

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2022

Open to Public Inspection

A For the **2022** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input checked="" 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 SONOMA COUNTY COMMUNITY FOUNDATION		D Employer identification number 68-0003212
	Doing business as COMMUNITY FOUNDATION SONOMA COUNTY		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 \$ 104,760,423.
City or town, state or province, country, and ZIP or foreign postal code SANTA ROSA, CA 95401		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: OSCAR CHAVEZ SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. See instructions	
J Website: WWW.SONOMACF.ORG		H(c) Group exemption number	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1983	M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: WE CONNECT PEOPLE, IDEAS AND RESOURCES TO BENEFIT THE LIVES OF THOSE WHO LIVE IN SONOMA COUNTY.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	25
	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)	18,605,936.	26,326,778.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	363,487.	368,648.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,219,014.	11,605,447.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,977.	1,852.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	31,190,414.	38,302,725.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	15,485,126.	17,697,338.
	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)	2,124,979.	2,266,894.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	385,646.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,882,452.	2,011,226.
19 Revenue less expenses. Subtract line 18 from line 12	19,492,557.	21,975,458.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	11,697,857.	16,327,267.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	227,314,167.	202,602,973.
		2,706,212.	2,567,083.
		224,607,955.	200,035,890.

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			
	OSCAR CHAVEZ, PRESIDENT AND 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 11/10/2023	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, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year 2022 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 \$ 19,383,948. including grants of \$ 17,697,338.) (Revenue \$ 370,500.) GRANTMAKING: AWARDED MORE THAN \$17 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 19,383,948.

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, bond issues, and transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No response columns. Includes questions 2a through 17 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request [] Other (explain 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
MARK GEARY - 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, box 6 of 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) SHERYL ALEXANDER INTERIM CEO	45.00 0.00			X				232,850.	0.	1,507.
(2) KARIN DEMAREST VP COMMUNITY IMPACT (THRU 11/23/22)	45.00 0.00					X		163,099.	0.	27,081.
(3) MARK GEARY DIRECTOR OF FINANCE	45.00 0.00					X		128,974.	0.	25,794.
(4) JOHN MCGUIRK INTERIM VP	45.00 0.00					X		118,463.	0.	33,593.
(5) KRISTIN NELSON DIRECTOR OF PHILANTHROPIC ADVISING	45.00 0.00					X		120,583.	0.	8,143.
(6) ANN BUTTERFIELD VP OF FINANCE & OPS (THRU 9/26/22)	45.00 1.00			X				94,549.	0.	29,138.
(7) CAITLIN CHILDS DIRECTOR OF COMMUNICATIONS	45.00 0.00					X		102,045.	0.	13,211.
(8) ELIZABETH BROWN PRESIDENT & CEO (THRU 3/4/22)	45.00 0.00			X				52,185.	0.	4,336.
(9) THELIA WADE CHAIR	1.00 0.00	X		X				0.	0.	0.
(10) RICHARD DAVIS-LOWELL VICE-CHAIR	1.00 0.00	X		X				0.	0.	0.
(11) JANET RAMATICI SECRETARY	3.00 0.00	X		X				0.	0.	0.
(12) CHRISTINA HOLLINGSWORTH TREASURER	1.00 0.00	X		X				0.	0.	0.
(13) BARRY WEITZENBERG DIRECTOR	3.00 1.00	X						0.	0.	0.
(14) KATIE JACKSON DIRECTOR	1.00 0.00	X						0.	0.	0.
(15) LISA CARRENO DIRECTOR	1.00 0.00	X						0.	0.	0.
(16) PATRICK EMERY DIRECTOR	1.00 0.00	X						0.	0.	0.
(17) SUSAN LENTZ 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) DEBERAH KELLEY DIRECTOR	1.00 0.00	X						0.	0.	0.
(19) HARRIET DERWINGSON DIRECTOR (THRU 3/31/22)	1.00 0.00	X						0.	0.	0.
(20) SIMON BLATTNER DIRECTOR	1.00 0.00	X						0.	0.	0.
(21) CAROL BEATTIE DIRECTOR	1.00 0.00	X						0.	0.	0.
(22) AKASH KALIA DIRECTOR	1.00 0.00	X						0.	0.	0.
(23) DALE WANNEN DIRECTOR	1.00 0.00	X						0.	0.	0.
(24) MICHELLE YOUNG DIRECTOR	1.00 0.00	X						0.	0.	0.
1b Subtotal								1,012,748.	0.	142,803.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,012,748.	0.	142,803.

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 7

	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	175,108.

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	1,770.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	26,325,008.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 2,560,357.				
	h Total. Add lines 1a-1f			26,326,778.			
Program Service Revenue	2 a MANAGEMENT FEES	Business Code					
		561000	368,648.	368,648.			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			368,648.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,446,100.			3,446,100.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
				74,617,045.			
	b Less: cost or other basis and sales expenses	7b	66,457,698.				
	c Gain or (loss)	7c	8,159,347.				
	d Net gain or (loss)			8,159,347.		8,159,347.	
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	1,852.	1,852.			
	b _____						
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d			1,852.				
12 Total revenue. See instructions			38,302,725.	370,500.	0.	11,605,447.	

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 ...	17,697,338.	17,697,338.		
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	414,566.	116,351.	254,583.	43,632.
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	1,451,890.	548,461.	751,094.	152,335.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	72,234.	30,889.	33,442.	7,903.
9 Other employee benefits	184,285.	69,305.	92,895.	22,085.
10 Payroll taxes	143,919.	52,058.	76,531.	15,330.
11 Fees for services (nonemployees):				
a Management				
b Legal	137,594.	48,397.	74,629.	14,568.
c Accounting	66,450.	23,373.	36,041.	7,036.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	257,807.		257,807.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	362,601.	127,540.	196,669.	38,392.
12 Advertising and promotion	160,199.	56,348.	86,889.	16,962.
13 Office expenses	387,563.	297,510.	75,345.	14,708.
14 Information technology	150,117.	52,802.	81,421.	15,894.
15 Royalties				
16 Occupancy	225,143.	79,191.	122,114.	23,838.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	67,115.	23,607.	36,402.	7,106.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	33,254.	11,697.	18,036.	3,521.
23 Insurance	163,383.	149,081.	11,966.	2,336.
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	21,975,458.	19,383,948.	2,205,864.	385,646.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	677,101.	1	3,649,313.
	2 Savings and temporary cash investments	200,443.	2	0.
	3 Pledges and grants receivable, net	8,604,957.	3	7,260,128.
	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	172,651.	9	85,273.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 416,418.		
	b Less: accumulated depreciation	10b 348,079.		
	11 Investments - publicly traded securities	213,479,336.	11	187,421,620.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	3,106,022.	15	3,143,159.
16 Total assets. Add lines 1 through 15 (must equal line 33)	227,314,167.	16	202,602,973.	
Liabilities	17 Accounts payable and accrued expenses	178,321.	17	114,006.
	18 Grants payable	2,527,891.	18	1,940,391.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	512,686.
	26 Total liabilities. Add lines 17 through 25	2,706,212.	26	2,567,083.
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	60,168,889.	27	59,939,736.
	28 Net assets with donor restrictions	164,439,066.	28	140,096,154.
	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	224,607,955.	32	200,035,890.
33 Total liabilities and net assets/fund balances	227,314,167.	33	202,602,973.	

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	38,302,725.
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,975,458.
3	Revenue less expenses. Subtract line 2 from line 1	3	16,327,267.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	224,607,955.
5	Net unrealized gains (losses) on investments	5	-40,456,243.
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	-443,089.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	200,035,890.

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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- 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 (2022)

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

2022

Open to Public Inspection

Name of the organization SONOMA COUNTY COMMUNITY FOUNDATION	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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	18,633,970.	14,887,819.	24,068,288.	18,605,936.	26,326,778.	102,522,791.
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	18,633,970.	14,887,819.	24,068,288.	18,605,936.	26,326,778.	102,522,791.
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)						9,593,214.
6 Public support. Subtract line 5 from line 4.						92,929,577.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	18,633,970.	14,887,819.	24,068,288.	18,605,936.	26,326,778.	102,522,791.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,056,268.	4,007,930.	3,031,100.	4,241,643.	3,446,100.	18,783,041.
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						121,305,832.
12 Gross receipts from related activities, etc. (see instructions)					12	1,373,986.

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**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	76.61 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	79.01 %

16a 33 1/3% support test - 2022. 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

b 33 1/3% support test - 2021. 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

17a 10% -facts-and-circumstances test - 2022. 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

b 10% -facts-and-circumstances test - 2021. 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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. 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 on line 12 of 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).		

Schedule A (Form 990) 2022

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 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-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

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

2022

Name of the organization

SONOMA COUNTY COMMUNITY FOUNDATION

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 SONOMA COUNTY COMMUNITY FOUNDATION	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>2,716,000.</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>2,628,897.</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>2,000,000.</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>2,000,000.</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>1,800,000.</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>1,375,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SONOMA COUNTY COMMUNITY FOUNDATION	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/>	\$ 1,344,481.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 1,140,791.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 1,005,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 800,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 679,361.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ 632,595.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SONOMA COUNTY COMMUNITY FOUNDATION	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
11	3,150 SHARES TSLA _____ _____ _____	\$ 679,361.	11/03/22
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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

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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization: SONOMA COUNTY COMMUNITY FOUNDATION; 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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for tracking easements held at the end of the tax year, and yes/no questions about monitoring and reporting.

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.

Form with questions (1a, 1b, 2) regarding the reporting of art and historical treasures, including fields for revenue and asset values.

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	115,227,835.	103,972,852.	92,940,493.	78,210,871.	84,598,098.
b Contributions	2,786,487.	2,348,667.	653,349.	2,922,029.	1,233,069.
c Net investment earnings, gains, and losses	-17,052,833.	12,559,057.	13,379,883.	14,140,117.	-5,390,715.
d Grants or scholarships	5,091,975.	3,652,741.	3,000,873.	2,332,524.	2,229,581.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	95,869,514.	115,227,835.	103,972,852.	92,940,493.	78,210,871.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment .9300 %
 - b Permanent endowment 82.9000 %
 - c Term endowment 16.1700 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		73,132.	51,865.	21,267.
d Equipment		53,035.	49,958.	3,077.
e Other		290,251.	246,256.	43,995.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				68,339.

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) OPERATING LEASE LIABILITIES	512,686.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	512,686.

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 A TAX-EXEMPT ORGANIZATION UNDER THE INTERNAL REVENUE CODE (THE CODE) SECTION 501(C)(3) AND RELATED CALIFORNIA CODE SECTIONS 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, 2022, 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

2022

**Open to Public
Inspection**

Name of the organization **SONOMA COUNTY COMMUNITY FOUNDATION** 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
CHARLES M. SCHULZ MUSEUM & RESEARCH CENTER - 2301 HARDIES LANE - SANTA ROSA, CA 95403	68-0422370	501(C)(3)	1,505,000.	0.			FOR GENERAL OPERATING SUPPORT
NORTH BAY ORGANIZING PROJECT PO BOX 1928 SANTA ROSA, CA 95402	45-2369887	501(C)(3)	669,250.	0.			TO PROVIDE FINANCIAL ASSISTANCE TO UNDOCUMENTED COMMUNITY MEMBERS IN SONOMA COUNTY
CHOPS TEEN CLUB AKA DEMEO TEEN CLUB INC. - 509 ADAMS STREET - SANTA ROSA, CA 95401	91-1859251	501(C)(3)	472,800.	0.			FOR GENERAL OPERATING SUPPORT
UCSF FOUNDATION PO BOX 45339 SAN FRANCISCO, CA 94145	94-2829914	501(C)(3)	407,500.	0.			FOR THE BRADLEY FUND FOR NEUROLOGY; TO FUND RESEARCH AROUND TREATMENTS/CURES FOR
REDWOOD EMPIRE FOOD BANK 3990 BRICKWAY BLVD. SANTA ROSA, CA 95403	68-0121855	501(C)(3)	336,600.	0.			TO TARGET INCREASING FOOD INSECURITY WITH AN EMERGENCY GRANT IN SUPPORT OF FOOD
10000 DEGREES 1401 LOS GAMOS DRIVE, SUITE 205 SAN RAFAEL, CA 94909	95-3667812	501(C)(3)	323,512.	0.			TO SUPPORT SCHOLARSHIPS IN 2022-2023

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **289.**

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) 2022

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
ROSELAND SCHOOL DISTRICT 1691 BURBANK AVENUE SANTA ROSA, CA 95407	36-4766964	ROSELAND SD	300,500.	0.			FOR THE BRIDGE GRANT AND THE GAINING GROUND SCHOLARSHIP
LANDPATHS 618 4TH ST. #217 SANTA ROSA, CA 95404	68-0328590	501(C)(3)	284,250.	0.			TO SUPPORT THE HIRING AND MANAGEMENT OF A STAFF PERSON TO LEAD THE IMPLEMENTATION OF THE
BAYSIDE COVENANT CHURCH 8211 SIERRA COLLEGE BLVD STE 440 ROSEVILLE, CA 95661	68-0358620	501(C)(3)	275,000.	0.			FOR THE GENERAL FUND
CATHOLIC CHARITIES OF THE DIOCESE OF SANTA ROSA - PO BOX 4900 - SANTA ROSA, CA 95402	94-2479393	501(C)(3)	270,238.	0.			TO PROVIDE HEALTHY FOOD DELIVERIES TO THOSE EXPERIENCING FOOD INSECURITY
SONOMA VALLEY EDUCATION FOUNDATION PO BOX 493 SONOMA, CA 95476	68-0279152	501(C)(3)	256,250.	0.			TO SUPPORT SUMMER SCHOOL IN SONOMA VALLEY, WITH AN EMPHASIS ON BIPOC YOUTH TO CATCH UP ON ESSENTIAL
COMMUNITY PARTNERS 1000 N. ALAMEDA ST. SUITE 240 LOS ANGELES, CA 90012	95-4302067	501(C)(3)	251,575.	0.			TO SUPPORT THE DEVELOPMENT OF AN AGENDA FOR ACTION BASED ON THE 2021 PORTRAIT OF SONOMA
ST. JOSEPH HEALTH NORTHERN CALIFORNIA - 3345 MICHELSON DR. SUITE 100 - IRVINE, CA 92612	81-4791043	501(C)(3)	250,000.	0.			TO SUPPORT THE DALE! PROGRAM, AS FISCAL SPONSOR TO ON THE MARGINS
UNIVERSITY OF CHICAGO 5801 S. ELLIS AVE., STE. 007 CHICAGO, IL 60637	36-2177139	501(C)(3)	250,000.	0.			FOR THE ANDREW AND ELLEN BRADLEY FUND, DIVISION OF THE SOCIAL SCIENCES
SONOMA ECOLOGY CENTER PO BOX 1486 ELDRIDGE, CA 95431	94-3136500	501(C)(3)	241,105.	0.			TO FUND SONOMA VALLEY COLLABORATIVES EFFORTS TO EDUCATE AND ORGANIZE LOCAL COMMUNITY MEMBERS

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
NAPA VALLEY COMMUNITY FOUNDATION 3299 CLAREMONT WAY, SUITE 4 NAPA, CA 94558	68-0349777	501(C)(3)	225,000.	0.			TO SUPPORT THE NAPA SONOMA ADU CENTER INITIATIVE
SONOMA LAND TRUST 822 FIFTH STREET SANTA ROSA, CA 95404	51-0197006	501(C)(3)	212,252.	0.			TO SUPPORT THE FORCE FOR NATURE CAMPAIGN AND GENERAL OPERATING SUPPORT
THE HEALDSBURG SCHOOL 33 H HEALDSBURG AVE. HEALDSBURG, CA 95448	20-5534052	501(C)(3)	210,000.	0.			FOR GENERAL OPERATING SUPPORT
COTS (COMMITTEE ON THE SHELTERLESS) - PO BOX 2744 - PETALUMA, CA 94953-2744	68-0176855	501(C)(3)	209,000.	0.			TO SUPPORT PEOPLE'S VILLAGE
ON THE MOVE 780 LINCOLN AVE. NAPA, CA 94558	75-3149095	501(C)(3)	185,731.	0.			TO SUPPORT A FOURTH COHORT OF ON THE VERGE IN SONOMA COUNTY AND GENERAL OPERATING SUPPORT
CORAZON HEALDSBURG PO BOX 1004 HEALDSBURG, CA 95448	27-3044487	501(C)(3)	178,500.	0.			FOR GENERAL OPERATING SUPPORT
HANNA BOYS CENTER 17000 ARNOLD DRIVE SONOMA, CA 95476	94-1156478	501(C)(3)	174,600.	0.			TO SUPPORT THE HEALING JUSTICE YOUTH RESPONDERS PROGRAM
SWEETWATER SPECTRUM INC 369 FIFTH STREET WEST SONOMA, CA 95476	27-0184641	501(C)(3)	172,000.	0.			FOR THE "RETIRE THE DEBT" CAMPAIGN AND IN SUPPORT OF PAYING OFF MORTGAGE
SECURE FAMILIES COLLABORATIVE 422 LARKFIELD CENTER #227 SANTA ROSA, CA 95403	86-2152312	501(C)(3)	163,263.	0.			FOR GENERAL OPERATING SUPPORT

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BOYS AND GIRLS CLUBS OF SONOMA VALLEY - 100 W. VERANO AVENUE - SONOMA, CA 95476	94-1579901	501(C)(3)	154,500.	0.			TO SUPPORT THE YOUTH DEVELOPMENT INTERNSHIP PROGRAM THROUGH THE 2022/23 SCHOOL YEAR, FOR
PEPPERWOOD FOUNDATION 2130 PEPPERWOOD PRESERVE RD. SANTA ROSA, CA 95404-7543	01-0817571	501(C)(3)	147,000.	0.			TO FUND THE TEENNAT PROGRAM AT PEPPERWOOD AND GENERAL OPERATING SUPPORT
CAREER TECHNICAL EDUCATION FOUNDATION SONOMA COUNTY - 1030 APOLLO WAY, SUITE 200 - SANTA ROSA, CA 95407	46-5607272	501(C)(3)	145,000.	0.			TO ENHANCE AND EXPAND SONOMA CORPS, A 2-YEAR COLLEGE AND CAREER READINESS PROGRAM FOR
PUBLIC SCHOOL SUCCESS TEAM INC. PO BOX 781 HEALDSBURG, CA 95448	26-4632140	501(C)(3)	143,720.	0.			FOR GENERAL OPERATING SUPPORT AND GRANT DISTRIBUTION
REDWOOD ADVENTIST ACADEMY 385 MARK WEST SPRINGS ROAD SANTA ROSA, CA 95404-1101	94-1726911	501(C)(3)	140,000.	0.			FOR THE GENERAL FUND
INQUIRING SYSTEMS INC 887 SONOMA AVE, #23 SANTA ROSA, CA 95404	94-2524840	501(C)(3)	138,169.	0.			FOR UNRESTRICTED GENERAL SUPPORT FOR THE ECOLOGICAL WORKFORCE INITIATIVE
JEWISH COMMUNITY FREE CLINIC OF SONOMA COUNTY - 50 MONTGOMERY DR - SANTA ROSA, CA 95404	94-3386103	501(C)(3)	131,500.	0.			FOR THE IMPLEMENTATION OF THE EPIC ELECTRONIC HEALTH RECORDS SYSTEM
SONOMA COUNTY OFFICE OF EDUCATION 5340 SKYLANE BOULEVARD SANTA ROSA, CA 95401	94-6002635	SCOE	125,450.	0.			TO SUPPORT BRIDGING THE GAP (ELAAE INITIATIVE)
REDWOOD GOSPEL MISSION PO BOX 493 SANTA ROSA, CA 95402-0493	94-6122045	501(C)(3)	120,000.	0.			FOR THE GENERAL FUND

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CERES COMMUNITY PROJECT PO BOX 1562 SEBASTOPOL, CA 95473	26-2250997	501(C)(3)	118,500.	0.			TO TARGET INCREASING FOOD INSECURITY WITH AN EMERGENCY GRANT IN SUPPORT OF FOOD
MUSEUM OF SONOMA COUNTY 425 SEVENTH STREET SANTA ROSA, CA 95401	94-2506626	501(C)(3)	113,100.	0.			TO SUPPORT SONOMA COUNTY STORYTELLING FOR STUDENTS OF TITLE I SCHOOLS AND GENERAL OPERATING SUPPORT
SHARE SONOMA COUNTY 2901 CLEVELAND AVENUE, SUITE 204 SANTA ROSA, CA 95401	81-3993230	501(C)(3)	112,500.	0.			FOR GENERAL OPERATING SUPPORT
LATINO SERVICE PROVIDERS 1015-A CENTER DRIVE SANTA ROSA, CA 95403	46-4107589	501(C)(3)	108,500.	0.			FOR GENERAL OPERATING SUPPORT, AND LEADERSHIP SUPPORT FOR THE EXECUTIVE DIRECTOR
FARM TO PANTRY PO BOX 191 HEALDSBURG, CA 95448	46-5321538	501(C)(3)	107,000.	0.			TO TARGET INCREASING FOOD INSECURITY WITH AN EMERGENCY GRANT IN SUPPORT OF FOOD
HUMANIDAD THERAPY & EDUCATION SERVICES - 1260 N. DUTTON AVE., SUITE 230 - SANTA ROSA, CA 95401	46-3725156	501(C)(3)	107,000.	0.			FOR GENERAL OPERATING SUPPORT AND FOR PARTICIPATION IN THE MENTAL HEALTH
CARDINAL NEWMAN HIGH SCHOOL 50 URSULINE ROAD SANTA ROSA, CA 95403	94-1578925	501(C)(3)	101,000.	0.			IN SUPPORT OF THE A CALL TO LEAD CAMPAIGN
HUMANE SOCIETY OF SONOMA COUNTY 5345 HIGHWAY 12 WEST SANTA ROSA, CA 95407	94-6001315	501(C)(3)	98,000.	0.			TO PROVIDE SLIDING SCALE SPAY NEUTER PET SERVICES AND URGENT VETERINARY CARE FOR LOW- TO
THE LIVING ROOM 328 S. E STREET SANTA ROSA, CA 95401	58-2675876	501(C)(3)	97,700.	0.			TO PROVIDE SUPPORT FOR THE TRANSITIONAL HOUSING PROGRAM AT THE LIVING ROOM AND GENERAL

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SANTA ROSA SYMPHONY 50 SANTA ROSA AVENUE, STE. 410 SANTA ROSA, CA 95404	94-6134075	501(C)(3)	96,475.	0.			TO SUPPORT THE SIMPLY STRINGS PROGRAM WITH ACCESS TO TUITION-FREE PARTICIPATION IN SANTA
LA LUZ CENTER 17560 GREGER STREET SONOMA, CA 95476	68-0228235	501(C)(3)	96,250.	0.			TO PROVIDE LOW-INCOME SONOMA VALLEY LATINX RESIDENTS DIRECT, IMMEDIATE BASIC NEEDS AND
FOOD FOR THOUGHT PO BOX 1608 FORESTVILLE, CA 95436	68-0181095	501(C)(3)	96,000.	0.			TO TARGET INCREASING FOOD INSECURITY WITH AN EMERGENCY GRANT IN SUPPORT OF FOOD
CALIFORNIA INDIAN MUSEUM & CULTURAL CENTER - 5250 AERO DRIVE - SANTA ROSA, CA 95403	94-3244506	501(C)(3)	94,000.	0.			TO PROVIDE CULTURALLY SUSTAINING, OUT-OF-SCHOOL ENRICHMENT PROGRAMMING THROUGH THE BEING WITH
THE BIRD RESCUE CENTER OF SONOMA COUNTY - PO BOX 475 - SANTA ROSA, CA 95402	94-2378213	501(C)(3)	90,500.	0.			FOR THE FLIGHT AVIARY, IN MEMORY OF JACK STUPPIN
SONOMA COMMUNITY CENTER 276 EAST NAPA STREET SONOMA, CA 95476	94-1566728	501(C)(3)	90,032.	0.			TO BUILD A BILINGUAL, CULTURALLY COMPETENT EMERGENCY VOLUNTEER NETWORK FOR SONOMA VALLEY
COMPASSION WITHOUT BORDERS 1130 BUTLER AVENUE SANTA ROSA, CA 95407	20-4698227	501(C)(3)	86,000.	0.			TO PROVIDE VETERINARY WELLNESS AND SPAY/NEUTER SERVICES TO PETS OF LOW-INCOME AND HOMELESS
BOYS & GIRLS CLUBS OF SONOMA-MARIN 1400 NORTH DUTTON AVENUE, SUITE 24 SANTA ROSA, CA 95401	68-0309534	501(C)(3)	80,800.	0.			TO FUND AFTER-SCHOOL PROGRAMS & SUMMER CAMP FOR THE HEALDSBURG CLUB TEEN PROGRAM DURING THE
LUTHER BURBANK MEMORIAL FOUNDATION 50 MARK WEST SPRINGS ROAD SANTA ROSA, CA 95403	94-2581084	501(C)(3)	79,300.	0.			TO EXPAND AND ENHANCE THE YEAR-ROUND MARIACHI PROGRAM

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TLC CHILD & FAMILY SERVICES PO BOX 2079 SEBASTOPOL, CA 95473-2079	68-0008634	501(C)(3)	76,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT FOSTER YOUTH PROGRAMS
WOMEN'S RECOVERY SERVICES - A UNIQUE PLACE - POST OFFICE BOX 1356 - SANTA ROSA, CA 95402	51-0178620	501(C)(3)	75,500.	0.			TO SUPPORT WOMEN'S RECOVERY SERVICES PROGRAMS AND OPERATIONS
CITY OF SANTA ROSA HOUSING AND COMMUNITY SERVICES - 90 SANTA ROSA AVENUE - SANTA ROSA, CA 95404	94-6000428	SANTA ROSA CITY	75,000.	0.			FOR GENERAL OPERATING SUPPORT TO THE SAMUEL L. JONES HALL HOMELESS SHELTER
BECOMING INDEPENDENT 1455 CORPORATE CENTER PARKWAY SANTA ROSA, CA 95407	94-2641147	501(C)(3)	72,004.	0.			TO SUPPORT BECOMING INDEPENDENT'S PROGRAMS
HEALDSBURG JAZZ FESTIVAL, INC PO BOX 266 HEALDSBURG, CA 95448	71-0910474	501(C)(3)	70,000.	0.			TO PROVIDE HIGH-QUALITY AND MOTIVATING MUSIC EDUCATION FOR YOUTH WITH PROGRAMS SUCH AS
NORTH BAY JOBS WITH JUSTICE 600 B STREET SANTA ROSA, CA 95401	81-1374240	501(C)(3)	70,000.	0.			TO DEVELOP A VISION OF A SUSTAINABLE, WELL-COMPENSATED WORKFORCE AND A RESILIENT
SOCIAL ADVOCATES FOR YOUTH 2447 SUMMERFIELD ROAD SANTA ROSA, CA 95405	94-1711490	501(C)(3)	70,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT FOR HOUSING FORMER FOSTER YOUTH EXPERIENCING
YWCA OF SONOMA COUNTY PO BOX 3506 SANTA ROSA, CA 95402	94-2347428	501(C)(3)	69,144.	0.			FOR CONTINUED SUPPORT FOR WOMEN AT RISK AND GENERAL OPERATING SUPPORT
VIVO YOUTH ORCHESTRAS 617 BROADWAY #1206 SONOMA, CA 95476	85-1514336	501(C)(3)	68,000.	0.			TO PROVIDE SONOMA VALLEY LOW-INCOME, LATINX STUDENTS, GRADES K-12, AFTERSCHOOL IN-PERSON

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CANINE COMPANIONS FOR INDEPENDENCE, INC - PO BOX 446 - SANTA ROSA, CA 95402	94-2494324	501(C)(3)	67,950.	0.			FOR CANINE COMPANIONS NORTHWEST REGION GENERAL OPERATIONS
COUNCIL ON AGING SERVICES FOR SENIORS - 30 KAWANA SPRINGS RD. - SANTA ROSA, CA 95404	94-6138714	501(C)(3)	67,575.	0.			TO TARGET INCREASING FOOD INSECURITY WITH AN EMERGENCY GRANT IN SUPPORT OF FOOD
NAMI SONOMA COUNTY 182 FARMERS LANE, SUITE 202 SANTA ROSA, CA 95405	68-0041644	501(C)(3)	67,250.	0.			FOR GENERAL OPERATING SUPPORT AND FOR PARTICIPATION IN THE MENTAL HEALTH
CALIFORNIA PARENTING INSTITUTE (CPI) - 3650 STANDISH AVENUE - SANTA ROSA, CA 95407	94-2541640	501(C)(3)	67,000.	0.			FOR FOOD ASSISTANCE, MEDICAL EXPENSES, AND FOR DIAPERS AND SIMILAR HOUSEHOLD NEEDS FOR
SONOMA OVERNIGHT SUPPORT PO BOX 748 SONOMA, CA 95476	03-0483033	501(C)(3)	67,000.	0.			TO ENSURE THAT HOMELESS AND FOOD INSECURE INDIVIDUALS IN SONOMA VALLEY HAVE ACCESS TO
RUSSIAN RIVERKEEPER PO BOX 1335 HEALDSBURG, CA 95448	68-0321117	501(C)(3)	66,500.	0.			FOR GENERAL OPERATING SUPPORT
LA FAMILIA SANA PO BOX 158 CLOVERDALE, CA 95425	86-1711899	501(C)(3)	66,000.	0.			TO PROVIDE DIRECT RENTAL AND UTILITIES ASSISTANCE TO FAMILIES IMPACTED BY COVID
WINDSOR HISTORICAL SOCIETY PO BOX 1544 9225 FOXWOOD DR. WINDSOR, CA 95492	68-0359264	501(C)(3)	66,000.	0.			TO SUPPORT CONSTRUCTION AND REHABILITATION WORK ON HISTORIC BUILDING
PETALUMA BLACKS FOR COMMUNITY DEVELOPMENT - PO BOX 2045 - PETALUMA, CA 94953	13-4279054	501(C)(3)	65,000.	0.			TO SUPPORT THE GRAPEVINE YOUTH LEADERSHIP FIELD TRIP TO WASHINGTON D.C. TO INTEGRATE ACADEMICS

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PETALUMA PEOPLE SERVICES CENTER 1500A PETALUMA BLVD. SOUTH PETALUMA, CA 94952	94-2271299	501(C)(3)	63,000.	0.			TO TARGET INCREASING FOOD INSECURITY WITH AN EMERGENCY GRANT IN SUPPORT OF FOOD
FOREST UNLIMITED PO BOX 506 FORESTVILLE, CA 95436	94-3263110	501(C)(3)	62,500.	0.			TO SUPPORT THE SUPPLEMENTAL ENVIRONMENT PROJECT
AUDUBON CANYON RANCH PO BOX 577 STINSON BEACH, CA 94970	94-6069140	501(C)(3)	62,000.	0.			TO SUPPORT THE JUNIPER JUNIOR NATURALIST PROGRAM TO SUPPORT WELLBEING AND ACADEMIC SUCCESS FOR
SUPPORT OUR STUDENTS 319 SOUTH E. STREET SANTA ROSA, CA 95404	81-0676520	501(C)(3)	62,000.	0.			FOR GENERAL OPERATING SUPPORT AND FOR PARTICIPATION IN THE MENTAL HEALTH
CITY OF HEALDSBURG 1557 HEALDSBURG AVE. HEALDSBURG, CA 95448	94-6000347	CITY OF HEALDSBU	61,500.	0.			TO SUPPORT THE HEALDSBURG SENIOR CENTER CONGREGATE DINING PROGRAM
SONOMA VALLEY MENTORING ALLIANCE PO BOX 721 SONOMA, CA 95476	68-0429128	501(C)(3)	61,250.	0.			FOR GENERAL OPERATING SUPPORT, ON BEHALF OF THE THEODORE CUTLER FAMILY TRUST
SONOMA VALLEY HOSPITAL FOUNDATION 347 ANDRIEUX STREET SONOMA, CA 95476	94-2832488	501(C)(3)	61,000.	0.			FOR REPLACING LIFE SAVING EQUIPMENT AT THE HOSPITAL, NAMELY NEW SURGERY TABLES, NEW
COMMUNITY ACTION PARTNERSHIP OF SONOMA COUNTY - 2250 NORTHPOINT PKWY - SANTA ROSA, CA 95407	94-1648949	501(C)(3)	60,500.	0.			TO PROVIDE HIGH-NEED, LOW-INCOME SONOMA COUNTY RESIDENTS DIRECT, IMMEDIATE BASIC NEEDS AND
CIRCUIT RIDER COMMUNITY SERVICES 9619 OLD REDWOOD HWY WINDSOR, CA 95492-9200	94-2345807	501(C)(3)	60,000.	0.			TO SUPPORT THE VISTA ACADEMY PROGRAM TO PROVIDE COURT-ORDERED YOUTH WITH ONE ADDITIONAL

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LOMI SCHOOL FOUNDATION (LOMI COUNSELING CLINIC) - 320 10TH STREET, SUITE 200 - SANTA ROSA, CA 95401	94-2495238	501(C)(3)	60,000.	0.			FOR GENERAL OPERATING SUPPORT AND FOR PARTICIPATION IN THE MENTAL HEALTH
DAILY ACTS ORGANIZATION PO BOX 293 PETALUMA, CA 94952	20-3851259	501(C)(3)	56,500.	0.			TO SUPPORT THE LEADERSHIP INSTITUTE FOR JUST AND RESILIENT COMMUNITIES FELLOWSHIP
SIDE BY SIDE 300 SUNNY HILLS DRIVE, BLDG #5 SAN ANSELMO, CA 94960	94-1156301	501(C)(3)	55,500.	0.			TO EXPAND TRAUMA-INFORMED AND CLINICAL SERVICES FOR RACES UNIDAS INITIATIVE FOR LATINX IMMIGRANT
SONOMA COUNTY REGIONAL PARKS FOUNDATION - 2300 COUNTY CENTER DRIVE #120A - SANTA ROSA, CA 95403	68-0421813	501(C)(3)	55,500.	0.			TO LAUNCH THE INNOVATIVE YES! MOUNTAIN PROGRAM
LEGAL AID OF SONOMA COUNTY 144 SOUTH E STREET, SUITE 100 SANTA ROSA, CA 95404	68-0008581	501(C)(3)	55,000.	0.			FOR GENERAL OPERATING SUPPORT
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	53,000.	0.			FOR UKRAINE RELIEF (014064)
FORGET ME NOT CHILDRENS SERVICES 5345 HIGHWAY 12, WEST SANTA ROSA, CA 95407	26-3464770	501(C)(3)	52,500.	0.			TO EXPAND THE ANIMAL/HORTICULTURE-ASSISTED INTERVENTION
REACH FOR HOME 443 HUDSON STREET HEALDSBURG, CA 95448	47-2692320	501(C)(3)	52,500.	0.			FOR GENERAL OPERATING SUPPORT
DOCTORS WITHOUT BORDERS 40 RECTOR STREET, 16TH FLOOR NEW YORK, NY 10006-1705	13-3433452	501(C)(3)	52,350.	0.			FOR UKRAINIAN HUMANITARIAN RELIEF EFFORTS

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SMITH COLLEGE 76 ELM STREET NORTHAMPTON, MA 10630	04-1843040	501(C)(3)	51,000.	0.			FOR GENERAL SUPPORT, A CLASS OF 1975, 50TH REUNION GIFT
AMERICAN OVERSIGHT INC. 1030 15TH ST. NW, SUITE B255 WASHINGTON, DC 20005	81-5294830	501(C)(3)	50,000.	0.			FOR THE CURRENT GENERAL OPERATION BUDGET
HOPE CRISIS RESPONSE NETWORK P.O. BOX 6393 SANTA ROSA, CA 95406	35-2147808	501(C)(3)	50,000.	0.			TO SUPPORT THE DISASTER RESOURCE VILLAGE
NPR FOUNDATION PO BOX 791490 BALTIMORE, MD 21279-1490	52-1795789	501(C)(3)	50,000.	0.			FOR 2022-23 GENERAL OPERATING EXPENSES
THE CULTURAL CONSERVANCY PO BOX 29044 SAN FRANCISCO, CA 94129-0044	94-3003900	501(C)(3)	50,000.	0.			IN SUPPORT OF HERON SHADOW
HEALDSBURG SHARED MINISTRIES PO BOX 1646 HEALDSBURG, CA 95448	94-2838706	501(C)(3)	49,000.	0.			TO PURCHASE FOOD FROM THE REDWOOD EMPIRE FOOD BANK
CENTER FOR VOLUNTEER & NONPROFIT LEADERSHIP - 1 MCINNIS PARKWAY, SUITE 175 - SAN RAFAEL, CA 94903	68-0101012	501(C)(3)	45,900.	0.			FOR 1) SPONSOR THE HEART OF SONOMA COUNTY. 2) SCHOLARSHIPS TO ENGAGE SONOMA COUNTY BIPOC
RIVER TO COAST CHILDREN'S SERVICES PO BOX 16 GUERNEVILLE, CA 95446-0016	94-2378459	501(C)(3)	45,000.	0.			TO TARGET INCREASING FOOD INSECURITY WITH AN EMERGENCY GRANT IN SUPPORT OF FOOD
WEST COUNTY COMMUNITY SERVICES PO BOX 325 GUERNEVILLE, CA 95446	94-2277740	501(C)(3)	45,000.	0.			TO TARGET INCREASING FOOD INSECURITY WITH AN EMERGENCY GRANT IN SUPPORT OF FOOD

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NORTH BAY CANCER ALLIANCE INC. 2360 MENDOCINO AVE., A2 #363 SANTA ROSA, CA 95403	01-0821673	501(C)(3)	43,500.	0.			FOR PATIENT ASSISTANCE, THE ONCOLOGY PROFESSIONALS EVENT, AND THE UBER HEALTH PILOT
SONOMA VALLEY MUSEUM OF ART PO BOX 322 SONOMA, CA 95476	68-0409459	501(C)(3)	43,500.	0.			TO SUPPORT THE ARTS PROGRAM
COMMUNITY SUPPORT NETWORK 1410 GUERNEVILLE RD., SUITE 14 SANTA ROSA, CA 95403	94-2159583	501(C)(3)	43,300.	0.			FOR GENERAL OPERATING SUPPORT FOR THE COMMUNITY DEVELOPMENT AND TRAINING MANAGER POSITION
CLOVERDALE SENIOR MULTIPURPOSE CENTER - 311 N. MAIN STREET - CLOVERDALE, CA 95425	68-0106405	501(C)(3)	42,000.	0.			TO PROVIDE ACCESS TO HEALTHY FOODS, HOUSING, AND OTHER FUNDAMENTAL HUMAN NEEDS TO MAINTAIN
THE CLIMATE CENTER 1275 4TH ST. #191 SANTA ROSA, CA 95404	45-0485495	501(C)(3)	41,649.	0.			FOR GENERAL OPERATING SUPPORT
CALIFORNIA POETS IN THE SCHOOLS PO BOX 1328 SANTA ROSA, CA 95402	94-2977264	501(C)(3)	40,500.	0.			TO PROVIDE SKILLS-BASED POETRY CLASSES TO PRIMARILY LOW-INCOME, BIPOC YOUTH
ALLIANCE MEDICAL CENTER 1381 UNIVERSITY AVENUE HEALDSBURG, CA 95448	94-2308748	501(C)(3)	40,000.	0.			FOR GENERAL OPERATING SUPPORT
BOYS AND GIRLS CLUBS OF GREATER SANTA ROSA, INC. - PO BOX 2392 - SANTA ROSA, CA 95405	94-1498233	501(C)(3)	40,000.	0.			TO SUPPORT LITERACY-FOCUSED IMPROVEMENTS TO THE ACADEMIC PROGRAM THROUGH
PEP HOUSING 625 ACACIA LN. SANTA ROSA, CA 95409	94-2565270	501(C)(3)	40,000.	0.			TO PROVIDE BASIC HUMAN NEEDS TO SENIORS AND VETERANS WITH LOW INCOMES, PRIORITIZING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WARNECKE INSTITUTE, INC. 13427 CHALK HILL ROAD. HEALDSBURG, CA 95448	20-4401473	501(C)(3)	40,000.	0.			FOR GENERAL OPERATING SUPPORT
WILD FARM ALLIANCE PO BOX 2570 WATSONVILLE, CA 95077	20-0195670	501(C)(3)	40,000.	0.			FOR CAPACITY BUILDING
NUESTRA COMUNIDAD P.O. BOX 1406 WINDSOR, CA 95492	83-0609417	501(C)(3)	39,500.	0.			TO PROMOTE STAFF WELLNESS AND RESILIENCE
SONOMA COUNTY REGIONAL CLIMATE PROTECTION AUTHORITY - 411 KING STREET - SANTA ROSA, CA 95404	27-2950600	SONOMA COUNTY	38,000.	0.			TO EMBED ENVIRONMENTAL JUSTICE ADVISORS IN THE FUNDING FOR CLIMATE CHANGE PROCESS
SANTA ROSA CHILDREN'S CHORUS PO BOX 9389 SANTA ROSA, CA 95405	68-0165953	501(C)(3)	37,600.	0.			FOR GENERAL OPERATING SUPPORT
FARM TO FIGHT HUNGER 2315 MILL CREEK LANE HEALDSBURG, CA 95448	83-2508565	501(C)(3)	37,500.	0.			TO PROVIDE NUTRITIOUS CULTURALLY RELEVANT VEGETABLES AND EGGS TO THOSE IN NEED OF HEALTHY
CALIFORNIA HUMAN DEVELOPMENT 3315 AIRWAY DRIVE SANTA ROSA, CA 95403	94-1653023	501(C)(3)	37,000.	0.			TO PROVIDE DIRECT FINANCIAL ASSISTANCE TO LOW-INCOME FARMWORKERS AND OTHER VULNERABLE
SONOMA FAMILY MEAL PO BOX 14522 SANTA ROSA, CA 95402	82-3332831	501(C)(3)	37,000.	0.			TO PROVIDE DELICIOUS, EFFICIENT AND SAFE MEALS TO FAMILIES AND SENIORS FACING FOOD INSECURITY IN
CENTRO LABORAL DE GRATON PO BOX 42 GRATON, CA 95444	68-0472311	501(C)(3)	35,000.	0.			TO SUPPORT THE ALMAS PROGRAM AND THE ORGANIZATIONAL LEADERSHIP TRANSITION

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SONOMA VALLEY HIGH SCHOOL 20000 BROADWAY SONOMA, CA 95476	36-4766953	SONOMA VALLEY HS	35,000.	0.			FOR THE SONOMA VALLEY HIGH SCHOOL PERFORMANCE SCHOLARSHIP PROGRAM
UC BERKELEY FOUNDATION 1995 UNIVERSITY AVE., SUITE 401 BERKELEY, CA 94704-1058	94-6090626	501(C)(3)	35,000.	0.			TO SUPPORT SONOMA COUNTY STUDENTS ATTENDING UC BERKELEY
INTERNATIONAL RESCUE COMMITTEE 122 EAST 42ND STREET NEW YORK, NY 10168	13-5660870	501(C)(3)	34,000.	0.			IN SUPPORT OF UKRAINIAN HUMANITARIAN EFFORTS
GOLDEN GATE NATIONAL PARKS CONSERVANCY - 201 FORT MASON, 3RD FLOOR - SAN FRANCISCO, CA 94123	94-2781708	501(C)(3)	31,500.	0.			TO SUPPORT UNDERWRITING OF THE 2022 SEASON OF OPENROAD WITH DOUG MCCONNELL AND FOR GENERAL
REBUILDING TOGETHER - PETALUMA PO BOX 100 PETALUMA, CA 94953-0100	91-1762902	501(C)(3)	31,500.	0.			TO PROVIDE CRITICAL HOME REPAIRS AND ACCESSIBILITY MODIFICATIONS FOR ELDERLY AND PEOPLE WITH
SEBASTOPOL AREA SENIOR CENTER 167 N HIGH STREET SEBASTOPOL, CA 95472	23-7043925	501(C)(3)	31,000.	0.			TO SUPPORT THE SEBASTOPOL AREA SENIOR CENTER HARVEST CAFE FOOD PROGRAM
DIRECT RELIEF 6100 WALLACE BECKNELL ROAD SANTA BARBARA, CA 93117	95-1831116	501(C)(3)	30,750.	0.			FOR UKRAINIAN RELIEF
LIME FOUNDATION 1400 PETALUMA HILL RD. SANTA ROSA, CA 95404	47-2046585	501(C)(3)	30,350.	0.			TO ASSIST WITH RENOVATING THE VOCATIONAL ED/TRAINING CENTER
BOTANICAL BUS 8128 BODEGA AVE. SEBASTOPOL, CA 95472-3116	84-3039239	501(C)(3)	30,000.	0.			TO SUPPORT BOTANICAL BUS'S FARMWORKER CLINICS AND GENERAL SUPPORT

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CHRIS 180 INC. 1017 FAYETTEVILLE ROAD, SUITE B ATLANTA, GA 30316	58-1430183	501(C)(3)	30,000.	0.			FOR GENERAL OPERATING SUPPORT, IN HONOR OF KATHY COLBENSON
CLOVERDALE CITRUS FAIR 1 CITRUS FAIR DRIVE CLOVERDALE, CA 95425	94-6003949	501(C)(3)	30,000.	0.			SPONSORSHIP FOR THE FIRE AND EARTHQUAKE SAFETY EXPO 2022
COASTAL SENIORS, INC PO BOX 437 POINT ARENA, CA 95468	94-2902833	501(C)(3)	30,000.	0.			TO TARGET INCREASING FOOD INSECURITY WITH AN EMERGENCY GRANT IN SUPPORT OF FOOD
LIFEWORCS OF SONOMA COUNTY 1260 NORTH DUTTON AVE #105 SANTA ROSA, CA 95401	68-0375462	501(C)(3)	30,000.	0.			TO SUPPORT THE EL PUENTE PROGRAM
SONOMA APPLIED VILLAGE SERVICES 1275 4TH STREET, #101, BOX 196 SANTA ROSA, CA 95404	83-4609220	501(C)(3)	30,000.	0.			TO PROVIDE NUTRITIOUS MEALS TO HOMELESS PERSONS LIVING IN SEBASTOPOL SAVS HORIZON SHINE VILLAGE AND
INTERFAITH SHELTER NETWORK 2455 BENNETT VALLEY RD., SUITE C200 SANTA ROSA, CA 95404	68-0222942	501(C)(3)	29,500.	0.			TO PROVIDE IMMEDIATE SOLUTIONS TO COMMUNITY MEMBERS WHO HAVE UNMET BASIC NEEDS
WEST COUNTY HEALTH CENTERS INC PO BOX 1449 GUERNEVILLE, CA 95446	23-7310613	501(C)(3)	29,000.	0.			FOR THE RUSSIAN RIVER HEALTH & WELLNESS CENTERS CAPITAL CAMPAIGN
CHILDREN'S MUSEUM OF SONOMA COUNTY PO BOX 6141 SANTA ROSA, CA 95406	20-3496878	501(C)(3)	28,350.	0.			TO SUPPORT THE CREATION AND IMPLEMENTATION OF LOW-COST ARTS EDUCATION ACTIVITIES AND TO ASSIST
SEBASTIANI THEATRE FOUNDATION, INC. - PO BOX 874 - SONOMA, CA 95476	26-1872589	501(C)(3)	28,000.	0.			TO HIRE CONSULTANTS TO CONDUCT A STRATEGIC PLANNING PROCESS CULMINATING IN A 3-YEAR

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CONSERVATION CORPS NORTH BAY 27 LARKSPUR ST. SAN RAFAEL, CA 94901	94-2831592	501(C)(3)	27,500.	0.			TO PROVIDE CORPSMEMBERS WITH TRANSPORTATION ASSISTANCE, FOOD ACCESS, AND PAYING MEDICAL AND
ALTERNATIVE FAMILY SERVICES 131B STONY CIRCLE, SUITE 1200 SANTA ROSA, CA 95401	94-2427088	501(C)(3)	27,000.	0.			TO PROVIDE FOOD, CRITICAL SUPPLIES AND RENT ASSISTANCE TO SONOMA COUNTY FOSTER FAMILIES
PETS LIFELINE PO BOX 341 SONOMA, CA 95476	94-2851279	501(C)(3)	27,000.	0.			TO PROVIDE FREE SPAY/NEUTER AND VACCINE CLINICS FOR CATS AND DOGS BELONGING TO LOW-INCOME
SALVATION ARMY - SANTA ROSA 93 STONY CIRCLE SANTA ROSA, CA 95401	94-1156347	501(C)(3)	27,000.	0.			TO ASSIST LOW INCOME FAMILIES WITH FOOD, CLOTHING AND CHRISTMAS GIFTS
SONOMA IMMIGRANT SERVICES PO BOX 2229 SONOMA, CA 95476	87-1441610	501(C)(3)	26,800.	0.			FOR THE CITIZENSHIP PREPARATION PROGRAM: NATURALIZATION AND APPLICATION SUPPORT
HEALDSBURG MUSEUM & HISTORICAL SOCIETY - PO BOX 952 - HEALDSBURG, CA 95448	94-2401543	501(C)(3)	26,600.	0.			TO SUPPORT "FUND THE FUTURE" PROJECTS
ART ESCAPE 17474 SONOMA HIGHWAY SONOMA, CA 95476	47-3626950	501(C)(3)	26,300.	0.			TO SUPPORT THE FOUNDATIONS OF ARTS AND CRAFTS PROGRAM FOR MIDDLE SCHOOL STUDENTS
VALLEY OF THE MOON CHILDREN'S HOME FOUNDATION - PO BOX 11671 - SANTA ROSA, CA 95406	68-0343720	501(C)(3)	26,000.	0.			TO SUPPORT VALLEY OF THE MOON CHILDREN'S FOUNDATION CRITICAL NEEDS FUND, WHICH BENEFITS
VINTAGE HOUSE SENIOR MULTIPURPOSE CENTER OF SONOMA VALLEY - 264 FIRST STREET EAST - SONOMA, CA 95476	94-2745586	501(C)(3)	25,550.	0.			TO SUPPORT THE CAPACITY BUILDING IMPLEMENTATION PROGRAM

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FRIENDS IN SONOMA HELPING PO BOX 507 SONOMA, CA 95476	23-7441289	501(C)(3)	25,250.	0.			TO SUPPORT THE CAPACITY BUILDING IMPLEMENTATION PROGRAM
SANTA ROSA JUNIOR COLLEGE FOUNDATION - 1501 MENDOCINO AVENUE - SANTA ROSA, CA 95401-4395	94-1735861	501(C)(3)	25,100.	0.			FOR THE INTERNSHIP PROGRAM AT SHONE FARM FOR AG & NATURAL RESOURCES
BRIDGES PREGNANCY CLINIC AND CARE CENTER - 750 MENDOCINO AVE, SUITE 1 - SANTA ROSA, CA 95401	68-0055469	501(C)(3)	25,000.	0.			FOR THE GENERAL FUND
CALIFORNIA AGRICULTURAL LEADERSHIP FOUNDATION - 80 GARDEN COURT, SUITE 270 - MONTEREY, CA 93940	94-6069269	501(C)(3)	25,000.	0.			FOR INVESTMENT IN THE ENDOWMENT FUND, IN MEMORY OF FRANK AND LORRIANE WEDEKIND
CALIFORNIA PACIFIC MEDICAL CENTER FOUNDATION - PO BOX 7999 - SAN FRANCISCO, CA 94115	94-2728423	501(C)(3)	25,000.	0.			FOR NURSING EDUCATION FUNDING
DAILY HOPE MINISTRIES PO BOX 80448 RANCHO SANTA MARGARITA, CA 92688	26-3854748	501(C)(3)	25,000.	0.			FOR THE GENERAL FUND
DRY CREEK RANCHERIA BAND OF POMO INDIANS - PO BOX 607 - GEYSERVILLE, CA 95441	94-2422476	501(C)(3)	25,000.	0.			TO PROVIDE MEMBERS WITH BASIC UNMET NEEDS
FISH OF THE SANTA ROSA AREA INC. PO BOX 4291 SANTA ROSA, CA 95402	51-0159551	501(C)(3)	25,000.	0.			TO PURCHASE HEALTHY FOOD FROM REDWOOD EMPIRE FOOD BANK FOR DISTRIBUTION TO FOOD-INSECURE PEOPLE OF
LOS CIEN SONOMA COUNTY 975 CORPORATE CENTER PKWY #160 SANTA ROSA, CA 95407	47-4474273	501(C)(3)	25,000.	0.			FOR LOS CIEN PROGRAM AND CAPACITY BUILDING

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SANTA ROSA PLAYERS DBA SIXTH STREET PLAYHOUSE - 52 W. 6TH STREET - SANTA ROSA, CA 95401	94-1748527	501(C)(3)	25,000.	0.			TO SUPPORT SONOMA COUNTY STUDENTS, INCLUDING AT-RISK YOUTH, TO ACTIVELY TAKE PART IN THE
UNIVERSITY OF SOUTHERN CALIFORNIA 1150 SOUTH OLIVE STREET, 25TH FLOOR LOS ANGELES, CA 90015	95-1642394	501(C)(3)	25,000.	0.			FOR THE VITERBI SCHOOL OF ENGINEERING GENERAL FUND
ST. ANDREW PRESBYTERIAN CHURCH 16290 ARNOLD DR. SONOMA, CA 95476	51-0158108	501(C)(3)	24,800.	0.			FOR GENERAL OPERATING SUPPORT
VITALANT P.O. BOX 29650 DEPT 880519 PHOENIX, AZ 85038-9650	86-0098929	501(C)(3)	22,000.	0.			TO HELP FUND THE BUCKET BRIDGE CHALLENGE AND SONOMA RACEWAYS HIGH SPEED BLOOD DRIVE, AS
YOUNG LIFE P.O. BOX 5184 HARLAN, IA 51593	84-0385934	501(C)(3)	21,000.	0.			FOR GENERAL OPERATING SUPPORT OF YOUNG LIFE PETALUMA, CALIFORNIA (AREA NUMBER CA596)
DISABILITY SERVICES AND LEGAL CENTER - 521 MENDOCINO AVENUE - SANTA ROSA, CA 95401	94-2345086	501(C)(3)	20,000.	0.			FOR ASSISTANCE FOR PEOPLE WITH DISABILITIES AND OLDER ADULTS THROUGH DSLC'S ACCESS TO BASIC
HEALTHCARE FOUNDATION NORTHERN SONOMA COUNTY - PO BOX 1025 - HEALDSBURG, CA 95448	68-0474109	501(C)(3)	20,000.	0.			FOR OPERATIONAL SUPPORT
KNIGHTS OF INDULGENCE THEATRE UNITED STATES - 461 SEBASTOPOL AVENUE - SANTA ROSA, CA 95401	03-0461324	501(C)(3)	20,000.	0.			TO FACILITATE AND FURTHER STRENGTHEN A PARTNERSHIP WITH LUTHER BURBANK ELEMENTARY SCHOOL
LIFEHOUSE, INC. 18 PROFESSIONAL CENTER PARKWAY SAN RAFAEL, CA 94903	94-6050196	501(C)(3)	20,000.	0.			FOR GENERAL OPERATING SUPPORT

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OCCIDENTAL ARTS AND ECOLOGY CENTER 15290 COLEMAN VALLEY ROAD OCCIDENTAL, CA 95465	68-0359676	501(C)(3)	20,000.	0.			TO SUPPORT WHERE IT IS MOST NEEDED
PRAGER UNIVERSITY FOUNDATION 15021 VENTURA BLVD. #552 SHERMAN OAKS, CA 91403	27-1763901	501(C)(3)	20,000.	0.			IN SUPPORT OF EDUCATIONAL PROGRAMS
RAIZES COLLECTIVE PO BOX 8606 SANTA ROSA, CA 95407	47-3129493	501(C)(3)	20,000.	0.			TO PROMOTE STAFF WELLNESS AND RESILIENCE
ROTARY CLUB OF SANTA ROSA FOUNDATION - PO BOX 1513 - SANTA ROSA, CA 95402	68-0205619	501(C)(3)	20,000.	0.			TO SUPPORT THE JAMISON MERIT AWARD PROGRAM
SONOMA COUNTY BLACK FORUM PO BOX 1093 SANTA ROSA, CA 95402	38-4070204	501(C)(3)	20,000.	0.			TO TARGET INCREASING FOOD INSECURITY WITH AN EMERGENCY GRANT IN SUPPORT OF FOOD
SONOMA SPRINGS COMMUNITY HALL PO BOX 1897 BOYES HOT SPRINGS, CA 95416	23-7529964	501(C)(3)	20,000.	0.			TO SUPPORT THE CAPACITY BUILDING IMPLEMENTATION PROGRAM
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
VERITY-COMPASSION SAFETY SUPPORT A CALIFORNIA CORPORATION - 1311 W. STEELE LANE - SANTA ROSA, CA 95403	94-2437947	501(C)(3)	20,000.	0.			TO SUPPORT THE BASIC NEEDS ASSISTANCE PROGRAM TO PROVIDE BASIC NECESSITIES TO FAMILIES
WAYFINDER FAMILY SERVICES, DBA LILLIPUT FAMILIES - 8391 AUBURN BLVD. - CITRUS HEIGHTS, CA 95610	95-1977659	501(C)(3)	20,000.	0.			FOR BASIC EMERGENCY NEEDS FOR SONOMA COUNTY LOW-INCOME FAMILIES THROUGH THE KINSHIP

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WORLD CENTRAL KITCHEN, INC. 200 MASSACHUSETTS AVE NW, 7TH FLOOR WASHINGTON, DC 20001	27-3521132	501(C)(3)	19,500.	0.			FOR GENERAL OPERATING SUPPORT
KQED INC. 2601 MARIPOSA STREET SAN FRANCISCO, CA 94110	94-1241309	501(C)(3)	18,900.	0.			FOR 2022-2023 GENERAL OPERATING EXPENSES
THE PRIORY IN THE USA OF THE ORDER OF ST JOHN - 1850 M ST, NW, SUITE 1070 - WASHINGTON, DC 20036	13-6161455	501(C)(3)	18,900.	0.			FOR THE GAZA CATARACT CAMPAIGN - PILGRIM CLASS OF 2022; SPECIAL THANKS TO CURTIS AND FATHER
ST. EUGENE'S CATHEDRAL 2323 MONTGOMERY DRIVE SANTA ROSA, CA 95405	94-2509590	501(C)(3)	18,300.	0.			FOR THE BECKER CENTER'S KITCHEN AND BATHROOM UPGRADE AND REPAIRS
CALIFORNIA TROUT 435 PACIFIC AVENUE, SUITE 200 SAN FRANCISCO, CA 94133	23-7097680	501(C)(3)	17,500.	0.			TO SUPPORT UNDERWRITING 2023 OPEN ROAD WITH DOUG MCCONNELL EPISODE AND FOR GENERAL OPERATING SUPPORT
GREENBELT ALLIANCE P.O. BOX 170159 SAN FRANCISCO, CA 94117	94-1676747	501(C)(3)	17,500.	0.			TO SUPPORT EQUITABLY CENTERING AND ENGAGING LATINX VOICES IN WILDFIRE RESILIENCE PLANNING
SONOMA COUNTY FAIR AND EXPOSITION INC. - 1350 BENNETT VALLEY RD. - SANTA ROSA, CA 95404	94-6003236	501(C)(3)	17,490.	0.			FOR THE AGRICULTURE EDUCATIONAL DISPLAY AT THE 2022 SONOMA COUNTY FAIR
NORTH BAY ASSOCIATION OF REALTORS CHARITY - 475 AVIATION BLVD. #220 - SANTA ROSA, CA 95403	81-2793219	501(C)(3)	17,000.	0.			FOR GENERAL OPERATING SUPPORT
THE CALIFORNIA THEATRE OF SANTA ROSA - 528 7TH STREET - SANTA ROSA, CA 95401	27-4551816	501(C)(3)	17,000.	0.			TO SUPPORT TWO SEASONS OF EDUCATIONAL SUMMER THEATRE CAMPS, FALL CLASSES, AND PRODUCTIONS

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TEEN CHALLENGE PO BOX 24309 SAN JOSE, CA 95154	77-0071828	501(C)(3)	16,600.	0.			IN SUPPORT OF THE ALPHA HENSON CENTER'S HVAC PROJECT
CINNABAR ARTS CORPORATION 3333 PETALUMA BLVD. NORTH PETALUMA, CA 94952	23-7386031	501(C)(3)	16,000.	0.			TO SUPPORT SCHOLARSHIPS FOR SUMMER YOUTH PROGRAMS
PEDIATRIC DENTAL INITIATIVE OF THE NORTH COAST INC. - 1380 19TH HOLE DRIVE - WINDSOR, CA 95492	34-2012430	501(C)(3)	16,000.	0.			TO PROVIDE IMMEDIATE AND DIRECT ASSISTANCE FOR URGENT DENTAL NEEDS TO LOW-INCOME PEDIATRIC AND
ST. JAMES BY-THE-SEA EPISCOPAL CHURCH - 743 PROSPECT STREET - LA JOLLA, CA 92037	95-1792756	501(C)(3)	16,000.	0.			FOR ANNUAL STEWARDSHIP GIFT
MERCY CORPS DEPT W, PO BOX 37800 BOONE, IA 50037-4800	91-1148123	501(C)(3)	15,500.	0.			FOR UKRAINIAN HUMANITARIAN RELIEF EFFORTS
ALI AKBAR COLLEGE OF MUSIC 215 W END AVE SAN RAFAEL, CA 94901	94-6184432	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT
AMBULATORY SURGERY ACCESS COALITION DBA OPERATION ACCESS - 353 KEARNY STREET, SUITE 201 - SAN FRANCISCO, CA 94108	94-3180356	501(C)(3)	15,000.	0.			TO PROVIDE DONATED SURGERIES AND SPECIALTY MEDICAL PROCEDURES FOR UNINSURED PEOPLE IN
CEDAR CREST COLLEGE 100 COLLEGE DRIVE ALLENTOWN, PA 18104	23-1365953	501(C)(3)	15,000.	0.			FOR SCHOLARSHIPS TO STUDENTS WHO HAVE FINANCIAL NEED
EAST PALO ALTO TENNIS AND TUTORING P.O. BOX 60597 PALO ALTO, CA 94306	26-3316879	501(C)(3)	15,000.	0.			FOR GENERAL OPERATING SUPPORT

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EPOCH TIMES ASSOCIATION INC 229 W 28TH STREET- FL 7 NEW YORK, NY 10001	22-3848589	501(C)(3)	15,000.	0.			TO SUPPORT CROSSROADS PROGRAMING
GOOD FOR GOOD FOUNDATION DBA SVFFA 19201 HIGHWAY 12 #259 SONOMA, CA 95476	46-2798690	501(C)(3)	15,000.	0.			IN SUPPORT OF THE SVHS AGRITECHNOLOGY ACADEMY FOR INSTALLING FENCING, IRRIGATION, ELECTRICITY,
JUDICIAL WATCH PO BOX 96234 WASHINGTON, DC 20090	52-1885088	501(C)(3)	15,000.	0.			IN SUPPORT OF CORRUPTION RESEARCH
NEW LIFE CHRISTIAN FELLOWSHIP OF PETALUMA - 1310 CLEGG STREET - PETALUMA, CA 94954	68-0467144	501(C)(3)	15,000.	0.			FOR GENERAL OPERATING SUPPORT
OUR VILLAGE CLOSET 905 MENDOCINO AVE EAST WING SANTA ROSA, CA 95401	84-2935270	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT
PETALUMA HEALTH CENTER 1179 N. MCDOWELL BLVD. PETALUMA, CA 94954	68-0437840	501(C)(3)	15,000.	0.			TO OFFSET THE PRESCRIPTION AND TRANSPORTATION COSTS FOR OUR HOMELESS AND
RESTORE HETCH HETCHY 3286 ADELINE STREET SUITE 7 BERKELEY, CA 94703	77-0551533	501(C)(3)	15,000.	0.			FOR GENERAL OPERATING SUPPORT
SONOMA COUNTY COMMUNITY ARCHITECTURAL FOUNDATION - PO BOX 4178 - SANTA ROSA, CA 95402	84-4404079	501(C)(3)	15,000.	0.			FOR GENERAL OPERATING SUPPORT
ST. VINCENT DE PAUL SOCIETY OF SONOMA COUNTY - PO BOX 1095 - ROHNERT PARK, CA 94927-1095	94-1433890	501(C)(3)	15,000.	0.			TO PROVIDE EMERGENCY FINANCIAL SUPPORT SUCH AS RENTAL AND UTILITY BILL ASSISTANCE

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
UNITED SERVICE ORGANIZATIONS, INC. (USO NORCAL) - 694 A STREET BLDG. 1348 - TRAVIS AFB, CA 94535	13-1610451	501(C)(3)	15,000.	0.			TO SUPPORT PROGRAMS AND SERVICES FOR MILITARY SERVICE MEMBERS AND THEIR FAMILIES IN SONOMA COUNTY
VALLEY OF THE MOON MUSIC FESTIVAL PO BOX 538 SONOMA, CA 95476	47-1629123	501(C)(3)	15,000.	0.			IN SUPPORT OF THE BLATTNER LECTURE SERIES
PONY EXPRESS EQUINE ASSISTED SKILLS FOR YOUTH - 6413 SONOMA HIGHWAY - SANTA ROSA, CA 95409	80-0370392	501(C)(3)	13,500.	0.			IN SUPPORT OF EQUINE SUPPORT THERAPY PROGRAMS
COMMON GROUND SOCIETY 2777 YULUPA AVE. #199 SANTA ROSA, CA 95405	85-0983422	501(C)(3)	13,000.	0.			TO LAUNCH THE COMMON GROUND SOCIETY SPEAKER SERIES
STEWARDS OF THE COAST AND REDWOODS PO BOX 2 DUNCANS MILLS, CA 95430	94-3039895	501(C)(3)	13,000.	0.			FOR THE CREATION OF A KASS FAMILY CIRCLE IN ARMSTRONG REDWOODS STATE RESERVE, IN MEMORY OF
VITAL IMMIGRANT DEFENSE ADVOCACY AND SERVICE - 576 B STREET, SUITE 1C - SANTA ROSA, CA 95401	90-1019558	501(C)(3)	13,000.	0.			FOR GENERAL OPERATING SUPPORT
FAMILY JUSTICE CENTER OF SONOMA COUNTY FOUNDATION - 2755 MENDOCINO AVE., STE. 100 - SANTA ROSA, CA 95403	45-3160831	501(C)(3)	12,500.	0.			FOR GENERAL OPERATING SUPPORT
LONG NOW FOUNDATION P.O. BOX 475668 SAN FRANCISCO, CA 94147	68-0384748	501(C)(3)	12,500.	0.			TO SUPPORT PARTICIPATION IN TED, APRIL 2022
POINT REYES NATIONAL SEASHORE ASSOCIATION - 1 BEAR VALLEY ROAD, BLDG 70 - POINT REYES STATION, CA 94956	94-2228894	501(C)(3)	12,500.	0.			TO SUPPORT YOUTH IN PARKS, IN PARTNERSHIP WITH SONOMA VALLEY MENTORING ALLIANCE

Schedule I (Form 990)

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SCRIPPS COLLEGE 1030 COLUMBIA AVE., #2009 CLAREMONT, CA 91711	95-1664123	501(C)(3)	12,500.	0.			FOR GENERAL OPERATING SUPPORT
SEBASTOPOL CENTER FOR THE ARTS 282 S. HIGH ST. SEBASTOPOL, CA 95472	68-0168638	501(C)(3)	12,500.	0.			TO SUPPORT THE SEBASTOPOL DOCUMENTARY FILM FESTIVAL, 2021
HEALDSBURG CENTER FOR THE ARTS 334 CENTER STREET HEALDSBURG, CA 95448	72-1571075	501(C)(3)	12,000.	0.			FOR GENERAL OPERATING SUPPORT, IN HONOR OF CHARLIE PALMERS PIGS & PINOT ANNUAL CELEBRATION
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
PETALUMA EDUCATIONAL FOUNDATION 200 DOUGLAS ST. PETALUMA, CA 94952	94-2847212	501(C)(3)	11,900.	0.			FOR THE PEF SCHOLARSHIP PROGRAM SERVING THE STUDENTS OF PCSD
AMERICAN RED CROSS OF THE CALIFORNIA NORTHWEST - 5297 AERO DRIVE - SANTA ROSA, CA 95403	53-0196605	501(C)(3)	11,500.	0.			FOR WORK IN SONOMA COUNTY
SAVE THE REDWOODS LEAGUE 111 SUTTER STREET, 11TH FLOOR SAN FRANCISCO, CA 94104	94-0843915	501(C)(3)	11,308.	0.			FOR GENERAL OPERATING SUPPORT
BODEGA LAND TRUST PO BOX 254 BODEGA, CA 94922	94-3175306	501(C)(3)	11,000.	0.			FOR GENERAL OPERATING SUPPORT
GOLD RIDGE RESOURCE CONSERVATION DISTRICT - 2776 SULLIVAN RD. - SEBASTOPOL, CA 95472	94-2466509	501(C)(3)	11,000.	0.			TO SUPPORT ADDITIONAL RESOURCES TO OFFER AMERICORPS FELLOWSHIP EXPERIENCES TO 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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HEALDSBURG EDUCATION FOUNDATION PO BOX 1668 HEALDSBURG, CA 95448	68-0051242	501(C)(3)	11,000.	0.			FOR GENERAL OPERATING SUPPORT, IN HONOR OF CHARLIE PALMERS PIGS & PINOT ANNUAL CELEBRATION
SONOMA COUNTY GRAPE GROWERS FOUNDATION - 3245 GUERNEVILLE ROAD - SANTA ROSA, CA 95401	41-2040096	501(C)(3)	11,000.	0.			FOR THE RICHARD & SARALEE LEADERSHIP ACADEMY
BILINGUAL BROADCASTING FOUNDATION PO BOX 7189 SANTA ROSA, CA 95407	23-7134263	501(C)(3)	10,500.	0.			FOR GENERAL OPERATING SUPPORT
PLANTING JUSTICE 319 105TH AVE OAKLAND, CA 94603	27-0334905	501(C)(3)	10,500.	0.			TO SUPPORT YOUTH INTERNSHIPS
SEBASTOPOL COMMUNITY CULTURAL CENTER - 390 MORRIS STREET - SEBASTOPOL, CA 95472	94-2915229	501(C)(3)	10,500.	0.			TO BE INCLUDED IN THE MAIN HALL MATCHING CAMPAIGN
ALZHEIMER'S ASSOCIATION NORTHERN CALIFORNIA CHAPTER - 2290 NORTH FIRST STREET, SUITE 101 - SAN JOSE, CA 95131	13-3039601	501(C)(3)	10,000.	0.			FOR NORTHERN CA FUNDING
AMERICAN RED CROSS PO BOX 37839 BOONE, IA 50037-0839	53-0196605	501(C)(3)	10,000.	0.			FOR UKRAINIAN HUMANITARIAN RELIEF EFFORTS
ASSOCIATED BIBLE STUDENTS INC 1040 ADLAR COURT CHICO, CA 95926	94-2320321	501(C)(3)	10,000.	0.			IN SUPPORT OF MEXICAN STAFF AND VOLUNTEERS OF LA PUERTA DEL CIELO MISSION CHURCH AND EVERY
BISHOP JOHN T. WALKER SCHOOL FOR BOYS - 1801 MISSISSIPPI AVENUE, SE - WASHINGTON, DC 20020	31-1629166	501(C)(3)	10,000.	0.			FOR GENERAL OPERATIONS, OR WHERE MOST NEEDED

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
CENTER FOR REPRODUCTIVE RIGHTS 199 WATER STREET, 22ND FLOOR NEW YORK, NY 10038	13-3669731	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
CIRCUS MENTORS INC PO BOX 1111 MENDOCINO, CA 95460	82-2791169	501(C)(3)	10,000.	0.			FOR THE FLYNN CREEK POTTERY ANAGAMA CERAMIC KILN
CLOVERDALE PERFORMING ARTS CENTER 209 NORTH CLOVERDALE BLVD CLOVERDALE, CA 95425	26-0182795	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT, IN HONOR OF CHARLIE PALMERS PIGS & PINOT ANNUAL CELEBRATION
COMMUNITY FOUNDATION OF SARASOTA COUNTY - 2635 FRUITVILLE ROAD - SARASOTA, FL 34237	59-1956886	501(C)(3)	10,000.	0.			FOR THE SUNCOAST DISASTER RECOVERY FUND, TO SUPPORT HURRICANE IAN RELIEF
COMMUNITY INITIATIVES 1000 BROADWAY, SUITE 480 OAKLAND, CA 94607	94-3255070	501(C)(3)	10,000.	0.			FOR THE FUND FOR PEOPLE IN PARKS (FSP 6325)
CREATIVITY EXPLORED 3245 16TH STREET SAN FRANCISCO, CA 94103	94-2801050	501(C)(3)	10,000.	0.			FOR GENERAL OPERATIONS
CRESER CAPITAL FUND 195 SAN CARLOS AVE APT 1 SAUSALITO, CA 94965	85-3085043	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
CULINARY INSTITUTE OF AMERICA 1946 CAMPUS DRIVE HYDE PARK, NY 12538-1499	06-0653264	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT, IN HONOR OF CHARLIE PALMERS PIGS & PINOT ANNUAL CELEBRATION
DELIRIUM MUSICUM PO BOX 29183 LOS ANGELES, CA 90029	82-5055824	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT

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DRG FOUNDATION 206 BALTIMORE AVE CORTE MADERA, CA 94925	46-3699756	501(C)(3)	10,000.	0.			TO SUPPORT THE 2022 ORANGE & BLUE FUNDRAISER
ELSIE ALLEN HIGH SCHOOL FOUNDATION PO BOX 4801 SANTA ROSA, CA 95402	46-4580953	501(C)(3)	10,000.	0.			FOR IMPROVING MUSIC EDUCATION PROCESSES AND OPPORTUNITIES
EQUAL JUSTICE INITIATIVE 122 COMMERCE STREET MONTGOMERY, AL 36104	63-1135091	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
FAITH IN PRACTICE 7500 BEECHNUT STREET, SUITE 208 HOUSTON, TX 77074	76-0415986	501(C)(3)	10,000.	0.			IN SUPPORT OF THE GUATEMALAN MEDICAL CARE, IN HONOR OF HILARY BARTELS HEROIC
FARM TRAILS FOUNDATION PO BOX 452 SEBASTOPOL, CA 95473	85-4228682	501(C)(3)	10,000.	0.			TO SPONSOR RICH & SARALEES FARMYARD FOR LIFE ON THE FARM EXHIBIT AT THE APPLE FAIR
FINANCIAL AWARENESS FOUNDATION 959 GOLF COURSE DR. #273 ROHNERT PARK, CA 94928	46-3726461	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
FIRST RESPONDERS RESILIENCY INC 2777 YULUPA AVE. #314 SANTA ROSA, CA 95405	82-4439334	501(C)(3)	10,000.	0.			FOR THE GENERAL FUND
HEALDSBURG COMMUNITY NURSERY SCHOOL - 444 FIRST STREET - HEALDSBURG, CA 95448	94-6138162	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
MANATEE COMMUNITY FOUNDATION INC 2820 MANATEE AVENUE WEST BRADENTON, FL 34205	65-0833500	501(C)(3)	10,000.	0.			FOR THE MANATEE COMMUNITY FOUNDATION DISASTER RELIEF FUND, TO SUPPORT HURRICANE IAN RELIEF

Schedule I (Form 990)

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PARKS CALIFORNIA 400 CAPITOL MALL STE 900 SACRAMENTO, CA 95814-4412	83-1523594	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
PINER HIGH SCHOOL FOUNDATION OF SANTA ROSA, INC. - 1700 FULTON ROAD - SANTA ROSA, CA 95403	68-0312001	501(C)(3)	10,000.	0.			TO SUPPORT TWO SCHOLARSHIPS (\$5000 EACH)
PLANNED PARENTHOOD OF TENNESSEE AND NORTH MISSISSIPPI - 2430 POPLAR AVENUE - MEMPHIS, TN 38112	62-6073178	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
PLAY IT FORWARD MUSIC FOUNDATION P.O. BOX 2752 SEBASTOPOL, CA 95472	81-3472911	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT, IN HONOR OF CHARLIE PALMERS PIGS & PINOT ANNUAL CELEBRATION
REDWOOD COAST LAND CONSERVANCY PO BOX 1511 GUALALA, CA 95445-1511	68-0287719	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
SAN FRANCISCO STATE UNIVERSITY 1600 HOLLOWAY AVE. ADM RM 153 SAN FRANCISCO, CA 94132-4028	94-1384645	501(C)(3)	10,000.	0.			FOR THE COLLEGE OF HEALTH AND SOCIAL SCIENCES' NINA ROBERTS MEMORIAL SCHOLARSHIP ENDOWMENT
SANTA ROSA MEMORIAL HOSPITAL FOUNDATION - 101 BROOKWOOD AVE., STE 202 - SANTA ROSA, CA 95404	81-4791043	501(C)(3)	10,000.	0.			FOR EMERGENCY ROOM FUNDING
SCOTT HAMILTON CARES FOUNDATION INC. - P.O. BOX 680483 - FRANKLIN, TN 37068	47-2328142	501(C)(3)	10,000.	0.			TO SUPPORT THE SK8 TO ELIMIN8 CANCER EVENT IN PARTNERSHIP WITH PROVIDENCE SANTA ROSA
SMALL SCHOOLS FOR EQUITY 15 ONONDAGA AVE UNIT 12217 SAN FRANCISCO, CA 94112-5301	03-0412252	501(C)(3)	10,000.	0.			FOR A STAFF RETREAT AND PROFESSIONAL DEVELOPMENT

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SONOMA BOTANICAL GARDEN PO BOX 232 GLEN ELLEN, CA 95442	68-0249110	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT OR GREATEST NEED
SONOMA VALLEY COMMUNITY HEALTH CENTER - 19270 SONOMA HWY - SONOMA, CA 95476	68-0286382	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT OR GREATEST NEED
STANFORD UNIVERSITY PO BOX 20466 STANFORD, CA 94309-0466	94-1156365	501(C)(3)	10,000.	0.			FOR THE DCI FACULTY DIRECTORSHIP FUND
SUNRISE MOVEMENT EDUCATION FUND 712 H ST NE UNIT #626 WASHINGTON, DC 20002	46-4773036	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
THE STEWARDSHIP NETWORK 416 LONGSHORE DR ANN ARBOR, MI 48105	56-2471470	501(C)(3)	10,000.	0.			FOR UNRESTRICTED SUPPORT FOR THE CALIFORNIA LANDSCAPE STEWARDSHIP NETWORK
VALLEY OF THE MOON OBSERVATORY ASSOCIATION - PO BOX 898 - GLEN ELLEN, CA 95442	47-0877393	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT OR GREATEST NEED
VOTE.ORG 4096 PIEDMONT AVE. #368 OAKLAND, CA 94611	26-2094990	501(C)(3)	10,000.	0.			IN SUPPORT OF MIND THE GAP
WESTERN SONOMA COUNTY YOUTH SOCCER LEAGUE INC. - PO BOX 423 - SEBASTOPOL, CA 95473	68-0332957	501(C)(3)	10,000.	0.			TO SUPPORT THE WESCO UNITED FIELD UPDATE
WOMEN HAVE OPTIONS, INC. DBA ABORTION FUND OF OHIO - PO BOX 1611 - COLUMBUS, OH 43216	31-1357186	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT, IN HONOR OF WHITNEY CRANE AND BILL RODDICK

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SANTA ROSA COMMUNITY HEALTH 3569 ROUND BARN CIRCLE SANTA ROSA, CA 95403	68-0365296	501(C)(3)	9,000.	0.			FOR CARITAS CLINIC FUNDRAISING BY 5 CARITAS CHICKS
SUKHASIDDHI FOUNDATION PO BOX 151327 SAN RAFAEL, CA 94915	68-0395959	501(C)(3)	9,000.	0.			FOR GENERAL OPERATING SUPPORT
GIRL SCOUTS OF NORTHERN CALIFORNIA 1650 HARBOR BAY PARKWAY, STE. 100 ALAMEDA, CA 94502-3013	94-1551410	501(C)(3)	8,800.	0.			FOR BRINGING GIRL SCOUTING ACTIVITIES AND OPPORTUNITIES TO A DIVERSE POPULATION OF
SUTTER MEDICAL CENTER OF SANTA ROSA - 30 MARK WEST SPRINGS ROAD - SANTA ROSA, CA 95403	94-0562680	501(C)(3)	8,800.	0.			FOR THE INSTITUTE FOR HEALTH AND HEALING
WIKIMEDIA FOUNDATION, INC. 1 MONTGOMERY ST., SUITE 1600 SAN FRANCISCO, CA 94104	20-0049703	501(C)(3)	8,500.	0.			FOR WIKIPEDIA OPERATIONS
BRANDEIS HILLEL DAY SCHOOL - MARIN 180 N. SAN PEDRO ROAD SAN RAFAEL, CA 94903	47-1253063	501(C)(3)	8,000.	0.			FOR GENERAL OPERATING SUPPORT
PARTNERS IN HEALTH PO BOX 996 FREDERICK, MD 21705-9942	04-3567502	501(C)(3)	8,000.	0.			FOR GENERAL OPERATING SUPPORT
POINT BLUE CONSERVATION SCIENCE 3820 CYPRESS DRIVE #11 PETALUMA, CA 94954	94-1594250	501(C)(3)	8,000.	0.			TO HELP TRAIN AND CERTIFY EARLY CAREER POINT BLUE STAFF MEMBERS AS BASIC WILDLAND FIREFIGHTERS AND
COMMUNITY CHILD CARE COUNCIL OF SONOMA COUNTY - 131-A STONY CIRCLE, STE 300 - SANTA ROSA, CA 95401	94-2274620	501(C)(3)	7,500.	0.			FOR GENERAL OPERATING SUPPORT

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FARM BUREAU FOUNDATION OF SONOMA COUNTY - 3589 WESTWIND BLVD. - SANTA ROSA, CA 95403	75-3187688	501(C)(3)	7,500.	0.			TO SPONSOR THE FARMER VIDEOS FOR AG DAYS
POSITIVE IMAGES 200 MONTGOMERY DRIVE, SUITE C SANTA ROSA, CA 95404	94-3137845	501(C)(3)	7,500.	0.			TO SUPPORT A SCHOLARSHIP
SUNRISE ROTARY CLUB OF HEALDSBURG FOUNDATION - PO BOX 302 - HEALDSBURG, CA 95448	32-0433206	501(C)(3)	7,500.	0.			IN SUPPORT OF THE DREW ESQUIVEL TURKEY TROT, IN HONOR OF CHARLIE PALMERS PIGS & PINOT ANNUAL
DOMINICAN UNIVERSITY OF CALIFORNIA 50 ACACIA AVENUE SAN RAFAEL, CA 94901	94-1156525	501(C)(3)	7,400.	0.			FOR THE DOMINICAN FUND
ALEXANDER VALLEY FILM SOCIETY 375 HEALDSBURG AVE, SUITE 200 HEALDSBURG, CA 95448-4151	47-2085577	501(C)(3)	7,332.	0.			FOR GENERAL OPERATING SUPPORT, IN HONOR OF CHARLIE PALMERS PIGS & PINOT ANNUAL CELEBRATION
LINCOLN ELEMENTARY SCHOOL 850 WEST 9TH STREET SANTA ROSA, CA 95401	68-0180139	NUSD	7,064.	0.			FOR A BOOK VENDING MACHINE
CATSKILL MOUNTAIN FOUNDATION P.O. BOX 924 HUNTER, NY 12442	13-3992139	501(C)(3)	7,000.	0.			FOR THE SUGAR MAPLES CENTER FOR THE ARTS' TRAIN WOOD KILN
HUDSON RIVER MUSEUM 511 WARBURTON AVE. YONKERS, NY 10701	13-2670081	501(C)(3)	7,000.	0.			FOR GENERAL OPERATING SUPPORT
SF PARKS ALLIANCE 1074 FOLSOM ST SAN FRANCISCO, CA 94103	23-7131784	501(C)(3)	7,000.	0.			FOR 2022 GENERAL OPERATING EXPENSES

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TRANSCENDENCE THEATRE COMPANY 19201 SONOMA HIGHWAY #214 SONOMA, CA 95476	46-2182873	501(C)(3)	7,000.	0.			FOR GENERAL SUPPORT, ACKNOWLEDGING A WONDERFUL PERFORMANCE ON SEPTEMBER 9, 2022
WE COUNT INC PO BOX 344116 HOMESTEAD, FL 33034-9581	56-2638368	501(C)(3)	7,000.	0.			FOR GENERAL SUPPORT
IDEAGARDEN INSTITUTE INCORPORATED 4015 WESTSIDE RD HEALDSBURG, CA 95448	86-2425643	501(C)(3)	6,861.	0.			FOR GSPV AWARD SUPPORT; WEB AND PR #31
NORTH BAY HOUSING COALITION 1234 EMPIRE STREET, SUITE 1210 FAIRFIELD, CA 94533	68-0299806	501(C)(3)	6,500.	0.			FOR THE COVARRUBIAS PROJECT
MARINE MAMMAL CENTER 2000 BUNKER RD.- FORT CRONKITE SAUSALITO, CA 94965	51-0144434	501(C)(3)	6,000.	0.			FOR GENERAL OPERATING SUPPORT
REDWOOD COAST MEDICAL SERVICES PO BOX 1100 GUALALA, CA 95445	94-2395606	501(C)(3)	6,000.	0.			FOR GENERAL OPERATING SUPPORT FOR THE GUALALA CENTER
SONOMA VOLUNTEER FIREFIGHTERS ASSOCIATION - 630 2ND STREET WEST - SONOMA, CA 95476	23-7335141	501(C)(3)	5,750.	0.			FOR GENERAL OPERATING SUPPORT OR GREATEST NEED
CLOVERDALE ARTS ALLIANCE 204 N. CLOVERDALE BLVD CLOVERDALE, CA 95425	68-0466983	501(C)(3)	5,500.	0.			TO SUPPORT FRIDAY NIGHT LIVE
FELTA EDUCATION FOUNDATION 1201 FELTA ROAD HEALDSBURG, CA 95448	68-0479413	501(C)(3)	5,500.	0.			TO SUPPORT MORE ENRICHMENT! CONGRATS WITH PEPTOC, BRAVO!

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LOST HEARTS & SOULS HORSE RESCUE 616 HUNTER LANE SANTA ROSA, CA 95404	90-0653721	501(C)(3)	5,500.	0.			FOR GENERAL OPERATING SUPPORT
PUBLIC HEALTH INSTITUTE 555 12TH STREET, SUITE 290 OAKLAND, CA 94607	94-1646278	501(C)(3)	5,500.	0.			FOR SUPPORT FOR MICHAEL DIMOCK'S IMPORTANT WORK
HEALDSBURG LITTLE LEAGUE PO BOX 674 HEALDSBURG, CA 95448	68-0206988	501(C)(3)	5,300.	0.			FOR GENERAL OPERATING SUPPORT
LAGUNA DE SANTA ROSA FOUNDATION 900 SANFORD ROAD SANTA ROSA, CA 95401	94-3155180	501(C)(3)	5,250.	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: NORTH BAY ORGANIZING PROJECT

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE TO UNDOCUMENTED COMMUNITY MEMBERS IN SONOMA COUNTY WHO HAVE BEEN IMPACTED BY COVID-19

NAME OF ORGANIZATION OR GOVERNMENT: UCSF FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE BRADLEY FUND FOR NEUROLOGY; TO FUND RESEARCH AROUND TREATMENTS/CURES FOR ALZHEIMERS DISEASE

NAME OF ORGANIZATION OR GOVERNMENT: REDWOOD EMPIRE FOOD BANK

(H) PURPOSE OF GRANT OR ASSISTANCE: TO TARGET INCREASING FOOD INSECURITY WITH AN EMERGENCY GRANT IN SUPPORT OF FOOD PROGRAMMING AND GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: LANDPATHS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE HIRING AND MANAGEMENT OF A STAFF PERSON TO LEAD THE IMPLEMENTATION OF THE ENVIRONMENTAL PATHWAY PROJECT FOR AN 18-MONTH TERM AND GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA VALLEY EDUCATION FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT SUMMER SCHOOL IN SONOMA VALLEY, WITH AN EMPHASIS ON BIPOC YOUTH TO CATCH UP ON ESSENTIAL COURSEWORK; AND WILL ALSO SUPPORT A PILOT SOCIAL-EMOTIONAL PROGRAM TO DEEPEN STUDENT ENGAGEMENT

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY PARTNERS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE DEVELOPMENT OF AN AGENDA FOR ACTION BASED ON THE 2021 PORTRAIT OF SONOMA COUNTY, AS FISCAL SPONSOR TO HEALTH ACTION 2.0

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA ECOLOGY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND SONOMA VALLEY COLLABORATIVES EFFORTS TO EDUCATE AND ORGANIZE LOCAL COMMUNITY MEMBERS TO ADVOCATE FOR POLICIES, PRACTICES, AND RESOURCES THAT ALLOW LOWER INCOME PEOPLE TO KEEP THEIR EXISTING AFFORDABLE SITUATIONS AND CREATE MORE NEW INFILL HOUSING

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

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE YOUTH DEVELOPMENT INTERNSHIP PROGRAM THROUGH THE 2022/23 SCHOOL YEAR, FOR SCHOLARSHIPS AND GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:

CAREER TECHNICAL EDUCATION FOUNDATION SONOMA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ENHANCE AND EXPAND SONOMA CORPS, A 2-YEAR COLLEGE AND CAREER READINESS PROGRAM FOR MARGINALIZED YOUTH

NAME OF ORGANIZATION OR GOVERNMENT: CERES COMMUNITY PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO TARGET INCREASING FOOD INSECURITY WITH AN EMERGENCY GRANT IN SUPPORT OF FOOD PROGRAMMING AND GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: FARM TO PANTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO TARGET INCREASING FOOD INSECURITY WITH AN EMERGENCY GRANT IN SUPPORT OF FOOD PROGRAMMING

NAME OF ORGANIZATION OR GOVERNMENT:

HUMANIDAD THERAPY & EDUCATION SERVICES

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT AND FOR PARTICIPATION IN THE MENTAL HEALTH CAPACITY-BUILDING COHORT

NAME OF ORGANIZATION OR GOVERNMENT: HUMANE SOCIETY OF SONOMA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SLIDING SCALE SPAY NEUTER PET SERVICES AND URGENT VETERINARY CARE FOR LOW- TO NO-INCOME PET OWNERS

NAME OF ORGANIZATION OR GOVERNMENT: THE LIVING ROOM

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUPPORT FOR THE TRANSITIONAL HOUSING PROGRAM AT THE LIVING ROOM AND GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: SANTA ROSA SYMPHONY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE SIMPLY STRINGS PROGRAM WITH ACCESS TO TUITION-FREE PARTICIPATION IN SANTA ROSA SYMPHONYS SUMMER MUSIC ACADEMY AND GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: LA LUZ CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE LOW-INCOME SONOMA VALLEY LATINX RESIDENTS DIRECT, IMMEDIATE BASIC NEEDS AND GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: FOOD FOR THOUGHT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO TARGET INCREASING FOOD INSECURITY WITH AN EMERGENCY GRANT IN SUPPORT OF FOOD PROGRAMMING AND GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

CALIFORNIA INDIAN MUSEUM & CULTURAL CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE CULTURALLY SUSTAINING,
OUT-OF-SCHOOL ENRICHMENT PROGRAMMING THROUGH THE BEING WITH BEARS PROGRAM
AND PROVIDE HEALTHY FOODS, RENTAL AND UTILITY ASSISTANCE

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA COMMUNITY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BUILD A BILINGUAL, CULTURALLY
COMPETENT EMERGENCY VOLUNTEER NETWORK FOR SONOMA VALLEY AND GENERAL
OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: COMPASSION WITHOUT BORDERS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE VETERINARY WELLNESS AND
SPAY/NEUTER SERVICES TO PETS OF LOW-INCOME AND HOMELESS COMMUNITY MEMBERS

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

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND AFTER-SCHOOL PROGRAMS &
SUMMER CAMP FOR THE HEALDSBURG CLUB TEEN PROGRAM DURING THE 2022-23
SCHOOL YEAR & 2023 SUMMER AND GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: HEALDSBURG JAZZ FESTIVAL, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE HIGH-QUALITY AND
MOTIVATING MUSIC EDUCATION FOR YOUTH WITH PROGRAMS SUCH AS OPERATION JAZZ
BAND, BLACK HISTORY MONTH AND MUSIC FOR SONOMA FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: NORTH BAY JOBS WITH JUSTICE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DEVELOP A VISION OF A
SUSTAINABLE, WELL-COMPENSATED WORKFORCE AND A RESILIENT COMMUNITY IN THE
FACE OF ONGOING DISASTERS

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: SOCIAL ADVOCATES FOR YOUTH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE GENERAL OPERATING SUPPORT FOR HOUSING FORMER FOSTER YOUTH EXPERIENCING HOMELESSNESS

NAME OF ORGANIZATION OR GOVERNMENT: VIVO YOUTH ORCHESTRAS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SONOMA VALLEY LOW-INCOME, LATINX STUDENTS, GRADES K-12, AFTERSCHOOL IN-PERSON MUSIC EDUCATION CLASSES

NAME OF ORGANIZATION OR GOVERNMENT: COUNCIL ON AGING SERVICES FOR SENIORS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO TARGET INCREASING FOOD INSECURITY WITH AN EMERGENCY GRANT IN SUPPORT OF FOOD PROGRAMMING

NAME OF ORGANIZATION OR GOVERNMENT: NAMI SONOMA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT AND FOR PARTICIPATION IN THE MENTAL HEALTH CAPACITY-BUILDING COHORT

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

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR FOOD ASSISTANCE, MEDICAL EXPENSES, AND FOR DIAPERS AND SIMILAR HOUSEHOLD NEEDS FOR FAMILIES AND GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA OVERNIGHT SUPPORT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ENSURE THAT HOMELESS AND FOOD INSECURE INDIVIDUALS IN SONOMA VALLEY HAVE ACCESS TO FOOD AND HOUSING SUPPORT SERVICES

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

PETALUMA BLACKS FOR COMMUNITY DEVELOPMENT

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

LEADERSHIP FIELD TRIP TO WASHINGTON D.C. TO INTEGRATE ACADEMICS WITH

SOCIAL AND EMOTIONAL EXPERIENCES

NAME OF ORGANIZATION OR GOVERNMENT: PETALUMA PEOPLE SERVICES CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO TARGET INCREASING FOOD INSECURITY

WITH AN EMERGENCY GRANT IN SUPPORT OF FOOD PROGRAMMING

NAME OF ORGANIZATION OR GOVERNMENT: AUDUBON CANYON RANCH

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

NATURALIST PROGRAM TO SUPPORT WELLBEING AND ACADEMIC SUCCESS FOR BIPOC

YOUTH

NAME OF ORGANIZATION OR GOVERNMENT: SUPPORT OUR STUDENTS

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

FOR PARTICIPATION IN THE MENTAL HEALTH CAPACITY-BUILDING COHORT

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA VALLEY HOSPITAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR REPLACING LIFE SAVING EQUIPMENT

AT THE HOSPITAL, NAMELY NEW SURGERY TABLES, NEW ANESTHESIA MACHINES, NEW

MOBILE CLINICAL WORKSTATIONS, AND A COAGULATOR MACHINE

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY ACTION PARTNERSHIP OF SONOMA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE HIGH-NEED, LOW-INCOME

SONOMA COUNTY RESIDENTS DIRECT, IMMEDIATE BASIC NEEDS AND TO SUPPORT THE

Part IV Supplemental Information

SLOAN HOUSE

NAME OF ORGANIZATION OR GOVERNMENT: CIRCUIT RIDER COMMUNITY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE VISTA ACADEMY PROGRAM TO PROVIDE COURT-ORDERED YOUTH WITH ONE ADDITIONAL DAY OF PROGRAMMING PER WEEK FOR SIX MONTHS

NAME OF ORGANIZATION OR GOVERNMENT:

LOMI SCHOOL FOUNDATION (LOMI COUNSELING CLINIC)

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT AND FOR PARTICIPATION IN THE MENTAL HEALTH CAPACITY-BUILDING COHORT

NAME OF ORGANIZATION OR GOVERNMENT: SIDE BY SIDE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EXPAND TRAUMA-INFORMED AND CLINICAL SERVICES FOR RACES UNIDAS INITIATIVE FOR LATINX IMMIGRANT YOUTH AND FAMILIES IN PETALUMA

NAME OF ORGANIZATION OR GOVERNMENT:

CENTER FOR VOLUNTEER & NONPROFIT LEADERSHIP

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR 1) SPONSOR THE HEART OF SONOMA COUNTY. 2) SCHOLARSHIPS TO ENGAGE SONOMA COUNTY BIPOC INDIVIDUALS TO PARTICIPATE IN THE L & L PROGRAMS. 3) GENERAL OPERATING SUPPORT TO ENHANCE CVNL CAPACITY

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

(H) PURPOSE OF GRANT OR ASSISTANCE: TO TARGET INCREASING FOOD INSECURITY WITH AN EMERGENCY GRANT IN SUPPORT OF FOOD PROGRAMMING

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: WEST COUNTY COMMUNITY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO TARGET INCREASING FOOD INSECURITY

WITH AN EMERGENCY GRANT IN SUPPORT OF FOOD PROGRAMMING

NAME OF ORGANIZATION OR GOVERNMENT: CLOVERDALE SENIOR MULTIPURPOSE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE ACCESS TO HEALTHY FOODS,

HOUSING, AND OTHER FUNDAMENTAL HUMAN NEEDS TO MAINTAIN INDEPENDENCE AND

DIGNITY

NAME OF ORGANIZATION OR GOVERNMENT:

BOYS AND GIRLS CLUBS OF GREATER SANTA ROSA, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT LITERACY-FOCUSED

IMPROVEMENTS TO THE ACADEMIC PROGRAM THROUGH A LITERACY SUPPORT EXPANSION

PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: PEP HOUSING

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

SENIORS AND VETERANS WITH LOW INCOMES, PRIORITIZING FOOD ASSISTANCE FOR

OVER 650 SENIORS

NAME OF ORGANIZATION OR GOVERNMENT: FARM TO FIGHT HUNGER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE NUTRITIOUS CULTURALLY

RELEVANT VEGETABLES AND EGGS TO THOSE IN NEED OF HEALTHY FOOD

NAME OF ORGANIZATION OR GOVERNMENT: CALIFORNIA HUMAN DEVELOPMENT

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

ASSISTANCE TO LOW-INCOME FARMWORKERS AND OTHER VULNERABLE POPULATIONS AND

UPGRADES TO FULTON ROAD DAY LABOR CENTER

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA FAMILY MEAL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE DELICIOUS, EFFICIENT AND SAFE MEALS TO FAMILIES AND SENIORS FACING FOOD INSECURITY IN TIMES OF CRISIS AND BEYOND

NAME OF ORGANIZATION OR GOVERNMENT:

GOLDEN GATE NATIONAL PARKS CONSERVANCY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT UNDERWRITING OF THE 2022 SEASON OF OPENROAD WITH DOUG MCCONNELL AND FOR GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: REBUILDING TOGETHER - PETALUMA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE CRITICAL HOME REPAIRS AND ACCESSIBILITY MODIFICATIONS FOR ELDERLY AND PEOPLE WITH DISABILITIES

NAME OF ORGANIZATION OR GOVERNMENT: COASTAL SENIORS, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO TARGET INCREASING FOOD INSECURITY WITH AN EMERGENCY GRANT IN SUPPORT OF FOOD PROGRAMMING

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA APPLIED VILLAGE SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE NUTRITIOUS MEALS TO HOMELESS PERSONS LIVING IN SEBASTOPOL SAVS HORIZON SHINE VILLAGE AND ON THE STREET

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

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE CREATION AND IMPLEMENTATION OF LOW-COST ARTS EDUCATION ACTIVITIES AND TO ASSIST IN HIRING A NEW POSITION FOR ELLA'S ART STUDIO

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: SEBASTIANI THEATRE FOUNDATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HIRE CONSULTANTS TO CONDUCT A

STRATEGIC PLANNING PROCESS CULMINATING IN A 3-YEAR BUSINESS PLAN TO

MAINTAIN THE HISTORIC SEBASTIANI THEATER'S OPERATIONS

NAME OF ORGANIZATION OR GOVERNMENT: CONSERVATION CORPS NORTH BAY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE CORPSMEMBERS WITH

TRANSPORTATION ASSISTANCE, FOOD ACCESS, AND PAYING MEDICAL AND UTILITY

BILLS

NAME OF ORGANIZATION OR GOVERNMENT: ALTERNATIVE FAMILY SERVICES

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

AND RENT ASSISTANCE TO SONOMA COUNTY FOSTER FAMILIES AND YOUTH

NAME OF ORGANIZATION OR GOVERNMENT: PETS LIFELINE

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

VACCINE CLINICS FOR CATS AND DOGS BELONGING TO LOW-INCOME RESIDENTS IN

SONOMA VALLEY

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA IMMIGRANT SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE CITIZENSHIP PREPARATION

PROGRAM: NATURALIZATION AND APPLICATION SUPPORT SERVICES

NAME OF ORGANIZATION OR GOVERNMENT:

VALLEY OF THE MOON CHILDREN'S HOME FOUNDATION

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

CHILDREN'S FOUNDATION CRITICAL NEEDS FUND, WHICH BENEFITS FORMER FOSTER

Part IV Supplemental Information

YOUTH

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

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

REDWOOD EMPIRE FOOD BANK FOR DISTRIBUTION TO FOOD-INSECURE PEOPLE OF

SONOMA COUNTY

NAME OF ORGANIZATION OR GOVERNMENT:

SANTA ROSA PLAYERS DBA SIXTH STREET PLAYHOUSE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT SONOMA COUNTY STUDENTS,

INCLUDING AT-RISK YOUTH, TO ACTIVELY TAKE PART IN THE PRODUCTION OF A

PLAY

NAME OF ORGANIZATION OR GOVERNMENT: VITALANT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP FUND THE BUCKET BRIDGE

CHALLENGE AND SONOMA RACEWAYS HIGH SPEED BLOOD DRIVE, AS WELL AS CONTINUE

TO RUN THE MONTHLY BLOOD DRIVE IN LAKE COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: DISABILITY SERVICES AND LEGAL CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR ASSISTANCE FOR PEOPLE WITH

DISABILITIES AND OLDER ADULTS THROUGH DSLC'S ACCESS TO BASIC NEEDS (ABN)

PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

KNIGHTS OF INDULGENCE THEATRE UNITED STATES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FACILITATE AND FURTHER STRENGTHEN

A PARTNERSHIP WITH LUTHER BURBANK ELEMENTARY SCHOOL PROVIDING IN-SCHOOL

THEATER RESIDENCIES AND FREE TYA PERFORMANCES

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA COUNTY BLACK FORUM

(H) PURPOSE OF GRANT OR ASSISTANCE: TO TARGET INCREASING FOOD INSECURITY WITH AN EMERGENCY GRANT IN SUPPORT OF FOOD PROGRAMMING

NAME OF ORGANIZATION OR GOVERNMENT:

VERITY-COMPASSION SAFETY SUPPORT A CALIFORNIA CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE BASIC NEEDS ASSISTANCE PROGRAM TO PROVIDE BASIC NECESSITIES TO FAMILIES WHO SEEK SAFETY FROM SEXUAL VIOLENCE

NAME OF ORGANIZATION OR GOVERNMENT:

WAYFINDER FAMILY SERVICES, DBA LILLIPUT FAMILIES

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR BASIC EMERGENCY NEEDS FOR SONOMA COUNTY LOW-INCOME FAMILIES THROUGH THE KINSHIP SUPPORT SERVICES PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

THE PRIORY IN THE USA OF THE ORDER OF ST JOHN

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE GAZA CATARACT CAMPAIGN - PILGRIM CLASS OF 2022; SPECIAL THANKS TO CURTIS AND FATHER SKIP!

NAME OF ORGANIZATION OR GOVERNMENT: CALIFORNIA TROUT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT UNDERWRITING 2023 OPEN ROAD WITH DOUG MCCONNELL EPISODE AND FOR GENERAL OPERATING SUPPORT OF CALTROUT.

NAME OF ORGANIZATION OR GOVERNMENT: GREENBELT ALLIANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT EQUITABLY CENTERING AND

Part IV Supplemental Information

ENGAGING LATINX VOICES IN WILDFIRE RESILIENCE PLANNING EFFORTS

NAME OF ORGANIZATION OR GOVERNMENT: THE CALIFORNIA THEATRE OF SANTA ROSA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT TWO SEASONS OF

EDUCATIONAL SUMMER THEATRE CAMPS, FALL CLASSES, AND PRODUCTIONS FOR YOUTH

NAME OF ORGANIZATION OR GOVERNMENT:

PEDIATRIC DENTAL INITIATIVE OF THE NORTH COAST INC.

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

ASSISTANCE FOR URGENT DENTAL NEEDS TO LOW-INCOME PEDIATRIC AND SPECIAL

NEEDS PATIENTS

NAME OF ORGANIZATION OR GOVERNMENT:

AMBULATORY SURGERY ACCESS COALITION DBA OPERATION ACCESS

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

SPECIALTY MEDICAL PROCEDURES FOR UNINSURED PEOPLE IN SONOMA COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: GOOD FOR GOOD FOUNDATION DBA SVFFA

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

AGRITECHNOLOGY ACADEMY FOR INSTALLING FENCING, IRRIGATION, ELECTRICITY,

AND OTHER RELATED EXPENSES, IN MEMORY OF FRANK AND LORRAINE WEDEKIND

NAME OF ORGANIZATION OR GOVERNMENT: PETALUMA HEALTH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO OFFSET THE PRESCRIPTION AND

TRANSPORTATION COSTS FOR OUR HOMELESS AND LOW-INCOME PATIENT POPULATIONS

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

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE CREATION OF A KASS FAMILY

Part IV Supplemental Information

CIRCLE IN ARMSTRONG REDWOODS STATE RESERVE, IN MEMORY OF WALLIE AND ALBIE

KASS

NAME OF ORGANIZATION OR GOVERNMENT:

GOLD RIDGE RESOURCE CONSERVATION DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT ADDITIONAL RESOURCES TO

OFFER AMERICORPS FELLOWSHIP EXPERIENCES TO SUPPORT CLIMATE RESILIENCY

PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: ASSOCIATED BIBLE STUDENTS INC

(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF MEXICAN STAFF AND

VOLUNTEERS OF LA PUERTA DEL CIELO MISSION CHURCH AND EVERY KID HOPE

NAME OF ORGANIZATION OR GOVERNMENT: FAITH IN PRACTICE

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

CARE, IN HONOR OF HILARY BARTELS HEROIC VOLUNTEERISM

NAME OF ORGANIZATION OR GOVERNMENT: SAN FRANCISCO STATE UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE COLLEGE OF HEALTH AND SOCIAL

SCIENCES' NINA ROBERTS MEMORIAL SCHOLARSHIP ENDOWMENT FUND IN MEMORY OF

NAME OF ORGANIZATION OR GOVERNMENT: SCOTT HAMILTON CARES FOUNDATION INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE SK8 TO ELIMIN8 CANCER

EVENT IN PARTNERSHIP WITH PROVIDENCE SANTA ROSA MEMORIAL HOSPITAL

FOUNDATION

NAME OF ORGANIZATION OR GOVERNMENT: GIRL SCOUTS OF NORTHERN CALIFORNIA

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

Part IV Supplemental Information

ACTIVITIES AND OPPORTUNITIES TO A DIVERSE POPULATION OF GIRLS THROUGHOUT

SONOMA, LAKE, AND MENDOCINO COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: POINT BLUE CONSERVATION SCIENCE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP TRAIN AND CERTIFY EARLY

CAREER POINT BLUE STAFF MEMBERS AS BASIC WILDLAND FIREFIGHTERS AND EQUIP

THEM WITH THE SKILLS TO WORK ON PRESCRIBED BURNS IN SONOMA COUNTY

NAME OF ORGANIZATION OR GOVERNMENT:

SUNRISE ROTARY CLUB OF HEALDSBURG FOUNDATION

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

TURKEY TROT, IN HONOR OF CHARLIE PALMERS PIGS & PINOT ANNUAL CELEBRATION

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

SONOMA COUNTY COMMUNITY FOUNDATION

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) 2022

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) SHERYL ALEXANDER INTERIM CEO	(i)	232,850.	0.	0.	0.	1,507.	234,357.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KARIN DEMAREST VP COMMUNITY IMPACT (THRU 11/23/22)	(i)	130,196.	7,500.	25,403.	7,587.	19,494.	190,180.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MARK GEARY DIRECTOR OF FINANCE	(i)	117,474.	11,500.	0.	7,069.	18,725.	154,768.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JOHN MCGUIRK INTERIM VP	(i)	118,463.	0.	0.	7,315.	26,278.	152,056.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4A:

KARIN DEMAREST, VP COMMUNITY IMPACT, RECEIVED \$25,403 SEVERANCE PAYMENT IN
CALENDAR YEAR 2022.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization SONOMA COUNTY COMMUNITY FOUNDATION	Employer identification number 68-0003212
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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	27	2,560,357.	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
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	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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

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 ITEMS DONATED.

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

2022

Open to Public
Inspection

Name of the organization SONOMA COUNTY COMMUNITY FOUNDATION	Employer identification number 68-0003212
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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 A, LINE 4:

THE ORGANIZATION CHANGED ITS NAME FROM COMMUNITY FOUNDATION SONOMA COUNTY
TO SONOMA COUNTY COMMUNITY FOUNDATION.

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

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

Schedule O (Form 990) 2022

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

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 -443,089.

**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

2022

Open to Public Inspection

Name of the organization <p align="center">SONOMA COUNTY COMMUNITY FOUNDATION</p>	Employer identification number <p align="center">68-0003212</p>
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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	SONOMA COUNTY COMMUNITY FOUNDATION	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)			



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**CERTIFICATE OF AMENDMENT
OF
ARTICLES OF INCORPORATION**

The undersigned, Sheryl Alexander and Janet Ramatici, certify that:

1. They are the President and Secretary, respectively, of COMMUNITY FOUNDATION SONOMA COUNTY, a California nonprofit public benefit corporation (the "Corporation"), with California Entity Number 1148787.
2. Article I of the Corporation's Articles of Incorporation is amended to read in full as follows:

"I.

The name of this corporation is SONOMA COUNTY
COMMUNITY FOUNDATION".

3. The foregoing amendment to the Articles of Incorporation has been duly approved by the Board of Directors.
4. The Corporation has no members.
5. The foregoing amendment to the Corporation's Articles of Incorporation may be adopted by approval of the Corporation's Board of Directors alone because the Corporation has no members and its Articles of Incorporation do not require approval by any person of said amendment.

The undersigned declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of their own knowledge.

Dated: July 1, 2022.



Sheryl Alexander, President



Janet Ramatici, Secretary