YOUTH PROGRAMS
PETALUMA EDUCATIONAL FOUNDATION 200 DOUGLAS ST. PETALUMA, CA 94952	94-2847212	501(C)(3)	11,000.	0.			FOR SCHOLARSHIPS FOR PETALUMA STUDENTS
PETALUMA HEALTH CENTER 1179 N. MCDOWELL BLVD. PETALUMA, CA 94954	68-0437840	501(C)(3)	50,000.	0.			FOR VACCINATION PROGRAMS
PETALUMA PEOPLE SERVICES CENTER 1500A PETALUMA BLVD. SOUTH PETALUMA, CA 94952	94-2271299	501(C)(3)	75,000.	0.			FOR LOW INCOME RESIDENT PROGRAMS
PETALUMA WILDLIFE AND NATURAL SCIENCE MUSEUM - 201 FAIR STREET - PETALUMA, CA 94952	68-0213099	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
PETS LIFELINE P.O. BOX 341 SONOMA, CA 95476	94-2851279	501(C)(3)	43,040.	0.			FOR LOW COST SPAY/NEUTER PROGRAM AND PET FOOD PANTRY
PFLAG NAPA C/O LGBTQ CONNECTION 780 LINCOLN AVENUE NAPA, CA 94558	95-3750694	501(C)(3)	6,000.	0.			FOR SCHOLARSHIPS

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PLANNED PARENTHOOD FEDERATION OF AMERICA - P.O. BOX 97166 - WASHINGTON, DC 20090-7166	13-1644147	501(C)(3)	6,500.	0.			FOR GENERAL OPERATING SUPPORT
PLANTING JUSTICE 319 105TH AVE OAKLAND, CA 94603	27-0334905	501(C)(3)	10,000.	0.			FOR FOOD JUSTICE EDUCATION PROGRAM YOUTH INTERNSHIPS
POINT REYES NATIONAL SEASHORE ASSOCIATION - 1 BEAR VALLEY ROAD, BLDG 70 - POINT REYES STATION, CA 94956	94-2228894	501(C)(3)	12,500.	0.			FOR YOUTH IN PARKS PROGRAM AND REHABILITATION OF TOMALES BAY MARINE STATION
PONY EXPRESS EQUINE ASSISTED SKILLS FOR YOUTH - 6413 SONOMA HIGHWAY - SANTA ROSA, CA 95409	80-0370392	501(C)(3)	40,000.	0.			FOR REPAIRS TO FACILITIES DAMAGED BY GLASS FIRE AND YOUTH THERAPY PROGRAMS
PRAGER UNIVERSITY FOUNDATION 15021 VENTURA BLVD. #552 SHERMAN OAKS, CA 91403	27-1763901	501(C)(3)	11,000.	0.			TO SUPPORT ONGOING RESEARCH AND EDUCATION
PUBLIC SCHOOL SUCCESS TEAM INC. P.O. BOX 781 HEALDSBURG, CA 95448	26-4632140	501(C)(3)	12,000.	0.			FOR GENERAL OPERATING SUPPORT
RAIZES COLLECTIVE P.O. BOX 8606 SANTA ROSA, CA 95407	47-3129493	501(C)(3)	70,000.	0.			FOR THE NOVEL ARTIST HEALTH EQUITY COVID CAMPAIGN EVENT SERIES
REACH FOR HOME 443 HUDSON STREET HEALDSBURG, CA 95448	47-2692320	501(C)(3)	49,500.	0.			FOR WINTER SHELTER SUPPORT AND BASIC HUMAN NEEDS PROGRAMS
RED HOUSING FUND P.O. BOX 3531 SANTA ROSA, CA 95402	87-1835484	501(C)(3)	200,000.	0.			FOR GENERAL OPERATING SUPPORT

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REDWOOD ADVENTIST ACADEMY 385 MARK WEST SPRINGS ROAD SANTA ROSA, CA 95404-1101	94-1726911	501(C)(3)	40,000.	0.			FOR GENERAL OPERATING SUPPORT
REDWOOD EMPIRE FOOD BANK 3990 BRICKWAY BLVD. SANTA ROSA, CA 95403	68-0121855	501(C)(3)	383,450.	0.			FOR GENERAL OPERATING SUPPORT
REDWOOD GOSPEL MISSION P.O. BOX 493 SANTA ROSA, CA 95402-0493	94-6122045	501(C)(3)	316,250.	0.			FOR THE PETALUMA INTAKE AND COUNSELING CENTER AND THE RGM KITCHEN FUND
RESTORE HETCH HETCHY 3286 ADELINE STREET SUITE 7 BERKELEY, CA 94703	77-0551533	501(C)(3)	15,000.	0.			FOR GENERAL OPERATING SUPPORT
RIVER TO COAST CHILDREN'S SERVICES P.O. BOX 16 GUERNEVILLE, CA 95446-0016	94-2378459	501(C)(3)	35,000.	0.			FOR GENERAL OPERATING SUPPORT AND PROGRAMS FOR FAMILIES IN NEED
ROSELAND SCHOOL DISTRICT 1691 BURBANK AVENUE SANTA ROSA, CA 95407	36-4766964	ROSELAND PUBLIC	379,490.	0.			FOR THE BRIDGE GRANT AND GAINING GROUND SCHOLARSHIP, THE YES WE CAN SCHOLARSHIP, AND
ROSELAND UNIVERSITY PREP 1691 BURBANK AVE. SANTA ROSA, CA 95407	43-2029144	501(C)(3)	26,500.	0.			FOR GENERAL OPERATING SUPPORT
ROTARY CLUB OF SANTA ROSA FOUNDATION - P.O. BOX 1513 - SANTA ROSA, CA 95402	68-0205619	501(C)(3)	9,000.	0.			FOR THE JAMISON MERIT AWARD
RUSSIAN RIVERKEEPER P.O. BOX 1335 HEALDSBURG, CA 95448	68-0321117	501(C)(3)	75,050.	0.			FOR GENERAL OPERATING SUPPORT

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SALVATION ARMY - SANTA ROSA 93 STONY CIRCLE SANTA ROSA, CA 95401	94-1156347	501(C)(3)	34,500.	0.			FOR GENERAL OPERATING SUPPORT AND FOOD DISTRIBUTION
SAMARITAN'S PURSE P.O. BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	100,000.	0.			FOR GENERAL OPERATING SUPPORT
SAN FRANCISCO UNIVERSITY HIGH SCHOOL - 3065 JACKSON STREET - SAN FRANCISCO, CA 94115	23-7313754	501(C)(3)	6,000.	0.			FOR GENERAL OPERATING SUPPORT
SANTA ROSA CHILDREN'S CHORUS P.O. BOX 9389 SANTA ROSA, CA 95405	68-0165953	501(C)(3)	35,000.	0.			FOR GENERAL OPERATING SUPPORT
SANTA ROSA COMMUNITY HEALTH 3569 ROUND BARN CIRCLE SANTA ROSA, CA 95403	68-0365296	501(C)(3)	93,000.	0.			FOR VACCINATION PROGRAMS AND CAPITAL CAMPAIGN
SANTA ROSA JUNIOR COLLEGE FOUNDATION - 1501 MENDOCINO AVENUE - SANTA ROSA, CA 95401-4395	94-1735861	501(C)(3)	55,900.	0.			FOR SCHOLARSHIPS AND THE AGRICULTURE AND NATURAL RESOURCES DEPARTMENT
SANTA ROSA MEMORIAL HOSPITAL FOUNDATION - 101 BROOKWOOD AVE., STE 202 - SANTA ROSA, CA 95404	81-4791043	501(C)(3)	50,758.	0.			FOR THE VARIAN TRUEBEAM RADIOTHERAPY SYSTEM, FOR EMERGENCY ROOM SERVICES, AND FOR THE HOSPICE HOUSE
SANTA ROSA PLAYERS DBA SIXTH STREET PLAYHOUSE - 52 W. 6TH STREET - SANTA ROSA, CA 95401	94-1748527	501(C)(3)	8,000.	0.			FOR YOUTH EDUCATION PROGRAMS
SANTA ROSA SUNRISE ROTARY FOUNDATION - P.O. BOX 14953 - SANTA ROSA, CA 95402	68-0339109	501(C)(3)	26,000.	0.			FOR THE NICARAGUAN SURGERY CENTER EQUIPMENT FUND

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SANTA ROSA SYMPHONY 50 SANTA ROSA AVENUE, STE. 410 SANTA ROSA, CA 95404	94-6134075	501(C)(3)	40,975.	0.			FOR MUSIC EDUCATION PROGRAMS
SAVE THE REDWOODS LEAGUE 111 SUTTER STREET, 11TH FLOOR SAN FRANCISCO, CA 94104	94-0843915	501(C)(3)	7,000.	0.			FOR GENERAL OPERATING SUPPORT
SCRIPPS COLLEGE 1030 COLUMBIA AVE., #2009 CLAREMONT, CA 91711	95-1664123	501(C)(3)	7,500.	0.			FOR SCHOLARSHIPS
SEBASTIANI THEATRE FOUNDATION, INC. - P.O. BOX 874 - SONOMA, CA 95476	26-1872589	501(C)(3)	22,500.	0.			FOR GENERAL OPERATING SUPPORT
SEBASTOPOL AREA SENIOR CENTER 167 N HIGH STREET SEBASTOPOL, CA 95472	23-7043925	501(C)(3)	5,750.	0.			FOR SENIOR MEALS PROGRAMS
SEBASTOPOL CENTER FOR THE ARTS 282 S. HIGH ST. SEBASTOPOL, CA 95472	68-0168638	501(C)(3)	14,000.	0.			FOR THE DOCUMENTARY FILM FESTIVAL AND GENERAL OPERATING SUPPORT
SHARED HOUSING AND RESOURCE EXCHANGE CALIFORNIA DBA SHARE SONOMA COUNTY - 411 RUSSELL AVE - SANTA ROSA, CA 95403	81-3993230	501(C)(3)	15,000.	0.			FOR BASIC HUMAN NEEDS PROGRAMS
SIDE BY SIDE 300 SUNNY HILLS DRIVE, BLDG #5 SAN ANSELMO, CA 94960	94-1156301	501(C)(3)	16,000.	0.			FOR BASIC HUMAN NEEDS PROGRAMS
SOCIAL ADVOCATES FOR YOUTH 2447 SUMMERFIELD ROAD SANTA ROSA, CA 95405	94-1711490	501(C)(3)	51,500.	0.			FOR GENERAL OPERATING SUPPORT

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SONOMA APPLIED VILLAGE SERVICES 1275 4TH STREET, #101, BOX 196 SANTA ROSA, CA 95404	83-4609220	501(C)(3)	18,000.	0.			FOR THE CONTINUUM OF CARE LIVED EXPERIENCE ADVISORY BOARD AND YOUTH ADVISORY BOARD
SONOMA ARTS LIVE P.O. BOX 539 SONOMA, CA 95476	27-1895518	501(C)(3)	16,545.	0.			FOR AIR AND SANITIZING EQUIPMENT
SONOMA COMMUNITY CENTER 276 EAST NAPA STREET SONOMA, CA 95476	94-1566728	501(C)(3)	54,120.	0.			FOR THE CAPACITY BUILDING IMPLEMENTATION PROGRAM AND OUTREACH PROGRAMS
SONOMA COUNTY GRAPE GROWERS FOUNDATION - 3245 GUERNEVILLE ROAD - SANTA ROSA, CA 95401	41-2040096	501(C)(3)	20,000.	0.			FOR THE FARMWORKER LEADERSHIP ACADEMY AND THE FARMWORKER RESILIENCY FUND
SONOMA COUNTY LOCAL NEWS INITIATIVE - 230 CENTER ST - HEALDSBURG, CA 95448	84-5044460	501(C)(3)	8,500.	0.			FOR GENERAL OPERATING SUPPORT
SONOMA COUNTY MEDICAL ASSOCIATION ALLIANCE AND FOUNDATION - P.O. BOX 1388 - SANTA ROSA, CA 95402	02-0542304	501(C)(3)	15,000.	0.			FOR THE SCHOLARSHIP FUND AND GIVE-A-GIFT FOSTER YOUTH PROGRAM
SONOMA COUNTY OFFICE OF EDUCATION 5340 SKYLANE BOULEVARD SANTA ROSA, CA 95401	94-6002635	501(C)(3)	5,450.	0.			FOR THE TECHNOLOGY SUPPORT FUND
SONOMA COUNTY REGIONAL PARKS FOUNDATION - 2300 COUNTY CENTER DRIVE #120A - SANTA ROSA, CA 95403	68-0421813	501(C)(3)	18,000.	0.			FOR THE ENVIRONMENTAL EDUCATION MODULES
SONOMA ECOLOGY CENTER P.O. BOX 1486 ELDRIDGE, CA 95431	94-3136500	501(C)(3)	90,000.	0.			FOR THE PLAYGROUND AT SONOMA GARDEN PARK, FOR THE CAPACITY BUILDING IMPLEMENTATION PROGRAM

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SONOMA FAMILY MEAL P.O. BOX 14522 SANTA ROSA, CA 95402	82-3332831	501(C)(3)	27,500.	0.			FOR THE PETALUMA KITCHEN
SONOMA LAND TRUST 822 FIFTH STREET SANTA ROSA, CA 95404	51-0197006	501(C)(3)	107,000.	0.			FOR GLEN OAKS RANCH, FOR THE CONSERVATION COUNCIL ENVIRONMENTAL SCIENCE AND YOUTH DEVELOPMENT PROGRAM
SONOMA OVERNIGHT SUPPORT P.O. BOX 748 SONOMA, CA 95476	03-0483033	501(C)(3)	109,250.	0.			FOR THE BILINGUAL RESOURCE SPECIALIST, AND FOR FOOD AND OTHER SERVICES TO INSECURE
SONOMA SPRINGS COMMUNITY HALL P.O. BOX 1897 BOYES HOT SPRINGS, CA 95416	23-7529964	501(C)(3)	20,000.	0.			TO SUPPORT THE CAPACITY BUILDING IMPLEMENTATION PROGRAM
SONOMA STATE UNIVERSITY 1801 E. COTATI AVE. ROHNERT PARK, CA 94928-3609	68-0338225	501(C)(3)	35,250.	0.			FOR THE GREEN MUSIC CENTER AND THE CRITICAL NEEDS FUND
SONOMA VALLEY COMMUNITY COMMUNICATIONS - 680 W. NAPA STREET - SONOMA, CA 95476	82-5520172	501(C)(3)	20,000.	0.			FOR GENERAL OPERATING SUPPORT AND KSVY RADIO
SONOMA VALLEY COMMUNITY HEALTH CENTER - 19270 SONOMA HWY - SONOMA, CA 95476	68-0286382	501(C)(3)	175,000.	0.			FOR VACCINATION PROGRAMS AND OUTREACH, AND FOR FINANCIAL ASSISTANCE PROGRAMS
SONOMA VALLEY EDUCATION FOUNDATION P.O. BOX 493 SONOMA, CA 95476	68-0279152	501(C)(3)	18,750.	0.			FOR THE SUMMER SCHOOL PROGRAM AND GENERAL OPERATING SUPPORT
SONOMA VALLEY HISTORICAL SOCIETY P.O. BOX 861 SONOMA, CA 95476	94-2430797	501(C)(3)	6,700.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SONOMA VALLEY HOSPITAL FOUNDATION 347 ANDRIEUX STREET SONOMA, CA 95476	94-2832488	501(C)(3)	101,000.	0.			FOR THE EIGHT WEEK VACCINATION CLINIC, FOR SCREENING KIOSKS, FOR ICU UPGRADES AND GERM ZAPPER
SONOMA VALLEY MENTORING ALLIANCE P.O. BOX 721 SONOMA, CA 95476	68-0429128	501(C)(3)	42,000.	0.			FOR GENERAL OPERATING SUPPORT AND FOR OUTREACH INITIATIVES
SONOMA VALLEY MUSEUM OF ART P.O. BOX 322 SONOMA, CA 95476	68-0409459	501(C)(3)	34,300.	0.			FOR ARTS EDUCATION PROGRAMS
SONOMA VALLEY ROTARY FOUNDATION P.O. BOX 923 SONOMA, CA 95476	68-0343129	501(C)(3)	50,000.	0.			FOR ASSISTANCE FOR SONOMA VALLEY BUSINESSES
SONOMA VALLEY YOUTH & FAMILY SERVICES - 154 W SPAIN ST., UNIT 154 - SONOMA, CA 95476	83-1028814	501(C)(3)	20,000.	0.			TO SUPPORT THE CAPACITY BUILDING IMPLEMENTATION PROGRAM
SONOMA VOLUNTEER FIREFIGHTERS ASSOCIATION - 630 2ND STREET WEST - SONOMA, CA 95476	23-7335141	501(C)(3)	5,750.	0.			FOR GENERAL OPERATING SUPPORT
SPUR 654 MISSION STREET SAN FRANCISCO, CA 94105	94-1498232	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
ST. ANDREW PRESBYTERIAN CHURCH 16290 ARNOLD DR. SONOMA, CA 95476	51-0158108	501(C)(3)	14,500.	0.			FOR GENERAL OPERATING SUPPORT
ST. JAMES BY-THE-SEA EPISCOPAL CHURCH - 743 PROSPECT STREET - LA JOLLA, CA 92037	95-1792756	501(C)(3)	21,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. JOSEPH HEALTH NORTHERN CALIFORNIA - 3345 MICHELSON DR. SUITE 100 - IRVINE, CA 92612	81-4791043	501(C)(3)	10,000.	0.			FOR SUPPORT OF THE DALE! PROGRAM
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	25,000.	0.			FOR GENERAL OPERATING SUPPORT
ST. PAUL'S EPISCOPAL CHURCH BURLINGAME - 415 EL CAMINO REAL - BURLINGAME, CA 94010	94-1160945	501(C)(3)	12,000.	0.			FOR THE SKILLING'S GARDEN
ST. SERAPHIM OF SAROV ORTHODOX CHURCH - 90 MOUNTAIN VIEW AVE. - SANTA ROSA, CA 95407	94-1576974	501(C)(3)	15,000.	0.			FOR FOOD DISTRIBUTION PROGRAMS
ST. VINCENT DE PAUL SOCIETY OF SONOMA COUNTY - P.O. BOX 1095 - ROHNERT PARK, CA 94927-1095	94-1433890	501(C)(3)	15,823.	0.			FOR FOOD DISTRIBUTION PROGRAMS
STANFORD UNIVERSITY P.O. BOX 20466 STANFORD, CA 94309-0466	94-1156365	501(C)(3)	6,000.	0.			FOR GENERAL OPERATING SUPPORT
STARCROSS MONASTIC COMMUNITY 34500 ANNAPOLIS RD. ANNAPOLIS, CA 95412	94-1687876	501(C)(3)	6,000.	0.			FOR GENERAL OPERATING SUPPORT
STEWARDS OF THE COAST AND REDWOODS P.O. BOX 2 DUNCANS MILLS, CA 95430	94-3039895	501(C)(3)	19,000.	0.			TO SUPPORT PARK RECOVERY AND REOPENING
SUKHASIDDHI FOUNDATION P.O. BOX 151327 SAN RAFAEL, CA 94915	68-0395959	501(C)(3)	10,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUPPORT OUR STUDENTS 319 SOUTH E. STREET SANTA ROSA, CA 95404	81-0676520	501(C)(3)	70,000.	0.			FOR THE MENTAL HEALTH CAPACITY BUILDING COHORT AND AT-RISK YOUTH PROGRAMS
SWEETWATER SPECTRUM INC 369 FIFTH STREET WEST SONOMA, CA 95476	27-0184641	501(C)(3)	27,500.	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)	6,000.	0.			FOR GENERAL OPERATING SUPPORT
THE CALIFORNIA THEATRE OF SANTA ROSA - 528 7TH STREET - SANTA ROSA, CA 95401	27-4551816	501(C)(3)	11,000.	0.			FOR GENERAL OPERATING SUPPORT
THE CLIMATE CENTER 1275 4TH ST. #191 SANTA ROSA, CA 95404	45-0485495	501(C)(3)	352,500.	0.			FOR GENERAL OPERATING SUPPORT
THE HEALDSBURG SCHOOL 33 H HEALDSBURG AVE. HEALDSBURG, CA 95448	20-5534052	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
THE LIVING ROOM 328 S. E STREET SANTA ROSA, CA 95401	58-2675876	501(C)(3)	61,000.	0.			FOR GENERAL OPERATING SUPPORT
THE OHIO STATE UNIVERSITY FOUNDATION - P.O. BOX 710811 - COLUMBUS, OH 43271	31-1145986	501(C)(3)	25,000.	0.			FOR THE COLLEGE OF VETERINARY MEDICINE SESQUICENTENNIAL ENDOWED SCHOLARSHIP FUND
THE SIX FOUNDATION GROUP 808 DONAHUE STREET SANTA ROSA, CA 95401	82-5070820	501(C)(3)	113,266.	0.			FOR REHABILITATION OF SONOMA COUNTY FIRST RESPONDERS, AND 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TIDES CENTER P.O. BOX 399385 SAN FRANCISCO, CA 94139	94-3213100	501(C)(3)	200,000.	0.			FOR GENERAL OPERATING SUPPORT FOR GENERATION HOUSING
TLC CHILD & FAMILY SERVICES P.O. BOX 2079 SEBASTOPOL, CA 95473-2079	68-0008634	501(C)(3)	80,250.	0.			FOR GENERAL OPERATING SUPPORT
TRANSCENDENCE THEATRE COMPANY 19201 SONOMA HIGHWAY #214 SONOMA, CA 95476	46-2182873	501(C)(3)	7,500.	0.			FOR GENERAL OPERATING SUPPORT
UC BERKELEY FOUNDATION 1995 UNIVERSITY AVE., SUITE 401 BERKELEY, CA 94704-1058	94-6090626	501(C)(3)	25,500.	0.			FOR SCHOLARSHIPS AND FOR RESEARCH AT PEPPERWOOD PRESERVE
UC REGENTS - UNIVERSITY OF CALIFORNIA LOS ANGELES - P.O. BOX 957089, 1125 MURPHY HALL, 405 HILGARD AVENUE - LOS ANGELES, CA	95-6006143	501(C)(3)	5,527.	0.			FOR SCHOLARSHIPS AND FOR RESEARCH ER PEPPERWOOD PRESERVE
UCSF FOUNDATION P.O. BOX 45339 SAN FRANCISCO, CA 94145	94-2829914	501(C)(3)	400,500.	0.			FOR SCHOLARSHIPS
UNITED WAY OF THE WINE COUNTRY 975 CORPORATE CTR PKWY #160 SANTA ROSA, CA 95407	94-1669646	501(C)(3)	23,500.	0.			TO SUPPORT 2-1-1 PROGRAM
UNIVERSITY OF SOUTHERN CALIFORNIA USC ADVANCEMENT GIFT SERVICES LOS ANGELES, CA 90015	95-1642394	501(C)(3)	35,000.	0.			FOR SCHOLARSHIPS AND THE USC SC FORMULA ELECTRIC FUND
UNIVERSITY OF THE PACIFIC OFFICE OF FINANCIAL AID STOCKTON, CA 95211	94-1156266	501(C)(3)	12,000.	0.			TO SUPPORT THE PACIFIC HEAVY ENSEMBLE

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VALLEY OF THE MOON CHILDREN'S HOME FOUNDATION - P.O. BOX 11671 - SANTA ROSA, CA 95406	68-0343720	501(C)(3)	13,500.	0.			TO SUPPORT THE BLUE BAG PROGRAM
VALLEY OF THE MOON NATURAL HISTORY ASSOC. DBA JACK LONDON PARK PARTNERS - 2400 LONDON RANCH ROAD - GLEN ELLEN, CA 95442	94-2412859	501(C)(3)	22,600.	0.			FOR GENERAL OPERATING SUPPORT
VERITY-COMPASSION SAFETY SUPPORT A CALIFORNIA CORPORATION - 835 PINER RD SUITE D - SANTA ROSA, CA 95403	94-2437947	501(C)(3)	14,700.	0.			FOR SUPPORT OF PROGRAMS TO ASSIST SURVIVORS OF SEXUAL VIOLENCE AND HUMAN TRAFFICKING
VINTAGE HOUSE SENIOR MULTIPURPOSE CENTER OF SONOMA VALLEY - 264 FIRST STREET EAST - SONOMA, CA 95476	94-2745586	501(C)(3)	81,350.	0.			FOR THE NEW TRACKING DATABASE, FOR A BILINGUAL VACCINE NAVIGATOR, FOR THE CAPACITY BUILDING
VITALANT 3505 INDUSTRIAL DRIVE SANTA ROSA, CA 95403	86-0098929	501(C)(3)	24,000.	0.			FOR BLOOD DONATION PROGRAMS
VIVO YOUTH ORCHESTRAS 617 BROADWAY #1206 SONOMA, CA 95476	85-1514336	501(C)(3)	8,000.	0.			FOR GENERAL OPERATING SUPPORT
WAYFINDER FAMILY SERVICES, DBA LILLIPUT FAMILIES - 8391 AUBURN BLVD. - CITRUS HEIGHTS, CA 95610	95-1977659	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
WEST COUNTY COMMUNITY SERVICES P.O. BOX 325 GUERNEVILLE, CA 95446	94-2277740	501(C)(3)	55,500.	0.			FOR FINANCIAL ASSISTANCE PROGRAMS
WEST COUNTY HEALTH CENTERS INC P.O. BOX 1449 GUERNEVILLE, CA 95446	23-7310613	501(C)(3)	275,000.	0.			FOR WEST COUNT VACCINE CLINICS, AND FOR THE RUSSIAN RIVER HEALTH AND WELLNESS CENTER CAPITAL

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WIKIMEDIA FOUNDATION, INC. 1 MONTGOMERY ST., SUITE 1600 SAN FRANCISCO, CA 94104	20-0049703	501(C)(3)	55,000.	0.			FOR GENERAL OPERATING SUPPORT
WILD FARM ALLIANCE P.O. BOX 2570 WATSONVILLE, CA 95077	20-0195670	501(C)(3)	25,000.	0.			FOR GENERAL OPERATING SUPPORT
WILDAID 333 PINE ST. SUITE 300 SAN FRANCISCO, CA 94104	20-3644441	501(C)(3)	27,500.	0.			FOR GENERAL OPERATING SUPPORT
WOMEN GIVING AS ONE INC. DBA IMPACT 100 - P.O. BOX 1958 - SONOMA, CA 95476	27-0845497	501(C)(3)	23,100.	0.			FOR SUPPORT OF THE DEI PROGRAM FOR SONOMA VALLEY NONPROFITS
WOMEN'S RECOVERY SERVICES - A UNIQUE PLACE - POST OFFICE BOX 1356 - SANTA ROSA, CA 95402	51-0178620	501(C)(3)	44,000.	0.			FOR GENERAL OPERATING SUPPORT
WOMENSERVE 4515 ROSS ROAD SEBASTOPOL, CA 95472	81-2996515	501(C)(3)	8,000.	0.			FOR GENERAL OPERATING SUPPORT
WORLD VISION P.O. BOX 9716 FEDERAL WAY, WA 98063	95-1922279	501(C)(3)	25,000.	0.			FOR FINISH THE JOB HONDURAS
YOUNG LIFE P.O. BOX 5184 HARLAN, IA 51593	84-0385934	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
YOUTH AG & LEADERSHIP FOUNDATION OF SONOMA COUNTY - P.O. BOX 1283 - ROHNERT PARK, CA 94927	94-3230442	501(C)(3)	30,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA OF SONOMA COUNTY P.O. BOX 3506 SANTA ROSA, CA 95402	94-2347428	501(C)(3)	27,750.	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: AUDUBON CANYON RANCH

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF LAST HOUSE AND THE
FILM AND BOUVERIE PRESERVE AND OPENROAD SEGMENT ON ACR/FIREFORWARD

NAME OF ORGANIZATION OR GOVERNMENT: CERES COMMUNITY PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT AND
THE SEBASTOPOL GARDEN AND THE RESILIENT LEADERSHIP COLLABORATIVE PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: COTS (COMMITTEE ON THE SHELTERLESS)

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR MARY ISAAK CENTER, FOR INTERIM
HOUSING PROGRAM, FOR KIDS FIRST FAMILY SHELTER AND MEDICAL HEALTH
SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: HANNA BOYS CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE HANNAH INSTITUTE SUMMIT,
SCHOOL MENTAL HEALTH PROGRAMS, THE EQUITY IN EDUCATION INITIATIVE AND
HEALING JUSTICE PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: LA LUZ CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF PARTNERSHIP WITH
SONOMA VALLEY EDUCATION FOUNDATION AND LOW INCOME SUPPORT PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: ROSELAND SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE BRIDGE GRANT AND GAINING
GROUND SCHOLARSHIP, THE YES WE CAN SCHOLARSHIP, AND UNIVERSITY PREP
BRIDGE GRANT

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA ECOLOGY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE PLAYGROUND AT SONOMA GARDEN

Part IV Supplemental Information

PARK, FOR THE CAPACITY BUILDING IMPLEMENTATION PROGRAM AND FOR THE K-12

WATERSHED EDUCATION PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA OVERNIGHT SUPPORT

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE BILINGUAL RESOURCE

SPECIALIST, AND FOR FOOD AND OTHER SERVICES TO INSECURE RESIDENTS

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA VALLEY HOSPITAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE EIGHT WEEK VACCINATION

CLINIC, FOR SCREENING KIOSKS, FOR ICU UPGRADES AND GERM ZAPPER ROBOT

INITIATIVES

NAME OF ORGANIZATION OR GOVERNMENT:

VINTAGE HOUSE SENIOR MULTIPURPOSE CENTER OF SONOMA VALLEY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE NEW TRACKING DATABASE, FOR A

BILINGUAL VACCINE NAVIGATOR, FOR THE CAPACITY BUILDING IMPLEMENTATION

PROGRAM, FOR THE SOUPS ON! AND SUPPERS ON! PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: WEST COUNTY HEALTH CENTERS INC

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR WEST COUNT VACCINE CLINICS, AND

FOR THE RUSSIAN RIVER HEALTH AND WELLNESS CENTER CAPITAL CAMPAIGN

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

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) 2021

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 and/or 1099-NEC 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)	232,570.	30,000.	0.	14,060.	11,253.	287,883.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ANN BUTTERFIELD VP OF FINANCE & OPS	(i)	145,280.	8,500.	0.	9,048.	16,952.	179,780.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KRISTOPHER VAN GIESEN VP FOR PHILANTHROPY	(i)	157,363.	7,000.	0.	3,193.	6,681.	174,237.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KARIN DEMAREST VP FOR COMMUNITY IMPACT	(i)	118,589.	6,000.	0.	7,444.	24,975.	157,008.	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)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

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	44	4,466,804.	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):

THIS COLUMN REPRESENTS THE NUMBER OF CONTRIBUTIONS, NOT THE NUMBER OF ITEMS CONTRIBUTED.

Multiple horizontal lines for data entry.

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.

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

OMB No. 1545-0047

2021

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) 2021

132211 11-11-21

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	371,784.
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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

2021

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
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	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CHARITABLE LEAD TRUST (1)	INVESTMENTS	CA	COMMUNITY FOUNDATION SONOMA COUNTY	TRUST				X	
CHARITABLE REMAINDER TRUST (3)	INVESTMENTS	CA	COMMUNITY FOUNDATION SONOMA COUNTY	TRUST				X	

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

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

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

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

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

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

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

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

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