

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Department of the Treasury  
Internal Revenue Service

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

**2024**

Open to Public Inspection

<b>A</b> For the <b>2024</b> calendar year, or tax year beginning and ending																												
<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization SONOMA COUNTY COMMUNITY FOUNDATION</td> <td rowspan="4"><b>D</b> Employer identification number  68-0003212</td> </tr> <tr> <td colspan="2">Doing business as COMMUNITY FOUNDATION SONOMA COUNTY</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td>120 STONY POINT ROAD</td> <td>220</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code SANTA ROSA, CA 95401</td> <td><b>E</b> Telephone number 707-579-4073</td> </tr> <tr> <td colspan="2"><b>F</b> Name and address of principal officer: OSCAR CHAVEZ SAME AS C ABOVE</td> <td><b>G</b> Gross receipts \$ 105,486,933.</td> </tr> <tr> <td colspan="2"><b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td><b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2"><b>J</b> Website: WWW.SONOMACF.ORG</td> <td><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2"><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other</td> <td><b>H(c)</b> Group exemption number</td> </tr> <tr> <td colspan="2"><b>L</b> Year of formation: 1983</td> <td><b>M</b> State of legal domicile: CA</td> </tr> </table>	<b>C</b> Name of organization SONOMA COUNTY COMMUNITY FOUNDATION		<b>D</b> Employer identification number  68-0003212	Doing business as COMMUNITY FOUNDATION SONOMA COUNTY		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	120 STONY POINT ROAD	220	City or town, state or province, country, and ZIP or foreign postal code SANTA ROSA, CA 95401		<b>E</b> Telephone number 707-579-4073	<b>F</b> Name and address of principal officer: OSCAR CHAVEZ SAME AS C ABOVE		<b>G</b> Gross receipts \$ 105,486,933.	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>J</b> Website: WWW.SONOMACF.ORG		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>H(c)</b> Group exemption number	<b>L</b> Year of formation: 1983		<b>M</b> State of legal domicile: CA
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**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> 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.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	18
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	18
	<b>5</b> Total number of individuals employed in calendar year 2024 (Part V, line 2a)	<b>5</b>	19
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	18
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	10,994,738.	17,116,807.
	<b>9</b> Program service revenue (Part VIII, line 2g)	378,045.	399,630.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,398,821.	12,086,876.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	961.	0.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,772,565.	29,603,313.
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	19,877,506.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,810,086.	2,208,188.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		463,769.	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,835,434.	2,109,416.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		23,523,026.	26,857,136.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12		-7,750,461.	2,746,177.
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	219,418,080.	231,023,082.
	<b>21</b> Total liabilities (Part X, line 26)	2,303,506.	3,323,506.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	217,114,574.	227,699,576.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer		Date		
	OSCAR CHAVEZ, PRESIDENT AND CEO				
Type or print name and title					
<b>Paid Preparer Use Only</b>	Preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	MAGA E. KISRIV	<i>Maga E. Ksiriv</i>	11/13/2025		P01008919
Firm's name HOOD & STRONG LLP			Firm's EIN 94-1254756		
Firm's address 2580 N 1ST ST, STE 460 SAN JOSE, CA 95131			Phone no. 408.998.8400		

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

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

**File a separate application for each return.**  
**Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

OMB No. 1545-0047

**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](http://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**

<b>Type or Print</b>  File by the due date for filing your return. See instructions.	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	Form 990-T (governmental entities)	15

• 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 PAMELA HARRIS  
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 25, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
☒ calendar year 20 24 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

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

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2025)

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**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 ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 24,514,238. including grants of \$ 22,539,532. ) (Revenue \$ 399,630. )GRANTMAKING: AWARDED MORE THAN \$22 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 24,514,238.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b>	X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	<b>23</b>	X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>	X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25b</b>	X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35b</b>	X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O .....	<b>38</b>	X

**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 ☐

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	29
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	X

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

	Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return <span style="float: right;">2a 19</span>		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b> If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year <span style="float: right;">7d</span>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?		X
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 <span style="float: right;">10a</span>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <span style="float: right;">10b</span>		
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders <span style="float: right;">11a</span>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) <span style="float: right;">11b</span>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year <span style="float: right;">12b</span>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans <span style="float: right;">13b</span>		
<b>c</b> Enter the amount of reserves on hand <span style="float: right;">13c</span>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		

**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 ☒

**Section A. Governing Body and Management**

	1a	1b	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	18			
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent .....		18		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....			2	X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .....			3	X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....			4	X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....			5	X
<b>6</b> Did the organization have members or stockholders? .....			6	X
<b>7a</b> 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? .....			7a	X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....			7b	X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body? .....			8a	X
<b>b</b> Each committee with authority to act on behalf of the governing body? .....			8b	X
<b>9</b> 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 .....			9	X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? .....	10a	X
<b>b</b> 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? .....	10b	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	11a	X
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990. ....		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	12a	X
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	12b	X
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done .....	12c	X
<b>13</b> Did the organization have a written whistleblower policy? .....	13	X
<b>14</b> Did the organization have a written document retention and destruction policy? .....	14	X
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official .....	15a	X
<b>b</b> Other officers or key employees of the organization .....	15b	X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. ....		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....	16a	X
<b>b</b> 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? .....	16b	

**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.  
☒ Own website    ☐ Another's website    ☒ 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				282,617.	0.	14,848.
(2) MARK GEARY CONTROLLER	40.00 0.00					X		129,672.	0.	28,470.
(3) PAMELA HARRIS CHIEF FINANCIAL OFFICER	40.00 1.00			X				141,518.	0.	11,145.
(4) AMY HOLTER VP FOR COMMUNITY IMPACT	40.00 0.00					X		130,505.	0.	10,153.
(5) RICHARD DAVIS-LOWELL CHAIR	1.00 0.00	X		X				0.	0.	0.
(6) JANET RAMATICI SECRETARY	1.00 0.00	X		X				0.	0.	0.
(7) CHRISTINA HOLLINGSWORTH TREASURER	1.00 0.00	X		X				0.	0.	0.
(8) RALPH LEWIN DIRECTOR	1.00 0.00	X						0.	0.	0.
(9) KIT DRISCOLL DIRECTOR	1.00 0.00	X						0.	0.	0.
(10) LISA CARRENO DIRECTOR	1.00 0.00	X						0.	0.	0.
(11) TEEJAY LOWE DIRECTOR	1.00 0.00	X						0.	0.	0.
(12) ALAN PRESTON DIRECTOR	1.00 0.00	X						0.	0.	0.
(13) DEBERAH KELLEY DIRECTOR	1.00 0.00	X						0.	0.	0.
(14) AIKO-SOPHIE EZAKI 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			
(18) KERRI BERRY DIRECTOR	1.00 0.00	X						0.	0.	0.
(19) ANGELICA GARCIA DIRECTOR	1.00 0.00	X						0.	0.	0.
(20) NICOLE LIM DIRECTOR	1.00 0.00	X						0.	0.	0.
(21) TIM TESCONI DIRECTOR	1.00 0.00	X						0.	0.	0.
(22) AKASH KALIA DIRECTOR	1.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								684,312.	0.	64,616.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								684,312.	0.	64,616.

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

4

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* .....
- 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? *If "Yes," complete Schedule J for such individual* .....
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* .....

	Yes	No
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		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	184,443.

**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) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>	1,200.				
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	44,999.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	17,070,608.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 3,313,449.				
	<b>h Total.</b> Add lines 1a-1f .....						
<b>Program Service Revenue</b>	<b>2 a</b> MANAGEMENT FEES	<b>Business Code</b>	561000	399,630.	399,630.		
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....			399,630.			
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			5,524,127.		
<b>4</b> Income from investment of tax-exempt bond proceeds .....							
<b>5</b> Royalties .....							
<b>6 a</b> Gross rents .....		<b>6a</b>	(i) Real (ii) Personal				
<b>b</b> Less: rental expenses ...		<b>6b</b>					
<b>c</b> Rental income or (loss) .....		<b>6c</b>					
<b>d</b> Net rental income or (loss) .....							
<b>7 a</b> Gross amount from sales of assets other than inventory .....		<b>7a</b>	(i) Securities (ii) Other				
<b>b</b> Less: cost or other basis and sales expenses .....		<b>7b</b>	82,446,369.				
<b>c</b> Gain or (loss) .....		<b>7c</b>	75,883,620.				
<b>d</b> Net gain or (loss) .....			6,562,749.				
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....		<b>8a</b>					
<b>b</b> Less: direct expenses .....		<b>8b</b>					
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....		<b>9a</b>					
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> .....	<b>Business Code</b>					
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
	<b>12 Total revenue.</b> See instructions .....			29,603,313.	399,630.	0.	12,086,876.

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	22,539,532.	22,539,532.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	450,128.	118,986.	286,522.	44,620.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	1,369,466.	630,474.	556,302.	182,690.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	58,629.	23,522.	29,555.	5,552.
<b>9</b> Other employee benefits .....	194,753.	89,833.	75,690.	29,230.
<b>10</b> Payroll taxes .....	135,212.	56,051.	62,193.	16,968.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	26,065.	11,130.	11,482.	3,453.
<b>c</b> Accounting .....	77,901.	33,264.	34,317.	10,320.
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	254,632.		254,632.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	618,286.	264,011.	272,370.	81,905.
<b>12</b> Advertising and promotion .....	69,335.	29,606.	30,544.	9,185.
<b>13</b> Office expenses .....	390,374.	326,918.	48,786.	14,670.
<b>14</b> Information technology .....	165,665.	70,740.	72,979.	21,946.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	202,925.	86,650.	89,393.	26,882.
<b>17</b> Travel .....				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	73,074.	31,203.	32,191.	9,680.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	23,028.	9,833.	10,144.	3,051.
<b>23</b> Insurance .....	168,627.	152,981.	12,029.	3,617.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> PROGRAM SUPPLIES	39,504.	39,504.		
<b>b</b> _____				
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	26,857,136.	24,514,238.	1,879,129.	463,769.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	863,193.	<b>1</b>	1,635,594.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	8,551,760.	<b>3</b>	6,847,488.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	975,141.	<b>7</b>	975,141.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	99,983.	<b>9</b>	122,415.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 338,897.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 285,711.		
		50,573.	<b>10c</b>	53,186.
	<b>11</b> Investments - publicly traded securities .....	205,751,257.	<b>11</b>	218,164,692.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 .....	3,126,173.	<b>15</b>	3,224,566.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	219,418,080.	<b>16</b>	231,023,082.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	116,964.	<b>17</b>	177,950.
	<b>18</b> Grants payable .....	1,842,891.	<b>18</b>	2,977,891.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	343,651.	<b>25</b>	167,665.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	2,303,506.	<b>26</b>	3,323,506.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/>			
	<b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	62,604,500.	<b>27</b>	64,816,790.
	<b>28</b> Net assets with donor restrictions .....	154,510,074.	<b>28</b>	162,882,786.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/>			
	<b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
<b>32</b> Total net assets or fund balances .....	217,114,574.	<b>32</b>	227,699,576.	
<b>33</b> Total liabilities and net assets/fund balances .....	219,418,080.	<b>33</b>	231,023,082.	

Form **990** (2024)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	29,603,313.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	26,857,136.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	2,746,177.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	217,114,574.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	7,567,161.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	271,664.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	227,699,576.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> 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.	X	
<b>3a</b> 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? _____		X
<b>b</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 _____		

Form **990** (2024)

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

2024

**Open to Public  
Inspection**

Name of the organization

SONOMA COUNTY COMMUNITY FOUNDATION

Employer identification number

68-0003212

<b>Part I</b>	<b>Reason for Public Charity Status.</b> (All organizations must complete this part.) See instructions.
---------------	---------------------------------------------------------------------------------------------------------

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

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	24,068,288.	18,605,936.	26,326,778.	10,721,126.	17,116,807.	96,838,935.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	24,068,288.	18,605,936.	26,326,778.	10,721,126.	17,116,807.	96,838,935.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						10,946,759.
<b>6 Public support.</b> Subtract line 5 from line 4.						85,892,176.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 .....	24,068,288.	18,605,936.	26,326,778.	10,721,126.	17,116,807.	96,838,935.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	3,031,100.	4,241,643.	3,446,100.	4,227,297.	5,524,127.	20,470,267.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						117,309,202.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,901,825.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						

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

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	73.22	%
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 .....	<b>15</b>	73.47	%
<b>16a 33 1/3% support test - 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			
			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2023.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			
			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2024.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			
			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			
			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			
			<input type="checkbox"/>

Schedule A (Form 990) 2024

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 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**

<b>15</b> Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2024</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2023</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2024.** 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 - 2023.** 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> 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>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined 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>		
<b>c</b> 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>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? If "No," describe in <b>Part VI</b> 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.		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

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

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

		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2024 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
<b>1</b>	Distributable amount for 2024 from Section C, line 6			
<b>2</b>	Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b>	Excess distributions carryover, if any, to 2024			
<b>a</b>	From 2019			
<b>b</b>	From 2020			
<b>c</b>	From 2021			
<b>d</b>	From 2022			
<b>e</b>	From 2023			
<b>f</b>	<b>Total</b> of lines 3a through 3e			
<b>g</b>	Applied to under distributions of prior years			
<b>h</b>	Applied to 2024 distributable amount			
<b>i</b>	Carryover from 2019 not applied (see instructions)			
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b>	Distributions for 2024 from Section D, line 7: \$			
<b>a</b>	Applied to underdistributions of prior years			
<b>b</b>	Applied to 2024 distributable amount			
<b>c</b>	Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b>	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b>	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b>	<b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
<b>8</b>	Breakdown of line 7:			
<b>a</b>	Excess from 2020			
<b>b</b>	Excess from 2021			
<b>c</b>	Excess from 2022			
<b>d</b>	Excess from 2023			
<b>e</b>	Excess from 2024			

Schedule A (Form 990) 2024

**Schedule B  
(Form 990)**(Rev. December 2024)  
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](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

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 foundationCheck 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) (Rev. 12-2024)

Name of organization	Employer identification number
SONOMA COUNTY COMMUNITY FOUNDATION	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		\$ 1,698,903.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,669,537.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 1,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 1,300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 1,155,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 972,903.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
SONOMA COUNTY COMMUNITY FOUNDATION	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		\$ 800,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 452,637.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 426,181.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
SONOMA COUNTY COMMUNITY FOUNDATION	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
2	92 SHARES HD	\$ 31,703.	06/11/24
6	815 SHARES VSS, 245 SHARES QQQ, 100 SHARES ADBE, 619 SHARES VITAX, 296 SHARES VCDAX, 3,100 SHARES VLCAX	\$ 872,903.	11/19/24
9	1,000 SHARES MSFT	\$ 452,637.	12/12/24
		\$	
		\$	
		\$	



Name of organization	Employer identification number
SONOMA COUNTY COMMUNITY FOUNDATION	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	
(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	
(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	
(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	

**SCHEDULE D**  
**(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

**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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	167	61
2 Aggregate value of contributions to (during year) .....	11,838,005.	1,710,062.
3 Aggregate value of grants from (during year) .....	9,166,467.	6,043,735.
4 Aggregate value at end of year .....	68,714,828.	46,238,443.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year .....

4 Number of states where property subject to conservation easement is located .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

**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

**d** ☐ Loan or exchange program

**b** ☐ Scholarly research

**e** ☐ Other \_\_\_\_\_

**c** ☐ Preservation for future generations

**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
<b>c</b> Beginning balance	<b>1c</b>
<b>d</b> Additions during the year	<b>1d</b>
<b>e</b> Distributions during the year	<b>1e</b>
<b>f</b> Ending balance	<b>1f</b>

**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
<b>1a</b> Beginning of year balance	109,261,827.	95,869,514.	115,227,835.	103,972,852.	92,940,493.
<b>b</b> Contributions	752,915.	1,414,601.	2,786,487.	2,348,667.	653,349.
<b>c</b> Net investment earnings, gains, and losses	11,410,850.	16,552,660.	-17,052,833.	12,559,057.	13,379,883.
<b>d</b> Grants or scholarships	4,812,283.	4,574,948.	5,091,975.	3,652,741.	3,000,873.
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	116,613,309.	109,261,827.	95,869,514.	115,227,835.	103,972,852.

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

**a** Board designated or quasi-endowment .9342 %

**b** Permanent endowment 69.9810 %

**c** Term endowment 29.0848 %

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:

(i) Unrelated organizations? \_\_\_\_\_

(ii) Related organizations? \_\_\_\_\_

	Yes	No
<b>3a(i)</b>		X
<b>3a(ii)</b>		X
<b>3b</b>		

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? \_\_\_\_\_

**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
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements		78,003.	67,250.	10,753.
<b>d</b> Equipment		57,838.	37,357.	20,481.
<b>e</b> Other		203,056.	181,104.	21,952.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				53,186.

**Part VII Investments - Other Securities**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, 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) .....		
<b>Total.</b> (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) .....	
<b>Total.</b> (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	167,665.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))		167,665.

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.

AS OF DECEMBER 31, 2024, 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)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
PEPPERWOOD FOUNDATION 2130 PEPPERWOOD PRESERVE RD. SANTA ROSA, CA 95404-7543	01-0817571	501(C)(3)	1,877,650.	0.			GENERAL SUPPORT
ALLIANCE REDWOODS CONFERENCE GROUNDS - 6250 BOHEMIAN HIGHWAY - OCCIDENTAL, CA 95465	94-1683665	501(C)(3)	1,400,000.	0.			GENERAL SUPPORT
CITY OF HEALDSBURG 1557 HEALDSBURG AVE. HEALDSBURG, CA 95448	94-6000347	CITY OF HEALDSBURG	1,198,784.	0.			FOLEY FAMILY PAVILLION
LANDPATHS 618 4TH ST. #217 SANTA ROSA, CA 95404	68-0328590	501(C)(3)	800,446.	0.			GENERAL SUPPORT
CHARLES M. SCHULZ MUSEUM & RESEARCH CENTER - 2301 HARDIES LANE - SANTA ROSA, CA 95403	68-0422370	501(C)(3)	750,000.	0.			GENERAL SUPPORT
SONOMA ECOLOGY CENTER PO BOX 1486 ELDRIDGE, CA 95431	94-3136500	501(C)(3)	442,169.	0.			GENERAL SUPPORT, HOUSING COLLABORATIVE

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 304.

**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) (Rev. 12-2024)**

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 ST - SANTA ROSA, CA 95401-6110	91-1859251	501(C)(3)	441,700.	0.			GENERAL SUPPORT, RENOVATIONS
ROSELAND CHARTER SCHOOL 1691 BURBANK AVE SANTA ROSA, CA 95407	43-2029144	501(C)(3)	400,000.	0.			BRIDGE AND GAINING GROUND SCHOLARSHIPS
DEEP LIVING LAB 49 N SAN MATEO DR SAN MATEO, CA 94401	86-3229724	501(C)(3)	350,000.	0.			GENERAL SUPPORT
10000 DEGREES 1401 LOS GAMOS DRIVE, SUITE 205 SAN RAFAEL, CA 94909	95-3667812	501(C)(3)	335,350.	0.			SCHOLARSHIPS FOR 2024-2025 SCHOOL YEAR
REDWOOD EMPIRE FOOD BANK 3990 BRICKWAY BLVD. SANTA ROSA, CA 95403	68-0121855	501(C)(3)	323,050.	0.			GENERAL SUPPORT
COMMUNITY ACTION PARTNERSHIP OF SONOMA COUNTY - 2250 NORTH PKWY - SANTA ROSA, CA 95407-7398	94-1648949	501(C)(3)	294,375.	0.			GENERAL SUPPORT, EARLY CHILDHOOD EDUCATION OUTREACH, VOTER REGISTRATION OUTREACH,
SONOMA COUNTY VINTNERS FOUNDATION 400 AVIATION BOULEVARD, SUITE 500 SANTA ROSA, CA 95403	68-0175790	501(C)(3)	285,000.	0.			GRANTS AND OPERATIONS
SANTA ROSA JUNIOR COLLEGE FOUNDATION - 1501 MENDOCINO AVENUE - SANTA ROSA, CA 95401-4395	94-1735861	501(C)(3)	274,050.	0.			SRJC FIRE TOWER PROJECT, STUDENT LED PHILANTHROPY PROJECT
ALIADOS HEALTH 1310 REDWOOD WAY, SUITE 135 PETALUMA, CA 94954	94-3220029	501(C)(3)	262,139.	0.			COMMUNITY HEALTH CENTERS

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
CERES COMMUNITY PROJECT PO BOX 1562 SEBASTOPOL, CA 95473-1562	26-2250997	501(C)(3)	230,100.	0.			GENERAL SUPPORT, CAPITAL CAMPAIGN
TIDES CENTER PO BOX 889385 LOS ANGELES, CA 90088-9385	94-3213100	501(C)(3)	200,000.	0.			GENERATION HOUSING
LEGAL AID OF SONOMA COUNTY 144 SOUTH E STREET, SUITE 100 SANTA ROSA, CA 95404	68-0008581	501(C)(3)	180,000.	0.			GENERAL SUPPORT, DISASTER LAW PROJECT
WOMEN'S RECOVERY SERVICES - A UNIQUE PLACE - PO BOX 1356 - SANTA ROSA, CA 95402-1356	51-0178620	501(C)(3)	171,750.	0.			GENERAL SUPPORT, HOMELESS AND NUTRITION PROGRAMS
CATHOLIC CHARITIES OF THE DIOCESE OF SANTA ROSA - PO BOX 4900 - SANTA ROSA, CA 95402	94-2479393	501(C)(3)	171,300.	0.			CARITAS CENTER
TLC CHILD & FAMILY SERVICES PO BOX 2079 SEBASTOPOL, CA 95473-2079	68-0008634	501(C)(3)	170,617.	0.			MENTAL HEALTH AND FOSTER YOUTH PROGRAMS
CORAZON HEALDSBURG PO BOX 1004 HEALDSBURG, CA 95448	27-3044487	501(C)(3)	155,750.	0.			GENERAL SUPPORT, BIPOC WOMEN'S LEADERSHIP GROUP, DIA DE LOS MUERTOS EVENT
MEYERS COMMUNITY FOUNDATION PO BOX 550757 SOUTH LAKE TAHOE, CA 96155-0757	46-3770454	501(C)(3)	155,650.	0.			TAHOE PARADISE PARK PROJECT
SONOMA COUNTY REGIONAL PARKS FOUNDATION - 400 AVIATION BLVD SUITE 100 - SANTA ROSA, CA 95403	68-0421813	501(C)(3)	133,900.	0.			GENERAL SUPPORT, ENVIRONMENTAL EDUCATION

Schedule I (Form 990)



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

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DE COLORES ARTS 49 N SAN MATEO DR SAN MATEO, CA 94401	46-2909183	501(C)(3)	130,000.	0.			GENERAL SUPPORT
LA LUZ CENTER 17560 GREGER STREET SONOMA, CA 95476	68-0228235	501(C)(3)	126,036.	0.			LATINO LEADERSHIP PROGRAM, TRANSPORT VAN
AUDUBON CANYON RANCH PO BOX 577 STINSON BEACH, CA 94970	94-6069140	501(C)(3)	125,800.	0.			BOUVERIE PRESERVE, ENVIRONMENTAL EDUCATION
COMMUNITY SUPPORT NETWORK 1410 GUERNEVILLE RD., SUITE 14 SANTA ROSA, CA 95403	94-2159583	501(C)(3)	125,700.	0.			SERVICES AND HOUSING FOR FOSTER YOUTH
ALLIANCE MEDICAL CENTER 1381 UNIVERSITY AVENUE HEALDSBURG, CA 95448	94-2308748	501(C)(3)	125,000.	0.			GENERAL SUPPORT, WINDSOR DENTAL CLINIC
COTS (COMMITTEE ON THE SHELTERLESS) - PO BOX 2744 - PETALUMA, CA 94953-2744	68-0176855	501(C)(3)	121,502.	0.			GENERAL SUPPORT, MARY ISAAC CENTER EMERGENCY SHELTER
FARM TO PANTRY PO BOX 191 HEALDSBURG, CA 95448-0191	46-5321538	501(C)(3)	120,000.	0.			GENERAL SUPPORT, JARDIN DEL PUEBLO
NUESTRA COMUNIDAD P.O. BOX 1406 WINDSOR, CA 95492	83-0609417	501(C)(3)	117,000.	0.			GENERAL SUPPORT, RESILIENCE HUB
WEST COUNTY COMMUNITY SERVICES PO BOX 325 GUERNEVILLE, CA 95446	94-2277740	501(C)(3)	112,500.	0.			CRISIS SUPPORT PROGRAM, FOOD INSECURITY, MENTAL HEALTH PROGRAMS

Schedule I (Form 990)

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

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THE LIVING ROOM 1207 CLEVELAND AVENUE SANTA ROSA, CA 95401	58-2675876	501(C)(3)	111,200.	0.			GENERAL SUPPORT
RAIZES COLLECTIVE PO BOX 8606 SANTA ROSA, CA 95407	47-3129493	501(C)(3)	110,500.	0.			PROMOTORA COOPERATIVE, ALMAS LIBRES
RUSSIAN RIVERKEEPER PO BOX 1335 HEALDSBURG, CA 95448	68-0321117	501(C)(3)	110,000.	0.			GENERAL SUPPORT, HANSON PROJECT
PETALUMA PEOPLE SERVICES CENTER 1500 PETALUMA BLVD S PETALUMA, CA 94952-5546	94-2271299	501(C)(3)	109,500.	0.			LEGAL ARBITRATION COSTS, MENTAL HEALTH PROGRAMS
CANINE COMPANIONS, INC. PO BOX 446 SANTA ROSA, CA 95402	94-2494324	501(C)(3)	109,300.	0.			SERVICE DOGS FOR VETERANS, NORTHERN CALIFORNIA
BOYS AND GIRLS CLUBS OF SONOMA VALLEY - 100 W. VERANO AVENUE - SONOMA, CA 95476	94-1579901	501(C)(3)	105,658.	0.			GENERAL SUPPORT, COMMUNITY REFRIGERATOR
CARDINAL NEWMAN HIGH SCHOOL 50 URSULINE ROAD SANTA ROSA, CA 95403	87-0744045	501(C)(3)	100,000.	0.			"A CALL TO LEAD" CAMPAIGN
CITIZENS FOR RESPONSIBILITY AND ETHICS IN WASHINGTON AKA CREW - 455 MASSACHUSETTS AVE. NW, SUITE 600 - WASHINGTON, DC 20001	03-0445391	501(C)(3)	100,000.	0.			GENERAL SUPPORT
CONSERVATION LAW FOUNDATION 62 SUMMER STREET BOSTON, MA 02110	04-6149986	501(C)(3)	100,000.	0.			PROFESSIONAL DEVELOPMENT PROGRAM, CAVERS INTERN PROGRAM

Schedule I (Form 990)

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

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IDEAGARDEN INSTITUTE INCORPORATED 4015 WESTSIDE RD HEALDSBURG, CA 95448	86-2425643	501(C)(3)	100,000.	0.			GREG STELTENPOHL PRAGMATIC VISIONARY AWARD
RESOURCES LEGACY FUND 400 CAPITOL MALL SUITE 2150 SACRAMENTO, CA 95814	95-4703838	501(C)(3)	100,000.	0.			OCEAN, COAST AND FISHERIES PROGRAM
SHARE SONOMA COUNTY 2901 CLEVELAND AVENUE, SUITE 204 SANTA ROSA, CA 95401	81-3993230	501(C)(3)	100,000.	0.			SUPPORT FOR THE UNDERSERVED AND UNHOUSED IN SONOMA COUNTY
MUSEUM OF SONOMA COUNTY 425 SEVENTH STREET SANTA ROSA, CA 95401	94-2506626	501(C)(3)	97,200.	0.			GENERAL SUPPORT
SONOMA LAND TRUST 822 FIFTH STREET SANTA ROSA, CA 95404	51-0197006	501(C)(3)	96,350.	0.			GENERAL SUPPORT, FORCE OF NATURE CAMPAIGN, ENVIRONMENTAL EDUCATION
FORGOTTEN FELINES OF SONOMA COUNTY 1820 EMPIRE INDUSTRIAL COURT, SUITE SANTA ROSA, CA 95403	68-0228734	501(C)(3)	92,500.	0.			GENERAL SUPPORT
SONOMA VALLEY MUSEUM OF ART PO BOX 322 SONOMA, CA 95476	68-0409459	501(C)(3)	87,500.	0.			PROFESSIONAL DEVELOPMENT, ARTS EDUCATION
SONOMA VALLEY EDUCATION FOUNDATION PO BOX 493 SONOMA, CA 95476-0493	68-0279152	501(C)(3)	86,000.	0.			ALLIANCE FOR YOUTH WELLNESS PROGRAM, SONOMA VALLEY'S TK-12 MENTAL HEALTH PROPOSAL, GENERAL
CITY OF SANTA ROSA HOUSING AND COMMUNITY SERVICES - 90 SANTA ROSA AVENUE - SANTA ROSA, CA 95404	94-6000428	SANTA ROSA CITY	85,100.	0.			SAMUEL L. JONES HALL HOMELESS SHELTER

Schedule I (Form 990)

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

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SANTA ROSA MEMORIAL HOSPITAL FOUNDATION - 151 SOTOYOME ST. - SANTA ROSA, CA 95405	81-4791043	501(C)(3)	82,000.	0.			MOBILE DENTAL UNIT, THE BRENT NELSON FUND, TECHNOLOGY & EQUIPMENT FUND
REACH FOR HOME 443 HUDSON STREET HEALDSBURG, CA 95448	47-2692320	501(C)(3)	81,500.	0.			GENERAL SUPPORT, BASIC HUMAN NEEDS FOR ECONOMICALLY VULNERABLE INDIVIDUALS
HUMANE SOCIETY OF SONOMA COUNTY 5345 HIGHWAY 12 WEST SANTA ROSA, CA 95407	94-6001315	501(C)(3)	80,000.	0.			GENERAL SUPPORT, COMMUNITY VET PROGRAM
FORGET ME NOT CHILDRENS SERVICES 5345 HIGHWAY 12, WEST SANTA ROSA, CA 95407	26-3464770	501(C)(3)	78,000.	0.			GENERAL SUPPORT, PROJECT HOME
LA FAMILIA SANA PO BOX 158 CLOVERDALE, CA 95425	86-1711899	501(C)(3)	77,500.	0.			GENERAL SUPPORT
COMPASSION WITHOUT BORDERS 1130 BUTLER AVENUE SANTA ROSA, CA 95407	20-4698227	501(C)(3)	75,000.	0.			GENERAL SUPPORT
E4E RELIEF LLC 101 S. TRYON ST., SUITE 2900 CHARLOTTE, NC 28280	87-3137387	501(C)(3)	75,000.	0.			GENERAL SUPPORT
INQUIRING SYSTEMS INC 1275 4TH ST., #371 SANTA ROSA, CA 95404	94-2524840	501(C)(3)	71,250.	0.			CAREPARTNERS INITIATIVE
BECOMING INDEPENDENT 1455 CORPORATE CENTER PARKWAY SANTA ROSA, CA 95407	94-2641147	501(C)(3)	70,800.	0.			GENERAL SUPPORT, MENTAL HEALTH PROGRAMMING

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
ON THE MOVE 780 LINCOLN AVE NAPA, CA 94558-5110	75-3149095	501(C)(3)	70,000.	0.			VOICES SONOMA PROGRAM, LGBTQ CONNECTIONS
NORTH BAY ORGANIZING PROJECT PO BOX 1928 SANTA ROSA, CA 95402	45-2369887	501(C)(3)	69,000.	0.			GENERAL SUPPORT
JEWISH COMMUNITY FREE CLINIC OF SONOMA COUNTY - 50 MONTGOMERY DR - SANTA ROSA, CA 95404	94-3386103	501(C)(3)	66,000.	0.			FOOD PANTRY, VACCINATION PROGRAM
SONOMA OVERNIGHT SUPPORT PO BOX 748 SONOMA, CA 95476	03-0483033	501(C)(3)	64,150.	0.			FOOD/DAY SERVICES PROGRAM, COMMUNITY REFRIGERATOR PILOT PROGRAM
WARNECKE INSTITUTE, INC. 13427 CHALK HILL ROAD. HEALDSBURG, CA 95448	20-4401473	501(C)(3)	61,000.	0.			GENERAL SUPPORT
HEALDSBURG SHARED MINISTRIES PO BOX 1646 HEALDSBURG, CA 95448	94-2838706	501(C)(3)	59,000.	0.			GENERAL SUPPORT, FOOD DISTRIBUTION
YWCA OF SONOMA COUNTY PO BOX 3506 SANTA ROSA, CA 95402	94-2347428	501(C)(3)	59,000.	0.			MENTAL HEALTH PROGRAMMING, SERVICES FOR SURVIVORS OF DOMESTIC VIOLENCE
FRIENDS OF THE PETALUMA RIVER 625 2ND ST-STE 107 PETALUMA, CA 94952-5120	94-3275198	501(C)(3)	57,600.	0.			WATERSHED CLASSROOM PROGRAM, ENVIRONMENTAL EDUCATION
HUMANIDAD THERAPY & EDUCATION SERVICES - 1260 N. DUTTON AVE., SUITE 230 - SANTA ROSA, CA 95401	46-3725156	501(C)(3)	57,000.	0.			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.)

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CALIFORNIA INDIAN MUSEUM & CULTURAL CENTER - 5250 AERO DRIVE - SANTA ROSA, CA 95403	94-3244506	501(C)(3)	56,000.	0.			HEALTHY AND TRADITIONAL FOOD BOXES
WORLD CENTRAL KITCHEN, INC. PO BOX 96538 WASHINGTON, DC 20090-6538	27-3521132	501(C)(3)	55,500.	0.			HURRICANE HELENE RELIEF EFFORTS, AIDE IN GAZA AND UKRAINE
HEALDSBURG JAZZ FESTIVAL, INC PO BOX 266 HEALDSBURG, CA 95448	71-0910474	501(C)(3)	55,000.	0.			GENERAL SUPPORT
STEWARDS OF THE COAST AND REDWOODS PO BOX 2 DUNCANS MILLS, CA 95430	94-3039895	501(C)(3)	54,605.	0.			ENVIRONMENTAL EDUCATION
EXTRA FOOD 907 SIR FRANCIS DRAKE BLVD KENTFIELD, CA 94904	46-4025887	501(C)(3)	53,500.	0.			TO PILOT A FOOD RECOVERY AND DISTRIBUTION PROGRAM IN SONOMA VALLEY
FARM TO FIGHT HUNGER 2315 MILL CREEK LANE HEALDSBURG, CA 95448	83-2508565	501(C)(3)	53,500.	0.			GENERAL SUPPORT
HEALTHCARE FOUNDATION NORTHERN SONOMA COUNTY - PO BOX 1025 - HEALDSBURG, CA 95448	68-0474109	501(C)(3)	52,000.	0.			MENTAL HEALTH TALENT PIPELINE SCHOLARSHIPS
BOTANICAL BUS 1500 VALLEY HOUSE DRIVE, SUITE 210 ROHNERT PARK, CA 94928	84-3039239	501(C)(3)	51,000.	0.			GENERAL SUPPORT
SONOMA VALLEY HOSPITAL FOUNDATION 347 ANDRIEUX STREET SONOMA, CA 95476	94-2832488	501(C)(3)	51,000.	0.			EXPANSION OF THE PHYSICAL THERAPY DEPARTMENT AT SONOMA VALLEY HOSPITAL

Schedule I (Form 990)

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

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BUCKELEW PROGRAMS 201 ALAMEDA DEL PRADO-STE 103 NOVATO, CA 94949-6698	23-7088977	501(C)(3)	50,000.	0.			GENERAL SUPPORT
CALIFORNIA PARENTING INSTITUTE 3650 STANDISH AVENUE SANTA ROSA, CA 95407	94-2541640	501(C)(3)	50,000.	0.			GENERAL SUPPORT, PARENTING CLASSES
EAST PALO ALTO TENNIS AND TUTORING P.O. BOX 60597 PALO ALTO, CA 94306	26-3316879	501(C)(3)	50,000.	0.			CAPITAL CAMPAIGN
GLOBAL ARTS CORPORATION 6610 CHURCH STREET LOS ANGELES, CA 90042	83-4028238	501(C)(3)	50,000.	0.			GENERAL SUPPORT
HARVEY MUDD COLLEGE 301 PLATT BOULEVARD CLAREMONT, CA 91711-5990	95-1911219	501(C)(3)	50,000.	0.			CHAN-VELASQUEZ PIANO MAINTENANCE FUND
LONG NOW FOUNDATION P.O. BOX 475668 SAN FRANCISCO, CA 94147	68-0384748	501(C)(3)	50,000.	0.			GENERAL SUPPORT
NORTH BAY CANCER ALLIANCE INC. 2360 MENDOCINO AVE., A2 #363 SANTA ROSA, CA 95403	01-0821673	501(C)(3)	50,000.	0.			CANCER PATIENT ASSISTANCE PROGRAM SERVING SONOMA AND LAKE COUNTY PATIENTS
WILD FARM ALLIANCE PO BOX 2570 WATSONVILLE, CA 95077	20-0195670	501(C)(3)	50,000.	0.			GENERAL SUPPORT
WINGS LEARNING CENTER INC. 2500 COTTONWOOD DRIVE SAN BRUNO, CA 94066	94-3385745	501(C)(3)	50,000.	0.			TEACHER AND STAFF BENEFITS

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 BIRD RESCUE CENTER OF SONOMA COUNTY - PO BOX 475 - SANTA ROSA, CA 95402	94-2378213	501(C)(3)	49,500.	0.			GENERAL SUPPORT
FOOD FOR THOUGHT PO BOX 1608 FORESTVILLE, CA 95436-1608	68-0181095	501(C)(3)	46,500.	0.			GENERAL SUPPORT
RIVER TO COAST CHILDREN'S SERVICES PO BOX 16 GUERNEVILLE, CA 95446-0016	94-2378459	501(C)(3)	46,000.	0.			FOOD PANTRY AND EMERGENCY RESOURCE PROGRAM
LOS CIEN SONOMA COUNTY 975 CORPORATE CENTER PKWY #160 SANTA ROSA, CA 95407	47-4474273	501(C)(3)	45,000.	0.			GENERAL SUPPORT
CAREER TECHNICAL EDUCATION FOUNDATION SONOMA COUNTY - 1030 APOLLO WAY, SUITE 200 - SANTA ROSA, CA 95407	46-5607272	501(C)(3)	44,050.	0.			GENERAL SUPPORT, SPARK THE FUTURE
HOMELESS ACTION SONOMA INC P.O. BOX 482 SONOMA, CA 95476	85-2764190	501(C)(3)	43,105.	0.			GENERAL SUPPORT
POINT BLUE CONSERVATION SCIENCE 3820 CYPRESS DRIVE, SUITE 11 PETALUMA, CA 94954	94-1594250	501(C)(3)	42,500.	0.			ENVIRONMENTAL EDUCATION
POSITIVE IMAGES 200 MONTGOMERY DRIVE, SUITE C SANTA ROSA, CA 95404	94-3137845	501(C)(3)	42,000.	0.			GENERAL SUPPORT
SONOMA COUNTY FAIR AND EXPOSITION INC. - 1350 BENNETT VALLEY RD. - SANTA ROSA, CA 95404	94-6003236	501(C)(3)	41,680.	0.			CLOCK TOWER AT THE SARALEE AND RICHARD BARN, 2024 ARTHUR "BIG BOY" AND CATHERINE "HONEY KUNDE

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PETS LIFELINE PO BOX 341 SONOMA, CA 95476	94-2851279	501(C)(3)	40,587.	0.			GENERAL SUPPORT
HEALDSBURG EDUCATION FOUNDATION PO BOX 1668 HEALDSBURG, CA 95448	68-0051242	501(C)(3)	40,000.	0.			GENERAL SUPPORT
ON THE MARGINS, INC. 245 KENTUCKY STREET, SUITE E PETALUMA, CA 94952	92-2312966	501(C)(3)	40,000.	0.			GENERAL SUPPORT, !DALE! PROGRAM
UC BERKELEY FOUNDATION 1995 UNIVERSITY AVE., SUITE 401 BERKELEY, CA 94704-1058	94-6090626	501(C)(3)	40,000.	0.			SCHOLARSHIPS FOR SONOMA COUNTY STUDENTS ATTENDING UC BERKELEY
SANTA ROSA CHILDREN'S CHORUS PO BOX 9389 SANTA ROSA, CA 95405	68-0165953	501(C)(3)	38,300.	0.			GENERAL SUPPORT
LAGUNA DE SANTA ROSA FOUNDATION 900 SANFORD ROAD SANTA ROSA, CA 95401	94-3155180	501(C)(3)	37,600.	0.			ENVIRONMENTAL EDUCATION
SANTA ROSA COMMUNITY HEALTH 3569 ROUND BARN CIRCLE SANTA ROSA, CA 95403	68-0365296	501(C)(3)	36,977.	0.			DEIB INITIATIVE, MOBILE MAMMOGRAM PROGRAM
HOMEFIRST SERVICES OF SANTA CLARA COUNTY - 507 VALLEY WAY - MILPITAS, CA 95035	94-2684272	501(C)(3)	36,000.	0.			HOMELESSNESS PROGRAMS
SIDE BY SIDE 300 SUNNY HILLS DRIVE, BLDG #5 SAN ANSELMO, CA 94960	94-1156301	501(C)(3)	35,500.	0.			GENERAL SUPPORT

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FISH OF THE SANTA ROSA AREA INC. PO BOX 4291 SANTA ROSA, CA 95402	51-0159551	501(C)(3)	35,250.	0.			FOOD PANTRY
LOMI SCHOOL FOUNDATION (LOMI COUNSELING CLINIC) - 320 10TH STREET, SUITE 200 - SANTA ROSA, CA 95401	94-2495238	501(C)(3)	35,000.	0.			GENERAL SUPPORT
SWEETWATER SPECTRUM INC 369 FIFTH STREET WEST SONOMA, CA 95476	27-0184641	501(C)(3)	35,000.	0.			GENERAL SUPPORT
VALLEY OF THE MOON CHILDREN'S HOME FOUNDATION - PO BOX 11671 - SANTA ROSA, CA 95406	68-0343720	501(C)(3)	35,000.	0.			GENERAL SUPPORT
VITAL IMMIGRANT DEFENSE ADVOCACY AND SERVICES - 418 B STREET, FLOOR 1 - SANTA ROSA, CA 95401	90-1019558	501(C)(3)	35,000.	0.			MENTAL HEALTH EVALUATIONS
SONOMA COMMUNITY CENTER 276 E NAPA ST. SONOMA, CA 95476-6721	94-1566728	501(C)(3)	33,760.	0.			ARTS EDUCATION, SONOMA PLAZA HISTORY PROJECT
SANTA ROSA SYMPHONY 50 SANTA ROSA AVENUE, STE. 410 SANTA ROSA, CA 95404	94-6134075	501(C)(3)	33,250.	0.			CHILDREN'S MUSIC PROGRAM, PERFORMANCES
LUTHER BURBANK MEMORIAL FOUNDATION 50 MARK WEST SPRINGS ROAD SANTA ROSA, CA 95403	94-2581084	501(C)(3)	32,400.	0.			ARTISTS IN THE SCHOOLS PROGRAM
SOCIAL ADVOCATES FOR YOUTH 2447 SUMMERFIELD ROAD SANTA ROSA, CA 95405	94-1711490	501(C)(3)	30,500.	0.			GENERAL SUPPORT

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SONOMA FAMILY MEAL 1370A REDWOOD WAY PETALUMA, CA 94954	82-3332831	501(C)(3)	30,500.	0.			EMERGENCY MEAL DISTRIBUTION PROGRAM
EXTENDED CHILD CARE COALITION OF SONOMA COUNTY INC. - 1745 COPPERHILL PKWY - SANTA ROSA, CA 95403-9061	94-2526630	501(C)(3)	30,000.	0.			TO PROVIDE ACCESSIBLE, FREE, AND NUTRITIOUS PRODUCE
KEYSTONE THERAPY & TRAINING SERVICES - 4415 SONOMA HWY SUITE A - SANTA ROSA, CA 95409	88-0895983	501(C)(3)	30,000.	0.			GENERAL SUPPORT
MIDDLE EAST CHILDREN'S ALLIANCE 1101 8TH STREET, SUITE 100 BERKELEY, CA 94710	94-3074600	501(C)(3)	30,000.	0.			GENERAL SUPPORT
SEBASTOPOL AREA SENIOR CENTER 167 N HIGH STREET SEBASTOPOL, CA 95472	23-7043925	501(C)(3)	30,000.	0.			HARVEST CAFE FOOD PROGRAM
SONOMA COUNTY ACTS OF KINDNESS 2360 MENDOCINO AVE., A2 #328 SANTA ROSA, CA 95403	85-3972863	501(C)(3)	30,000.	0.			MEAL AND BASIC NECESSITIES DELIVERY SERVICE
THE UNIVERSITY OF CONNECTICUT FOUNDATION, INC - 2390 ALUMNI DRIVE, UNIT 3206 - STORRS, CT 06269	06-6070722	501(C)(3)	30,000.	0.			FOR THE UCONN HUMAN RIGHTS ARCHIVE TO DIGITIZE CHARLIE CLEMENTS WORK
VERITY-COMPASSION SAFETY SUPPORT A CALIFORNIA CORPORATION - 1311 W. STEELE LANE - SANTA ROSA, CA 95403	94-2437947	501(C)(3)	30,000.	0.			MENTAL HEALTH PROGRAMMING
DOCTORS WITHOUT BORDERS 40 RECTOR STREET, 16TH FLOOR NEW YORK, NY 10006-1705	13-3433452	501(C)(3)	29,250.	0.			GENERAL SUPPORT

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ST. ANDREW PRESBYTERIAN CHURCH 16290 ARNOLD DR. SONOMA, CA 95476	51-0158108	501(C)(3)	29,000.	0.			GANTENBEIN MEMORIAL FUND, GARDEN OF REMEMBRANCE
SONOMA WATER 404 AVIATION BLVD. SANTA ROSA, CA 95405	94-6000539	501(C)(3)	28,800.	0.			ENVIRONMENTAL EDUCATION
SONOMA VALLEY HIGH SCHOOL 20000 BROADWAY SONOMA, CA 95476	36-4766953	SONOMA VALLEY HS	28,336.	0.			SCHOLARSHIPS
TRUE WEST FILM CENTER 375 HEALDSBURG AVE, SUITE 200 HEALDSBURG, CA 95448-4151	47-2085577	501(C)(3)	27,500.	0.			CONSTRUCTION OF THE TRUE WEST FILM CENTER
FACE TO FACE SONOMA COUNTY AIDS NETWORK - 873 SECOND STREET - SANTA ROSA, CA 95404	68-0052664	501(C)(3)	27,000.	0.			GENERAL SUPPORT
SEBASTOPOL CENTER FOR THE ARTS 282 S. HIGH ST. SEBASTOPOL, CA 95472	68-0168638	501(C)(3)	26,500.	0.			YOUTH AFTER SCHOOL ART PROGRAM, YOUTH SUMMER ART CAMP, DOCUMENTARY FILM FESTIVAL
MADE IN SANTA ROSA EDUCATION FOUNDATION - 211 RIDGWAY AVE - SANTA ROSA, CA 95401	85-3483558	501(C)(3)	26,232.	0.			BOOK VENDING MACHINES, AFTER SCHOOL READING PROGRAM
REBUILDING TOGETHER - PETALUMA 301 PAYRAN ST PETALUMA, CA 94952	91-1762902	501(C)(3)	25,250.	0.			GENERAL SUPPORT, SAFE AND HEALTHY HOMES PROGRAM
CALIFORNIA HUMAN DEVELOPMENT 3510 UNOCAL PLACE, SUITE 200 SANTA ROSA, CA 95403	94-1653023	501(C)(3)	25,000.	0.			HEALDSBURG DAY LABOR CENTER, LOW INCOME MIGRANTS

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CHILDREN'S MUSEUM OF SONOMA COUNTY PO BOX 6141 SANTA ROSA, CA 95406	20-3496878	501(C)(3)	25,000.	0.			GENERAL SUPPORT
COMMUNITY PARTNERS 1000 N. ALAMEDA ST. SUITE 240 LOS ANGELES, CA 90012	95-4302067	501(C)(3)	25,000.	0.			CIVICS CENTER, THE HIVE
GRACE SCIENCE FOUNDATION PO BOX 114 MENLO PARK, CA 94026	46-5727883	501(C)(3)	25,000.	0.			GENERAL SUPPORT
KNIGHTS OF INDULGENCE THEATRE UNITED STATES - 461 SEBASTOPOL AVENUE - SANTA ROSA, CA 95401	03-0461324	501(C)(3)	25,000.	0.			GENERAL SUPPORT, THE IMAGINIST'S SCHOOL THEATRE PROGRAM
NPR FOUNDATION PO BOX 791490 BALTIMORE, MD 21279-1490	52-1795789	501(C)(3)	25,000.	0.			GENERAL SUPPORT
OHIO PROGRESSIVE COLLABORATIVE EDUCATION FUND - 341 S 3RD ST STE 300 - COLUMBUS, OH 43215	82-5116453	501(C)(3)	25,000.	0.			NON-PARTISAN EDUCATION
PAWS AS LOVING SUPPORT ASSISTANCE DOGS - 7580 COVEY RD - FORESTVILLE, CA 95436	27-1368278	501(C)(3)	25,000.	0.			PALS MEDICAL FUND
DAILY ACTS ORGANIZATION PO BOX 293 PETALUMA, CA 94952	20-3851259	501(C)(3)	23,560.	0.			GENERAL SUPPORT
FIRST RESPONDERS RESILIENCY INC 2777 YULUPA AVE. #314 SANTA ROSA, CA 95405	82-4439334	501(C)(3)	22,500.	0.			GENERAL SUPPORT

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VALLEY OF THE MOON OBSERVATORY ASSOCIATION - PO BOX 898 - GLEN ELLEN, CA 95442	47-0877393	501(C)(3)	22,500.	0.			ROBERT FERGUSON OBSERVATORY
WEST COUNTY HEALTH CENTERS INC PO BOX 1449 GUERNEVILLE, CA 95446	23-7310613	501(C)(3)	22,500.	0.			RUSSIAN RIVER HEALTH & WELLNESS CENTER
SONOMA IMMIGRANT SERVICES PO BOX 2229 SONOMA, CA 95476	87-1441610	501(C)(3)	22,000.	0.			LEGAL SERVICES
SONOMA VALLEY MENTORING ALLIANCE PO BOX 721 SONOMA, CA 95476	68-0429128	501(C)(3)	22,000.	0.			GENERAL SUPPORT
PROGRESSIVE TRIBAL ALLIANCE 536 MALLORY AVE. WINDSOR, CA 95492	88-2678469	501(C)(3)	21,000.	0.			EDUCATION AND CULTURAL ENRICHMENT PROGRAMMING
THE WILDLANDS CONSERVANCY 39611 OAK GLEN ROAD BLDG. #12 OAK GLEN, CA 92399	33-0676450	501(C)(3)	21,000.	0.			GENERAL SUPPORT
WESTMINSTER WOODS CAMP AND CONFERENCE CENTER - 6510 BOHEMIAN HWY - OCCIDENTAL, CA 95465-9101	26-2307754	501(C)(3)	21,000.	0.			ENVIRONMENTAL EDUCATION
BOYS & GIRLS CLUBS OF SONOMA-MARIN 1400 NORTH DUTTON AVENUE, SUITE 24 SANTA ROSA, CA 95401	68-0309534	501(C)(3)	20,900.	0.			GENERAL SUPPORT, CRUSH FESTIVAL
TERAVANA P.O. BOX 126 CAZADERO, CA 95421	83-4395282	501(C)(3)	20,400.	0.			ENVIRONMENTAL EDUCATION

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CHRIST CHURCH UNITED METHODIST - SANTA ROSA - 1717 YULUPA AVENUE - SANTA ROSA, CA 95405	94-2279509	501(C)(3)	20,250.	0.			FOR ELISHA'S PANTRY
BURBANK HOUSING MANAGEMENT CORPORATION - 790 SONOMA AVENUE - SANTA ROSA, CA 95404	68-0328717	501(C)(3)	20,116.	0.			PILOT COMMUNITY REFRIGERATORS AT TWO SITES
COMMUNITY CHILD CARE COUNCIL OF SONOMA COUNTY - 131-A STONY CIRCLE, STE 300 - SANTA ROSA, CA 95401	94-2274620	501(C)(3)	20,000.	0.			"PARENT IN ACTION SONOMA" PROGRAM
FRIENDS OF RIDHWAN 2075 EUNICE ST BERKELEY, CA 94709-1959	47-3365579	501(C)(3)	20,000.	0.			GENERAL SUPPORT
GUALALA COMMUNITY CENTER 47950 CENTER STREET, PO BOX 263 GUALALA, CA 95445-0263	94-6108894	501(C)(3)	20,000.	0.			FOR THE REBUILDING FUND
HAND FAN MUSEUM 309 HEALDSBURG AVE. HEALDSBURG, CA 95448	51-0429747	501(C)(3)	20,000.	0.			GENERAL SUPPORT
LATINO SERVICE PROVIDERS 1000 APOLLO WAY, SUITE 185 SANTA ROSA, CA 95404	46-4107589	501(C)(3)	20,000.	0.			GENERAL SUPPORT
MORNING STAR CONSERVANCY INC PO BOX 1617 ROGUE RIVER, OR 97537	88-2807422	501(C)(3)	20,000.	0.			HARVEY BEARTRACK'S PROGRAM
NORTHERN CALIFORNIA CENTER FOR WELL-BEING - PO BOX 3644 - SANTA ROSA, CA 95402	93-1144835	501(C)(3)	20,000.	0.			NUTRITION THERAPY AND FOOD INSECURITY PROGRAMMING

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PONY EXPRESS EQUINE ASSISTED SKILLS FOR YOUTH - 6413 SONOMA HIGHWAY - SANTA ROSA, CA 95409	80-0370392	501(C)(3)	20,000.	0.			GENERAL SUPPORT, BARN RESTORATION, FUNDING FOR CONTINUED EQUINE THERAPY
REDWOOD COAST LAND CONSERVANCY PO BOX 1511 GUALALA, CA 95445-1511	68-0287719	501(C)(3)	20,000.	0.			FOR MILL BEND
REDWOOD GOSPEL MISSION PO BOX 493 SANTA ROSA, CA 95402-0493	94-6122045	501(C)(3)	20,000.	0.			GENERAL SUPPORT
ROTARY CLUB OF SANTA ROSA FOUNDATION - PO BOX 1513 - SANTA ROSA, CA 95402	68-0205619	501(C)(3)	20,000.	0.			JAMISON MERIT AWARD PROGRAM
SALVATION ARMY - SANTA ROSA 93 STONY CIRCLE SANTA ROSA, CA 95401	94-1156347	501(C)(3)	20,000.	0.			GENERAL SUPPORT, FOOD AND TOYS AT CHRISTMAS
ST. VINCENT DE PAUL SOCIETY OF SONOMA COUNTY - PO BOX 1095 - ROHNERT PARK, CA 94927-1095	94-1433890	501(C)(3)	20,000.	0.			RENTAL AND UTILITY ASSISTANCE, FOOD PANTRY
UNIVERSITY OF MAINE AT AUGUSTA 46 UNIVERSITY DRIVE AUGUSTA, ME 04330	01-6000769	501(C)(3)	20,000.	0.			ARCHITECTURAL PROGRAM
VALLEY OF THE MOON MUSIC FESTIVAL PO BOX 538 SONOMA, CA 95476	47-1629123	501(C)(3)	20,000.	0.			GENERAL SUPPORT
VITALANT FOUNDATION DEPT 880519 P.O. BOX 29650 PHOENIX, AZ 85038-9650	25-1562715	501(C)(3)	20,000.	0.			BLOOD DRIVES

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ST. EUGENE'S CATHEDRAL 2323 MONTGOMERY DRIVE SANTA ROSA, CA 95405	94-2509590	501(C)(3)	19,100.	0.			TO SUPPORT FAMILIES IN NEED
SONOMA STATE UNIVERSITY 1801 E. COTATI AVE. ROHNERT PARK, CA 94928-3609	68-0338225	501(C)(3)	19,000.	0.			IN SUPPORT OF THE GREEN MUSIC CENTER
WEAVING EARTH INC PO BOX 516 GRATON, CA 95444	83-1110798	501(C)(3)	19,000.	0.			ENVIRONMENTAL EDUCATION
NORTHERN CALIFORNIA PUBLIC MEDIA 5850 LABATH AVENUE ROHNERT PARK, CA 94928	94-2718837	501(C)(3)	18,000.	0.			PBS TELEVISION SERIES "CLIMATE CALIFORNIA"
AMBULATORY SURGERY ACCESS COALITION DBA OPERATION ACCESS - 353 KEARNY STREET, SUITE 201 - SAN FRANCISCO, CA 94108	94-3180356	501(C)(3)	17,950.	0.			TO PROVIDE SURGICAL AND SPECIALTY CARE TO PEOPLE IN NEED
MAGNOLIA GLOBAL ACADEMY FOR LEADERS - 3558 ROUNDBARN BOULEVARD, SUITE 200 - SANTA ROSA, CA 95403	86-2917448	501(C)(3)	17,500.	0.			GENERAL SUPPORT
THE CALIFORNIA THEATRE OF SANTA ROSA - 528 7TH STREET - SANTA ROSA, CA 95401	27-4551816	501(C)(3)	17,500.	0.			GENERAL SUPPORT, YOUTH ACTORS STUDIO PROGRAM
OUR VILLAGE CLOSET 905 MENDOCINO AVE-EAST WING SANTA ROSA, CA 95401	84-2935270	501(C)(3)	17,000.	0.			GENERAL SUPPORT
ST. JAMES BY-THE-SEA EPISCOPAL CHURCH - 743 PROSPECT STREET - LA JOLLA, CA 92037	95-1792756	501(C)(3)	17,000.	0.			GENERAL SUPPORT

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ART ESCAPE 17474 SONOMA HIGHWAY SONOMA, CA 95476	47-3626950	501(C)(3)	16,000.	0.			FLYING COLORS PROGRAM, SCHOLARSHIPS
FARM TRAILS FOUNDATION PO BOX 452 SEBASTOPOL, CA 95473	85-4228682	501(C)(3)	16,000.	0.			APPLE FAIR FARM EXHIBIT
THE HEALDSBURG SCHOOL 33 H HEALDSBURG AVE. HEALDSBURG, CA 95448	20-5534052	501(C)(3)	16,000.	0.			GENERAL SUPPORT
LIFE ON ART 133 COPELAND ST, SUITE C1A PETALUMA, CA 94952	87-3805682	501(C)(3)	15,800.	0.			HEART STORIES PROGRAM WORKSHOPS
FRIENDS IN SONOMA HELPING PO BOX 507 SONOMA, CA 95476	23-7441289	501(C)(3)	15,500.	0.			RENTAL ASSISTANCE
PEDIATRIC DENTAL INITIATIVE OF THE NORTH COAST INC. - 1380 19TH HOLE DRIVE - WINDSOR, CA 95492	34-2012430	501(C)(3)	15,112.	0.			TO REPLACE THE SURGICAL MEDICAL GAS OXYGEN MANIFOLD
BIG PICTURE COMPANY INC 325 PUBLIC ST PROVIDENCE, RI 02905	05-0485883	501(C)(3)	15,000.	0.			GENERAL SUPPORT
CHRIS 180 INC. 1017 FAYETTEVILLE ROAD, SUITE B ATLANTA, GA 30316	58-1430183	501(C)(3)	15,000.	0.			GENERAL SUPPORT
DOGWOOD ANIMAL RESCUE PROJECT PO BOX 7233 SANTA ROSA, CA 95407	81-1178819	501(C)(3)	15,000.	0.			GENERAL SUPPORT

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FOUNDATION FOR MIDDLE EAST PEACE 2025 M ST NW STE 600 WASHINGTON, DC 20036	52-6055574	501(C)(3)	15,000.	0.			AL MEZAN CENTER FOR HUMAN RIGHTS
KAMUKAMA FOUNDATION PO BOX 5929 AUSTIN, TX 78763	46-1381070	501(C)(3)	15,000.	0.			2024 MAJ FOR A MISSION
PETALUMA HEALTH CENTER 1179 N. MCDOWELL BLVD. PETALUMA, CA 94954	68-0437840	501(C)(3)	15,000.	0.			HOMELESS AND LOW-INCOME PATIENTS
REDBUD RESOURCE GROUP 1500 VALLEY HOUSE DRIVE, SUITE 210 ROHNERT PARK, CA 94928-4938	85-1919822	501(C)(3)	15,000.	0.			GENERAL SUPPORT
SONOMA COUNTY BLACK FORUM PO BOX 1093 SANTA ROSA, CA 95402	38-4070204	501(C)(3)	15,000.	0.			FINANCIAL ASSISTANCE AND FOOD ASSISTANCE
SONOMA COUNTY GRAPE GROWERS FOUNDATION - 3245 GUERNEVILLE ROAD - SANTA ROSA, CA 95401	41-2040096	501(C)(3)	15,000.	0.			FOR THE RICHARD AND SARALEE LEADERSHIP ACADEMY
SONOMA PLEIN AIR FOUNDATION 19201 SONOMA HIGHWAY, SUITE 321 SONOMA, CA 95476	06-1640462	501(C)(3)	15,000.	0.			FOR SONOMA VALLEY SCHOOLS
COUNCIL ON AGING SERVICES FOR SENIORS - 30 KAWANA SPRINGS RD. - SANTA ROSA, CA 95404	94-6138714	501(C)(3)	14,000.	0.			GENERAL SUPPORT, MEDICAL EQUIPMENT RECYCLING PROJECT
COMMON GROUND SOCIETY 85 BROOKWOOD AVE. STE 12 SANTA ROSA, CA 95404	85-0983422	501(C)(3)	13,800.	0.			TO SUPPORT MENTAL HEALTH PROGRAMMING

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
AMERICAN RED CROSS OF THE CALIFORNIA NORTHWEST - 5297 AERO DRIVE - SANTA ROSA, CA 95403	53-0196605	501(C)(3)	13,500.	0.			GENERAL SUPPORT
MARCE BECERRA ACADEMY 1024 PRINCE STREET HEALDSBURG, CA 95448	91-1752308	501(C)(3)	13,132.	0.			MARCE BECERRA ACADEMY PROGRAMMING
CLASSICAL KDFC 200 VAN NESS, SUITE 219 SAN FRANCISCO, CA 94102	95-1642394	501(C)(3)	13,000.	0.			GENERAL SUPPORT
KQED INC. 601 MARIPOSA STREET SAN FRANCISCO, CA 94110	94-1241309	501(C)(3)	13,000.	0.			GENERAL SUPPORT
TRANSCENDENCE THEATRE COMPANY 19201 SONOMA HIGHWAY #214 SONOMA, CA 95476	46-2182873	501(C)(3)	13,000.	0.			GENERAL SUPPORT
FAMILY JUSTICE CENTER OF SONOMA COUNTY FOUNDATION - 2755 MENDOCINO AVE., STE. 100 - SANTA ROSA, CA 95403	45-3160831	501(C)(3)	12,500.	0.			GENERAL SUPPORT
GIANT STEPS THERAPEUTIC EQUESTRIAN CENTER - 1390 N MCDOWELL BLVD., STE. G #331 - PETALUMA, CA 94954	68-0404917	501(C)(3)	12,500.	0.			GENERAL SUPPORT
PETALUMA EDUCATIONAL FOUNDATION 100 FOURTH STREET PETALUMA, CA 94952	94-2847212	501(C)(3)	12,400.	0.			IMPACT GRANT PROGRAM
DRUMSFORCURES INC 1510 TWIFORD PL CHARLOTTE, NC 28207	20-8297035	501(C)(3)	12,000.	0.			RHYTHM AID PROJECTS IN THE UKRAINE

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REDEMPTION HOUSE OF THE BAY AREA 328 SOUTH E ST. SANTA ROSA, CA 95404	85-2832109	501(C)(3)	12,000.	0.			TO SUPPORT VICTIMS AND SURVIVORS OF HUMAN TRAFFICKING
THE PHILANTHROPY WORKSHOP 110 EAST 25TH ST. NEW YORK, NY 10010	98-0592591	501(C)(3)	12,000.	0.			GENERAL SUPPORT
PLAY IT FORWARD MUSIC FOUNDATION P.O. BOX 2752 SEBASTOPOL, CA 95473	81-3472911	501(C)(3)	11,000.	0.			MUSIC ENRICHMENT PROGRAMS
SAVE THE REDWOODS LEAGUE 111 SUTTER STREET, 11TH FLOOR SAN FRANCISCO, CA 94104	94-0843915	501(C)(3)	11,000.	0.			GENERAL SUPPORT
SONOMA CONSERVATORY OF DANCE 561 BROADWAY, SUITE B SONOMA, CA 95476	81-3649673	501(C)(3)	11,000.	0.			SUMMER DANCE CAMP, SCHOLARSHIPS
SONOMA VALLEY COMMUNITY HEALTH CENTER - 19270 SONOMA HWY - SONOMA, CA 95476	68-0286382	501(C)(3)	11,000.	0.			GENERAL SUPPORT
VIVO YOUTH ORCHESTRAS 617 BROADWAY #1206 SONOMA, CA 95476	85-1514336	501(C)(3)	11,000.	0.			GENERAL SUPPORT
WIKIMEDIA FOUNDATION, INC. 1 SANSOME ST., SUITE 1895 SAN FRANCISCO, CA 94104	20-0049703	501(C)(3)	11,000.	0.			GENERAL SUPPORT
NATURE CONSERVANCY, INC. 4245 NORTH FAIRFAX DRIVE, SUITE 100 ARLINGTON, VA 22203	53-0242652	501(C)(3)	10,500.	0.			FOR POINT REYES

Schedule I (Form 990)

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K3 INNOVATION PO BOX 164 SONOMA, CA 95476	85-2534783	501(C)(3)	10,058.	0.			K-3 PROFICIENCY PROJECT
ALASKA ARTS SOUTHEAST INC 110 COLLEGE DR STE 111 SITKA, AK 99835-7657	23-7240278	501(C)(3)	10,000.	0.			PERFORMANCE ART SERIES, SCHOLARSHIPS
AMERICAN CIVIL LIBERTIES UNION FOUNDATION, INC. - 125 BROAD STREET, 18TH FLOOR - NEW YORK, NY 10004	13-6213516	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BISHOP JOHN T. WALKER SCHOOL FOR BOYS - DEVELOPMENT OFFICE, 1801 MISSISSIPPI AVENUE, SE - WASHINGTON, DC 20020	31-1629166	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BRONX HIGH SCHOOL OF SCIENCE ALUMNI FOUNDATION, INC. - 75 BRONX SCIENCE BLVD. - BRONX, NY 10468	13-3763299	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CHAMBER MUSIC SUNDAES INC 177 19TH STREET #5-B OAKLAND, CA 94612	94-2763336	501(C)(3)	10,000.	0.			GENERAL SUPPORT
COME TO BELIEVE FOUNDATION PO BOX 786 NEW YORK, NY 10150	83-1551889	501(C)(3)	10,000.	0.			GENERAL SUPPORT
COMMUNITY INITIATIVES 1000 BROADWAY, SUITE 480 OAKLAND, CA 94607	94-3255070	501(C)(3)	10,000.	0.			THE FUND FOR PEOPLE IN PARKS
CON GIOIA 939 WEST BONITA AVE. CLAREMONT, CA 91711	95-3924418	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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

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CRIME PREVENTION RESEARCH CENTER 106 WOODBINE PL MISSOULA, MT 59803-1300	80-0917179	501(C)(3)	10,000.	0.			GENERAL SUPPORT
DELEK CHILDREN'S FOUNDATION 5600 SUTTER AVENUE RICHMOND, CA 94804	81-1703734	501(C)(3)	10,000.	0.			GENERAL SUPPORT
DEMOCRACY WORKS, INC. 20 JAY STREET, SUITE 410 BROOKLYN, NY 11201	27-2460359	501(C)(3)	10,000.	0.			GENERAL SUPPORT
EMPLOYEE ASSISTANCE FOUNDATION 100 NORTH ST., STE 900 BATON ROUGE, LA 70802	45-2478986	501(C)(3)	10,000.	0.			FRIEDMAN'S HOME IMPROVEMENT EMPLOYEES 1ST FUND
EPOCH TIMES ASSOCIATION INC 229 W 28TH STREET FL7 NEW YORK, NY 10001	22-3848589	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FINANCIAL AWARENESS FOUNDATION 959 GOLF COURSE DR. #273 ROHNERT PARK, CA 94928	46-3726461	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FOREST UNLIMITED PO BOX 506 FORESTVILLE, CA 95436	94-3263110	501(C)(3)	10,000.	0.			FRIENDS OF MILL CREEK
FREE TO BE 4983 SONOMA HWY. STE. F SANTA ROSA, CA 95409	20-8880651	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FRIENDS OF TRIONE-ANNADEL STATE PARK - PO BOX 1011 - KENWOOD, CA 95452	82-2686083	501(C)(3)	10,000.	0.			TRIONE-ANNADEL STATE PARK

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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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GAMELAN SEKAR JAYA 3023 SHATTUCK AVE. BERKELEY, CA 94705	94-2933985	501(C)(3)	10,000.	0.			GENERAL SUPPORT
GREATER WASHINGTON EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION, INC. - 3939 CAMPBELL AVENUE - ARLINGTON, VA 22206	53-0242992	501(C)(3)	10,000.	0.			PBS NEWSHOUR
HEALDSBURG COMMUNITY NURSERY SCHOOL - 444 FIRST STREET - HEALDSBURG, CA 95448	94-6138162	501(C)(3)	10,000.	0.			GENERAL SUPPORT
HILLSDALE COLLEGE 33 E COLLEGE ST HILLSDALE, MI 49242	38-1374230	501(C)(3)	10,000.	0.			NATIONAL YOUTH EDUCATION CAMPAIGN
JUDICIAL WATCH PO BOX 96234 WASHINGTON, DC 20090	52-1885088	501(C)(3)	10,000.	0.			GENERAL SUPPORT
LEUKEMIA AND LYMPHOMA SOCIETY NORTHERN CALIFORNIA - 101 MONTGOMERY STREET, SUITE 750 - SAN FRANCISCO, CA 94104	13-5644916	501(C)(3)	10,000.	0.			PATIENT ASSISTANCE PROGRAM
MILESTONES OF DEVELOPMENT INC. 1 FLORIDA ST VALLEJO, CA 94590	68-0058562	501(C)(3)	10,000.	0.			GENERAL SUPPORT
MOTHER JONES P.O. BOX 584 SAN FRANCISCO, CA 94104	94-2282759	501(C)(3)	10,000.	0.			GENERAL SUPPORT
NAMI SONOMA COUNTY 182 FARMERS LANE, SUITE 202 SANTA ROSA, CA 95405	68-0041644	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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NEW DAY FOR CHILDREN PO BOX 439 ALAMO, CA 94507	27-0406125	501(C)(3)	10,000.	0.			GENERAL SUPPORT
OCCIDENTAL ARTS AND ECOLOGY CENTER 15290 COLEMAN VALLEY ROAD OCCIDENTAL, CA 95465	68-0359676	501(C)(3)	10,000.	0.			GENERAL SUPPORT
OTHERS 5536 OAK MEADOW DR SANTA ROSA, CA 95401	46-2241923	501(C)(3)	10,000.	0.			DOUBLE PUNCHES BOXING CLUB
PARTNERS IN HEALTH PO BOX 996 FREDERICK, MD 21705-9942	04-3567502	501(C)(3)	10,000.	0.			GENERAL SUPPORT
PETALUMA WILDLIFE AND NATURAL SCIENCE MUSEUM - 201 FAIR STREET - PETALUMA, CA 94952	68-0213099	501(C)(3)	10,000.	0.			GENERAL SUPPORT
PINER HIGH SCHOOL 1700 FULTON ROAD SANTA ROSA, CA 95403	68-0180139	PINER HS	10,000.	0.			SCHOLARSHIPS
PLANTING JUSTICE 319 105TH AVE OAKLAND, CA 94603	27-0334905	501(C)(3)	10,000.	0.			GENERAL SUPPORT
PRAGER UNIVERSITY FOUNDATION 15021 VENTURA BLVD. #552 SHERMAN OAKS, CA 91403	27-1763901	501(C)(3)	10,000.	0.			GENERAL SUPPORT
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

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SAFARI WEST WILDLIFE FOUNDATION 3115 PORTER CREEK RD. SANTA ROSA, CA 95404	91-1837240	501(C)(3)	10,000.	0.			LIVE PROGRAM
SANTA ROSA HIGH SCHOOL 1235 MENDOCINO AVE. SANTA ROSA, CA 95401	68-0180139	SANTA ROSA HS	10,000.	0.			SRHS INSTRUMENTAL MUSIC BAND TRIP
SONOMA BOTANICAL GARDEN PO BOX 232 GLEN ELLEN, CA 95442	68-0249110	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SONOMA COUNTY FAIR FOUNDATION 1350 BENNETT VALLEY RD. SANTA ROSA, CA 95404	45-4827997	501(C)(3)	10,000.	0.			CLOCK TOWER
SONOMA COUNTY TRAILBLAZER FOUNDATION - 55 PROFESSIONAL CENTER PKWY, SUITE A - SAN RAFAEL, CA 94903	68-0241584	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SONOMA VALLEY AUTHORS FESTIVAL 3053 FILLMORE STREET #244 SAN FRANCISCO, CA 94123	84-4846165	501(C)(3)	10,000.	0.			SONOMA VALLEY AUTHORS FESTIVAL, STUDENTS DAY
SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVENUE MONTGOMERY, AL 36104	63-0598743	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SUNRISE MOVEMENT EDUCATION FUND 712 H ST NE UNIT #626 WASHINGTON, DC 20002	46-4773036	501(C)(3)	10,000.	0.			GENERAL SUPPORT
THE HERITAGE FOUNDATION 214 MASSACHUSETTS AVE., NE WASHINGTON, DC 20002	23-7327730	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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THE OHIO STATE UNIVERSITY FOUNDATION - PO BOX 710811 - COLUMBUS, OH 43271	31-1145986	501(C)(3)	10,000.	0.			COLLEGE OF VETERINARY MEDICINE
THE SITTING ROOM 2025 CURTIS DRIVE PENNGROVE, CA 94951	68-0012414	501(C)(3)	10,000.	0.			GENERAL SUPPORT
TURNING POINT USA 4940 EAST BEVERLY RD. PHOENIX, AZ 85044	80-0835023	501(C)(3)	10,000.	0.			GENERAL SUPPORT
UNIVERSITY OF CALIFORNIA, BERKELEY SCHOOL OF LAW - OFFICE OF FINANCIAL AID, 226 LAW BUILDING - BERKELEY, CA 94720-7200	94-6002123	501(C)(3)	10,000.	0.			SONOMA COUNTY AG PASS EVENTS
WORKING AMERICA EDUCATION FUND 815 16TH ST NW WASHINGTON, DC 20006	20-2035052	501(C)(3)	10,000.	0.			GENERAL SUPPORT
B'NAI ISRAEL JEWISH CENTER 740 WESTERN AVENUE PETALUMA, CA 94952	94-6096583	501(C)(3)	9,500.	0.			GENERAL SUPPORT
THE CLIMATE CENTER 1275 4TH ST. #191 SANTA ROSA, CA 95404	45-0485495	501(C)(3)	9,500.	0.			GENERAL SUPPORT
WINDSOR PRESBYTERIAN CHURCH FOOD PANTRY - 251 WINDSOR RIVER ROAD - WINDSOR, CA 95492	94-3206398	501(C)(3)	9,500.	0.			GENERAL SUPPORT
GIRL SCOUTS OF NORTHERN CALIFORNIA 1301 MARINA VILLAGE PARKWAY, SUITE ALAMEDA, CA 94501	94-1551410	501(C)(3)	9,300.	0.			GENERAL SUPPORT

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RAZOM 140 2ND AVENUE, SUITE 305 NEW YORK, NY 10003	46-4604398	501(C)(3)	9,000.	0.			GENERAL SUPPORT
VINTAGE HOUSE SENIOR MULTIPURPOSE CENTER OF SONOMA VALLEY - 264 FIRST STREET EAST - SONOMA, CA 95476	94-2745586	501(C)(3)	8,600.	0.			GENERAL SUPPORT
CLOVERDALE ARTS ALLIANCE 204 N. CLOVERDALE BLVD CLOVERDALE, CA 95425	68-0466983	501(C)(3)	8,500.	0.			FRIDAY NIGHT LIVE AT THE PLAZA
CINNABAR ARTS CORPORATION PO BOX 750863 PETALUMA, CA 94975	23-7386031	501(C)(3)	8,000.	0.			BUILDING CAPITAL CAMPAIGN
GREAT CIRCLE ALLIANCE 1000 URLIN AVE #506 COLUMBUS, OH 43212	86-3637608	501(C)(3)	8,000.	0.			GENERAL SUPPORT
JEWISH FAMILY & CHILDRENS SERVICES PO BOX 159004 SAN FRANCISCO, CA 94115	94-1156528	501(C)(3)	8,000.	0.			GENERAL SUPPORT
LIFEHOUSE, INC. 18 PROFESSIONAL CENTER PARKWAY SAN RAFAEL, CA 94903	94-6050196	501(C)(3)	8,000.	0.			GENERAL SUPPORT
OCCIDENTAL CENTER FOR THE ARTS 3850 DORIS MURPHY CT OCCIDENTAL, CA 95465	31-1686684	501(C)(3)	8,000.	0.			GENERAL SUPPORT
ROSELAND SCHOOL DISTRICT 1691 BURBANK AVENUE SANTA ROSA, CA 95407	36-4766964	ROSELAND SD	8,000.	0.			YES WE CAN SCHOLARSHIP

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THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA - 4 VANDERBILT PARK DR., SUITE 300 - ASHEVILLE, NC 28803	56-1223384	501(C)(3)	8,000.	0.			EMERGENCY AND DISASTER RESPONSE FUND
NEXT VILLAGE SF PO BOX 330278 SAN FRANCISCO, CA 94133	80-0476158	501(C)(3)	7,500.	0.			GENERAL SUPPORT
NORTH BEACH CITIZENS 1034 KEARNY STREET SAN FRANCISCO, CA 94133	94-3360013	501(C)(3)	7,500.	0.			GENERAL SUPPORT
SCRIPPS COLLEGE 1030 COLUMBIA AVE., #2009 CLAREMONT, CA 91711	95-1664123	501(C)(3)	7,500.	0.			GENERAL SUPPORT
SEBASTOPOL COMMUNITY CULTURAL CENTER - 390 MORRIS STREET - SEBASTOPOL, CA 95472	94-2915229	501(C)(3)	7,500.	0.			GENERAL SUPPORT
HEALDSBURG PERFORMING ARTS THEATER DBA RAVEN PERFORMING ARTS THEATER - PO BOX 870 - HEALDSBURG, CA 95448	68-0470571	501(C)(3)	7,314.	0.			GENERAL SUPPORT
JEWISH COMMUNITY CENTER SONOMA COUNTY - 3421 BONITA VISTA LN. - SANTA ROSA, CA 95404	68-0381321	501(C)(3)	7,250.	0.			GENERAL SUPPORT
BELLEVUE UNION SCHOOL DISTRICT 3150 EDUCATION DRIVE SANTA ROSA, CA 95407	58-2129727	501(C)(3)	7,184.	0.			DUAL IMMERSION TEACHERS PROFESSIONAL DEVELOPMENT AND COACHING
BODEGA LAND TRUST PO BOX 254 BODEGA, CA 94922	94-3175306	501(C)(3)	7,000.	0.			GENERAL SUPPORT

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FORESTVILLE AG BOOSTERS 6321 HWY 116 FORESTVILLE, CA 95436	99-1935686	501(C)(3)	7,000.	0.			GARDEN PROJECT
SUTTER MEDICAL CENTER OF SANTA ROSA - 30 MARK WEST SPRINGS ROAD - SANTA ROSA, CA 95403	94-0562680	501(C)(3)	6,900.	0.			INSTITUTE FOR HEALTH AND HEALING
ELSIE ALLEN HIGH SCHOOL FOUNDATION PO BOX 4801 SANTA ROSA, CA 95402	46-4580953	501(C)(3)	6,560.	0.			BAND UNIFORMS
BBH EYE FOUNDATION 2170 MARKHAM WAY SACRAMENTO, CA 95818	84-4023440	501(C)(3)	6,500.	0.			GENERAL SUPPORT
MARINE MAMMAL CENTER 2000 BUNKER RD.- FORT CRONKITE SAUSALITO, CA 94965	51-0144434	501(C)(3)	6,300.	0.			GENERAL SUPPORT
PUBLIC CITIZEN FOUNDATION 1600 20TH STREET NW WASHINGTON, DC 20009	52-1263996	501(C)(3)	6,300.	0.			GENERAL SUPPORT
CENTER FOR VOLUNTEER & NONPROFIT LEADERSHIP - 1 MCINNIS PARKWAY, SUITE 175 - SAN RAFAEL, CA 94903	68-0101012	501(C)(3)	6,200.	0.			GENERAL SUPPORT
INDEPENDENT COAST OBSERVER COMMUNITY NEWS - PO BOX 1200 - GUALALA, CA 95445	92-0893292	501(C)(3)	6,000.	0.			GENERAL SUPPORT
KCSM FM RADIO - SAN MATEO COUNTY COMMUNITY COLLEGES FOUNDATION - 1700 W. HILLSDALE BLVD. BUILDING 9 - SAN MATEO, CA 94402	94-6133905	501(C)(3)	6,000.	0.			GENERAL SUPPORT

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NATIONAL CENTER FOR LESBIAN RIGHTS 1401 21ST ST #11548 SACRAMENTO, CA 95811	94-3086885	501(C)(3)	6,000.	0.			GENERAL SUPPORT
SONOMA VOLUNTEER FIREFIGHTERS ASSOCIATION - 630 2ND STREET WEST - SONOMA, CA 95476	23-7335141	501(C)(3)	6,000.	0.			GENERAL SUPPORT
SUNRIDGE EDUCATIONAL FOUNDATION 7285 HAYDEN AVE SEBASTOPOL, CA 95472	20-8406930	501(C)(3)	6,000.	0.			GENERAL SUPPORT
SONOMA VALLEY HISTORICAL SOCIETY PO BOX 861 SONOMA, CA 95476	94-2430797	501(C)(3)	5,800.	0.			GENERAL SUPPORT
HEALDSBURG LITTLE LEAGUE PO BOX 674 HEALDSBURG, CA 95448	68-0206988	501(C)(3)	5,600.	0.			GENERAL SUPPORT
TRURO CENTER FOR THE ARTS AT CASTLE HILL - PO BOX 756 - TRURO, MA 02666	23-7187427	501(C)(3)	5,385.	0.			SODAPSIUM 2025
ANIMAL PLACE PO BOX 1118 GRASS VALLEY, CA 95945	68-0200668	501(C)(3)	5,300.	0.			GENERAL SUPPORT
CANCER SUPPORT SONOMA 585 1ST STREET WEST SONOMA, CA 95476	82-3495769	501(C)(3)	5,250.	0.			GENERAL SUPPORT
REDWOOD FOREST FRIENDS MEETING INC. - PO BOX 1831 - SANTA ROSA, CA 95402	68-0159764	501(C)(3)	5,250.	0.			GENERAL SUPPORT, PROGRESA QUAKERS SCHOLARSHIP PROGRAM

Schedule I (Form 990)





**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:

COMMUNITY ACTION PARTNERSHIP OF SONOMA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, EARLY CHILDHOOD  
EDUCATION OUTREACH, VOTER REGISTRATION OUTREACH, DISASTER RESPONSE

## NAME OF ORGANIZATION OR GOVERNMENT: SONOMA VALLEY EDUCATION FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLIANCE FOR YOUTH WELLNESS PROGRAM,  
SONOMA VALLEY'S TK-12 MENTAL HEALTH PROPOSAL, GENERAL SUPPORT

## NAME OF ORGANIZATION OR GOVERNMENT:



**SCHEDULE J  
(Form 990)**

(Rev. December 2024)  
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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**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

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

**Schedule J (Form 990) (Rev. 12-2024)**

<b>Part II</b>	<b>Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.</b> 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.

[illegible]

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.  
Attach to Form 990.

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

OMB No. 1545-0047

2024

Open to Public  
Inspection

Name of the organization

SONOMA COUNTY COMMUNITY FOUNDATION

Employer identification number

68-0003212

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	31	3,313,449.	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

30a During the year, did the organization receive by contribution any property reported on 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? .....

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? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions? .....

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.

Yes No

30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2024

**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.

**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 COLUM REPRESENTS THE NUMBER OF ITEMS DONATED.

SCHEDULE O  
(Form 990)

(Rev. December 2024)

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

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization	Employer identification number
SONOMA COUNTY COMMUNITY FOUNDATION	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 CFO. THE CFO  
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 CFO.

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.

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	271,664.

**SCHEDULE R  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

SONOMA COUNTY COMMUNITY FOUNDATION

Employer identification number

68-0003212

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
OLIVER RANCH FOUNDATION - 80-0513305 120 STONY POINT ROAD, SUITE 220 SANTA ROSA, CA 95401	PROMOTE APPRECIATION FOR SITE-SPECIFIC SCULPTURE	CALIFORNIA	501(C)(3)	LINE 12A, I	SONOMA COUNTY COMMUNITY FOUNDATION	X	

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

Schedule R (Form 990) (Rev. 1-2025)



**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 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.

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....	<b>1a</b>	X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	X
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	X
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	X
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	X
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	X
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	X
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	X
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	X
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	X
<b>2</b> 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)			

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.

[illegible]