

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.

2023

Open to Public Inspection

A For the **2023** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization 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 \$ 117,827,502.
	City or town, state or province, country, and ZIP or foreign postal code SANTA ROSA, CA 95401		
F Name and address of principal officer: OSCAR CHAVEZ SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number	

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

J Website: WWW.SONOMACF.ORG

K Form of organization: Corporation Trust Association Other

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

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: WE CONNECT PEOPLE, IDEAS AND RESOURCES TO BENEFIT THE LIVES OF THOSE WHO LIVE IN SONOMA COUNTY.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	23
	6 Total number of volunteers (estimate if necessary)	6	15
	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)	26,326,778.	10,994,738.
	9 Program service revenue (Part VIII, line 2g)	368,648.	378,045.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,605,447.	4,398,821.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,852.	961.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	38,302,725.	15,772,565.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	17,697,338.	19,877,506.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,266,894.	1,810,086.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	377,596.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,011,226.	1,835,434.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	21,975,458.	23,523,026.	
19 Revenue less expenses. Subtract line 18 from line 12	16,327,267.	-7,750,461.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 202,602,973.	End of Year 219,418,080.
	21 Total liabilities (Part X, line 26)	2,567,083.	2,303,506.
	22 Net assets or fund balances. Subtract line 21 from line 20	200,035,890.	217,114,574.

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 11/13/24	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 2580 N 1ST ST, STE 460 SAN JOSE, CA 95131					

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

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

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.

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.

Part I - Identification

Type or Print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization, employer, or other filer, see instructions. SONOMA COUNTY COMMUNITY FOUNDATION	Taxpayer identification number (TIN) 68-0003212
	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 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of MARK GEARY
 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, 20 24, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year 20 23 or
 tax year beginning _____, 20 _____, and ending _____, 20 _____

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.

For Privacy Act and Paperwork Reduction Act Notice, see 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 \$ 21,447,039. including grants of \$ 19,877,506.) (Revenue \$ 379,006.) GRANTMAKING: AWARDED MORE THAN \$19 MILLION IN GRANTS, PRIMARILY IN THE FIELDS OF HEALTH & HUMAN SERVICES, ARTS & CULTURE, EDUCATION, AND THE ENVIRONMENT.

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

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

STEWARDSHIP ASSETS: FULFILLED THE CHARITABLE LEGACIES OF OUR DONORS AND

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

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

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

4e Total program service expenses 21,447,039.

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 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

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... 14; 1b Enter the number of voting members included on line 1a... 14; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
PAMELA HARRIS - 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) OSCAR CHAVEZ PRESIDENT & CEO	40.00 0.00			X				217,482.	0.	2,419.
(2) MARK GEARY INTERIM VP FOR FINANCE	40.00 1.00			X				154,810.	0.	29,101.
(3) KRISTIN NELSON INTERIM VP FOR DEV	40.00 0.00					X		149,361.	0.	10,558.
(4) RICHARD DAVIS-LOWELL CHAIR & INTERIM CEO (THRU 4/5/23)	40.00 0.00	X		X				68,656.	0.	0.
(5) JANET RAMATICI SECRETARY	1.00 0.00	X		X				0.	0.	0.
(6) CHRISTINA HOLLINGSWORTH TREASURER	3.00 0.00	X		X				0.	0.	0.
(7) RALPH LEWIN DIRECTOR	1.00 0.00	X						0.	0.	0.
(8) KIT DRISCOLL DIRECTOR	1.00 0.00	X						0.	0.	0.
(9) LISA CARRENO DIRECTOR	1.00 0.00	X						0.	0.	0.
(10) TEEJAY LOWE DIRECTOR	1.00 0.00	X						0.	0.	0.
(11) ALAN PRESTON DIRECTOR	1.00 0.00	X						0.	0.	0.
(12) DEBERAH KELLEY DIRECTOR	1.00 0.00	X						0.	0.	0.
(13) AIKO-SOPHIE EZAKI DIRECTOR	1.00 0.00	X						0.	0.	0.
(14) AKASH KALIA DIRECTOR	1.00 0.00	X						0.	0.	0.
(15) DALE WANNEN DIRECTOR	1.00 0.00	X						0.	0.	0.
(16) THELIA WADE DIRECTOR	1.00 0.00	X						0.	0.	0.
(17) MICHELLE YOUNG DIRECTOR	1.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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			
1b Subtotal							590,309.	0.	42,078.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							590,309.	0.	42,078.	

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
GRAYSTONE CONSULTING, 3562 ROUND BARN CIRCLE, 1ST FLOOR, SANTA ROSA, CA 95403	INVESTMENT CONSULTING	168,016.

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	710.				
	b	Membership dues					
	c	Fundraising events					
	d	Related organizations					
	e	Government grants (contributions)	30,000.				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	10,964,028.				
	g	Noncash contributions included in lines 1a-1f	\$ 2,233,963.				
	h	Total. Add lines 1a-1f		10,994,738.			
Program Service Revenue	2 a	MANAGEMENT FEES	561000	378,045.	378,045.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		378,045.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		4,801,791.		4,801,791.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses ...					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	101,651,967.			
			(ii) Other				
	b	Less: cost or other basis and sales expenses		102,054,937.			
	c	Gain or (loss)		-402,970.			
d	Net gain or (loss)		-402,970.		-402,970.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
b	Less: direct expenses						
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19						
b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	OTHER INCOME	900099	961.	961.		
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		961.			
12	Total revenue. See instructions		15,772,565.	379,006.	0.	4,398,821.	

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 ...	19,877,506.	19,877,506.		
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	472,469.	115,423.	313,762.	43,284.
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	1,051,501.	498,378.	391,524.	161,599.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	43,059.	20,878.	16,766.	5,415.
9 Other employee benefits	122,480.	60,508.	39,708.	22,264.
10 Payroll taxes	120,577.	49,512.	54,542.	16,523.
11 Fees for services (nonemployees):				
a Management				
b Legal	26,065.	9,168.	14,137.	2,760.
c Accounting	77,900.	27,400.	42,252.	8,248.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	231,441.		231,441.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	448,061.	157,600.	243,021.	47,440.
12 Advertising and promotion	74,206.	26,101.	40,248.	7,857.
13 Office expenses	378,358.	300,364.	65,255.	12,739.
14 Information technology	155,829.	54,811.	84,519.	16,499.
15 Royalties				
16 Occupancy	206,417.	72,605.	111,957.	21,855.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	51,547.	18,131.	27,958.	5,458.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	17,767.	6,249.	9,637.	1,881.
23 Insurance	167,843.	152,405.	11,664.	3,774.
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	23,523,026.	21,447,039.	1,698,391.	377,596.
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	3,649,313.	1	863,193.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	7,260,128.	3	8,551,760.
	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	85,273.	9	99,983.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 374,779.		
	b Less: accumulated depreciation	10b 324,206.		
	11 Investments - publicly traded securities	187,421,620.	11	205,751,257.
	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	3,143,159.	15	3,126,173.
16 Total assets. Add lines 1 through 15 (must equal line 33)	202,602,973.	16	219,418,080.	
Liabilities	17 Accounts payable and accrued expenses	114,006.	17	116,964.
	18 Grants payable	1,940,391.	18	1,842,891.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		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	512,686.	25	343,651.
	26 Total liabilities. Add lines 17 through 25	2,567,083.	26	2,303,506.
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	59,939,736.	27	62,604,500.
	28 Net assets with donor restrictions	140,096,154.	28	154,510,074.
	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	200,035,890.	32	217,114,574.
33 Total liabilities and net assets/fund balances	202,602,973.	33	219,418,080.	

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	15,772,565.
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,523,026.
3	Revenue less expenses. Subtract line 2 from line 1	3	-7,750,461.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	200,035,890.
5	Net unrealized gains (losses) on investments	5	24,662,875.
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	166,270.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	217,114,574.

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		

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

2023

Open to Public Inspection

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

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
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).
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).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X 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).
8 A community trust described in section 170(b)(1)(A)(vi).
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.
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...
11 An organization organized and operated exclusively to test for public safety.
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).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	14,887,819.	24,068,288.	18,605,936.	26,326,778.	10,721,126.	94,609,947.
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	14,887,819.	24,068,288.	18,605,936.	26,326,778.	10,721,126.	94,609,947.
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)						11,170,002.
6 Public support. Subtract line 5 from line 4.						83,439,945.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	14,887,819.	24,068,288.	18,605,936.	26,326,778.	10,721,126.	94,609,947.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,007,930.	3,031,100.	4,241,643.	3,446,100.	4,227,297.	18,954,070.
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						113,564,017.
12 Gross receipts from related activities, etc. (see instructions)					12	1,521,388.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	73.47 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	76.61 %
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2023. 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 - 2022. 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)*

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<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) 2023

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 2023 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-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, 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 2023. 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 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

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/>	\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 1,005,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 800,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 497,932.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" 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/>	\$ 400,125.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 373,846.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 259,260.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 237,123.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization 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
6	340 SHARES AMZN, 225 SHARES ABNB, 620 SHARES AAPL AND 410 SHARES QCOM _____ _____	\$ 497,932.	11/24/23
8	620 SHARES FICO _____ _____	\$ 373,846.	01/04/23
10	617 SHARES IWF AND 205 SHARES ITOT _____ _____	\$ 237,123.	11/16/23
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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	
(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

2023

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. Includes rows for 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 (2a-2d), 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) regarding the reporting of art and historical treasures, including fields for revenue and assets.

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 in 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	95,869,514.	115,227,835.	103,972,852.	92,940,493.	78,210,871.
b Contributions	1,414,601.	2,786,487.	2,348,667.	653,349.	2,922,029.
c Net investment earnings, gains, and losses	16,552,660.	-17,052,833.	12,559,057.	13,379,883.	14,140,117.
d Grants or scholarships	4,574,948.	5,091,975.	3,652,741.	3,000,873.	2,332,524.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	109,261,827.	95,869,514.	115,227,835.	103,972,852.	92,940,493.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 92.95 %
 - b Permanent endowment 74.0308 %
 - c Term endowment 25.0397 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		73,132.	59,071.	14,061.
d Equipment		46,187.	43,109.	3,078.
e Other		255,460.	222,026.	33,434.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				50,573.

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, line 12, col. (B))		

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, line 13, col. (B))		

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, line 15, col. (B))	

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	343,651.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	343,651.

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, 2023, 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

2023

**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
SCHWAB CHARITABLE FUND 1958 SUMMIT PARK DRIVE, SUITE 200 ORLANDO, FL 32810	31-1640316	501(C)(3)	3,495,436.	0.			TO CREATE NEW DONOR ADVISED FUND AT SCHWAB CHARITABLE
CITY OF HEALDSBURG 1557 HEALDSBURG AVE. HEALDSBURG, CA 95448	94-6000347	CITY OF HEALDSBURG	738,095.	0.			FOR THE DESIGN AND CONSTRUCTION OF THE FOLEY FAMILY PAVILION, FOR GENERAL OPERATING SUPPORT
SANTA ROSA JUNIOR COLLEGE FOUNDATION - 1501 MENDOCINO AVENUE - SANTA ROSA, CA 95401-4395	94-1735861	501(C)(3)	610,550.	0.			FOR THE RICHARD AND SARALEE MCCLELLAND KUNDE CENTER FOR AGRICULTURAL EDUCATION
NEW VISION SANTA ROSA FOUNDATION 50 OLD COURTHOUSE SQUARE, STE 110 SANTA ROSA, CA 95404	68-0074807	501(C)(3)	500,000.	0.			TO SUPPORT THE SONOMA COUNTY HOUSING FUND
PEPPERWOOD FOUNDATION 2130 PEPPERWOOD PRESERVE RD. SANTA ROSA, CA 95404-7543	01-0817571	501(C)(3)	498,800.	0.			FOR THE ENVIRONMENTAL EDUCATION PATHWAYS INITIATIVE, GENERAL OPERATING SUPPORT
10000 DEGREES 1401 LOS GAMOS DRIVE, SUITE 205 SAN RAFAEL, CA 94909	95-3667812	501(C)(3)	484,738.	0.			TO SUPPORT SCHOLARSHIPS IN 2023-2024

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **275.**

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) 2023

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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
CHOPS TEEN CLUB AKA DEMEO TEEN CLUB INC. - 509 ADAMS STREET - SANTA ROSA, CA 95401	91-1859251	501(C)(3)	453,100.	0.			TO SUPPORT THE TECHNOLOGY LOUNGE RENOVATION, GENERAL OPERATING SUPPORT
ALIADOS HEALTH 1310 REDWOOD WAY, SUITE 135 PETALUMA, CA 94954	94-3220029	501(C)(3)	392,316.	0.			FOR GRANTS TO COMMUNITY HEALTH CENTERS AND GENERAL OPERATING SUPPORT
REDWOOD EMPIRE FOOD BANK 3990 BRICKWAY BLVD. SANTA ROSA, CA 95403	68-0121855	501(C)(3)	346,150.	0.			TO PROVIDE FOOD ASSISTANCE AND GENERAL OPERATING SUPPORT
LANDPATHS 618 4TH ST. #217 SANTA ROSA, CA 95404	68-0328590	501(C)(3)	335,167.	0.			FOR THE ENVIRONMENTAL EDUCATION PATHWAYS INITIATIVE, GENERAL OPERATING SUPPORT
ROSELAND SCHOOL DISTRICT 1691 BURBANK AVENUE SANTA ROSA, CA 95407	36-4766964	ROSELAND SD	330,000.	0.			FOR THE BRIDGE AND GAINING GROUND SCHOLARSHIPS
SONOMA COUNTY PUBLIC LIBRARY FOUNDATION - PO BOX 1402 - SANTA ROSA, CA 95402-1402	68-0137105	501(C)(3)	250,500.	0.			FOR THE COLLECTION, FURNITURE, FIXTURES, AND EQUIPMENT FOR THE NEW ROSELAND REGIONAL LIBRARY
SANTA ROSA FIRE FOUNDATION P.O. BOX 7165 SANTA ROSA, CA 95407	87-1382136	501(C)(3)	250,000.	0.			TO SUPPORT WILDFIRE RESILIENCY, HEALTH AND WELLNESS OF THE PERSONNEL OF THE SANTA ROSA FIRE
SONOMA LAND TRUST 822 FIFTH STREET SANTA ROSA, CA 95404	51-0197006	501(C)(3)	240,718.	0.			TO SUPPORT THE FORCE FOR NATURE CAMPAIGN, GENERAL OPERATING SUPPORT
BOYS AND GIRLS CLUBS OF SONOMA VALLEY - 100 W. VERANO AVENUE - SONOMA, CA 95476	94-1579901	501(C)(3)	238,200.	0.			TO UPGRADE SECURITY OF THE BUILDING BY INSTALLING NEW DOORS WITH A CONTROLLED ENTRY SYSTEM

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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
CATHOLIC CHARITIES OF THE DIOCESE OF SANTA ROSA - PO BOX 4900 - SANTA ROSA, CA 95402	94-2479393	501(C)(3)	225,250.	0.			TO PROVIDE LONG-TERM DISASTER CASE MANAGEMENT, WRAPAROUND SERVICES, AND ADDITIONAL DIRECT
CERES COMMUNITY PROJECT PO BOX 1562 SEBASTOPOL, CA 95473	26-2250997	501(C)(3)	206,500.	0.			FOR THE BUILDING FUND, GENERAL OPERATING SUPPORT
NORTH BAY ORGANIZING PROJECT PO BOX 1928 SANTA ROSA, CA 95402	45-2369887	501(C)(3)	206,000.	0.			TO SUPPORT UNDOCUFUND, TO SUPPORT FOOD FOR ALL/COMIDA PARA TODOS
TIDES CENTER PO BOX 889385 LOS ANGELES, CA 90088-9385	94-3213100	501(C)(3)	205,250.	0.			TO SUPPORT GENERATION HOUSING
THE LIVING ROOM 1207 CLEVELAND AVENUE SANTA ROSA, CA 95401	58-2675876	501(C)(3)	184,500.	0.			FOR GENERAL OPERATING SUPPORT AND TO BUILD STAFF WORKING CAPACITY
SONOMA VALLEY EDUCATION FOUNDATION PO BOX 493 SONOMA, CA 95476	68-0279152	501(C)(3)	181,250.	0.			TO FACILITATE THE COLLABORATION OF SEVEN YOUTH-SERVING ORGANIZATIONS TO ALIGN
SONOMA ECOLOGY CENTER PO BOX 1486 ELDRIDGE, CA 95431	94-3136500	501(C)(3)	173,094.	0.			FOR THE ENVIRONMENTAL EDUCATION PATHWAYS INITIATIVE, GENERAL OPERATING SUPPORT
LEGAL AID OF SONOMA COUNTY 144 SOUTH E STREET, SUITE 100 SANTA ROSA, CA 95404	68-0008581	501(C)(3)	167,691.	0.			TO SUPPORT THE DISASTER LAW PROJECT, TO SUPPORT THE BUILDING PURCHASE, GENERAL OPERATING
LA LUZ CENTER 17560 GREGER STREET SONOMA, CA 95476	68-0228235	501(C)(3)	163,618.	0.			GENERAL OPERATING SUPPORT

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SONOMA COUNTY REGIONAL PARKS FOUNDATION - 2300 COUNTY CENTER DRIVE #120A - SANTA ROSA, CA 95403	68-0421813	501(C)(3)	162,650.	0.			TO PURCHASE THE PIECE OF LAND CALLED '100 ACRE RANCH' TO CONNECT HOOD REGIONAL PARK TO OTHER
CORAZON HEALDSBURG PO BOX 1004 HEALDSBURG, CA 95448	27-3044487	501(C)(3)	162,500.	0.			TO SUPPORT LIBROS Y RAICES (BOOKS AND ROOTS) IS A BILINGUAL READING PROGRAM, GENERAL
LA FAMILIA SANA PO BOX 158 CLOVERDALE, CA 95425	86-1711899	501(C)(3)	155,440.	0.			TO SUPPORT THE IMAGINAL UPRISING PROGRAM IN PARTNERSHIP WITH ON THE MARGINS, TO PROVIDE
SONOMA OVERNIGHT SUPPORT PO BOX 748 SONOMA, CA 95476	03-0483033	501(C)(3)	148,250.	0.			TO PURCHASE A VEHICLE AND KITCHEN APPLIANCES FOR SOS NEW LOCATION, TO SUPPORT THE FOOD & DAY
MUSEUM OF SONOMA COUNTY 425 SEVENTH STREET SANTA ROSA, CA 95401	94-2506626	501(C)(3)	143,800.	0.			IN SUPPORT OF EXHIBITIONS AND PROGRAM SUPPORT, TO SUPPORT ART AND HISTORY IN SONOMA COUNTY
COMMUNITY ACTION PARTNERSHIP OF SONOMA COUNTY - 2250 NORTHPOINT PKWY - SANTA ROSA, CA 95407	94-1648949	501(C)(3)	138,000.	0.			TO SUPPORT THE FUERZA PARENT & YOUTH SUPPORT CENTER, TO SUPPORT PROGRAMS RELATED TO THE
TLC CHILD & FAMILY SERVICES PO BOX 2079 SEBASTOPOL, CA 95473-2079	68-0008634	501(C)(3)	129,160.	0.			TO HIRE A BILINGUAL INSTRUCTIONAL AIDE TRAINED IN CPI NONVIOLENT CRISIS INTERVENTION AND
WEST COUNTY HEALTH CENTERS INC PO BOX 1449 GUERNEVILLE, CA 95446	23-7310613	501(C)(3)	122,500.	0.			IN SUPPORT OF WOMEN'S REPRODUCTIVE HEALTH CARE, FOR THE RUSSIAN RIVER HEALTH & WELLNESS CENTER
FARM TO PANTRY PO BOX 191 HEALDSBURG, CA 95448	46-5321538	501(C)(3)	119,750.	0.			TO PROVIDE FARM-FRESH, HEALTHY, AND HIGH-QUALITY FOOD, GENERAL OPERATING SUPPORT

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COTS (COMMITTEE ON THE SHELTERLESS) - PO BOX 2744 - PETALUMA, CA 94953-2744	68-0176855	501(C)(3)	114,750.	0.			TO SUPPORT THE EMERGENCY FOOD ASSISTANCE PROGRAM, TO SUPPORT SERVICES TO FAMILIES WITH CHILDREN
WEST COUNTY COMMUNITY SERVICES PO BOX 325 GUERNEVILLE, CA 95446	94-2277740	501(C)(3)	110,500.	0.			TO SUPPORT THE EMERGENCY FOOD ASSISTANCE PROGRAM
CARDINAL NEWMAN HIGH SCHOOL 50 URSULINE ROAD SANTA ROSA, CA 95403	94-1578925	CARDINAL NEWMAN	101,000.	0.			IN SUPPORT OF THE A CALL TO LEAD CAMPAIGN AND GENERAL SUPPORT
IDEAGARDEN INSTITUTE INCORPORATED 4015 WESTSIDE RD HEALDSBURG, CA 95448	86-2425643	501(C)(3)	100,000.	0.			FOR THE GREG STELTENPOHL PRAGMATIC VISIONARY AWARD
SHARE SONOMA COUNTY 2901 CLEVELAND AVENUE, SUITE 204 SANTA ROSA, CA 95401	81-3993230	501(C)(3)	100,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT
SONOMA COUNTY ECONOMIC DEVELOPMENT BOARD - 141 STONY CIRCLE, SUITE 110 - SANTA ROSA, CA 95401		SONOMA COUNTY	100,000.	0.			TO SUPPORT ARTIST(S) COMMISSION TO CREATE A FIRE MEMORIAL TO COMMEMORATE THE LIVES
SONOMA VALLEY MENTORING ALLIANCE PO BOX 721 SONOMA, CA 95476	68-0429128	501(C)(3)	96,000.	0.			TO ADVANCE EQUITY FOR MARGINALIZED MIDDLE SCHOOL STUDENTS THROUGH YOUTH MENTORING, GENERAL
SONOMA COUNTY VINTNERS FOUNDATION 400 AVIATION BOULEVARD, SUITE 500 SANTA ROSA, CA 95403	68-0175790	501(C)(3)	95,000.	0.			GENERAL OPERATING SUPPORT
NUESTRA COMUNIDAD P.O. BOX 1406 WINDSOR, CA 95492	83-0609417	501(C)(3)	92,000.	0.			TO SUPPORT THE PHOENIX RISING PROGRAM, TO PROMOTE STAFF WELLNESS AND RESILIENCE, TO

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CAREER TECHNICAL EDUCATION FOUNDATION SONOMA COUNTY - 1030 APOLLO WAY, SUITE 200 - SANTA ROSA, CA 95407	46-5607272	501(C)(3)	89,190.	0.			TO EXPAND THE GIRLS TINKER ACADEMY STEM CAMP, GENERAL OPERATING SUPPORT
PETALUMA PEOPLE SERVICES CENTER 1500A PETALUMA BLVD. SOUTH PETALUMA, CA 94952	94-2271299	501(C)(3)	87,000.	0.			TO SUPPORT THE HOME DELIVERED MEAL PROGRAM, TO EXPAND THE COUNSELING CLINIC PROGRAMS
WOMEN'S RECOVERY SERVICES - A UNIQUE PLACE - POST OFFICE BOX 1356 - SANTA ROSA, CA 95402	51-0178620	501(C)(3)	86,300.	0.			TO SUPPORT GENERAL OPERATING PROGRAMS SERVING WOMEN WHO HAVE EXPERIENCED OR ARE AT
BECOMING INDEPENDENT 1455 CORPORATE CENTER PARKWAY SANTA ROSA, CA 95407	94-2641147	501(C)(3)	85,800.	0.			TO PURCHASE A USED WHEELCHAIR ACCESSIBLE MINIVAN WHICH WILL BE DEDICATED TO SONOMA
HUMANE SOCIETY OF SONOMA COUNTY 5345 HIGHWAY 12 WEST SANTA ROSA, CA 95407	94-6001315	501(C)(3)	84,000.	0.			TO SUPPORT PROVIDING AFFORDABLE SPAY AND NEUTER SERVICES, AND NECESSARY EMERGENCY
INQUIRING SYSTEMS INC 887 SONOMA AVE, #23 SANTA ROSA, CA 95404	94-2524840	501(C)(3)	83,546.	0.			FOR VILLAGE SONOMA VALLEY TO PROMOTE AND PRODUCE FOUR BILINGUAL SENIOR EDUCATIONAL FORUMS IN
COUNCIL ON AGING SERVICES FOR SENIORS - 30 KAWANA SPRINGS RD. - SANTA ROSA, CA 95404	94-6138714	501(C)(3)	81,075.	0.			TO SUPPORT THE SENIOR NUTRITION PROGRAM, FOR THE BENEFIT OF MEDICAL EQUIPMENT RECYCLING
COMPASSION WITHOUT BORDERS 1130 BUTLER AVENUE SANTA ROSA, CA 95407	20-4698227	501(C)(3)	80,000.	0.			TO SUPPORT WELLNESS AND SPAY/NEUTER SERVICES FOR ANIMALS IN SONOMA COUNTY
VALLEY OF THE MOON NATURAL HISTORY ASSOC. DBA JACK LONDON PARK PARTNERS - 2400 LONDON RANCH ROAD - GLEN ELLEN, CA 95442	94-2412859	501(C)(3)	79,450.	0.			TO CONNECT STUDENTS TO NATURE BY HELPING THEM UNDERSTAND ECOSYSTEM DYNAMICS AND THE ROLE OF

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

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ON THE MOVE 780 LINCOLN AVE. NAPA, CA 94558	75-3149095	501(C)(3)	78,000.	0.			TO SUPPORT VOICES SONOMA'S PROGRAMS SERVING YOUTH, TO SUPPORT VOICES SONOMAS BASIC HUMAN NEEDS
CANINE COMPANIONS FOR INDEPENDENCE, INC - PO BOX 446 - SANTA ROSA, CA 95402	94-2494324	501(C)(3)	77,047.	0.			TO SCALE SERVICE DOG PROGRAMS FOR VETERANS, GENERAL OPERATING SUPPORT
HUMANIDAD THERAPY & EDUCATION SERVICES - 1260 N. DUTTON AVE., SUITE 230 - SANTA ROSA, CA 95401	46-3725156	501(C)(3)	77,000.	0.			TO SUPPORT STAFF WELLNESS, GENERAL OPERATING SUPPORT
SOCIAL ADVOCATES FOR YOUTH 2447 SUMMERFIELD ROAD SANTA ROSA, CA 95405	94-1711490	501(C)(3)	76,000.	0.			TO SUPPORT HOUSING AND SUPPORTIVE SERVICES FOR FOSTER YOUTH, GENERAL OPERATING SUPPORT
SONOMA IMMIGRANT SERVICES PO BOX 2229 SONOMA, CA 95476	87-1441610	501(C)(3)	76,000.	0.			TO PROVIDE LEGAL SERVICES FOR YOUTH AT NO COST FOR THEIR APPLICATIONS FOR SPECIAL IMMIGRANT
FOOD FOR THOUGHT PO BOX 1608 FORESTVILLE, CA 95436	68-0181095	501(C)(3)	73,500.	0.			TO SUPPORT THE COMPREHENSIVE NUTRITION PROGRAM, GENERAL OPERATING SUPPORT
HEALDSBURG SHARED MINISTRIES PO BOX 1646 HEALDSBURG, CA 95448	94-2838706	501(C)(3)	70,500.	0.			TO SUPPORT FOOD DISTRIBUTION PROGRAMS, GENERAL OPERATING SUPPORT
SUPPORT OUR STUDENTS 319 SOUTH E. STREET SANTA ROSA, CA 95404	81-0676520	501(C)(3)	70,200.	0.			FOR EXPANDING ONSITE THERAPISTS AT SONOMA COUNTY SCHOOLS, GENERAL OPERATING SUPPORT
BOTANICAL BUS 8128 BODEGA AVE. SEBASTOPOL, CA 95472-3116	84-3039239	501(C)(3)	70,000.	0.			TO SCALE THE MOBILE FARMWORKER CLINICS, GENERAL OPERATING SUPPORT

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POSITIVE IMAGES 200 MONTGOMERY DRIVE, SUITE C SANTA ROSA, CA 95404	94-3137845	501(C)(3)	68,500.	0.			TO EXPAND CULTURALLY AND LINGUISTICALLY RESPONSIVE MENTAL HEALTH SERVICES, TO SUPPORT SCHOLARSHIP
SONOMA VALLEY COMMUNITY HEALTH CENTER - 19270 SONOMA HWY - SONOMA, CA 95476	68-0286382	501(C)(3)	67,718.	0.			TO PURCHASE COMPUTER HARDWARE FOR SVCHCS EHR/EPIC TRANSITION, GENERAL OPERATING SUPPORT
RUSSIAN RIVERKEEPER PO BOX 1335 HEALDSBURG, CA 95448	68-0321117	501(C)(3)	67,500.	0.			FOR OPERATIONAL SUPPORT, FURTHERING THE HANSON PROJECT, GENERAL OPERATING SUPPORT
ALEXANDER VALLEY FILM SOCIETY 375 HEALDSBURG AVE, SUITE 200 HEALDSBURG, CA 95448-4151	47-2085577	501(C)(3)	66,000.	0.			TO EXPAND THE INTEGRATED FILMMAKING INTENSIVE PROGRAM
AUDUBON CANYON RANCH PO BOX 577 STINSON BEACH, CA 94970	94-6069140	501(C)(3)	65,700.	0.			FOR THE ENVIRONMENTAL EDUCATION PATHWAYS INITIATIVE, GENERAL OPERATING SUPPORT
HANNA BOYS CENTER 17000 ARNOLD DRIVE SONOMA, CA 95476	94-1156478	501(C)(3)	61,561.	0.			TO PURCHASE FURNITURE FOR THE NEW MENTAL HEALTH CENTER (HUB"), TO SUPPORT THE CULINARY PROGRAM
HEALDSBURG JAZZ FESTIVAL, INC PO BOX 266 HEALDSBURG, CA 95448	71-0910474	501(C)(3)	61,000.	0.			FOR GENERAL OPERATING EXPENSES FOR THE HEALDSBURG JAZZ 25TH ANNIVERSARY PROGRAM,
LOS CIEN SONOMA COUNTY 975 CORPORATE CENTER PKWY #160 SANTA ROSA, CA 95407	47-4474273	501(C)(3)	55,000.	0.			TO SUPPORT LOS CIEN SONOMA COUNTY, TO SUPPORT THE STRATEGIC AND SUSTAINABILITY PROGRAM,
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	55,000.	0.			FOR THE POST-RESIDENCY PROGRAM (#006360), TO SUPPORT THE WORLD MEDICAL MISSION WORK OF NATHANAEL

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CALIFORNIA PARENTING INSTITUTE (CPI) - 3650 STANDISH AVENUE - SANTA ROSA, CA 95407	94-2541640	501(C)(3)	54,500.	0.			TO SUPPORT BASIC NEEDS FOR FAMILIES, GENERAL OPERATING SUPPORT
COMMUNITY MATTERS PO BOX 14816 SANTA ROSA, CA 95402	68-0369720	501(C)(3)	54,200.	0.			TO SUPPORT THE SAFE SCHOOL AMBASSADOR PROGRAM
FORGET ME NOT CHILDRENS SERVICES 5345 HIGHWAY 12, WEST SANTA ROSA, CA 95407	26-3464770	501(C)(3)	54,000.	0.			FOR GENERAL OPERATING SUPPORT AND TO PROVIDE RESOURCES FOR CAPITAL PROJECTS, GENERAL
LOMI SCHOOL FOUNDATION (LOMI COUNSELING CLINIC) - 320 10TH STREET, SUITE 200 - SANTA ROSA, CA 95401	94-2495238	501(C)(3)	54,000.	0.			GENERAL OPERATING SUPPORT
CALIFORNIA INDIAN MUSEUM & CULTURAL CENTER - 5250 AERO DRIVE - SANTA ROSA, CA 95403	94-3244506	501(C)(3)	53,000.	0.			TO SUPPORT STAFF SELF-CARE AND WELLNESS, TO PROVIDE RENTAL AND UTILITY ASSISTANCE
SONOMA VALLEY HOSPITAL FOUNDATION 347 ANDRIEUX STREET SONOMA, CA 95476	94-2832488	501(C)(3)	53,000.	0.			FOR THE EPIC/MYCHART ELECTRONIC HEALTH RECORD SYSTEM INITIATIVE, TO SUPPORT THE PHYSICAL
NAMI SONOMA COUNTY 182 FARMERS LANE, SUITE 202 SANTA ROSA, CA 95405	68-0041644	501(C)(3)	51,250.	0.			FOR GENERAL OPERATING SUPPORT
HAWAII COMMUNITY FOUNDATION 827 FORT STREET HONOLULU, HI 96813	99-0261283	501(C)(3)	51,050.	0.			TO SUPPORT THE MAUI STRONG FUND
AMERICAN OVERSIGHT INC. 1030 15TH ST. NW, SUITE B255 WASHINGTON, DC 20005	81-5294830	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT

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CITIZENS FOR RESPONSIBILITY AND ETHICS IN WASHINGTON AKA CREW - 455 MASSACHUSETTS AVE. NW, SUITE 600 - WASHINGTON, DC 20001	03-0445391	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
CLOVERDALE SENIOR MULTIPURPOSE CENTER - 311 N. MAIN STREET - CLOVERDALE, CA 95425	68-0106405	501(C)(3)	50,000.	0.			TO SUPPORT THE URGENT NEEDS PROGRAM AND CLOVER LUNCH CLUB
EXTENDED CHILD CARE COALITION OF SONOMA COUNTY INC. - 1745 COPPERHILL PARKWAY - SANTA ROSA, CA 95403	94-2526630	501(C)(3)	50,000.	0.			TO INCREASE GARDEN CLASS INSTRUCTION IN ELEMENTARY CLASSES IN COORDINATION WITH OTHER ORGANIZATIONS
KEYSTONE THERAPY & TRAINING SERVICES - 4415 SONOMA HWY SUITE A - SANTA ROSA, CA 95409	88-0895983	501(C)(3)	50,000.	0.			TO SUPPORT THE SUENOS EDUCATIVOS Y RADICALES (SER) PROGRAM
NORTH BAY CANCER ALLIANCE INC. 2360 MENDOCINO AVE., A2 #363 SANTA ROSA, CA 95403	01-0821673	501(C)(3)	50,000.	0.			TO SUPPORT THE CANCER PATIENT ASSISTANCE PROGRAM SERVING SONOMA AND LAKE COUNTY PATIENTS
SUMMER SEARCH NORTH BAY PO BOX 7731 SAN FRANCISCO, CA 94120	68-0200138	501(C)(3)	50,000.	0.			TO PROVIDE SOCIO-EMOTIONAL LEARNING THROUGH EXPERIENTIAL LEARNING PROGRAMS
SANTA ROSA SYMPHONY 50 SANTA ROSA AVENUE, STE. 410 SANTA ROSA, CA 95404	94-6134075	501(C)(3)	48,500.	0.			TO SUPPORT THE SIMPLY STRINGS PROGRAM, FOR THE INSTITUTE FOR MUSIC EDUCATION
CITY OF SANTA ROSA HOUSING AND COMMUNITY SERVICES - 90 SANTA ROSA AVENUE - SANTA ROSA, CA 95404	94-6000428	SANTA ROSE CITY	47,000.	0.			FOR GENERAL OPERATING SUPPORT TO THE SAMUEL L. JONES HALL HOMELESS SHELTER, FOR GENERAL
REACH FOR HOME 443 HUDSON STREET HEALDSBURG, CA 95448	47-2692320	501(C)(3)	46,575.	0.			IN SUPPORT OF SONOMA COUNTY PROGRAMS, GENERAL OPERATING SUPPORT

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PEP HOUSING 625 ACACIA LN. SANTA ROSA, CA 95409	94-2565270	501(C)(3)	46,000.	0.			TO SUPPORT THE EMERGENCY FOOD ASSISTANCE PROGRAM
COMMUNITY SUPPORT NETWORK 1410 GUERNEVILLE RD., SUITE 14 SANTA ROSA, CA 95403	94-2159583	501(C)(3)	43,700.	0.			TO SUPPORT GENERAL OPERATING SUPPORT FOR FOSTER YOUTH PROGRAMS AND GENERAL SUPPORT
DOCTORS WITHOUT BORDERS 40 RECTOR STREET, 16TH FLOOR NEW YORK, NY 10006-1705	13-3433452	501(C)(3)	43,500.	0.			TO SUPPORT RELIEF EFFORTS IN AREAS AFFECTED BY THE KAHRAMANMARA EARTHQUAKE, GENERAL OPERATING SUPPORT
FRIENDS IN SONOMA HELPING PO BOX 507 SONOMA, CA 95476	23-7441289	501(C)(3)	43,000.	0.			TO REPLACE THE ROOFS OF THE FOOD PANTRY AND CLOTHING ROOM AND GENERAL OPERATING SUPPORT
CENTRO LABORAL DE GRATON PO BOX 42 GRATON, CA 95444	68-0472311	501(C)(3)	40,100.	0.			TO SUPPORT THE ALMAS PROGRAM AND GENERAL OPERATING SUPPORT
HEALDSBURG EDUCATION FOUNDATION PO BOX 1668 HEALDSBURG, CA 95448	68-0051242	501(C)(3)	40,000.	0.			GENERAL OPERATING SUPPORT
SANTA ROSA CHILDREN'S CHORUS PO BOX 9389 SANTA ROSA, CA 95405	68-0165953	501(C)(3)	38,300.	0.			FOR GENERAL OPERATING SUPPORT
PETS LIFELINE PO BOX 341 SONOMA, CA 95476	94-2851279	501(C)(3)	38,250.	0.			TO PROVIDE FREE SPAY/NEUTER AND VACCINE CLINICS FOR CATS AND DOGS BELONGING TO LOW-INCOME
VINTAGE HOUSE SENIOR MULTIPURPOSE CENTER OF SONOMA VALLEY - 264 FIRST STREET EAST - SONOMA, CA 95476	94-2745586	501(C)(3)	37,950.	0.			TO PURCHASE AND INSTALL A COMMERCIAL DISHWASHER AND SINK, GENERAL OPERATING SUPPORT

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ART ESCAPE 17474 SONOMA HIGHWAY SONOMA, CA 95476	47-3626950	501(C)(3)	36,500.	0.			TO UPGRADE ART ESCAPES PHYSICAL SPACE FOR SAFETY AND SECURITY
VIVO YOUTH ORCHESTRAS 617 BROADWAY #1206 SONOMA, CA 95476	85-1514336	501(C)(3)	36,000.	0.			IN SUPPORT OF A NEW STORAGE SYSTEM, INSTRUMENT REPAIR AND REPLACEMENT, THE VIVO
LUTHER BURBANK MEMORIAL FOUNDATION 50 MARK WEST SPRINGS ROAD SANTA ROSA, CA 95403	94-2581084	501(C)(3)	35,200.	0.			TO SUPPORT THE LBCS ARTISTS IN THE SCHOOLS RESIDENCY PROGRAM, GENERAL OPERATING SUPPORT
COASTAL SENIORS, INC PO BOX 437 POINT ARENA, CA 95468	94-2902833	501(C)(3)	35,000.	0.			TO SUPPORT THE EMERGENCY FOOD ASSISTANCE PROGRAM
INSTITUTE OF ECOLOGICAL DESIGN 9890 BODEGA HWY SEBASTOPOL, CA 95472	46-3142317	501(C)(3)	35,000.	0.			IN SUPPORT OF THE TRIBAL CANOE JOURNEY, FOR THE PURCHASE OF A BUS AND OTHER SUPPLIES NEEDED IN
MAGNOLIA GLOBAL ACADEMY FOR LEADERS - 3558 ROUNDBARN BOULEVARD, SUITE 200 - SANTA ROSA, CA 95403	86-2917448	501(C)(3)	35,000.	0.			TO SUPPORT AN 8 WEEK INTERNSHIP AND EXTERNSHIP PROGRAM
OHIO PROGRESSIVE COLLABORATIVE EDUCATION FUND - 341 S 3RD ST STE 300 - COLUMBUS, OH 43215	82-5116453	501(C)(3)	35,000.	0.			IN SUPPORT OF A REPRODUCTIVE RIGHTS CAMPAIGN, GENERAL OPERATING SUPPORT
SONOMA VALLEY HIGH SCHOOL 20000 BROADWAY SONOMA, CA 95476	36-4766953	SONOMA VALLEY HS	35,000.	0.			IN SUPPORT OF THE SONOMA VALLEY HIGH SCHOOL PERFORMANCE SCHOLARSHIP PROGRAM, FOR CURRENT
UC BERKELEY FOUNDATION 1995 UNIVERSITY AVE., SUITE 401 BERKELEY, CA 94704-1058	94-6090626	501(C)(3)	35,000.	0.			FOR SONOMA COUNTY STUDENTS ATTENDING UC BERKELEY

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HOMELESS ACTION SONOMA INC P.O. BOX 482 SONOMA, CA 95476	85-2764190	501(C)(3)	33,955.	0.			TO PURCHASE AND INSTALL FURNITURE AND APPLIANCES IN NEW COMMUNAL AREA OF THE HOME AND SAFE VILLAGE
SEBASTOPOL CENTER FOR THE ARTS 282 S. HIGH ST. SEBASTOPOL, CA 95472	68-0168638	501(C)(3)	33,750.	0.			IN SUPPORT OF THE DOCUMENTARY FILM FESTIVAL, GENERAL OPERATING SUPPORT
WILD FARM ALLIANCE PO BOX 2570 WATSONVILLE, CA 95077	20-0195670	501(C)(3)	33,500.	0.			FOR GENERAL SUPPORT
STEWARDS OF THE COAST AND REDWOODS PO BOX 2 DUNCANS MILLS, CA 95430	94-3039895	501(C)(3)	32,900.	0.			FOR THE ENVIRONMENTAL EDUCATION PATHWAYS INITIATIVE
YWCA OF SONOMA COUNTY PO BOX 3506 SANTA ROSA, CA 95402	94-2347428	501(C)(3)	32,750.	0.			TO PROVIDE SUPPORT FOR YWCA'S DOMESTIC VIOLENCE SERVICES, GENERAL OPERATING SUPPORT
POINT BLUE CONSERVATION SCIENCE 3820 CYPRESS DRIVE #11 PETALUMA, CA 94954	94-1594250	501(C)(3)	32,300.	0.			FOR THE ENVIRONMENTAL EDUCATION PATHWAYS INITIATIVE, GENERAL OPERATING SUPPORT
SONOMA COUNTY BLACK FORUM PO BOX 1093 SANTA ROSA, CA 95402	38-4070204	501(C)(3)	32,000.	0.			TO SUPPORT SONOMA COUNTY BLACK FORUM'S FINANCIAL ASSISTANCE AND FOOD PROGRAM
JEWISH COMMUNITY FREE CLINIC OF SONOMA COUNTY - 50 MONTGOMERY DR - SANTA ROSA, CA 95404	94-3386103	501(C)(3)	31,500.	0.			TO SUPPORT JCFC'S FOOD PANTRY
ALLIANCE MEDICAL CENTER 1381 UNIVERSITY AVENUE HEALDSBURG, CA 95448	94-2308748	501(C)(3)	31,000.	0.			GENERAL OPERATING SUPPORT

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SONOMA WATER 404 AVIATION BLVD. SANTA ROSA, CA 95405	94-6000539	GOV	30,800.	0.			FOR THE ENVIRONMENTAL EDUCATION PATHWAYS INITIATIVE
REBUILDING TOGETHER - PETALUMA PO BOX 100 PETALUMA, CA 94953-0100	91-1762902	501(C)(3)	30,250.	0.			TO PROVIDE CRITICAL HOME REPAIRS AND ACCESSIBILITY MODIFICATIONS, GENERAL OPERATING SUPPORT
SEBASTOPOL AREA SENIOR CENTER 167 N HIGH STREET SEBASTOPOL, CA 95472	23-7043925	501(C)(3)	30,250.	0.			TO SUPPORT THE SEBASTOPOL AREA SENIOR CENTERS HARVEST CAF FOOD PROGRAM, TO SUPPORT MENTAL HEALTH
ECONOMIC POLICY INSTITUTE 1225 I STREET NW SUITE #600 ATTN: MICHELLE KANNAN - WASHINGTON, DC 20005	52-1368964	501(C)(3)	30,000.	0.			GENERAL OPERATING SUPPORT
HIGH COUNTRY NEWS P.O. BOX 1090 PAONIA, CO 81428	23-7015336	501(C)(3)	30,000.	0.			GENERAL OPERATING SUPPORT
SALVATION ARMY - SANTA ROSA 93 STONY CIRCLE SANTA ROSA, CA 95401	94-1156347	501(C)(3)	30,000.	0.			TO SUPPORT FAMILIES IN NEED OF FOOD, AND EDUCATIONAL PROGRAMS, GENERAL OPERATING SUPPORT
SONOMA COMMUNITY CENTER 276 EAST NAPA STREET SONOMA, CA 95476	94-1566728	501(C)(3)	30,000.	0.			TO SUPPORT SONOMA COMMUNITY CENTER'S ARTS EDUCATION PROGRAMMING, GENERAL OPERATING SUPPORT
TRANSCENDENCE THEATRE COMPANY 19201 SONOMA HIGHWAY #214 SONOMA, CA 95476	46-2182873	501(C)(3)	30,000.	0.			TO MAINTAIN OPERATIONS OUTSIDE OF JACK LONDON STATE PARK UNTIL ITS ABLE TO RETURN AND RESUME
VITALANT FOUNDATION P.O. BOX 29650 PHOENIX, AZ 85038-9650	25-1562715	501(C)(3)	30,000.	0.			TO SUPPORT THE 2023 AND 2024 BLOOD DRIVES - BUCKET BRIGADE CHALLENGE, SONOMA RACEWAY HIGH

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COMMUNITY CHILD CARE COUNCIL OF SONOMA COUNTY - 131-A STONY CIRCLE, STE 300 - SANTA ROSA, CA 95401	94-2274620	501(C)(3)	29,970.	0.			TO PURCHASE ITEMS TO TRANSFORM THE FLOWERY ELEMENTARY SCHOOL CAMPUS SPACE FROM PART TIME TO
BOYS & GIRLS CLUBS OF SONOMA-MARIN 1400 NORTH DUTTON AVENUE, SUITE 24 SANTA ROSA, CA 95401	68-0309534	501(C)(3)	29,300.	0.			IN SUPPORT OF THE CRUSH FESTIVAL, GENERAL OPERATING SUPPORT
LAGUNA DE SANTA ROSA FOUNDATION 900 SANFORD ROAD SANTA ROSA, CA 95401	94-3155180	501(C)(3)	29,200.	0.			FOR THE ENVIRONMENTAL EDUCATION PATHWAYS INITIATIVE, GENERAL OPERATING SUPPORT
SONOMA VALLEY MUSEUM OF ART PO BOX 322 SONOMA, CA 95476	68-0409459	501(C)(3)	28,750.	0.			TO SUPPORT SONOMA VALLEY MUSEUM OF ARTS PROGRAM, FOR EXHIBITS LABYRINTH OF FORMS AND INNER
HEALTHCARE FOUNDATION NORTHERN SONOMA COUNTY - PO BOX 1025 - HEALDSBURG, CA 95448	68-0474109	501(C)(3)	28,000.	0.			FOR THE MENTAL HEALTH TALENT PIPELINE, GENERAL SUPPORT
CALIFORNIA HUMAN DEVELOPMENT 3315 AIRWAY DRIVE SANTA ROSA, CA 95403	94-1653023	501(C)(3)	27,000.	0.			TO PROVIDE DIRECT FINANCIAL ASSISTANCE TO LOW-INCOME FARMWORKERS
YOUNG LIFE P.O. BOX 5184 HARLAN, IA 51593	84-0385934	501(C)(3)	26,500.	0.			FOR GENERAL OPERATING SUPPORT
PLAY IT FORWARD MUSIC FOUNDATION P.O. BOX 2752 SEBASTOPOL, CA 95472	81-3472911	501(C)(3)	26,200.	0.			FOR PARTIAL SPONSORSHIP FOR THE 2023 MUSIC PROGRAM AT JOURNEY ACADEMY, GENERAL
HEALDSBURG KIWANIS FOUNDATION PO BOX 1156 HEALDSBURG, CA 95448	82-5214226	501(C)(3)	26,000.	0.			TO SUPPORT THE 2023 FIRE & EARTHQUAKE SAFETY EXPO

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RAIZES COLLECTIVE PO BOX 8606 SANTA ROSA, CA 95407	47-3129493	501(C)(3)	26,000.	0.			TO SUPPORT HEALTH AND WELLNESS TO STAFF
PRESS DEMOCRAT JOURNALISM TRUST 416 B ST STE C SANTA ROSA, CA 95401	84-3136470	501(C)(3)	25,062.	0.			TO SUPPORT EFFORTS THAT IMPROVE ACCESS TO JOURNALISM EDUCATION, INTERNSHIPS AND FUND
BILINGUAL BROADCASTING FOUNDATION PO BOX 7189 SANTA ROSA, CA 95407	23-7134263	501(C)(3)	25,000.	0.			TO SUPPORT UPGRADING THE EMERGENCY ALERT SYSTEM EQUIPMENT
CENTER FOR COUNTERING DIGITAL HATE 1250 CONNECTICUT AVE NW, SUITE 700 WASHINGTON, DC 20036	86-2006080	501(C)(3)	25,000.	0.			TO FUND THE ORGANIZATION'S GENERAL MISSION AND PURPOSE
LIFEWORCS OF SONOMA COUNTY 1260 NORTH DUTTON AVE #220 SANTA ROSA, CA 95401	68-0375462	501(C)(3)	25,000.	0.			TO EXPAND MENTAL HEALTH SERVICES
LONG NOW FOUNDATION P.O. BOX 475668 SAN FRANCISCO, CA 94147	68-0384748	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT
NPR FOUNDATION PO BOX 791490 BALTIMORE, MD 21279-1490	52-1795789	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT
ON THE MARGINS, INC. 132 MARINERO CIRCLE TIBURON, CA 94920	92-2312966	501(C)(3)	25,000.	0.			TO SUPPORT SANANDO Y EMPODERANDO RELACIONES (SER) INTERGENERATIONAL HEALING AND CAREER
RIVER TO COAST CHILDREN'S SERVICES PO BOX 16 GUERNEVILLE, CA 95446-0016	94-2378459	501(C)(3)	25,000.	0.			TO SUPPORT STAFF WELLNESS

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SANTA ROSA MEMORIAL HOSPITAL FOUNDATION - 1111 SONOMA AVE STE. 302 - SANTA ROSA, CA 95405	81-4791043	501(C)(3)	25,000.	0.			FOR EMERGENCY ROOM FUNDING, GENERAL OPERATING SUPPORT
THE V FOUNDATION FOR CANCER RESEARCH - 14600 WESTON PARKWAY - CARY, NC 27513	13-3705951	501(C)(3)	25,000.	0.			FUNDING FOR PEDIATRIC CANCER RESEARCH
WAYFINDER FAMILY SERVICES, DBA LILLIPUT FAMILIES - 8391 AUBURN BLVD. - CITRUS HEIGHTS, CA 95610	95-1977659	501(C)(3)	25,000.	0.			TO SUPPORT THE KINSHIP SUPPORT SERVICES PROGRAM
WORKING AMERICA EDUCATION FUND 815 16TH ST NW WASHINGTON, DC 20006	20-2035052	501(C)(3)	25,000.	0.			FOR GENERAL OPERATING SUPPORT
FARM TO FIGHT HUNGER 2315 MILL CREEK LANE HEALDSBURG, CA 95448	83-2508565	501(C)(3)	23,000.	0.			GENERAL OPERATING SUPPORT
SONOMA COUNTY FAIR AND EXPOSITION INC. - 1350 BENNETT VALLEY RD. - SANTA ROSA, CA 95404	94-6003236	501(C)(3)	22,500.	0.			FOR THE AGRICULTURE EDUCATIONAL DISPLAY AT THE 2023 SONOMA COUNTY FAIR, IN SUPPORT OF THE
SWEETWATER SPECTRUM INC 369 FIFTH STREET WEST SONOMA, CA 95476	27-0184641	501(C)(3)	22,500.	0.			GENERAL OPERATING SUPPORT
LATINO SERVICE PROVIDERS 1000 APOLLO WAY, SUITE 185 SANTA ROSA, CA 95404	46-4107589	501(C)(3)	21,000.	0.			TO PROMOTE STAFF WELLNESS AND RESILIENCE
ST. VINCENT DE PAUL SOCIETY OF SONOMA COUNTY - PO BOX 1095 - ROHNERT PARK, CA 94927-1095	94-1433890	501(C)(3)	21,000.	0.			TO PROVIDE EMERGENCY FINANCIAL SUPPORT, IN SUPPORT OF HOUSING FOR THE HOMELESS FAMILIES IN

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VERITY-COMPASSION SAFETY SUPPORT A CALIFORNIA CORPORATION - 1311 W. STEELE LANE - SANTA ROSA, CA 95403	94-2437947	501(C)(3)	20,200.	0.			TO SUPPORT THE BASIC NEEDS ASSISTANCE PROGRAM AND GENERAL OPERATING FUND
CONSERVATION CORPS NORTH BAY 27 LARKSPUR ST. SAN RAFAEL, CA 94901	94-2831592	501(C)(3)	20,000.	0.			FOR GENERAL OPERATING SUPPORT IN SONOMA COUNTY
DISABILITY SERVICES AND LEGAL CENTER - 521 MENDOCINO AVENUE - SANTA ROSA, CA 95401	94-2345086	501(C)(3)	20,000.	0.			TO SUPPORT DSLC'S ACCESS TO BASIC NEEDS PROGRAM
FRIENDS OF RIDHWAN 2075 EUNICE ST BERKELEY, CA 94709-1959	47-3365579	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT, AS PART OF THE 2022 YEAR-END MATCHING CAMPAIGN
HAND FAN MUSEUM 309 HEALDSBURG AVE. HEALDSBURG, CA 95448	51-0429747	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
MARGARET JENKINS DANCE STUDIO INC 3973 25TH STREET SAN FRANCISCO, CA 94114	94-2287039	501(C)(3)	20,000.	0.			FOR THE LEGACY IN MOTION PROJECT
REDWOOD COAST LAND CONSERVANCY PO BOX 1511 GUALALA, CA 95445-1511	68-0287719	501(C)(3)	20,000.	0.			TO SUPPORT THE MILL BEND CAMPAIGN
SONOMA COUNTY FAIR FOUNDATION 1350 BENNETT VALLEY RD. SANTA ROSA, CA 95404	45-4827997	501(C)(3)	20,000.	0.			FOR PROGRAM EXPENSES FOR ANNUAL SUMMER INTERN PROGRAM
WARNECKE INSTITUTE, INC. 13427 CHALK HILL ROAD. HEALDSBURG, CA 95448	20-4401473	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT

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KQED INC. 2601 MARIPOSA STREET SAN FRANCISCO, CA 94110	94-1241309	501(C)(3)	18,750.	0.			GENERAL OPERATING SUPPORT
PONY EXPRESS EQUINE ASSISTED SKILLS FOR YOUTH - 6413 SONOMA HIGHWAY - SANTA ROSA, CA 95409	80-0370392	501(C)(3)	18,500.	0.			TO SUPPORT THE EQUINE ASSISTED SKILLS FOR YOUTH PROGRAM
REDWOOD GOSPEL MISSION PO BOX 493 SANTA ROSA, CA 95402-0493	94-6122045	501(C)(3)	18,000.	0.			GENERAL OPERATING SUPPORT
SONOMA STATE UNIVERSITY 1801 E. COTATI AVE. ROHNERT PARK, CA 94928-3609	68-0338225	501(C)(3)	18,000.	0.			TO SUPPORT A PROFESSOR FELLOWSHIP IN THE DEPARTMENT OF ECONOMICS, FOR THE BLUE MAC JAZZ
ST. ANDREW PRESBYTERIAN CHURCH 16290 ARNOLD DR. SONOMA, CA 95476	51-0158108	501(C)(3)	17,500.	0.			GENERAL OPERATING SUPPORT
MEYERS COMMUNITY FOUNDATION PO BOX 550757 SOUTH LAKE TAHOE, CA 96155-0757	46-3770454	501(C)(3)	17,400.	0.			TO SUPPORT THE PURCHASE AND INSTALLATION OF THREE BENCHES AT TAHOE PARADISE PARK
ST. JAMES BY-THE-SEA EPISCOPAL CHURCH - 743 PROSPECT STREET - LA JOLLA, CA 92037	95-1792756	501(C)(3)	17,000.	0.			FOR ANNUAL STEWARDSHIP GIFT
100 BLACK MEN OF SONOMA COUNTY P.O. BOX 1756 ROHNERT PARK, CA 94927	68-0216232	501(C)(3)	16,500.	0.			TO SUPPORT REINSTATING IN-PERSON MONEY MATTERS WORKSHOPS FOR YOUTH
ALCHEMIA - THEATER FOR LIFE 394 TESCONI CT. SANTA ROSA, CA 95401	68-0420080	501(C)(3)	16,500.	0.			START-UP FUNDING FOR THE COMMUNICATIONS/OUTREACH/MA RKETING STAFF POSITION

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CALIFORNIA POETS IN THE SCHOOLS PO BOX 1328 SANTA ROSA, CA 95402	94-2977264	501(C)(3)	15,500.	0.			TO SUPPORT POETRY PROGRAMS AND GENERAL OPERATING
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
CALIFORNIA PACIFIC MEDICAL CENTER FOUNDATION - PO BOX 7999 - SAN FRANCISCO, CA 94115	94-2728423	501(C)(3)	15,000.	0.			TO SUPPORT DR. BRETT SHERIDAN AND THE DEPARTMENT OF CARDIOVASCULAR SURGERY,
FAMILY JUSTICE CENTER OF SONOMA COUNTY FOUNDATION - 2755 MENDOCINO AVE., STE. 100 - SANTA ROSA, CA 95403	45-3160831	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT AND BOOKS AND ART SUPPLIES
GRASSROOTS INTERNATIONAL 179 BOYLSTON STREET, 4TH FLOOR BOSTON, MA 02130	04-2791159	501(C)(3)	15,000.	0.			TO SUPPORT THE MIDDLE EAST GRANTING PROGRAM
HORIZONS FOUNDATION 155 SANSOME STREET, SUITE 650 SAN FRANCISCO, CA 94104	94-2686530	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
KNIGHTS OF INDULGENCE THEATRE UNITED STATES - 461 SEBASTOPOL AVENUE - SANTA ROSA, CA 95401	03-0461324	501(C)(3)	15,000.	0.			TO SUPPORT THE IMAGINISTS' IN-SCHOOL THEATRE PROGRAM
OUR VILLAGE CLOSET 905 MENDOCINO AVE SANTA ROSA, CA 95401	84-2935270	501(C)(3)	15,000.	0.			IN SUPPORT OF THE RESOURCE COORDINATOR POSITION
PEDIATRIC DENTAL INITIATIVE OF THE NORTH COAST INC. - 1380 19TH HOLE DRIVE - WINDSOR, CA 95492	34-2012430	501(C)(3)	15,000.	0.			TO PROVIDE DENTAL NEEDS TO LOW-INCOME AND SPECIAL NEEDS PATIENTS

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PETALUMA HEALTH CENTER 1179 N. MCDOWELL BLVD. PETALUMA, CA 94954	68-0437840	501(C)(3)	15,000.	0.			TO SUPPORT PRESCRIPTION AND TRANSPORTATION COSTS FOR HOMELESS AND LOW-INCOME PATIENTS
REDBUD RESOURCE GROUP SOMO COWORK ROHNERT PARK, CA 94928-4938	85-1919822	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
SCHOOL FOR ADVANCED RESEARCH PO BOX 2188 SANTA FE, NM 87504	85-0125045	501(C)(3)	15,000.	0.			IN SUPPORT OF THE BOSAVI PEOPLE'S FUND
THE CALIFORNIA THEATRE OF SANTA ROSA - 528 7TH STREET - SANTA ROSA, CA 95401	27-4551816	501(C)(3)	15,000.	0.			TO SUPPORT THE YOUNG ACTORS STUDIO & LEFT EDGE THEATRE
UNITED WAY OF THE WINE COUNTRY 975 CORPORATE CTR PKWY #160 SANTA ROSA, CA 95407	94-1669646	501(C)(3)	15,000.	0.			TO SUPPORT CREATING A LOCAL CCF COMMUNITY OF PRACTICE
LUTHER BURBANK HOME AND GARDENS 100 SANTA ROSA AVE, ROOM 10 SANTA ROSA, CA 95404	26-3008405	501(C)(3)	14,400.	0.			GENERAL OPERATING SUPPORT
BUCK INSTITUTE 8001 REDWOOD BLVD. NOVATO, CA 94945	94-3030609	501(C)(3)	13,500.	0.			TO SUPPORT THE NORTH BAY SCIENCE DISCOVERY DAY AND GENERAL OPERATING SUPPORT
ILLUMINATE THE ARTS 228 LAIDLEY STREET SAN FRANCISCO, CA 94131	45-3717224	501(C)(3)	13,000.	0.			IN SUPPORT OF THE BAY LIGHTS RETURN AND GENERAL OPERATING SUPPORT
THE CLIMATE CENTER 1275 4TH ST. #191 SANTA ROSA, CA 95404	45-0485495	501(C)(3)	13,000.	0.			GENERAL OPERATING SUPPORT

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AMERICAN RED CROSS OF THE CALIFORNIA NORTHWEST - 5297 AERO DRIVE - SANTA ROSA, CA 95403	53-0196605	501(C)(3)	12,500.	0.			GENERAL OPERATING SUPPORT
THE BIRD RESCUE CENTER OF SONOMA COUNTY - PO BOX 475 - SANTA ROSA, CA 95402	94-2378213	501(C)(3)	12,500.	0.			FOR TEAM BUILD FUNDING AND GENERAL OPERATING SUPPORT
SONOMA COUNTY GRAPE GROWERS FOUNDATION - 3245 GUERNEVILLE ROAD - SANTA ROSA, CA 95401	41-2040096	501(C)(3)	12,319.	0.			FOR THE RICHARD & SARALEE LEADERSHIP ACADEMY
PETALUMA EDUCATIONAL FOUNDATION 200 DOUGLAS ST. PETALUMA, CA 94952	94-2847212	501(C)(3)	12,200.	0.			TO SUPPORT THE SCHOLARSHIP PROGRAM
DRUMSFORCURES INC 1510 TWIFORD PL CHARLOTTE, NC 28207	20-8297035	501(C)(3)	12,000.	0.			TO SUPPORT DRUMSFORCURES' RHYTHM AID PROJECTS FOR UKRAINE
NATIONAL LGBTQ TASK FORCE 1050 CONNECTICUT AVE NW WASHINGTON, DC 20035	52-1624852	501(C)(3)	12,000.	0.			GENERAL OPERATING SUPPORT
THE PHILANTHROPY WORKSHOP 110 EAST 25TH ST. NEW YORK, NY 10010	98-0592591	501(C)(3)	12,000.	0.			SUPPORT FOR THE PHILANTHROPY EDUCATION FORUM
CENTER FOR VOLUNTEER & NONPROFIT LEADERSHIP - 1 MCINNIS PARKWAY, SUITE 175 - SAN RAFAEL, CA 94903	68-0101012	501(C)(3)	11,100.	0.			GENERAL OPERATING SUPPORT
ABD PRODUCTIONS 234 HYDE ST SAN FRANCISCO, CA 94102	94-3031662	501(C)(3)	11,000.	0.			FOR GENERAL SUPPORT

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DIRECT RELIEF 6100 WALLACE BECKNELL ROAD SANTA BARBARA, CA 93117	95-1831116	501(C)(3)	11,000.	0.			FOR UKRAINIAN RELIEF
FARM TRAILS FOUNDATION PO BOX 452 SEBASTOPOL, CA 95473	85-4228682	501(C)(3)	11,000.	0.			TO SPONSOR RICH & SARALEES FARMYARD FOR LIFE ON THE FARM EXHIBIT AT THE APPLE FAIR
HOSPICE BY THE BAY FOUNDATION DBA BY THE BAY HEALTH - 17 E. SIR FRANCIS DRAKE BLVD. - LARKSPUR, CA 94939	94-2890791	501(C)(3)	11,000.	0.			GENERAL OPERATING SUPPORT
JEWISH FAMILY & CHILDRENS SERVICES PO BOX 159004 SAN FRANCISCO, CA 94115	94-1156528	501(C)(3)	11,000.	0.			FOR 2023 SONOMA COUNTY EMERGENCY SERVICES INCLUDING FOOD INSECURITY AND MENTAL HEALTH ISSUES
KCSM FM RADIO - SAN MATEO COUNTY COMMUNITY COLLEGES FOUNDATION - 1700 W. HILLSDALE BLVD. BUILDING 9 - SAN MATEO, CA 94402	94-6133905	501(C)(3)	11,000.	0.			TO SUPPORT THE CHARITABLE ACTIVITIES AND/OR PROGRAMS OF KCSMRADIO
ALASKA ARTS SOUTHEAST INC 110 COLLEGE DR STE 111 SITKA, AK 99835-7657	23-7240278	501(C)(3)	10,000.	0.			TO SUPPORT THE SITKA FINE ARTS CAMP
ALLIANCE REDWOODS CONFERENCE GROUNDS - 6250 BOHEMIAN HIGHWAY - OCCIDENTAL, CA 95465	94-1683665	501(C)(3)	10,000.	0.			TO SUPPORT THE PHASE 2 WATER PROJECT
BISHOP JOHN T. WALKER SCHOOL FOR BOYS - DEVELOPMENT OFFICE, 1801 MISSISSIPPI AVENUE, SE - WASHINGTON, DC 20020	31-1629166	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
CATHOLIC RELIEF SERVICES P.O. BOX 5200 HARLAN, IA 51593	13-5563422	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMON GROUND SOCIETY 85 BROOKWOOD AVE. STE 12 SANTA ROSA, CA 95404	85-0983422	501(C)(3)	10,000.	0.			TO SUPPORT THE SPEAKER SERIES PROGRAM
COMMUNITY INITIATIVES 1000 BROADWAY, SUITE 480 OAKLAND, CA 94607	94-3255070	501(C)(3)	10,000.	0.			TO SUPPORT THE FUND FOR PEOPLE IN PARKS
DOMINICAN SCHOOL OF PHILOSOPHY AND THEOLOGY - 2301 VINE STREET - BERKELEY, CA 94708	94-1270354	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
EPOCH TIMES ASSOCIATION INC 229 W 28TH STREET NEW YORK, NY 10001	22-3848589	501(C)(3)	10,000.	0.			FOR ON-GOING OPERATING SUPPORT
FINANCIAL AWARENESS FOUNDATION 959 GOLF COURSE DR. #273 ROHNERT PARK, CA 94928	46-3726461	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
GUALALA COMMUNITY CENTER 47950 CENTER STREET, PO BOX 263 GUALALA, CA 95445-0263	94-6108894	501(C)(3)	10,000.	0.			FOR REBUILDING
HAITI NURSING FOUNDATION 1100 N. MAIN ST. STE. 212 ANN ARBOR, MI 48104	26-0107365	501(C)(3)	10,000.	0.			FOR GENERAL OPERATIONS
HEALDSBURG COMMUNITY NURSERY SCHOOL - 444 FIRST STREET - HEALDSBURG, CA 95448	94-6138162	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
INSTITUTE FOR MUSIC AND NEUROLOGIC FUNCTION - ONE WARTBURG PLACE, MOLLER BUILDING - MT VERNON, NY 10552	13-3874103	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEUKEMIA AND LYMPHOMA SOCIETY NORTHERN CALIFORNIA - 101 MONTGOMERY STREET, SUITE 750 - SAN FRANCISCO, CA 94104	13-5644916	501(C)(3)	10,000.	0.			FOR THE PATIENT ASSISTANCE PROGRAM TO SUPPORT PATIENTS IN SONOMA, LAKE, AND
LOUIS ARMSTRONG HOUSE AND MUSEUM 34-56 107TH STREET QUEENS, NY 11368	26-4178283	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT, IN HONOR OF THE OPENING OF THE NEW LOUIS ARMSTRONG MUSEUM
MARYKNOLL FATHERS AND BROTHERS PO BOX 302 MARYKNOLL, NY 10545	13-1740144	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
MEDIA MATTERS FOR AMERICA PO BOX 44811 WASHINGTON, DC 20026	47-0928008	501(C)(3)	10,000.	0.			TO SUPPORT RESEARCH AND WORK DEDICATED TO EXPOSE FALSE JOURNALISM
NATIONAL CENTER FOR LESBIAN RIGHTS 870 MARKET ST., STE. 370 SAN FRANCISCO, CA 94102	94-3086885	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
NORTHWESTERN UNIVERSITY, ALUMNI RELATIONS AND DEVELOPMENT - 1201 DAVIS STREET - EVANSTON, IL 60208	36-2167817	501(C)(3)	10,000.	0.			FOR THE NINA KRAUS LAB
OCCIDENTAL ARTS AND ECOLOGY CENTER 15290 COLEMAN VALLEY ROAD OCCIDENTAL, CA 95465	68-0359676	501(C)(3)	10,000.	0.			TO SUPPORT THE CALIFORNIA REWILDING PROJECT, GENERAL OPERATING SUPPORT
OPERATION DIGNITY 318 HARRISON ST., STE. 302 OAKLAND, CA 94607	94-3176007	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
PINER HIGH SCHOOL FOUNDATION OF SANTA ROSA, INC. - 1700 FULTON ROAD - SANTA ROSA, CA 95403	68-0312001	501(C)(3)	10,000.	0.			FOR TWO SCHOLARSHIPS TO PINER HIGH SCHOOL GRADUATES

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
PRO PUBLICA, INC. 155 AVENUE OF THE AMERICAS, 13TH FL NEW YORK, NY 10013	14-2007220	501(C)(3)	10,000.	0.			IN SUPPORT OF FREE JOURNALISM
RAISE A CHILD INC. 5419 HOLLYWOOD BLVD. C-419 HOLLYWOOD, CA 90027	45-3665296	501(C)(3)	10,000.	0.			TO SUPPORT SERVICES TO ASSIST FAMILIES WHO ARE FOSTERING CHILDREN OR CONSIDERING
REDWOOD ADVENTIST ACADEMY 385 MARK WEST SPRINGS ROAD SANTA ROSA, CA 95404-1101	94-1726911	501(C)(3)	10,000.	0.			A FIRE REBUILD CONTRIBUTION
RVML RESOURCE CENTER 1757 ASHLAND STREET ASHLAND, OR 97520	56-2403599	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
SONOMA BOTANICAL GARDEN PO BOX 232 GLEN ELLEN, CA 95442	68-0249110	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
SONOMA COUNTY MEDICAL ASSOCIATION ALLIANCE AND FOUNDATION - PO BOX 1388 - SANTA ROSA, CA 95402	02-0542304	501(C)(3)	10,000.	0.			FOR THE HEALTH CAREERS SCHOLARSHIP PROGRAM
SUNRISE MOVEMENT EDUCATION FUND 712 H ST NE UNIT #626 WASHINGTON, DC 20002	46-4773036	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
TAHOE FUND PO BOX 7124 TAHOE CITY, CA 96145	01-0974628	501(C)(3)	10,000.	0.			FOR THE EAST SHORE TRAIL, GENERAL OPERATIONS
THE HEALDSBURG SCHOOL 33 H HEALDSBURG AVE. HEALDSBURG, CA 95448	20-5534052	501(C)(3)	10,000.	0.			FOR THE ANNUAL FUND

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE WILDLANDS CONSERVANCY 39611 OAK GLEN ROAD BLDG. #12 OAK GLEN, CA 92399	33-0676450	501(C)(3)	10,000.	0.			FOR THE JENNER HEADLANDS PRESERVE IN SONOMA COUNTY
UNIVERSITY OF MAINE AT AUGUSTA 46 UNIVERSITY DRIVE AUGUSTA, ME 04330	01-6000769	501(C)(3)	10,000.	0.			TO SUPPORT STUDENT TRAVEL, ARCHITECTURE PROGRAM
VALLEY OF THE MOON OBSERVATORY ASSOCIATION - PO BOX 898 - GLEN ELLEN, CA 95442	47-0877393	501(C)(3)	10,000.	0.			TO HELP FUND THE NEWLY CREATED VOLUNTEER COORDINATOR POSITION
VILLAGE HOPECORE INTERNATIONAL 10100 TRINITY PARKWAY, SUITE 310 STOCKTON, CA 95219	95-3841347	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
HEALDSBURG PERFORMING ARTS THEATER DBA RAVEN PERFORMING ARTS THEATER - PO BOX 870 - HEALDSBURG, CA 95448	68-0470571	501(C)(3)	9,200.	0.			GENERAL OPERATING SUPPORT
GIRL SCOUTS OF NORTHERN CALIFORNIA 1650 HARBOR BAY PARKWAY, STE.100 ALAMEDA, CA 94502-3013	94-1551410	501(C)(3)	9,100.	0.			TO BRING GIRL SCOUT OPPORTUNITIES AND ACTIVITIES TO A DIVERSE POPULATION OF GIRLS IN
OCCIDENTAL CENTER FOR THE ARTS 3850 DORIS MURPHY CT OCCIDENTAL, CA 95465	31-1686684	501(C)(3)	8,500.	0.			GENERAL OPERATING SUPPORT
CRIME PREVENTION RESEARCH CENTER 106 WOODBINE PL MISSOULA, MT 59803-1300	80-0917179	501(C)(3)	8,000.	0.			GENERAL OPERATING SUPPORT
GREATER WASHINGTON EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION, INC. - 3939 CAMPBELL AVENUE - ARLINGTON, VA 22206	53-0242992	501(C)(3)	8,000.	0.			TO SUPPORT THE PROGRAMMING COSTS FOR PBS NEWSHOUR

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
WORLD CENTRAL KITCHEN, INC. DONOR SERVICES TEAM WASHINGTON, DC 20001	27-3521132	501(C)(3)	8,000.	0.			FOR UKRAINIAN RELIEF AND GENERAL OPERATING EXPENSE
SAN FRANCISCO STATE UNIVERSITY - COLLEGE OF LIBERAL & CREATIVE ARTS - 1600 HOLLOWAY AVENUE, ADM153 - SAN FRANCISCO, CA 94132	94-1384645	501(C)(3)	7,600.	0.			FOR THE SF STATE MUSIC SCHOLARSHIP FUND
BAY NATURE INSTITUTE 1328 SIXTH ST., STE. 2 BERKELEY, CA 94710	76-0744881	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
FACE TO FACE SONOMA COUNTY AIDS NETWORK - 873 SECOND STREET - SANTA ROSA, CA 95404	68-0052664	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
KIDZONE MUSEUM 11711 DONNER PASS RD. TRUCKEE, CA 96161	94-3156964	501(C)(3)	7,500.	0.			IN SUPPORT OF THE CAPITAL CAMPAIGN
MENDONOMA HEALTH ALLIANCE PO BOX 1196 GUALALA, CA 95445	82-1813874	501(C)(3)	7,500.	0.			TO ASSIST WITH PURCHASING A MOBILE HEALTH CLINIC
NATIONAL AUTOMOBILE MUSEUM 10 SOUTH LAKE STREET RENO, NV 89501	94-2777978	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
REDWOOD COAST MEDICAL SERVICES PO BOX 1100 GUALALA, CA 95445	94-2395606	501(C)(3)	7,500.	0.			FOR GENERAL OPERATING SUPPORT OF THE GUALALA CENTER
SCRIPPS COLLEGE 1030 COLUMBIA AVE., #2009 CLAREMONT, CA 91711	95-1664123	501(C)(3)	7,500.	0.			FOR GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SMITH RIVER ALLIANCE PO BOX 2129 CRESCENT CITY,, CA 95531	94-2650838	501(C)(3)	7,500.	0.			FOR GENERAL SUPPORT
SUNRISE ROTARY CLUB OF HEALDSBURG FOUNDATION - PO BOX 302 - HEALDSBURG, CA 95448	32-0433206	501(C)(3)	7,500.	0.			FOR WINE EDUCATION SCHOLARSHIPS FROM PIGS & PINOT, FOR THE DREW ESQUIVEL SCHOLARSHIP FUND
YOUTH AG & LEADERSHIP FOUNDATION OF SONOMA COUNTY - P.O. BOX 1283 - ROHNERT PARK, CA 94927	94-3230442	501(C)(3)	7,500.	0.			FOR GLASSES AND BAR COSTS FOR THE 2023 YAL BBQ, FOR FUND OUR FUTURE 2023
222 HEALDSBURG PERFORMING ARTS 222 HEALDSBURG AVENUE HEALDSBURG, CA 95448	83-2017770	501(C)(3)	7,000.	0.			FOR GENERAL OPERATING SUPPORT
SAVE THE REDWOODS LEAGUE 111 SUTTER STREET, 11TH FLOOR SAN FRANCISCO, CA 94104	94-0843915	501(C)(3)	7,000.	0.			IN SUPPORT OF THE GRATON RANCHERIA CHALLENGE, GENERAL OPERATING SUPPORT
WIKIMEDIA FOUNDATION, INC. 1 MONTGOMERY ST., SUITE 1600 SAN FRANCISCO, CA 94104	20-0049703	501(C)(3)	7,000.	0.			FOR WIKIPEDIA OPERATIONS, GENERAL OPERATION SUPPORT
PUBLIC CITIZEN FOUNDATION 1600 20TH STREET NW WASHINGTON, DC 20009	52-1263996	501(C)(3)	6,800.	0.			FOR GENERAL SUPPORT
PUBLIC HEALTH INSTITUTE 555 12TH STREET, SUITE 290 OAKLAND, CA 94607	94-1646278	501(C)(3)	6,500.	0.			TO SUPPORT ROOTS OF CHANGE
WREATHS ACROSS AMERICA 4 POINT STREET COLUMBIA FALLS, ME 04623	20-8362270	501(C)(3)	6,400.	0.			FOR THE EXCHANGE CLUB OF SANTA ROSA AND THE ANNUAL WREATH PROGRAM

Schedule I (Form 990)

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

(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
MARINE MAMMAL CENTER 2000 BUNKER RD. - FORT CRONKITE SAUSALITO, CA 94965	51-0144434	501(C)(3)	6,200.	0.			TO PROVIDE FUNDING WHERE IT IS MOST NEEDED
ALTERNATIVE FAMILY SERVICES 131B STONY CIRCLE, SUITE 1200 SANTA ROSA, CA 95401	94-2427088	501(C)(3)	6,000.	0.			TO PROVIDE FUNDING WHERE IT IS MOST NEEDED
BODEGA LAND TRUST PO BOX 254 BODEGA, CA 94922	94-3175306	501(C)(3)	6,000.	0.			GENERAL OPERATING SUPPORT
INTERNATIONAL RESCUE COMMITTEE 122 EAST 42ND STREET NEW YORK, NY 10168	13-5660870	501(C)(3)	6,000.	0.			TO SUPPORT RELIEF EFFORTS IN AREAS AFFECTED BY THE KAHRAMANMARA EARTHQUAKE
SAN DOMENICO SCHOOL 1500 BUTTERFIELD ROAD SAN ANSELMO, CA 94960	94-6080077	501(C)(3)	6,000.	0.			FOR GENERAL OPERATING SUPPORT, THE VIRTUOSO PROGRAM, AND THE JULIE DAVIS BUTLER SOCIAL
TURNING POINT USA 4940 EAST BEVERLY RD. PHOENIX, AZ 85044	80-0835023	501(C)(3)	6,000.	0.			FOR ON-GOING OPERATING SUPPORT, IN SUPPORT OF BLEXIT
B'NAI ISRAEL JEWISH CENTER 740 WESTERN AVENUE PETALUMA, CA 94952	94-6096583	501(C)(3)	5,500.	0.			A MEMBERSHIP CONTRIBUTION
FISH OF THE SANTA ROSA AREA INC. PO BOX 4291 SANTA ROSA, CA 95402	51-0159551	501(C)(3)	5,500.	0.			GENERAL OPERATING SUPPORT
GIANT STEPS THERAPEUTIC EQUESTRIAN CENTER - 1390 N MCDOWELL BLVD., STE. G #331 - PETALUMA, CA 94954	68-0404917	501(C)(3)	5,500.	0.			FOR THE 25TH ANNIVERSARY CAMPAIGN AND GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALDSBURG LITTLE LEAGUE PO BOX 674 HEALDSBURG, CA 95448	68-0206988	501(C)(3)	5,500.	0.			GENERAL OPERATING SUPPORT
NATIONAL EXCHANGE CLUB FOUNDATION, INC. - 3050 W. CENTRAL AVE. - TOLEDO, OH 43606	34-6571404	501(C)(3)	5,500.	0.			FOR BID FROM THE HEART
SIDE BY SIDE 300 SUNNY HILLS DRIVE, BLDG #5 SAN ANSELMO, CA 94960	94-1156301	501(C)(3)	5,500.	0.			FOR GENERAL OPERATING SUPPORT OF SONOMA COUNTY PROGRAMS
SONOMA PLEIN AIR FOUNDATION 19201 SONOMA HIGHWAY, SUITE 321 SONOMA, CA 95476	06-1640462	501(C)(3)	5,500.	0.			IN SUPPORT OF THE YOUTH ART PROGRAMS
SONOMA VOLUNTEER FIREFIGHTERS ASSOCIATION - 630 2ND STREET WEST - SONOMA, CA 95476	23-7335141	501(C)(3)	5,500.	0.			FOR GENERAL OPERATING SUPPORT
DAILY ACTS ORGANIZATION PO BOX 293 PETALUMA, CA 94952	20-3851259	501(C)(3)	5,250.	0.			GENERAL OPERATING SUPPORT
ANIMAL PLACE PO BOX 1118 GRASS VALLEY, CA 95945	68-0200668	501(C)(3)	5,200.	0.			GENERAL OPERATING SUPPORT
SONOMA VALLEY HISTORICAL SOCIETY PO BOX 861 SONOMA, CA 95476	94-2430797	501(C)(3)	5,100.	0.			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: CITY OF HEALDSBURG

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE DESIGN AND CONSTRUCTION OF

THE FOLEY FAMILY PAVILION, FOR GENERAL OPERATING SUPPORT FOR THE SENIOR

CENTER

NAME OF ORGANIZATION OR GOVERNMENT: SANTA ROSA FIRE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT WILDFIRE RESILIENCY,

HEALTH AND WELLNESS OF THE PERSONNEL OF THE SANTA ROSA FIRE DEPARTMENT,

AND COMMUNITY ENGAGEMENT AND DIVERSITY

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC CHARITIES OF THE DIOCESE OF SANTA ROSA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE LONG-TERM DISASTER CASE

MANAGEMENT, WRAPAROUND SERVICES, AND ADDITIONAL DIRECT ASSISTANCE TO THE

MOST VULNERABLE HOUSEHOLDS AFFECTED BY THE WINTER STORMS OF 2023, GENERAL

OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA VALLEY EDUCATION FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FACILITATE THE COLLABORATION OF

SEVEN YOUTH-SERVING ORGANIZATIONS TO ALIGN EXISTING ASSETS AND

CO-IMPLEMENT IMPACTFUL PROGRAMMING, GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:

SONOMA COUNTY REGIONAL PARKS FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PURCHASE THE PIECE OF LAND CALLED

'100 ACRE RANCH' TO CONNECT HOOD REGIONAL PARK TO OTHER OPEN SPACES

NAME OF ORGANIZATION OR GOVERNMENT: CORAZON HEALDSBURG

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT LIBROS Y RAICES (BOOKS

Part IV Supplemental Information

AND ROOTS) IS A BILINGUAL READING PROGRAM, GENERAL OPERATING

NAME OF ORGANIZATION OR GOVERNMENT: LA FAMILIA SANA

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

PROGRAM IN PARTNERSHIP WITH ON THE MARGINS, TO PROVIDE DIRECT RENTAL AND UTILITIES ASSISTANCE TO FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA OVERNIGHT SUPPORT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PURCHASE A VEHICLE AND KITCHEN

APPLIANCES FOR SOS NEW LOCATION, TO SUPPORT THE FOOD & DAY SERVICES PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY ACTION PARTNERSHIP OF SONOMA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE FUERZA PARENT & YOUTH

SUPPORT CENTER, TO SUPPORT PROGRAMS RELATED TO THE SLOAN HOUSE

NAME OF ORGANIZATION OR GOVERNMENT: TLC CHILD & FAMILY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HIRE A BILINGUAL INSTRUCTIONAL

AIDE TRAINED IN CPI NONVIOLENT CRISIS INTERVENTION AND FUND A FIVE DAY

ROCK CLIMBING TRIP WITH THE OUTWARD BOUND ORGANIZATION, GENERAL OPERATING SUPPORT

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

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

ASSISTANCE PROGRAM, TO SUPPORT SERVICES TO FAMILIES WITH CHILDREN RESIDING AT THE FAMILY SHELTER

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

SONOMA COUNTY ECONOMIC DEVELOPMENT BOARD

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT ARTIST(S) COMMISSION TO

CREATE A FIRE MEMORIAL TO COMMEMORATE THE LIVES LOST IN THE 2017

WILDFIRES

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA VALLEY MENTORING ALLIANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ADVANCE EQUITY FOR MARGINALIZED

MIDDLE SCHOOL STUDENTS THROUGH YOUTH MENTORING, GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: NUESTRA COMUNIDAD

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

PROGRAM, TO PROMOTE STAFF WELLNESS AND RESILIENCE, TO SUPPORT THE

ESSENTIAL NEEDS PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

WOMEN'S RECOVERY SERVICES - A UNIQUE PLACE

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

PROGRAMS SERVING WOMEN WHO HAVE EXPERIENCED OR ARE AT RISK OF

HOMELESSNESS, TO SUPPORT NUTRITION IN RECOVERY PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: BECOMING INDEPENDENT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PURCHASE A USED WHEELCHAIR

ACCESSIBLE MINIVAN WHICH WILL BE DEDICATED TO SONOMA VALLEY, GENERAL

OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: HUMANE SOCIETY OF SONOMA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT PROVIDING AFFORDABLE SPAY

Part IV Supplemental Information

AND NEUTER SERVICES, AND NECESSARY EMERGENCY VETERINARY CARE, FOR

LOW-INCOME PET OWNERS, GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: INQUIRING SYSTEMS INC

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR VILLAGE SONOMA VALLEY TO PROMOTE

AND PRODUCE FOUR BILINGUAL SENIOR EDUCATIONAL FORUMS IN FALL 2023 FOCUSED

ON MEDICARE CHANGES FOR 2024 AND RESPITE CARE, FOR CAREPARTNERS

INITIATIVE

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

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

PROGRAM, FOR THE BENEFIT OF MEDICAL EQUIPMENT RECYCLING PROJECT

NAME OF ORGANIZATION OR GOVERNMENT:

VALLEY OF THE MOON NATURAL HISTORY ASSOC. DBA JACK LONDON PARK PARTNERS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONNECT STUDENTS TO NATURE BY

HELPING THEM UNDERSTAND ECOSYSTEM DYNAMICS AND THE ROLE OF BIODIVERSITY

IN NATURE, GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: ON THE MOVE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT VOICES SONOMA'S PROGRAMS

SERVING YOUTH, TO SUPPORT VOICES SONOMAS BASIC HUMAN NEEDS PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA IMMIGRANT SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE LEGAL SERVICES FOR YOUTH

AT NO COST FOR THEIR APPLICATIONS FOR SPECIAL IMMIGRANT JUVENILE STATUS

("SIJS"), TO PURCHASE FILING CABINETS, COMPUTER MONITORS, CONFERENCE ROOM

FURNITURE AND A PRINTER

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: POSITIVE IMAGES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EXPAND CULTURALLY AND

LINGUISTICALLY RESPONSIVE MENTAL HEALTH SERVICES, TO SUPPORT SCHOLARSHIP

AWARDS

NAME OF ORGANIZATION OR GOVERNMENT: HEALDSBURG JAZZ FESTIVAL, INC

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

THE HEALDSBURG JAZZ 25TH ANNIVERSARY PROGRAM, GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: LOS CIEN SONOMA COUNTY

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

TO SUPPORT THE STRATEGIC AND SUSTAINABILITY PROGRAM, GENERAL OPERATING

SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: SAMARITAN'S PURSE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE POST-RESIDENCY PROGRAM

(#006360), TO SUPPORT THE WORLD MEDICAL MISSION WORK OF NATHANAEL WILES,

GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: FORGET ME NOT CHILDRENS SERVICES

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

PROVIDE RESOURCES FOR CAPITAL PROJECTS, GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA VALLEY HOSPITAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE EPIC/MYCHART ELECTRONIC

HEALTH RECORD SYSTEM INITIATIVE, TO SUPPORT THE PHYSICAL THERAPY

EXPANSION INITIATIVE

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

EXTENDED CHILD CARE COALITION OF SONOMA COUNTY INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO INCREASE GARDEN CLASS INSTRUCTION

IN ELEMENTARY CLASSES IN COORDINATION WITH OTHER ORGANIZATIONS USING THE

LARKFIELD COMMUNITY GARDEN & LEARNING CENTER, AS FISCAL SPONSOR TO

COMMUNITY SOIL

NAME OF ORGANIZATION OR GOVERNMENT:

CITY OF SANTA ROSA HOUSING AND COMMUNITY SERVICES

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

SAMUEL L. JONES HALL HOMELESS SHELTER, FOR GENERAL SUPPORT AND ENHANCED

SERVICES AT SAM JONES HALL

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, FUND-A-NEED

NAME OF ORGANIZATION OR GOVERNMENT: VIVO YOUTH ORCHESTRAS

(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF A NEW STORAGE SYSTEM,

INSTRUMENT REPAIR AND REPLACEMENT, THE VIVO YOUTH ORCHESTRA

NAME OF ORGANIZATION OR GOVERNMENT: INSTITUTE OF ECOLOGICAL DESIGN

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

JOURNEY, FOR THE PURCHASE OF A BUS AND OTHER SUPPLIES NEEDED IN THE

JOURNEY AS DIRECTED BY L. FRANK MANRIQUEZ, FOR ONGOING WORK WITH

INDIGENOUS COMMUNITIES

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA VALLEY HIGH SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF THE SONOMA VALLEY HIGH SCHOOL PERFORMANCE SCHOLARSHIP PROGRAM, FOR CURRENT STUDENT PERFORMANCE SCHOLARSHIP AWARDS

NAME OF ORGANIZATION OR GOVERNMENT: SEBASTOPOL AREA SENIOR CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE SEBASTOPOL AREA SENIOR CENTERS HARVEST CAF FOOD PROGRAM, TO SUPPORT MENTAL HEALTH SERVICES TO LGBTQ+ SENIORS

NAME OF ORGANIZATION OR GOVERNMENT: TRANSCENDENCE THEATRE COMPANY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO MAINTAIN OPERATIONS OUTSIDE OF JACK LONDON STATE PARK UNTIL ITS ABLE TO RETURN AND RESUME SUPPORTING THE PARK

NAME OF ORGANIZATION OR GOVERNMENT: VITALANT FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE 2023 AND 2024 BLOOD DRIVES - BUCKET BRIGADE CHALLENGE, SONOMA RACEWAY HIGH SPEED, LAKEPORT COMMUNITY, AND SCREAMING MIMIS PINT FOR PINT

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY CHILD CARE COUNCIL OF SONOMA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PURCHASE ITEMS TO TRANSFORM THE FLOWERY ELEMENTARY SCHOOL CAMPUS SPACE FROM PART TIME TO FULL TIME DAY CARE AND GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA VALLEY MUSEUM OF ART

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT SONOMA VALLEY MUSEUM OF ARTS PROGRAM, FOR EXHIBITS LABYRINTH OF FORMS AND INNER TERRAIN

NAME OF ORGANIZATION OR GOVERNMENT: PLAY IT FORWARD MUSIC FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR PARTIAL SPONSORSHIP FOR THE 2023 MUSIC PROGRAM AT JOURNEY ACADEMY, GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: PRESS DEMOCRAT JOURNALISM TRUST

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT EFFORTS THAT IMPROVE ACCESS TO JOURNALISM EDUCATION, INTERNSHIPS AND FUND LOCAL NEWS COVERAGE

NAME OF ORGANIZATION OR GOVERNMENT: ON THE MARGINS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT SANANDO Y EMPODERANDO RELACIONES (SER) INTERGENERATIONAL HEALING AND CAREER DEVELOPMENT PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

SONOMA COUNTY FAIR AND EXPOSITION INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE AGRICULTURE EDUCATIONAL DISPLAY AT THE 2023 SONOMA COUNTY FAIR, IN SUPPORT OF THE AGRICULTURE YOUTH SCHOLARSHIP PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

ST. VINCENT DE PAUL SOCIETY OF SONOMA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE EMERGENCY FINANCIAL SUPPORT, IN SUPPORT OF HOUSING FOR THE HOMELESS FAMILIES IN SANTA ROSA

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA STATE UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT A PROFESSOR FELLOWSHIP IN

Part IV Supplemental Information

THE DEPARTMENT OF ECONOMICS, FOR THE BLUE MAC JAZZ FUND, FOR GENERAL

OPERATING EXPENSES OF THE GREEN MUSIC CENTER

NAME OF ORGANIZATION OR GOVERNMENT:

CALIFORNIA PACIFIC MEDICAL CENTER FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT DR. BRETT SHERIDAN AND

THE DEPARTMENT OF CARDIOVASCULAR SURGERY, TO SUPPORT NURSING EDUCATION

NAME OF ORGANIZATION OR GOVERNMENT: JEWISH FAMILY & CHILDRENS SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR 2023 SONOMA COUNTY EMERGENCY

SERVICES INCLUDING FOOD INSECURITY AND MENTAL HEALTH ISSUES AND

OPERATIONAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:

LEUKEMIA AND LYMPHOMA SOCIETY NORTHERN CALIFORNIA

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE PATIENT ASSISTANCE PROGRAM

TO SUPPORT PATIENTS IN SONOMA, LAKE, AND MENDOCINO COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: RAISE A CHILD INC.

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

FAMILIES WHO ARE FOSTERING CHILDREN OR CONSIDERING FOSTER-TO-ADOPT

NAME OF ORGANIZATION OR GOVERNMENT: GIRL SCOUTS OF NORTHERN CALIFORNIA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BRING GIRL SCOUT OPPORTUNITIES

AND ACTIVITIES TO A DIVERSE POPULATION OF GIRLS IN LAKE, SONOMA, AND

MENDOCINO COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: SAN DOMENICO SCHOOL

**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

2023

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		

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

Schedule J (Form 990) 2023

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) OSCAR CHAVEZ PRESIDENT & CEO	(i)	196,282.	21,200.	0.	0.	2,419.	219,901.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARK GEARY INTERIM VP FOR FINANCE	(i)	149,810.	5,000.	0.	9,007.	20,094.	183,911.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KRISTIN NELSON INTERIM VP FOR DEV	(i)	145,361.	4,000.	0.	8,722.	1,836.	159,919.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

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	29	2,233,963.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement	29	0
--	----	---

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 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.		

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

2023

Open to Public
Inspection

Name of the organization

SONOMA COUNTY COMMUNITY FOUNDATION

Employer identification number

68-0003212

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

USED DIVERSIFIED INVESTMENT STRATEGIES TO MANAGE OVER 450 CHARITABLE
FUNDS TO ENSURE FUTURE FUNDING FOR THE COMMUNITY.

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

TAXPAYER'S ACCOUNTING FIRM FORWARDED THE FORM 990 TO THE VP OF FINANCE AND
OPERATIONS. THE VP DISTRIBUTED A PUBLIC DISCLOSURE COPY OF THE FORM 990 TO
THE AUDIT COMMITTEE WHO DISCUSSED THE FORM AT A VIRTUAL MEETING. A COMPLETE
COPY OF FORM 990, INCLUDING SCHEDULE B, WAS MADE AVAILABLE TO ALL VOTING
MEMBERS OF THE BOARD BEFORE FILING. BOARD MEMBERS WERE ENCOURAGED TO
FORWARD QUESTIONS AND COMMENTS TO THE VP.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS AND STAFF FILL OUT CONFLICT OF INTEREST FORMS ANNUALLY. THE
VP OF FINANCE AND OPERATIONS REVIEWS THE FORMS FOR POTENTIAL CONFLICTS, AND
BOARD MEMBERS OR STAFF DO NOT PARTICIPATE IN DECISIONS REGARDING MATTERS
FOR WHICH THEY HAVE CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15A:

THE COMMUNITY FOUNDATION HIRED AN OUTSIDE CONSULTANT TO DETERMINE
APPROPRIATE COMPENSATION FOR THE PRESIDENT & CEO BASED ON COMPARABLE SALARY
DATA. THE BOARD APPOINTED A HIRING COMMITTEE TO SELECT THE COMPENSATION
LEVEL, AND THE EXECUTIVE COMMITTEE APPROVED ANY SUBSEQUENT CHANGES TO THE
COMPENSATION LEVEL. THE PRESIDENT & CEO SET COMPENSATION FOR OTHER OFFICERS
AND KEY EMPLOYEES, BASED ON SALARY SURVEY DATA.

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

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS

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

FORTH IN SEC. 6104(D).

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

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	166,270.
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**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2023

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

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

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

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

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

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

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

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

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

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

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

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

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