

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
**2017**  
Open to Public Inspection

**A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017**

- B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
COMMUNITY FOUNDATION SONOMA COUNTY

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite  
120 STONY POINT ROAD NO 220

City or town, state or province, country, and ZIP or foreign postal code  
SANTA ROSA, CA 95401

**D** Employer identification number  
68-0003212

**E** Telephone number  
(707) 579-4073

**G** Gross receipts \$ 50,159,124

**F** Name and address of principal officer  
ELIZABETH BROWN  
120 STONY POINT ROAD NO 220  
SANTA ROSA, CA 95401

**H(a)** Is this a group return for subordinates?  Yes  No

**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list (see instructions)

**H(c)** Group exemption number

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

**J** Website: WWW SONOMACF ORG

**K** Form of organization  Corporation  Trust  Association  Other

**L** Year of formation 1983

**M** State of legal domicile CA

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities  
WE CONNECT PEOPLE, IDEAS AND RESOURCES TO BENEFIT THE LIVES OF THOSE WHO LIVE IN SONOMA COUNTY

**2** Check this box  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)	14
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	14
<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	14
<b>6</b> Total number of volunteers (estimate if necessary)	15
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	16,537,057	26,892,930
<b>9</b> Program service revenue (Part VIII, line 2g)	187,195	197,710
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,603,036	4,231,925
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	22,545	2,277
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,349,833	31,324,842
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	14,894,649	16,939,645
<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)	1,325,058	1,377,166
<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) ▶614,027		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,203,232	1,456,234
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	17,422,939	19,773,045
<b>19</b> Revenue less expenses Subtract line 18 from line 12	1,926,894	11,551,797

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	138,704,650	168,859,657
<b>21</b> Total liabilities (Part X, line 26)	800,088	5,368,355
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	137,904,562	163,491,302

## Part II Signature Block

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

**Sign Here**

\*\*\*\*\*  
Signature of officer \_\_\_\_\_ Date 2018-11-09  
ELIZABETH BROWN PRESIDENT & CEO  
Type or print name and title \_\_\_\_\_

**Paid Preparer Use Only**

Print/Type preparer's name MAGA E KISRIV	Preparer's signature MAGA E KISRIV	Date	Check <input type="checkbox"/> if self-employed	PTIN P01008919
Firm's name ▶ HOOD & STRONG LLP			Firm's EIN ▶ 94-1254756	
Firm's address ▶ 275 BATTERY ST STE 900 SAN FRANCISCO, CA 94111			Phone no (415) 781-0793	

**Part III Statement of Program Service Accomplishments**

Check 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 \$ 17,899,012 including grants of \$ 16,939,645 ) (Revenue \$ 199,987 )  
See Additional Data

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

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

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

**4e** Total program service expenses ▶ 17,899,012

**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> . . . . .	Yes	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	Yes	
<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> . . . . .		No
<b>4 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> . . . . .		No
<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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> . . . . .		No
<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> . . . . .	Yes	
<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> . . . . .		No
<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> . . . . .		No
<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> . . . . .		No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> . . . . .	Yes	
<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> . . . . .	Yes	
<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> . . . . .		No
<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> . . . . .		No
<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> . . . . .		No
<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> . . . . .	Yes	
<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> . . . . .	Yes	
<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> . . . . .		No
<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> . . . . .	Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		No
<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> . . . . .		No
<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> . . . . .		No
<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> . . . . .		No
<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</i> (see instructions) . . . . .		No
<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> . . . . .		No
<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> . . . . .		No

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		No
<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>	Yes	
<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>		No
<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>	Yes	
<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>		No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<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>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a 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>		No
<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>		No
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II . . . . .</i>		No
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		No
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	Yes	
<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>		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		No
<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>		No
<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>		No
<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>	Yes	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
<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>	Yes	
<b>36 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>		No
<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>		No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (14); 1b Enter the number of voting members included in line 1a, above, who are independent (14); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

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

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

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [X] Own website, [ ] Another's website, [X] Upon request, [ ] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ANN BUTTERFIELD 120 STONY POINT ROAD SUITE 220 SANTA ROSA, CA 95401 (707) 579-4073

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BARRY WEITZENBERG CHAIR	3 00 ..... 0 00	X		X				0	0	0
(2) DEBERAH KELLEY VICE CHAIR	1 00 ..... 0 00	X		X				0	0	0
(3) HARRIET DERWINGSON SECRETARY	3 00 ..... 0 00	X		X				0	0	0
(4) CHRISTINA HOLLINGSWORTH TREASURER	1 00 ..... 0 00	X		X				0	0	0
(5) LINDA KACHIU TREASURER (THRU 6/30/17)	3 00 ..... 0 00	X		X				0	0	0
(6) KATIE JACKSON DIRECTOR	1 00 ..... 0 00	X						0	0	0
(7) LAWRENCE MILLS DIRECTOR (THRU 6/30/17)	1 00 ..... 0 00	X						0	0	0
(8) LISA CARRENO DIRECTOR	1 00 ..... 0 00	X						0	0	0
(9) MATTHEW INGRAM DIRECTOR	1 00 ..... 0 00	X						0	0	0
(10) MICHELLE ZYGIELBAUM DIRECTOR (THRU 6/30/17)	1 00 ..... 0 00	X						0	0	0
(11) OSCAR CHAVEZ DIRECTOR	1 00 ..... 0 00	X						0	0	0
(12) PATRICK EMERY DIRECTOR	1 00 ..... 0 00	X						0	0	0
(13) PEG VAN CAMP DIRECTOR (THRU 6/30/17)	1 00 ..... 0 00	X						0	0	0
(14) PETE GOLIS DIRECTOR (THRU 6/30/17)	1 00 ..... 0 00	X						0	0	0
(15) RICHARD DAVIS DIRECTOR	1 00 ..... 0 00	X						0	0	0
(16) STEVE GOLDBERG DIRECTOR (THRU 6/30/17)	1 00 ..... 0 00	X						0	0	0
(17) STEVE RABINOWITSH 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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SUSAN LENTZ ..... DIRECTOR	1 00 ..... 0 00	X						0	0	0
(19) THELIA EAGAN ..... DIRECTOR	1 00 ..... 0 00	X						0	0	0
(20) JANET RAMATICI ..... DIRECTOR	1 00 ..... 0 00	X						0	0	0
(21) ELIZABETH BROWN ..... PRESIDENT & CEO	45 00 ..... 1 00			X				226,736	0	21,434
(22) KARL GRIMM ..... VP FINANCE AND OPERATIONS	45 00 ..... 2 00			X				123,973	0	15,573
(23) W JOHN MULLINEAUX ..... VP OF DEVELOPMENT	45 00 ..... 1 00					X		126,720	0	28,699
<b>1b Sub-Total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .								477,429	0	65,706

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

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

**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

**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 ▶ **0**



**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>1a</b> Federated campaigns . . .	<b>1a</b> 23,219					
	<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> 51,000					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 26,818,711					
	<b>g</b> Noncash contributions included in lines 1a-1f \$	5,748,583					
	<b>h Total.</b> Add lines 1a-1f . . . . .		26,892,930				
<b>Program Service Revenue</b>			Business Code				
	<b>2a</b> MANAGEMENT FEES		561000	197,710	197,710		
	<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 . . . . .			197,710				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			3,001,983		3,001,983	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
		<b>b</b> Less rental expenses					
		<b>c</b> Rental income or (loss)					
		<b>d</b> Net rental income or (loss) . . . . .					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>b</b> Less cost or other basis and sales expenses					
		<b>c</b> Gain or (loss)					
		<b>d</b> Net gain or (loss) . . . . .			1,229,942		1,229,942
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>					
	<b>b</b> Less direct expenses . . . . .	<b>b</b>					
	<b>c</b> Net income or (loss) from fundraising events . . . . .						
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>					
<b>b</b> Less direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . .							
Miscellaneous Revenue	Business Code						
<b>11a</b> LITIGATION SETTLEMENT	900099		2,277	2,277			
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			2,277				
<b>12 Total revenue.</b> See Instructions . . . . .			31,324,842	199,987	0	4,231,925	

**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.	16,939,645	16,939,645		
<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, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	248,170	99,331	85,264	63,575
<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.	887,713	355,309	304,994	227,410
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	57,388	22,970	19,717	14,701
<b>9</b> Other employee benefits.	97,901	39,185	33,636	25,080
<b>10</b> Payroll taxes.	85,994	34,419	29,545	22,030
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management.				
<b>b</b> Legal.	25,121	10,055	8,631	6,435
<b>c</b> Accounting.	72,460	29,002	24,896	18,562
<b>d</b> Lobbying.				
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.	436,495		436,495	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	258,014	103,271	88,646	66,097
<b>12</b> Advertising and promotion.	71,105	28,460	24,430	18,215
<b>13</b> Office expenses.	79,851	31,961	27,435	20,455
<b>14</b> Information technology.	98,509	39,428	33,845	25,236
<b>15</b> Royalties.				
<b>16</b> Occupancy.	122,386	48,985	42,049	31,352
<b>17</b> Travel.	7,571	3,030	2,601	1,940
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	53,611	21,458	18,419	13,734
<b>20</b> Interest.				
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	34,097	13,648	11,714	8,735
<b>23</b> Insurance.	154,638	61,894	53,130	39,614
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
<b>a</b> SPECIAL PROJECT EXPENSE	42,376	16,961	14,559	10,856
<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.	19,773,045	17,899,012	1,260,006	614,027
<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 IX

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	13,920,667	<b>1</b>	14,332,403
	<b>2</b> Savings and temporary cash investments . . . . .	2,564,390	<b>2</b>	2,259,873
	<b>3</b> Pledges and grants receivable, net . . . . .	6,471,509	<b>3</b>	7,954,460
	<b>4</b> Accounts receivable, net . . . . .	359,317	<b>4</b>	586,353
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	1,163,033	<b>7</b>	1,031,289
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	73,719	<b>9</b>	78,022
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	319,552		
	<b>b</b> Less accumulated depreciation	212,758		
		125,017	<b>10c</b>	106,794
	<b>11</b> Investments—publicly traded securities . . . . .	109,059,991	<b>11</b>	138,739,466
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	368,500	<b>12</b>	368,500
	<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 . . . . .	4,598,507	<b>15</b>	3,402,497	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	138,704,650	<b>16</b>	168,859,657	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	66,006	<b>17</b>	88,836
	<b>18</b> Grants payable . . . . .	621,500	<b>18</b>	5,202,141
	<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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<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	112,582	<b>25</b>	77,378
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	800,088	<b>26</b>	5,368,355
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	31,697,053	<b>27</b>	35,331,002
	<b>28</b> Temporarily restricted net assets . . . . .	31,819,920	<b>28</b>	35,407,525
	<b>29</b> Permanently restricted net assets	74,387,589	<b>29</b>	92,752,775
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	137,904,562	<b>33</b>	163,491,302	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	138,704,650	<b>34</b>	168,859,657	

**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>	31,324,842
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	19,773,045
<b>3</b>	Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	11,551,797
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	137,904,562
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	13,928,516
<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 in Schedule O) . . . . .	<b>9</b>	106,427
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	163,491,302

**Part XII Financial Statements and Reporting**

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

	Yes	No
<p><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 in Schedule O</p>		
<p><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</p>		No
<p><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</p>	Yes	
<p><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 in Schedule O</p>	Yes	
<p><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 Single Audit Act and OMB Circular A-133?</p>		No
<p><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 in Schedule O and describe any steps taken to undergo such audits</p>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 68-0003212

**Name:** COMMUNITY FOUNDATION SONOMA COUNTY

Form 990 (2017)

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**Form 990, Part III, Line 4a:**

GRANTMAKING AWARDED MORE THAN \$14.6 MILLION IN SONOMA COUNTY, 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. STEWARDING ASSETS: FULFILLED THE CHARITABLE LEGACIES OF OUR DONORS AND USED DIVERSIFIED INVESTMENT STRATEGIES TO MANAGE OVER 450 CHARITABLE FUNDS TO ENSURE FUTURE FUNDING FOR THE COMMUNITY.

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**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

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

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
COMMUNITY FOUNDATION SONOMA COUNTY

Employer identification number

68-0003212

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ) )
- 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 **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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
  - f Enter the number of supported organizations \_\_\_\_\_
- g Provide the following information about the supported organization(s)

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

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	9,003,952	9,763,207	14,404,710	16,537,057	26,892,930	76,601,856
<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</b>	<b>Total.</b> Add lines 1 through 3	9,003,952	9,763,207	14,404,710	16,537,057	26,892,930	76,601,856
<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)						8,787,756
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						67,814,100

**Section B. Total Support**

	Calendar year (or fiscal year beginning in) ▶	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
<b>7</b>	Amounts from line 4	9,003,952	9,763,207	14,404,710	16,537,057	26,892,930	76,601,856
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,333,507	4,491,508	2,755,061	2,178,927	3,001,983	15,760,986
<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</b>	<b>Total support.</b> Add lines 7 through 10						92,362,842
<b>12</b>	Gross receipts from related activities, etc (see instructions)					<b>12</b>	912,066

**13 First five 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>14</b>	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	73.420 %
<b>15</b>	Public support percentage for 2016 Schedule A, Part II, line 14	<b>15</b>	63.340 %

**16a 33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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</b>	<b>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</b>	<b>Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 in 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</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five 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 2017 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2016 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b>	Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2016</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2017.** 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—2016.** 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	<b>1</b>		
<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)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	<b>3a</b>		
<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)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	<b>4b</b>		
<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)? If "Yes," explain in <b>Part VI</b> 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.		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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).		
	<b>5a</b>		
<b>b</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>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<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? If "Yes," provide detail in <b>Part VI</b> .		
	<b>6</b>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>8</b>		
<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))? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9a</b>		
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9b</b>		
<b>c</b>	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9c</b>		
<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)? If "Yes," answer line 10b below.		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	<b>10b</b>		

**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 in (b) and (c) below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

**Section B. Type I Supporting Organizations**

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

**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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**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>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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**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 ( <b>see instructions</b> )		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>		
<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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b>	Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<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? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<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)**

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2017</b>	<b>(iii) Distributable Amount for 2017</b>
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013. . . . .			
<b>c</b> From 2014. . . . .			
<b>d</b> From 2015. . . . .			
<b>e</b> From 2016. . . . .			
<b>f</b> Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2017 from Section D, line 7			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
<b>6</b> Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2013. . . . .			
<b>b</b> Excess from 2014. . . . .			
<b>c</b> Excess from 2015. . . . .			
<b>d</b> Excess from 2016. . . . .			
<b>e</b> Excess from 2017. . . . .			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 68-0003212

**Name:** COMMUNITY FOUNDATION SONOMA COUNTY

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

**Facts And Circumstances Test**

**SCHEDULE D**  
(Form 990)

**Supplemental Financial Statements**

OMB No 1545-0047  
**2017**  
**Open to Public Inspection**

▶ 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.

Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
COMMUNITY FOUNDATION SONOMA COUNTY

Employer identification number  
68-0003212

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	176	259
2 Aggregate value of contributions to (during year)	11,772,357	2,624,954
3 Aggregate value of grants from (during year)	12,471,384	1,717,157
4 Aggregate value at end of year	24,243,741	4,342,111

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)
- Preservation of land for public use (e.g., recreation or education)
  - Preservation of an historically important land area
  - Protection of natural habitat
  - Preservation of a certified historic structure
  - Preservation of open space

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

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- 4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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 SFAS 116 (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 are a significant use of its collection items (check all that apply)
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- |  | Amount |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> Ending balance                |        |
- 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	74,627,859	73,086,044	75,573,899	71,685,198	64,285,308
<b>b</b> Contributions	492,843	1,152,647	3,600,496	6,299,330	2,336,886
<b>c</b> Net investment earnings, gains, and losses	11,633,914	3,655,451	-1,860,881	-1,300,312	7,018,512
<b>d</b> Grants or scholarships	2,156,518	3,266,283	4,227,470	1,110,317	1,955,508
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	84,598,098	74,627,859	73,086,044	75,573,899	71,685,198

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment **▶** 1 230 %
  - b** Permanent endowment **▶** 82 050 %
  - c** Temporarily restricted endowment **▶** 16 720 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |                                    | Yes                      | No                       |
|------------------------------------|--------------------------|--------------------------|
| <b>(i)</b> unrelated organizations | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>(ii)</b> related organizations  | <input type="checkbox"/> | <input type="checkbox"/> |
- b** If "Yes" on 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		27,192	27,192	0
<b>d</b> Equipment		292,360	185,566	106,794
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				106,794

**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> (Column (b) must equal Form 990, Part X, col (B) line 12.)		

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

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

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
LIABILITIES UNDER TRUST AGREEMENTS	77,378
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.)	77,378

**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 FIN 48 (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.

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

**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.

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

**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

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 68-0003212

**Name:** COMMUNITY FOUNDATION SONOMA COUNTY

## Supplemental Information

Return Reference	Explanation
PART V, LINE 4	ENDOWMENT FUNDS SERVE A WIDE VARIETY OF CHARITABLE PURPOSES AND REFLECT THE INTENT OF OUR DONORS

**Supplemental Information**

Return Reference	Explanation
PART X, LINE 2	THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAX ON RELATED INCOME UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE "CODE") AND HAS BEEN CLASSIFIED AS AN ORGANIZATION WHICH IS NOT A PRIVATE FOUNDATION AS DEFINED IN SECTIONS 509(A)(1) AND 170(B)(I)(A)(VI) OF THE CODE. IN ADDITION, THE FOUNDATION COULD BE SUBJECT TO TAX ON UNRELATED BUSINESS INCOME, IF ANY, GENERATED BY ITS INVESTMENTS. THE FOUNDATION FOLLOWS THE GUIDANCE OF FASB ASC TOPIC 740 - ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. AS OF DECEMBER 31, 2017, 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 FINANCIAL STATEMENTS.

Schedule I (Form 990)

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

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization COMMUNITY FOUNDATION SONOMA COUNTY

Employer identification number 68-0003212

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 221
3 Enter total number of other organizations listed in the line 1 table. 0

**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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2	FOR COMPETITIVE GRANTS, WE REQUIRE GRANTEEES TO SIGN A CONTRACT THAT DESCRIBES THE USE OF THE FUNDS. THE CONTRACT ALSO REQUIRES GRANTEEES 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.

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 68-0003212  
**Name:** COMMUNITY FOUNDATION SONOMA COUNTY

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

<b>(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 non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
10000 DEGREES 1650 LOS GAMOS DRIVE SUITE 110 SAN RAFAEL, CA 94903	95-3667812	501(C)(3)	422,316				FOR 2017-2018 SCHOLARSHIPS, TO SUPPORT SONOMA COUNTY STUDENTS, FOR GENERAL OPERATING SUPPORT
4-H FOUNDATION OF SONOMA COUNTY PO BOX 1283 ROHNERT PARK, CA 949271283	94-3230442	501(C)(3)	36,916				TO ESTABLISH THE BEVERLY C WILSON ENDOWED SCHOLAR

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

<b>(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 non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ACTION NETWORK PO BOX 1163 GUALALA, CA 95445	45-0479312	501(C)(3)	10,000				TO SUPPORT THE IREAD FOR FUTURE SUCCESS TOMORROW I
ALEXANDER VALLEY FILM SOCIETY PO BOX 71 CLOVERDALE, CA 95425	47-2085577	501(C)(3)	14,500				FOR GENERAL OPERATING SUPPORT, TO LAUNCH THE AVFS LAB FILMMAKING TRACK



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

<b>(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 non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ALEXANDER VALLEY UNION SCHOOL DISTRICT 8511 CAL HWY 128 HEALDSBURG, CA 95448	45-2381410	501(C)(3)	13,000				TO SUPPORT THE ALEXANDER VALLEY ADULT & FAMILY ESL
ALLIANCE MEDICAL CENTER 1381 UNIVERSITY AVENUE HEALDSBURG, CA 95448	94-2308748	501(C)(3)	17,500				TO SUPPORT AMC'S MY BODY IS HEALTHY EDUCATION PROGRAM, TO SUPPORT THE GROWTH AND DEVELOPMENT OF ALLIANCE

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

<b>(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 non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ALLIANCE REDWOODS CONFERENCE GROUNDS 6250 BOHEMIAN HIGHWAY OCCIDENTAL, CA 95465	94-1683665	501(C)(3)	10,000				TO SUPPORT THE ROYAL FAMILY KIDS PROGRAM
ALZHEIMER'S ASSOCIATION NORTHERN CALIFORNIA CHAPTER 2290 NORTH FIRST STREET SAN JOSE, CA 95131	13-3039601	501(C)(3)	10,000				FOR GENERAL OPERATING SUPPORT

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

<b>(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 non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN CIVIL LIBERTIES UNION FOUNDATION INC OFFICE OF GIFT PLANNING 125 BROAD STREET 18TH FLOOR NEW YORK, NY 10004	13-6213516	501(C)(3)	32,150				FOR GENERAL OPERATING SUPPORT, TO SUPPORT THE WORK OF PROTECTING RIGHTS AND LIBER
AMERICAN HEART ASSOCIATION 1400 N DUTTON AVE STE 20 SANTA ROSA, CA 95401	13-5613797	501(C)(3)	10,000				TO PURCHASE INFANT CPR MASKS AND RESUSCITATION EQUIPMENT

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

<b>(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 non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN OVERSIGHT INC 1030 15TH ST NW SUITE B255 WASHINGTON, DC 20005	81-5294830	501(C)(3)	15,000				FOR OPERATING SUPPORT
AMERICAN RED CROSS OF THE CALIFORNIA NORTHWEST 5297 AERO DRIVE SANTA ROSA, CA 95403	53-0196605	501(C)(3)	66,000				FOR GENERAL OPERATING SUPPORT, TO SUPPORT HURRICANE HARVEY DISASTER RELIEF, FOR HURRICANE IRMA DISASTER RELIEF

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

<b>(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 non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ANALY ALUMNI ASSOCIATION 8140 FRANKEL LANE SEBASTOPOL, CA 95472	37-1642167	501(C)(3)	16,192				TO SUPPORT ATHLETIC ENHANCEMENTS AT ANALY HIGH SCHOOL
ART ESCAPE 17474 SONOMA HIGHWAY SONOMA, CA 95476	47-3626950	501(C)(3)	23,750				FOR GENERAL OPERATING SUPPORT, TO ESTABLISH A NEW PART-TIME PROGRAM STAFF POSITION, TO LAUNCH "ART & ANCESTRY THROUGH DAY OF THE DEAD"

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

<b>(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 non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ARTSTART 716 BENNETT VALLEY ROAD SANTA ROSA, CA 95404	68-0468124	501(C)(3)	7,000				FOR GENERAL OPERATING SUPPORT
ASSISTANCE LEAGUE OF SONOMA COUNTY 5 WEST 6TH STREET SANTA ROSA, CA 95401	23-7064030	501(C)(3)	7,000				FOR GENERAL OPERATING SUPPORT, FOR SIGHTS & SOUNDS OTHER PHILANTHROPIC PROJECTS

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

<b>(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 non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BATON ROUGE AREA FOUNDATION 100 NORTH STREET SUITE 900 BATON ROUGE, LA 70802	72-6030391	501(C)(3)	50,000				TO SUPPORT THE FRIEDMAN'S HOME IMPROVEMENT EMPLOYEMENT
BECOMING INDEPENDENT 1425 CORPORATE CENTER PARKWAY SANTA ROSA, CA 95407	94-2641147	501(C)(3)	101,160				FOR GENERAL OPERATING SUPPORT

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

<b>(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 non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BELLEVUE UNION SCHOOL DISTRICT 3150 EDUCATION DRIVE SANTA ROSA, CA 95407	58-2129727	GOVERNMENT	94,207				FOR SALARY SUPPORT FOR KAWANA SPRINGS TECH PERSON
BELOS CAVALOS INC 88 KING STREET 1205 SAN FRANCISCO, CA 94107	47-3009464	501(C)(3)	7,100				FOR GENERAL OPERATING SUPPORT, FOR THE EQUINE ASSISTED PROGRAM



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

<b>(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 non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BILINGUAL BROADCASTING FOUNDATION PO BOX 7189 SANTA ROSA, CA 95407	23-7134263	501(C)(3)	34,198				TO SUPPORT SALARY OF GENERAL MANAGER
BISHOP JOHN T WALKER SCHOOL FOR BOYS DEVELOPMENT OFFICE 1801 MISSISSIPPI AVENUE SE WASHINGTON, DC 20020	53-0196608	501(C)(3)	10,000				TO SUPPORT THE BWS MEALS PROGRAM

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

<b>(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 non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BLOOD SYSTEMS INC 10536 PETER A MCCUEN BLVD MATHER, CA 95655	86-0098929	501(C)(3)	154,500				TO HELP PURCHASE A NEW MOBILE BLOOD VAN
BOYS & GIRLS CLUB MARIN AND SOUTHERN SONOMA COUNTIES 117 PAUL DR SUITE B SAN RAFAEL, CA 94903	94-1244390	501(C)(3)	13,265				FOR GENERAL OPERATING SUPPORT

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

<b>(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 non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOYS AND GIRLS CLUBS OF CENTRAL SONOMA COUNTY 1400 NORTH DUTTON AVENUE SUITE 24 SANTA ROSA, CA 95401	68-0309534	501(C)(3)	21,504				FOR GENERAL OPERATING SUPPORT, TO EXPAND THE "UKE'AN BE HAPPY PROGRAM, FOR 2017 SUMMER CAMP PROGRAM IN HEALDSBURG
BOYS AND GIRLS CLUBS OF SONOMA VALLEY 100 W VERANO AVENUE SONOMA, CA 95476	94-1579901	501(C)(3)	300,000				SCHOLARSHIPS FOR SUMMER CAMPS, FOR GENERAL OPERATING SUPPORT

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

<b>(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 non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BRANDEIS MARIN 180 N SAN PEDRO ROAD SAN RAFAEL, CA 94903	47-1253063	501(C)(3)	25,000				IN SUPPORT OF THE JACKIE HOFFNER KINDNESS AND TIKK
BUCKELEW PROGRAMS 555 NORTHGATE DRIVE SUITE 100 SAN RAFAEL, CA 94903	23-7088977	501(C)(3)	10,250				TO SUPPORT MENTAL HEALTH ART COLLABORATIVE, TO SUPPLEMENT AND EXPAND BUCKELEW PROGRAM'S RENTAL

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

<b>(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 non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CALIFORNIA HUMAN DEVELOPMENT 3315 AIRWAY DRIVE SANTA ROSA, CA 95403	94-1653023	501(C)(3)	62,500				FOR GENERAL OPERATING SUPPORT, TO SUPPORT IMMEDIATE FIRE RELIEF EFFORTS, TO SUPPORT DACA RENEWALS
CALIFORNIA PARENTING INSTITUTE 3650 STANDISH AVENUE SANTA ROSA, CA 95407	94-2541640	501(C)(3)	48,900				FOR CREATIVE ARTS PROGRAMS, FOR GENERAL OPERATING SUPPORT

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

<b>(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 non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CANAL WELCOME CENTER 30 N SAN PEDRO RD SUITE 250 SAN RAFAEL, CA 94903	84-0485451	501(C)(3)	8,000				FOR GENERAL OPERATING SUPPORT
CANINE COMPANIONS FOR INDEPENDENCE INC PO BOX 446 SANTA ROSA, CA 95402	94-2494324	501(C)(3)	20,384				FOR GENERAL OPERATING SUPPORT

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

<b>(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 non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CAREER TECHNICAL EDUCATION FOUNDATION SONOMA COUNTY 1030 APOLLO WAY SUITE 200 SANTA ROSA, CA 95407	46-5607272	501(C)(3)	77,000				2017 GENERAL OPERATING EXPENSES, TO FUND STEM EDUCATION IN SONOMA COUNTY HIGH SCHOOLS
CATHEDRAL SCHOOL FOR BOYS 1275 SACRAMENTO STREET SAN FRANCISCO, CA 94108	94-1156846	501(C)(3)	5,250				GENERAL OPERATING SUPPORT, IN MEMORY OF MIMI LOWREY

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

<b>(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 non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CATHOLIC CHARITIES OF THE DIOCESE OF SANTA ROSA PO BOX 4900 SANTA ROSA, CA 95402	94-2479393	501(C)(3)	237,650				TO SUPPORT SECURITY SERVICES, FOR GENERAL OPERATING SUPPORT, FOR HOUSING AND SHELTER FOR THOSE IMPACTED BY FIRES
CATHOLIC RELIEF SERVICES PO BOX 17090 BALTIMORE, MD 212970303	13-5563422	501(C)(3)	11,000				FOR GENERAL OPERATING SUPPORT



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

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CENTER FOR CLIMATE PROTECTION PO BOX 3785 SANTA ROSA, CA 95402	45-0485495	501(C)(3)	36,500				FOR GENERAL OPERATING SUPPORT, TO SUPPORT ECO2SCHOOL'S WORLD CHANGERS CAREER PATH
CENTRAL PACIFIC DISTRICT OF THE CHRISTIAN AND MISSIONARY ALLIANCE 715 LINCOLN AVE WOODLAND, CA 95695	13-1623940	501(C)(3)	126,000				TO SUPPORT THE BRIDGE CHURCH - GENERAL FUND

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

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CENTRO LABORAL DE GRATON PO BOX 42 GRATON, CA 95444	68-0472311	501(C)(3)	20,038				FOR GENERAL OPERATING SUPPORT, TO SUPPORT THE ALMAS PROGRAM
CERES COMMUNITY PROJECT 7351 BODEGA AVENUE SEBASTOPOL, CA 95472	26-2250997	501(C)(3)	63,500				FOR GENERAL OPERATING SUPPORT, TO SUPPORT THE PAID WORK INTERNSHIP PROGRAM

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

<b>(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 non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHILD GUIDANCE RESOURCE CENTER 2000 OLD WEST CHESTER PIKE HAVERTOWN, PA 19083	23-1490061	501(C)(3)	15,000				FOR GENERAL FUND
CHILDREN'S MUSEUM OF SONOMA COUNTY 1835 WEST STEELE LANE SANTA ROSA, CA 95403	20-3496878	501(C)(3)	9,276				FOR GENERAL OPERATING SUPPORT, IN SUPPORT OF CMOSC'S FAMILY ACCESS PROGRAMS

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

<b>(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 non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHOP'S TEEN CLUB AKA DEMEO TEEN CLUB INC 509 ADAMS STREET SANTA ROSA, CA 95401	91-1859251	501(C)(3)	518,601				FOR GENERAL OPERATING SUPPORT
CITIZENS FOR RESPONSIBILITY AND ETHICS IN WASHINGTON AKA CREW 455 MASSACHUSETTS AVE NW SUITE 600 WASHINGTON, DC 20001	03-0445391	501(C)(3)	10,000				FOR GENERAL OPERATING SUPPORT

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

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CITY OF HEALDSBURG 1557 HEALDSBURG AVE HEALDSBURG, CA 95448	94-6000347	GOVERNMENT	5,650				TO SUPPORT TUESDAY MUSIC IN THE PLAZA
CITY OF SANTA ROSA HOUSING AND COMMUNITY SERVICES 90 SANTA ROSA AVENUE SANTA ROSA, CA 95404	94-6000428	501(C)(3)	65,000				TO PROVIDE GENERAL OPERATING SUPPORT TO SAM JONES

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

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COLUMBUS FOUNDATION 1234 EAST BROAD STREET COLUMBUS, OH 43205	31-6044264	501(C)(3)	5,500				TO SUPPORT THE WOMEN'S FUND OF CENTRAL OHIO
COMMITTEE ON THE SHELTERLESS PO BOX 2744 PETALUMA, CA 949532744	68-0176855	501(C)(3)	127,698				FOR THE PETALUMA KITCHEN, FOR GENERAL OPERATING SUPPORT

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

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COMMUNITY ACTION PARTNERSHIP OF SONOMA COUNTY 141 STONY CIRCLE 210 SANTA ROSA, CA 95401	94-1648949	501(C)(3)	58,000				TO CREATE AN EMERGENCY FUND FOR STUDENTS IN YOUTH, TO SUPPORT SLOAN HOUSE
COMMUNITY CHILD CARE COUNCIL OF SONOMA COUNTY 131-A STONY CIRCLE STE 300 SANTA ROSA, CA 95401	94-2274620	501(C)(3)	25,000				TO SUPPORT IMMEDIATE FIRE RELIEF EFFORTS

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

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COMMUNITY MATTERS 120 STONY POINT RD SUITE 120 SANTA ROSA, CA 95401	68-0369720	501(C)(3)	16,000				FOR GENERAL OPERATING SUPPORT
COMMUNITY SUPPORT NETWORK 1410 GUERNEVILLE RD SUITE 14 SANTA ROSA, CA 95403	94-2159583	501(C)(3)	27,800				FOR GENERAL OPERATING SUPPORT



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COMPASSION WITHOUT BORDERS PO BOX 14995 SANTA ROSA, CA 95402	20-4698227	501(C)(3)	35,000				TO SUPPORT THE WELLNESS AND SPAY/NEUTER CLINICS
CONSERVATION STRATEGY FUND 1160 G STREET SUITE A-1 ARCATA, CA 95521	94-3294843	501(C)(3)	10,000				FOR GENERAL OPERATING SUPPORT

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CONTEMPORARY JEWISH MUSEUM 736 MISSION ST SAN FRANCISCO, CA 94103	47-0920831	501(C)(3)	20,000				\$10 000 WILL BE FOR FISCAL YEAR 2018 OPERATING EXPENSES
CORAZON HEALDSBURG PO BOX 1004 HEALDSBURG, CA 95448	27-3044487	501(C)(3)	46,500				FOR GENERAL OPERATING SUPPORT IN 2017

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

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COURT APPOINTED SPECIAL ADVOCATES OF SONOMA COUNTY INC PO BOX 1418 KENWOOD, CA 95452	68-0404770	501(C)(3)	56,500				FOR GENERAL OPERATING SUPPORT
EPISCOPAL SENIOR COMMUNITIES FOUNDATION 2185 N CALIFORNIA BLVD 575 WALNUT CREEK, CA 94596	94-6130471	501(C)(3)	14,250				FOR GENERAL OPERATING SUPPORT

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

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CSU SACRAMENTO-SCHOLARSHIPS 6000 J STREET LESSON HALL 1001 SACRAMENTO, CA 95819	94-3001359	501(C)(3)	7,429				TO SUPPORT THE YES WE CAN SCHOLARSHIP PROGRAM
DAILY ACTS ORGANIZATION 245 KENTUCKY ST PETALUMA, CA 94953	20-3851259	501(C)(3)	40,000				FOR GENERAL OPERATING SUPPORT

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DAILY HOPE MINISTRIES PO BOX 80448 RANCHO SANTA MARGARITA, CA 92688	26-3854748	501(C)(3)	10,000				FOR GENERAL OPERATING SUPPORT
EL VERANO SCHOOL 18606 RIVERSIDE DRIVE SONOMA, CA 954764526		501(C)(3)	10,000				TO SUPPORT FUND A NEED-FOR LIBRARY

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

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ENVIRONMENTAL DEFENSE FUND 1875 CONNECTICUT AVENUE NW WASHINGTON, DC 20009	11-6107128	501(C)(3)	20,000				FOR GENERAL OPERATING SUPPORT
FACE TO FACE SONOMA COUNTY AIDS NETWORK 873 SECOND STREET SANTA ROSA, CA 95404	68-0052664	501(C)(3)	8,800				FOR GENERAL OPERATING SUPPORT, IN HONOR OF GEORGE TRIEST, TO SUPPORT ART FOR LIFE 2017 IN HONOR OF ROY ZAJAC

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

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FAMILY JUSTICE CENTER OF SONOMA COUNTY FOUNDATION 2755 MENDOCINO AVE STE 100 SANTA ROSA, CA 95403	45-3160831	501(C)(3)	31,000				FOR GENERAL OPERATING SUPPORT
FARM TO PANTRY PO BOX 191 HEALDSBURG, CA 95448	46-5321538	501(C)(3)	14,000				FOR GENERAL OPERATING SUPPORT

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

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FELTA EDUCATION FOUNDATION CO WEST SIDE ELEMENTARY SCHOOL 1201 FELTA ROAD HEALDSBURG, CA 95448	68-0479413	501(C)(3)	20,990				TO SUPPORT ART AND MUSIC EDUCATION, 2017 ARTS ENRICHMENT PROGRAM @ WESTSIDE SCHOOL
FISH OF THE SANTA ROSA AREA INC PO BOX 4291 SANTA ROSA, CA 95402	51-0159551	501(C)(3)	15,200				FOR RENT AND UTILITIES, FOR GENERAL OPERATING SUPPORT



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

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FOCUSING PHILANTHROPY 1637 16TH STREET SANTA MONICA, CA 90404	45-2405071	501(C)(3)	20,000				FOR FIRE RESCUE FUND MATCH TO SEVA FOUNDATION
FOOD FOR THOUGHT PO BOX 1608 FORESTVILLE, CA 95436	68-0181095	501(C)(3)	103,000				TO SUPPORT THE VITAL NUTRITION PROJECT, FOR GENERAL OPERATING SUPPORT

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FOREST UNLIMITED PO BOX 506 FORESTVILLE, CA 95436	94-3263110	501(C)(3)	40,000				TO SUPPORT THE FRIENDS OF FELTA CREEK PROJECT
FORT ROSS CONSERVANCY 19005 COAST HIGHWAY ONE JENNER, CA 95450	94-2370751	501(C)(3)	18,000				FOR GENERAL OPERATING SUPPORT

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FOUNDATION FOR NATIONAL PROGRESS DBA MOTHER JONES 222 SUTTER STREET STE 600 SAN FRANCISCO, CA 94108	94-2282759	501(C)(3)	9,315				FOR GENERAL OPERATING SUPPORT AND FROM THE ESTATE
FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON STREET CHARLOTTE, NC 28202	56-6047886	501(C)(3)	100,000				TO E4E TO PROVIDE DISASTER RELIEF SERVICES, TO PROVIDE DISASTER RELIEF FOR JACKSON FAMILY WINE

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

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FRIENDS IN SONOMA HELPING PO BOX 507 SONOMA, CA 95476	23-7441289	501(C)(3)	16,000				FOR GENERAL OPERATING SUPPORT
GIANT STEPS THERAPEUTIC EQUESTRIAN CENTER 1320 COMMERCE ST STE A PETALUMA, CA 949554855	68-0404917	501(C)(3)	16,000				FOR AN INDEPENDENT RIDER LIFT, FOR GENERAL OPERATING SUPPORT

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

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GIRL SCOUTS OF NORTHERN CALIFORNIA 1650 HARBOR BAY PARKWAY STE100 ALAMEDA, CA 945023013	94-1551410	501(C)(3)	8,001				TO SUPPORT THE OUTREACH PROGRAM IN SONOMA COUNTY
GIVE BACK YOGA FOUNDATION PO BOX 415 BOLINAS, CA 94924	20-8666751	501(C)(3)	10,000				TO SUPPORT THE PRISON YOGA PROJECT IN SAN QUENTIN

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

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GLORIA DEI LUTHERN CHURCH 219 N 6TH AVE E DULUTH, MN 55805	41-0718322	501(C)(3)	10,000				TO SUPPORT THE REBUILDING FUND AND IN MEMORY OF CO
GRANTMAKERS CONCERNED WITH IMMIGRANTS AND REFUGEES PO BOX 1100 SEBASTOPOL, CA 95473	20-2559651	501(C)(3)	114,500				TO SUPPORT UNDOCUFUND FIRE RELIEF, TO SUPPORT UNDOCUFUND, FOR GENERAL OPERATING SUPPORT

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

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HAND FAN MUSEUM 219 HEALDSBURG AVE HEALDSBURG, CA 95448	51-0429747	501(C)(3)	50,000				FOR GENERAL OPERATING SUPPORT
HEALDSBURG EDUCATION FOUNDATION PO BOX 1668 HEALDSBURG, CA 95448	68-0051242	501(C)(3)	7,500				FOR GENERAL OPERATING SUPPORT

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

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HEALDSBURG JAZZ FESTIVAL INC PO BOX 266 HEALDSBURG, CA 95448	71-0910474	501(C)(3)	34,000				FOR 2017 GENERAL OPERATING EXPENSES
HEALDSBURG MUSEUM & HISTORICAL SOCIETY 221 MATHESON STREET HEALDSBURG, CA 95448	94-2401543	501(C)(3)	7,000				TO SUPPORT THE ANNUAL CAMPAIGN, FOR GENERAL OPERATING SUPPORT



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HEALDSBURG SHARED MINISTRIES PO BOX 1646 HEALDSBURG, CA 95448	94-2838706	501(C)(3)	20,000				FOR GENERAL OPERATING SUPPORT
HEALTHCARE FOUNDATION NORTHERN SONOMA COUNTY PO BOX 1025 HEALDSBURG, CA 95448	68-0474109	501(C)(3)	20,000				FOR GENERAL OPERATING SUPPORT

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HOSPICE BY THE BAY FOUNDATION 17 E SIR FRANCIS DRAKE BLVD LARKSPUR, CA 94939	94-2890791	501(C)(3)	15,000				FOR GENERAL OPERATING SUPPORT
ICVAW DBA EVERYWOMAN EVERYWHERE 152 WOBERN STREET LEXINGTON, MA 02340	47-3272024	501(C)(3)	25,000				FOR GENERAL OPERATING SUPPORT

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INDIANA UNIVERSITY PURDUE UNIVERSITY FORT WAYNE 2101 E COLISEUM BLVD FORT WAYNE, IN 46805	35-6002041	501(C)(3)	41,400				TO SUPPORT IPFW DEPARTMENT OF BIOLOGY SEA TURTLE
INQUIRING SYSTEMS INC PO BOX 2037 SONOMA, CA 95476	94-2524840	501(C)(3)	6,250				FOR GENERAL OPERATING SUPPORT OF SONOMA VALLEY COMMUNITY FOUNDATION

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

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INSIGHT GARDEN PROGRAM 2081 CENTER STREET BERKELEY, CA 94704	46-3998218	501(C)(3)	10,000				TO SUPPORT GARDEN PROGRAM AT SAN QUENTIN PRISON
INTERFAITH SHELTER NETWORK 3850 MONTGOMERY DR SANTA ROSA, CA 95405	68-0222942	501(C)(3)	10,000				TO PROVIDE EMERGENCY FINANCIAL ASSISTANCE FOR HOME

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

<b>(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 non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
INTERNET ARCHIVE 300 FUNSTON AVE SAN FRANCISCO, CA 94118	94-3242767	501(C)(3)	10,000				FOR GENERAL OPERATING SUPPORT
JEWISH COMMUNITY FREE CLINIC OF SONOMA COUNTY 50 MONTGOMERY DR SANTA ROSA, CA 95404	94-3386103	501(C)(3)	22,812				2017 GENERAL OPERATING EXPENSES, FOR OAK LEAF LEVEL BUILDING FUND

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

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JEWISH FAMILY & CHILDREN'S SERVICES 2150 POST STREET SAN FRANCISCO, CA 94115	94-1156528	501(C)(3)	7,500				FOR GENERAL OPERATING SUPPORT, FOR SONOMA COUNTY FIRE RELIEF FUND
KIDS FOR THE KINGDOM PO BOX 85 GRATON, CA 95444	68-0421846	501(C)(3)	20,000				FOR GENERAL OPERATING SUPPORT

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

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KNIGHTS OF INDULGENCE THEATRE UNITED STATES 461 SEBASTOPOL AVENUE SANTA ROSA, CA 95401	03-0461324	501(C)(3)	15,000				TO SUPPORT IMAGINISTS' ION PROJECT
KQED INC 2601 MARIPOSA STREET SAN FRANCISCO, CA 94110	94-1241309	501(C)(3)	30,000				FOR GENERAL OPERATING SUPPORT

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

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LA CASA DE LOS NINOS PO BOX 1355 SEBASTOPOL, CA 95473	14-1949425	501(C)(3)	30,500				FOR GENERAL OPERATING SUPPORT
LA LUZ CENTER 17560 GREGER STREET SONOMA, CA 95476	68-0228235	501(C)(3)	69,000				FOR GENERAL OPERATIONS SUPPORT, TO SUPPORT 2017 ANNUAL FUND



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

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LANDPATHS 618 4TH ST 217 SANTA ROSA, CA 95404	68-0328590	501(C)(3)	533,250				TO SUPPORT OWL CAMP SCHOLARSHIPS, FOR GENERAL OPERATING SUPPORT
LEGAL AID OF SONOMA COUNTY 144 SOUTH E STREET SUITE 100 SANTA ROSA, CA 95404	68-0008581	501(C)(3)	30,000				FOR GENERAL OPERATING SUPPORT

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LEUKEMIA AND LYMPHOMA SOCIETY 101 MONTGOMERY STREET SUITE 750 SAN FRANCISCO, CA 94104	13-5644916	501(C)(3)	40,000				TO PARTIALLY FUND A PART-TIME PATIENT ACCESS OUTREACH
LIFEHOUSE INC 899 NORTHGATE DRIVE SUITE 500 SAN RAFAEL, CA 94903	94-6050196	501(C)(3)	15,000				FOR GENERAL OPERATING SUPPORT

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LISTENING FOR A CHANGE 4908 SONOMA HIGHWAY SUITE B SANTA ROSA, CA 95409	68-0431904	501(C)(3)	9,000				FOR GENERAL OPERATING SUPPORT
LOS CIEN SONOMA COUNTY INC POBOX 105 GUERNEVILLE, CA 95446	47-4474273	501(C)(3)	15,375				TO HIRE A CONSULTANT TO FACILITATE THE GROWTH OF LOS CIEN SONOMA COUNTY, INC

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LUTHER BURBANK HOME AND GARDENS 100 SANTA ROSA AVE ROOM 10 SANTA ROSA, CA 95404	26-3008405	501(C)(3)	7,636				FOR GENERAL OPERATING SUPPORT, TO HAVE NEW GARDEN SIGNS MADE
LUTHER BURBANK MEMORIAL FOUNDATION 50 MARK WEST SPRINGS ROAD SANTA ROSA, CA 95403	94-2581084	501(C)(3)	15,901				TO SUPPORT THE ARTIST IN SCHOOLS PROGRAM, FOR GENERAL OPERATING SUPPORT

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

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MANZANITA SERVICES INC 410 JONES ST SUITE C-1 UKIAH, CA 95482	26-3901214	501(C)(3)	12,000				FOR GENERAL OPERATING SUPPORT
MARIN COUNTY SHERIFF'S DEPARTMENT SEARCH AND RESCUE 1600 LOS GAMOS DRIVE SUITE 200 SAN RAFAEL, CA 94903	68-0442928	501(C)(3)	10,000				FOR GENERAL OPERATING SUPPORT

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MARINE MAMMAL CENTER 2000 BUNKER RD FORT CRONKITE SAUSALITO, CA 94965	51-0144434	501(C)(3)	6,751				FOR GENERAL OPERATING SUPPORT
MARYKNOLL FATHERS AND BROTHERS PO BOX 302 MARYKNOLL, NY 105450302	13-1740144	501(C)(3)	10,000				FOR GENERAL OPERATING SUPPORT

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

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MIRACLE LEAGUE NORTH BAY 40 FOURTH STREET PETALUMA, CA 94952	81-2922763	501(C)(3)	10,000				TO SUPPORT THE CAPITAL CAMPAIGN
MUSEUMS OF SONOMA COUNTY 425 SEVENTH STREET SANTA ROSA, CA 95401	94-2506626	501(C)(3)	97,500				TO SUPPORT THE ANNUAL GALA, TO SUPPORT ART4KIDS, TO SUPPORT OVERHEAD FOR ART SHOW

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

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NAPA VALLEY COMMUNITY FOUNDATION 3299 CLAREMONT WAY SUITE 2 NAPA, CA 94558	68-0349777	501(C)(3)	12,500				FOR GENERAL OPERATING SUPPORT
NATURE CONSERVANCY IN CALIFORNIA 201 MISSION STREET 4TH FLOOR SAN FRANCISCO, CA 94105	20-5797732	501(C)(3)	75,000				TO SUPPORT THE TEN MILE RIVER PROJECT



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

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NORTH BAY ASSOCIATION OF REALTORS CHARITY 2235 CHALLENGER WAY SUITE 100 SANTA ROSA, CA 95407	81-2793219	501(C)(3)	16,622				FOR GENERAL OPERATING SUPPORT
NORTH BAY ORGANIZING PROJECT PO BOX 503 GRATON, CA 95444	45-2369887	501(C)(3)	39,500				TO SUPPORT THE LATINO STUDENT CONGRESS

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

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NORTHERN CALIFORNIA CENTER FOR WELL-BEING 101 BROOKWOOD AVENUE SUITE A SANTA ROSA, CA 95404	93-1144835	501(C)(3)	32,500				IN SUPPORT OF LOW INCOME RESIDENTS IN NEED OF LIFE, FOR GENERAL OPERATING SUPPORT
NPH USA - ST DAMIEN PEDIATRIC HOSPITAL FUND 134 NORTH LASALLE STREET SUITE 500 CHICAGO, IL 60602	65-1229309	501(C)(3)	7,000				FOR ST DAMIEN PEDIATRIC HOSPITAL OPERATIONS, FOR GENERAL OPERATING SUPPORT

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NPR FOUNDATION 1111 NORTH CAPITOL STREET NE WASHINGTON, DC 20002	52-1795789	501(C)(3)	25,000				TO SUPPORT 2018 GENERAL OPERATING EXPENSES
OCCIDENTAL ARTS AND ECOLOGY CENTER 15290 COLEMAN VALLEY ROAD OCCIDENTAL, CA 95465	68-0359676	501(C)(3)	15,000				FOR GENERAL OPERATING SUPPORT

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ON THE MOVE 780 LINCOLN AVE NAPA, CA 94558	75-3149095	501(C)(3)	121,970				TO SUPPORT VOICES SONOMA
OUR FAMILY COALITION 1385 MISSION STREET SAN FRANCISCO, CA 94103	94-3261786	501(C)(3)	10,000				TO SUPPORT THREE ANNUAL EVENTS FOR NORTH BAY LGBTQ

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

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PEDIATRIC DENTAL INITIATIVE OF THE NORTH COAST INC 1380 19TH HOLE DRIVE WINDSOR, CA 95492	34-2012430	501(C)(3)	61,000				FOR GENERAL OPERATING SUPPORT, FOR ANNUAL DONATION
PEPPERWOOD FOUNDATION 2130 PEPPERWOOD PRESERVE RD SANTA ROSA, CA 954047543	01-0817571	501(C)(3)	595,500				TO SUPPORT FUND A NEED, FOR GENERAL OPERATING SUPPORT, TO SUPPORT THE FOREVER TEAM WORK

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PETALUMA ECUMENICAL PROPERTIES 951 PETALUMA BLVD SOUTH PETALUMA, CA 94952	94-2565270	501(C)(3)	7,000				FOR GENERAL OPERATING SUPPORT
PETALUMA PEOPLE SERVICES CENTER 1500 PETALUMA BLVD SOUTH PETALUMA, CA 94952	94-2271299	501(C)(3)	35,000				IN SUPPORT OF SHARE PROGRAM, TO SUPPORT MEALS ON WHEELS, TO SUPPORT IMMEDIATE FIRE RELIEF EFFORTS

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

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PFLAG NAPA PO BOX 2661 NAPA, CA 94558	95-3750694	501(C)(3)	6,500				FOR GENERAL OPERATING SUPPORT
PLANNED PARENTHOOD OF NORTHERN CALIFORNIA 2185 PACHECO STREET CONCORD, CA 94520	94-1575233	501(C)(3)	29,000				IN SUPPORT OF PLANNED PARENTHOOD SANTA ROSA, FOR GENERAL OPERATING SUPPORT

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

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POINT REYES NATIONAL SEASHORE ASSOCIATION 1 BEAR VALLEY ROAD BLDG 70 POINT REYES STATION, CA 94956	94-2228894	501(C)(3)	13,500				FOR GENERAL OPERATING SUPPORT, TO SUPPORT OCT 7, 2017 PACIFIC PLATE EVENT
PONY EXPRESS EQUINE ASSISTED SKILLS FOR YOUTH 6413 SONOMA HIGHWAY SANTA ROSA, CA 95409	80-0370392	501(C)(3)	11,000				TO SUPPORT THE NEW EQUINE PROGRAM, FOR GENERAL OPERATING SUPPORT



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PRESENTATION SCHOOL PO BOX 1220 SONOMA, CA 954761220	91-1829138	501(C)(3)	5,500				FOR GENERAL OPERATING SUPPORT
PRESTWOOD ELEMENTARY SCHOOL 343 E MACARTHUR STREET SONOMA, CA 95476		501(C)(3)	5,100				FOR GENERAL OPERATING SUPPORT

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PUBLIC HEALTH INSTITUTE 555 12TH STREET 10TH FLOOR OAKLAND, CA 94607	94-1646278	501(C)(3)	7,500				TO SUPPORT ROOTS OF CHANGE
PUBLIC SCHOOL SUCCESS TEAM INC PO BOX 781 HEALDSBURG, CA 95448	26-4632140	501(C)(3)	20,000				FOR GRADUATION GRANTS OF \$2 000 00 EACH FOR TEN 20

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

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RAIZES COLLECTIVE PO BOX 8606 SANTA ROSA, CA 95407	47-3129493	501(C)(3)	7,500				TO DESIGN A DOCUMENTATION AND OUTCOME METHODOLOGY
REACH FOR HOME 443 HUDSON STREET HEALDSBURG, CA 95448	47-2692320	501(C)(3)	28,000				FOR GENERAL OPERATING SUPPORT

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REDWOOD COMMUNITY HEALTH COALITION 1310 REDWOOD WAY SUITE 135 PETALUMA, CA 94954	94-3220029	501(C)(3)	48,337				FOR GENERAL OPERATING SUPPORT
REDWOOD CREDIT UNION COMMUNITY FUND INC 3033 CLEVELAND AVENUE SANTA ROSA, CA 95403	47-5084832	501(C)(3)	1,012,904				FOR NORTH BAY FIRE RELIEF FUND FOR SONOMA COUNTY

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

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REDWOOD EMPIRE FOOD BANK 3990 BRICKWAY BLVD SANTA ROSA, CA 95403	68-0121855	501(C)(3)	147,750				FOR GENERAL OPERATING SUPPORT, FOR DISASTER RELIEF FOR FIRE VICTIMS AND HOMELESS, TO SUPPORT THE PRODUCE PANTRY
REDWOOD GOSPEL MISSION PO BOX 493 SANTA ROSA, CA 954020493	94-6122045	501(C)(3)	139,000				FOR THE CERTIFICATE TRAINING PROGRAM, TO REPAIR AIR AND HEAT SYSTEM AND ROOF INSTALLATION

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REGENTS OF THE UNIVERSITY OF CALIFORNIA DAVIS-CASHIER & PAYMENT SOLUTIONS PO BOX 989062 WEST SACRAMENTO, CA 95798	94-6036494	501(C)(3)	8,996				TO SUPPORT THE YES WE CAN SCHOLARSHIP PROGRAM
REPORTERS COMMITTEE FOR FREEDOM OF THE PRESS 156 15TH STREET NW SUITE 1250 WASHINGTON, DC 20005	52-0972043	501(C)(3)	10,000				2017 GENERAL OPERATING EXPENSES

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RINCON VALLEY CHRISTIAN SCHOOL 4585 BADGER ROAD SANTA ROSA, CA 95409	94-1520078	501(C)(3)	20,000				TO SUPPORT THE ROBERT A GRAVES FUND FOR TUITION
RIVER TO COAST CHILDREN'S SERVICES PO BOX 16 GUERNEVILLE, CA 954460016	94-2378459	501(C)(3)	12,500				TO PROVIDE EMERGENCY FOOD, DIAPERS, AND HYGIENE ITEMS

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ROSELAND CHARTER SCHOOL 1691 BURBANK AVE SANTA ROSA, CA 95407	43-2029144	501(C)(3)	163,000				TO FUND THE BRIDGE GRANT
ROSELAND UNIVERSITY PREP 1691 BURBANK AVE SANTA ROSA, CA 95407	43-2029144	501(C)(3)	335,000				FOR THE PHALAROPE FUND BRIDGE GRANT ONLY



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RURAL CALIFORNIA BROADCASTING-KRCB 5850 LABATH AVENUE ROHNERT PARK, CA 94928	94-2718837	501(C)(3)	9,162				FOR GENERAL OPERATING SUPPORT
RUSSIAN RIVERKEEPER PO BOX 1335 HEALDSBURG, CA 95448	68-0321117	501(C)(3)	29,500				TO SUPPORT THE RUSSIAN RIVER RACE, FOR 2017 OPERATING EXPENSES

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RWANDA SCHOOL PROJECT 1300 ST FRANCIS ROAD SANTA ROSA, CA 95409	20-3545455	501(C)(3)	10,000				FOR GENERAL OPERATING SUPPORT
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	10,000				TO SUPPORT HURRICANE RELIEF EFFORTS

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

<b>(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 non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SAN FRANCISCO FILM SOCIETY 39 MESA STREET SUITE 110 SAN FRANCISCO, CA 94129	94-2663216	501(C)(3)	28,000				DAVID L BROWN'S PULSE OF PEACE PICTURES FOR KEEP
SANTA ROSA CHILDREN'S CHORUS PO BOX 9389 SANTA ROSA, CA 95405	68-0165953	501(C)(3)	34,700				GENERAL OPERATING SUPPORT

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SANTA ROSA COMMUNITY HEALTH 3569 ROUND BARN CIRCLE SANTA ROSA, CA 95403	68-0365296	501(C)(3)	315,000				FOR THE VISTA FIRE RECOVERY FUND, FOR GENERAL OPERATING SUPPORT
SANTA ROSA MEMORIAL HOSPITAL FOUNDATION 1154 MONTGOMERY DRIVE SUITE 1 SANTA ROSA, CA 95405	94-1231005	501(C)(3)	180,500				TO SUPPORT THE CAPITAL FUND, FOR THE CARDIAC PROGRAM IN HONOR OF DR JOHN REED

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

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SANTA ROSA PLAYERS DBA SIXTH STREET PLAYHOUSE 52 W 6TH STREET SANTA ROSA, CA 95401	94-1748527	501(C)(3)	9,000				TO SUPPORT THE PLAYHOUSE'S EFFORTS TO EXPAND ARTS, FOR GENERAL OPERATING SUPPORT
SANTA ROSA SUNRISE ROTARY FOUNDATION PO BOX 14953 SANTA ROSA, CA 95402	68-0339109	501(C)(3)	11,000				TO SUPPORT THE MATCH FOR NICARAGUAN SURGERY CENTER

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

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SANTA ROSA SYMPHONY 50 SANTA ROSA AVENUE STE 410 SANTA ROSA, CA 95404	94-6134075	501(C)(3)	63,925				TO SUPPORT FUNDRAISING EVENT IN MARCH 2017, TO SUPPORT MUSIC EDUCATION PROGRAMS
SAVE THE REDWOODS LEAGUE 111 SUTTER STREET 11TH FLOOR SAN FRANCISCO, CA 94104	94-0843915	501(C)(3)	22,500				IN SUPPORT OF YEAR END MATCHING CAMPAIGN, FOR GENERAL OPERATING SUPPORT

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

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SEBASTOPOL CENTER FOR THE ARTS 282 S HIGH ST SEBASTOPOL, CA 95472	68-0168638	501(C)(3)	13,000				FOR GENERAL OPERATING SUPPORT, IN SUPPORT OF THE SEBASTOPOL DOCUMENTARY FILM FESTIVAL
SEEDS OF AWARENESS 7 4TH STREET SUITE 46 PETALUMA, CA 94952	46-3027361	501(C)(3)	7,500				FOR GENERAL OPERATING SUPPORT

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

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SEEDS OF LEARNING PO BOX 2107 SONOMA, CA 95476	68-0254397	501(C)(3)	5,658				TO SUPPORT THE ANNUAL FUND, FOR GENERAL OPERATING SUPPORT
SOCIAL ADVOCATES FOR YOUTH 2447 SUMMERFIELD ROAD SANTA ROSA, CA 95405	94-1711490	501(C)(3)	211,250				TO SUPPORT THE DREAM CENTER, TO SUPPORT THE TLT PROGRAM, FOR GENERAL OPERATING SUPPORT



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SOCIAL AND ENVIRONMENTAL ENTREPRENEURS SEE INC 23532 CALABASAS ROAD SUITE A CALABASAS, CA 91302	95-4116679	501(C)(3)	10,000				TO SUPPORT THE LONELY WHALE FOUNDATION AS GENERAL
SONOMA ACADEMY 2500 FARMERS LANE SANTA ROSA, CA 954047013	94-3343174	501(C)(3)	5,030,500				TO SUPPORT THE FUND FOR EXCELLENCE, TO SUPPORT THE ANNUAL FUND

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

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SONOMA COMMUNITY CENTER 276 EAST NAPA STREET SONOMA, CA 95476	94-1566728	501(C)(3)	11,100				TO SUPPORT FUND-A-NEED AT MUSE 2017, TO SUPPORT FUND THE FUTURE
SONOMA COUNTY CHILDREN'S CHARITIES 414 AVIATION BLVD SANTA ROSA, CA 95403	68-0270692	501(C)(3)	50,000				TO SUPPORT FUND-A-NEED AT SCCC AUCTION 6/6/17

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SONOMA COUNTY FAIR FOUNDATION 1350 BENNETT VALLEY RD SANTA ROSA, CA 95404	45-4827997	501(C)(3)	185,000				FOR GENERAL OPERATING SUPPORT
SONOMA COUNTY HORSE COUNCIL PO BOX 7157 SANTA ROSA, CA 95407	68-0400194	501(C)(3)	35,000				TO SUPPORT FIRE RELIEF EFFORTS

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SONOMA COUNTY PUBLIC LIBRARY FOUNDATION PO BOX 1402 SANTA ROSA, CA 954021402	68-0137105	501(C)(3)	17,000				TO SUPPORT THE SONOMA COUNTY FREE BOOKMOBILE, FOR GENERAL OPERATING SUPPORT
SONOMA COUNTY REGIONAL PARKS FOUNDATION 2300 COUNTY CENTER DRIVE 120A SANTA ROSA, CA 95403	68-0421813	501(C)(3)	32,500				TO SUPPORT PARKS RESTORATION, TO SUPPORT TAYLOR MOUNTAIN TRAILS, TO SUPPORT THE HEALDSBURG WATER CARNIVAL

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

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SONOMA ECOLOGY CENTER PO BOX 1486 ELDRIDGE, CA 95431	94-3136500	501(C)(3)	20,900				FOR SONOMA VALLEY FIRES ECOLOGICAL RELIEF EFFORTS, TO SUPPORT THE K-12 WATERSHED EDUCATION PROGRAM
SONOMA HUMANE SOCIETY PO BOX 1296 SANTA ROSA, CA 95402	94-6001315	501(C)(3)	65,600				FOR GENERAL OPERATING SUPPORT

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SONOMA LAND TRUST 822 FIFTH STREET SANTA ROSA, CA 95404	51-0197006	501(C)(3)	336,350				TO SUPPORT THE SOUTHEAST GREENWAY ACQUISITION FUND, FOR GENERAL OPERATING SUPPORT
SONOMA OVERNIGHT SUPPORT INC PO BOX 748 SONOMA, CA 95476	03-0483033	501(C)(3)	33,250				TO SUPPORT DAY SERVICES FOR THE HUNGRY AND HOMELESS, FOR GENERAL OPERATING SUPPORT

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

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SONOMA STATE UNIVERSITY 1801 E COTATI AVENUE STEVENSON HALL ROOM 1054 ROHNERT PARK, CA 94928	68-0338225	501(C)(3)	10,000				TO SUPPORT THE GREEN MUSIC CENTER, TO SUPPORT THE WOLF FAMILY YES WE CAN SCHOLARSHIP
SONOMA STATE UNIVERSITY SEAWOLF SCHOLARS PROGRAM 1801 EAST COTATI AVE ROHNERT PARK, CA 94928	68-0338225	501(C)(3)	10,000				TO SUPPORT THE SEAWOLF SCHOLARS PROGRAM

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SONOMA VALLEY COMMUNITY HEALTH CENTER 19270 SONOMA HWY SONOMA, CA 95476	68-0286382	501(C)(3)	11,500				TO SUPPORT THE SONOMA VALLEY COMMUNITY HEALTH FAIR
SONOMA VALLEY EDUCATION FOUNDATION PO BOX 493 SONOMA, CA 95476	68-0279152	501(C)(3)	35,500				TO SUPPORT FUND-A-NEED FROM THE RED AND WHITE BALL, FOR GENERAL OPERATING SUPPORT



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SONOMA VALLEY HOSPITAL FOUNDATION 347 ANDRIEUX STREET SONOMA, CA 95476	94-2832488	501(C)(3)	14,000				FOR GENERAL OPERATING SUPPORT
SONOMA VALLEY MENTORING ALLIANCE PO BOX 721 SONOMA, CA 95476	68-0429128	501(C)(3)	51,880				TO SUPPORT THE ANNUAL CAMPAIGN, FOR GENERAL OPERATING SUPPORT

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SONOMA VALLEY MUSEUM OF ART PO BOX 322 SONOMA, CA 95476	68-0409459	501(C)(3)	27,500				FOR GENERAL OPERATING SUPPORT
SONOMA VALLEY ROTARY FOUNDATION PO BOX 910 SONOMA, CA 95476	68-0343129	501(C)(3)	10,000				FOR SONOMASTRONG FIRE RELIEF

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SONOMA VALLEY VINTNERS & GROWERS FOUNDATION 783 BROADWAY SONOMA, CA 95476	91-1934463	501(C)(3)	20,000				TO SUPPORT FUND THE FUTURE
SONOMA WEST MEDICAL FOUNDATION 245 NORTH MAIN STREET SEBASTOPOL, CA 95472	94-3314210	501(C)(3)	13,006				FOR GENERAL OPERATING SUPPORT

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SANTA ROSA JUNIOR COLLEGE FOUNDATION 1501 MENDOCINO AVENUE SANTA ROSA, CA 954014395	94-1735861	501(C)(3)	5,200				FOR GENERAL OPERATING SUPPORT
SRM ALLIANCE HOSPITAL SERVICES 1154 MONTGOMERY DRIVE STE 1 SANTA ROSA, CA 95405	68-0395200	501(C)(3)	6,386				TO SUPPORT THE HOSPICE DIGNITY FUND

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ST ANDREW PRESBYTERIAN CHURCH 16290 ARNOLD DR SONOMA, CA 95476	51-0158108	501(C)(3)	10,900				TO SUPPORT OPERATIONS
ST EUGENE'S CATHEDRAL SCHOOL 300 FARMERS LANE SANTA ROSA, CA 95405	94-1565933	501(C)(3)	28,947				TUITION ASSISTANCE (2016-2017)

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

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ST JAMES BY-THE-SEA EPISCOPAL CHURCH 743 PROSPECT STREET LA JOLLA, CA 92037	95-1792756	501(C)(3)	10,000				FOR GENERAL OPERATING SUPPORT
STANFORD UNIVERSITY PO BOX 20466 STANFORD, CA 943090466	94-1156365	501(C)(3)	18,302				TO SUPPORT THE PRESIDENT'S FUND

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STEWARDS OF THE COAST AND REDWOODS PO BOX 2 DUNCANS MILLS, CA 95430	94-3039895	501(C)(3)	5,200				FOR GENERAL OPERATING SUPPORT
SUKHASIDDHI FOUNDATION PO BOX 151327 SAN RAFAEL, CA 94915	68-0395959	501(C)(3)	12,400				FOR GENERAL OPERATING SUPPORT

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SUNNY HILLS SERVICES 300 SUNNY HILLS DRIVE BLDG 5 SAN ANSELMO, CA 94960	94-1156301	501(C)(3)	10,000				TO HELP SAVE THE LIVES OF CHILDREN
SUTTER MEDICAL CENTER OF SANTA ROSA 30 MARK WEST SPRINGS ROAD SANTA ROSA, CA 95403	94-6187756	501(C)(3)	33,500				TO SUPPORT CATWALK FOR A CURE, FOR NEW BUILDING FUND



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SWEETWATER SPECTRUM INC 369 FIFTH STREET WEST SONOMA, CA 95476	27-0184641	501(C)(3)	58,281				FOR GENERAL OPERATING SUPPORT, TO SUPPORT THE ANNUAL FUND
TEEN SERVICES SONOMA 17440 SONOMA HIGHWAY SONOMA, CA 95476	68-0390038	501(C)(3)	27,250				IN SUPPORT OF THE TEEN CENTER, TO SUPPORT FUND A NEED, TO SUPPORT ANNUAL CAMPAIGN

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THE LIVING ROOM CENTER INC 1207 CLEVELAND AVENUE SANTA ROSA, CA 95401	58-2675876	501(C)(3)	102,000				FOR GENERAL OPERATING SUPPORT
THE MONASTERY PROJECT 919 MCFARLANE AVENUE SEBASTOPOL, CA 95472	68-0473949	501(C)(3)	25,000				FOR GENERAL OPERATING SUPPORT

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TLC CHILD AND FAMILY SERVICES PO BOX 2079 SEBASTOPOL, CA 954732079	68-0008634	501(C)(3)	15,000				FOR GENERAL OPERATING SUPPORT
TRANSCENDENCE THEATRE COMPANY 19201 SONOMA HIGHWAY 214 SONOMA, CA 95476	46-2182873	501(C)(3)	7,500				TO GO TOWARDS BEST CHALLENGE EVER MATCHING FUNDS

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UC BERKELEY FOUNDATION - GIFT OPERATIONS 1995 UNIVERSITY AVE SUITE 400 BERKELEY, CA 94704	94-6090626	501(C)(3)	15,000				TO SUPPORT THE FOLLOWING THE DOE LIBRARY FUND
UNITED WAY OF THE WINE COUNTRY 975 CORPORATE CTR PKWY 160 SANTA ROSA, CA 95407	94-1669646	501(C)(3)	35,000				FOR GENERAL OPERATING SUPPORT

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UNIVERSITY OF COLORADO FOUNDATION PO BOX 17126 DENVER, CO 80217	84-6049811	501(C)(3)	15,000				FOR GENERAL OPERATING SUPPORT
UPVALLEY FAMILY CENTERS OF NAPA COUNTY 1500 CEDAR ST CALISTOGA, CA 94515	80-0023012	501(C)(3)	10,000				TO FUND THE EARLY CHILDHOOD ENRICHMENT PROGRAM

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VERITY-COMPASSION SAFETY SUPPORT A CALIFORNIA CORPORATION 835 PINER RD SUITE D SANTA ROSA, CA 95403	94-2437947	501(C)(3)	9,501				FOR GENERAL OPERATING SUPPORT
THE VISIONARIES INC 748 PAGE ST STOUGHTON, MA 02072	04-3282172	501(C)(3)	10,000				FOR GENERAL OPERATING SUPPORT

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VITAL IMMIGRANT DEFENSE ADVOCACY AND SERVICE 576 B STREET SUITE 1C SANTA ROSA, CA 95401	90-1019558	501(C)(3)	13,000				FOR GENERAL OPERATING SUPPORT
VOLUNTEER CENTER OF SONOMA COUNTY INC 153 STONY CIRCLE SUITE 100 SANTA ROSA, CA 95401	94-1751375	501(C)(3)	42,115				TO SUPPORT THE AMAROSA ACADEMY, FOR GENERAL OPERATING SUPPORT

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

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WARNECKE INSTITUTE INC 13427 CHALK HILL ROAD HEALDSBURG, CA 95448	20-4401473	501(C)(3)	40,000				FOR GENERAL OPERATING AND ARCHITECTURE ARCHIVE APP
WARREN COUNTY HISTORICAL SOCIETY 102 WEST WALTON ST WARRENTON, MO 63383	23-7331657	501(C)(3)	63,165				TO SUPPORT THE COSTS OF VIDEO MAP DISPLAY KIOSKS



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

<b>(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 non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WEST COUNTY COMMUNITY SERVICES PO BOX 325 GUERNEVILLE, CA 95446	94-2277740	501(C)(3)	7,500				TO FUND NEEDED ENVIRONMENTAL FIX-ITS FOR NEW UNITS, FOR GENERAL OPERATING SUPPORT
WEST COUNTY HEALTH CENTERS INC 14045 MILL STREET GUERNEVILLE, CA 95446	23-7310613	501(C)(3)	315,000				FOR GENERAL OPERATING SUPPORT

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

<b>(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 non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WEST SONOMA COUNTY UNION HIGH SCHOOL DISTRICT 462 JOHNSON STREET SEBASTOPOL, CA 95472	94-6002635	GOVERNMENT	22,276				TO SUPPORT LAGUNA HIGH SCHOOL WITH COUNSELING SUPPORT
WIKIMEDIA FOUNDATION INC 149 NEW MONTGOMERY STREET 6TH FLOOR FLOOR SAN FRANCISCO, CA 94105	20-0049703	501(C)(3)	11,000				TO SUPPORT THE FUNDRAISING DRIVE, FOR GENERAL OPERATING SUPPORT

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

<b>(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 non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WILD FARM ALLIANCE PO BOX 2570 WATSONVILLE, CA 95077	20-0195670	501(C)(3)	10,000				FOR GENERAL OPERATING SUPPORT
WINDSOR PARK AND RECREATION FOUNDATION 228 WINDSOR RIVER ROAD WINDSOR, CA 95492	45-2913488	501(C)(3)	7,428				FOR GENERAL OPERATING SUPPORT

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

<b>(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 non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WOMEN'S RECOVERY SERVICES A UNIQUE PLACE PO BOX 1356 SANTA ROSA, CA 95402	51-0178620	501(C)(3)	39,000				FOR GENERAL SUPPORT OF WOMEN'S RECOVERY SERVICES
WORLD CONNECT INC 209 CONOVER STREET BROOKLYN, NY 11231	56-2525151	501(C)(3)	15,000				FOR GENERAL OPERATING SUPPORT

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

<b>(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 non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
YWCA OF SONOMA COUNTY PO BOX 3506 SANTA ROSA, CA 95402	94-2347428	501(C)(3)	52,500				TO SUPPORT THE WOMEN'S SHELTER, FOR GENERAL OPERATING SUPPORT

**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2017**

**Open to Public Inspection**

Name of the organization  
COMMUNITY FOUNDATION SONOMA COUNTY

Employer identification number  
68-0003212

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> 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</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<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 (e.g., maid, chauffeur, chef)		
<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 (e.g., maid, chauffeur, chef)									
<p><b>b</b> If any of the boxes in 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</p>	<b>1b</b>									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	<b>2</b>									
<p><b>3</b> Indicate which, if any, of the following the filing 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</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<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				
<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									
<p><b>4</b> 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</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	<b>4a</b>	No								
	<b>4b</b>	No								
	<b>4c</b>	No								
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><b>5</b> 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</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	<b>5a</b>	No								
	<b>5b</b>	No								
<p><b>6</b> 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</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	<b>6a</b>	No								
	<b>6b</b>	No								
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	<b>7</b>	No								
<p><b>8</b> 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</p>	<b>8</b>	No								
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>									

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>1</b> ELIZABETH BROWN PRESIDENT & CEO	(i)	201,736	25,000	0	13,134	8,300	248,170	0
	(ii)	0	0	0	0	0	0	0
<b>2</b> W JOHN MULLINEAUX VP OF DEVELOPMENT	(i)	123,220	3,500	0	7,677	21,022	155,419	0
	(ii)	0	0	0	0	0	0	0

**Part III** **Supplemental Information**

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

Return Reference	Explanation
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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2017**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
 ▶ **Attach to Form 990.**  
 ▶ **Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
COMMUNITY FOUNDATION SONOMA COUNTY

Employer identification number  
68-0003212

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	42	5,748,583	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 IV, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		No
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?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

**Part II Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B)	THE NUMBER OF CONTRIBUTIONS REFLECTS THE NUMBER OF DONORS, NOT THE NUMBER OF ITEMS DONATED

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service

Name of the organization

COMMUNITY FOUNDATION SONOMA COUNTY

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2017****Open to Public Inspection**

Employer identification number

68-0003212

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	TAXPAYER'S ACCOUNTING FIRM FORWARDED THE FORM 990 TO THE VP OF FINANCE AND OPERATIONS THE VP DISTRIBUTED THE FORM 990 TO THE AUDIT COMMITTEE, WHO DISCUSSED THE FORM AT AN IN-PERSON MEETING A HARD COPY OF THE COMPLETE FORM 990 WAS PROVIDED TO ALL VOTING MEMBERS OF THE BOARD AT AN IN-PERSON MEETING BEFORE FILING BOARD MEMBERS WERE ENCOURAGED TO FORWARD QUESTIONS AND COMMENTS TO THE VP

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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)

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT 106,427

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**  
▶ **Attach to Form 990.**  
▶ **Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
COMMUNITY FOUNDATION SONOMA COUNTY

**Employer identification number**

68-0003212

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
<b>(1)</b> DEMEO TEEN CLUB INC 509 ADAMS STREET  SANTA ROSA, CA 95401 91-1859251	PROVIDE A TEEN CLUB FOR SANTA ROSA RESIDENTS	CA	501(C)(3)	LINE 12B, II	COMMUNITY FOUNDATION SONOMA COUNTY	Yes	
<b>(2)</b> SONOMA PARADISO FOUNDATION 120 STONY POINT ROAD SUITE 220  SANTA ROSA, CA 95401 42-1728309	RAISE MONEY TO BENEFIT CHILDREN'S ORGANIZATIONS IN SONOMA COUNTY	CA	501(C)(3)	LINE 12B, II	COMMUNITY FOUNDATION SONOMA COUNTY	Yes	
<b>(3)</b> OLIVER RANCH FOUNDATION 120 STONY POINT ROAD SUITE 220  SANTA ROSA, CA 95401 80-0513305	PROMOTE APPRECIATION FOR SITE-SPECIFIC SCULPTURE	CA	501(C)(3)	LINE 12B, II	COMMUNITY FOUNDATION SONOMA COUNTY	Yes	



**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
<b>(1)</b> CHARITABLE LEAD TRUST (4)	INVESTMENTS	CA	COMMUNITY FOUNDATION SONOMA COUNTY	T				Yes	
<b>(2)</b> CHARITABLE REMAINDER TRUST (5)	INVESTMENTS	CA	COMMUNITY FOUNDATION SONOMA COUNTY	T				Yes	
<b>(3)</b> POOLED INCOME FUND	INVESTMENTS	CA	COMMUNITY FOUNDATION SONOMA COUNTY	T				Yes	

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) DEMEO TEEN CLUB	B	475,000	ACTUAL PAID/ACCRUED



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**Part VII**    **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

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