

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

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

- 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 \$ 80,871,201

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

3 Number of voting members of the governing body (Part VI, line 1a)	17
4 Number of independent voting members of the governing body (Part VI, line 1b)	17
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	21
6 Total number of volunteers (estimate if necessary)	17
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	26,892,930	18,633,970
9 Program service revenue (Part VIII, line 2g)	197,710	231,525
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,231,925	5,203,576
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,277	78
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	31,324,842	24,069,149
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	16,939,645	14,137,738
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,377,166	1,616,609
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 798,385		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,456,234	1,930,517
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	19,773,045	17,684,864
19 Revenue less expenses Subtract line 18 from line 12	11,551,797	6,384,285

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	168,859,657	163,843,026
21 Total liabilities (Part X, line 26)	5,368,355	6,101,559
22 Net assets or fund balances Subtract line 21 from line 20	163,491,302	157,741,467

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: 2019-11-04

ELIZABETH BROWN PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	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 \$ 15,372,947 including grants of \$ 14,137,738) (Revenue \$ 231,603)
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 ▶ 15,372,947

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	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>	23	Yes
24a	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>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 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>	25a	No
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>	25b	No
26	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>	26	No
27	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>	27	No
28	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)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c	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>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	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>	32	No
33	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>	33	No
34	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>	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
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>	35b	No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37	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>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	35
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	21		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		No	
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>		3b			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No	
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No	
d If "Yes," indicate the number of Forms 8282 filed during the year		7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		No	
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a		No	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		No	
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12		10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b			
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders		11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b			
c Enter the amount of reserves on hand		13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a		No	
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>		14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N		15		No	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		16		No	

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



Section A. Governing Body and Management

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

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

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

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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; 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.

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) DEBERAH KELLEY CHAIR	1 00 0 00	X		X				0	0	0
(2) BARRY WEITZENBERG IMMEDIATE PAST CHAIR	3 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) KATIE JACKSON DIRECTOR	1 00 0 00	X						0	0	0
(6) LAWRENCE MILLS DIRECTOR	1 00 0 00	X						0	0	0
(7) LISA CARRENO DIRECTOR	1 00 0 00	X						0	0	0
(8) MATTHEW INGRAM DIRECTOR	1 00 0 00	X						0	0	0
(9) MICHELLE ZYGELBAUM DIRECTOR	1 00 0 00	X						0	0	0
(10) OSCAR CHAVEZ DIRECTOR	1 00 0 00	X						0	0	0
(11) PATRICK EMERY DIRECTOR	1 00 0 00	X						0	0	0
(12) RICHARD DAVIS DIRECTOR	1 00 0 00	X						0	0	0
(13) STEVE GOLDBERG DIRECTOR	1 00 0 00	X						0	0	0
(14) STEVE RABINOWITSH DIRECTOR	1 00 0 00	X						0	0	0
(15) SUSAN LENTZ DIRECTOR	1 00 0 00	X						0	0	0
(16) THELIA EAGAN DIRECTOR	1 00 0 00	X						0	0	0
(17) JANET RAMATICI 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) ELIZABETH BROWN PRESIDENT & CEO	45 00 1 00			X				237,736	0	19,930
(19) KARL GRIMM VP FINANCE AND OPS (THRU 2/15/18)	45 00 1 00			X				22,334	0	2,274
(20) ANN BUTTERFIELD VP FINANCE AND OPS (EFF 5/31/18)	46 00 1 00			X				75,171	0	11,167
(21) W JOHN MULLINEAUX VP OF DEVELOPMENT	45 00 1 00					X		131,899	0	26,536
(22) KARIN DEMAREST VP OF COMMUNITY IMPACT	45 00 0 00					X		108,902	0	6,255
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								576,042	0	66,162

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

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
GRAYSTONE CONSULTING 3562 ROUND BARN CIRCLE 1ST FLOOR SANTA ROSA, CA 95403	INVESTMENT CONSULTING	107,274

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 1

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 1,566				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 270,000				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 18,362,404				
	g Noncash contributions included in lines 1a - 1f \$	2,330,329				
	h Total. Add lines 1a-1f		18,633,970			
Program Service Revenue	2a MANAGEMENT FEES	Business Code 561000	231,525	231,525		
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f		231,525			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		4,056,268		4,056,268	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	57,949,360			
		(ii) Other				
		b Less cost or other basis and sales expenses	56,802,052			
		c Gain or (loss)	1,147,308			
	d Net gain or (loss)		1,147,308		1,147,308	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
11a LITIGATION SETTLEMENT	900099	78	78			
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d		78				
12 Total revenue. See Instructions		24,069,149	231,603	0	5,203,576	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	14,137,738	14,137,738		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	368,612	147,538	126,645	94,429
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	976,389	390,802	335,461	250,126
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	53,411	21,378	18,350	13,683
9 Other employee benefits	116,600	46,670	40,060	29,870
10 Payroll taxes	101,597	51,611	9,144	40,842
11 Fees for services (non-employees)				
a Management				
b Legal	45,606	18,254	15,669	11,683
c Accounting	62,139	24,871	21,350	15,918
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	488,400		488,400	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	644,780	258,075	221,528	165,177
12 Advertising and promotion	66,591	26,653	22,879	17,059
13 Office expenses	108,294	43,345	37,207	27,742
14 Information technology	114,843	45,966	39,457	29,420
15 Royalties				
16 Occupancy	116,560	46,653	40,047	29,860
17 Travel	10,067	4,029	3,459	2,579
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	63,804	25,538	21,921	16,345
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	39,518	15,817	13,577	10,124
23 Insurance	159,541	63,857	54,814	40,870
24 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.)				
a SPECIAL PROJECT EXPENSE	10,374	4,152	3,564	2,658
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	17,684,864	15,372,947	1,513,532	798,385
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	14,332,403	1	9,282,487
	2 Savings and temporary cash investments	2,259,873	2	2,081,545
	3 Pledges and grants receivable, net	7,954,460	3	7,996,943
	4 Accounts receivable, net	586,353	4	234,814
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 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		6	
	7 Notes and loans receivable, net	1,031,289	7	1,001,289
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	78,022	9	94,631
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 355,240		
	b Less accumulated depreciation	10b 252,276	106,794	10c 102,964
	11 Investments—publicly traded securities	138,739,466	11	140,638,953
	12 Investments—other securities See Part IV, line 11	368,500	12	368,500
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	3,402,497	15	2,040,900
16 Total assets. Add lines 1 through 15 (must equal line 34)	168,859,657	16	163,843,026	
Liabilities	17 Accounts payable and accrued expenses	88,836	17	67,610
	18 Grants payable	5,202,141	18	6,025,454
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	77,378	25	8,495
	26 Total liabilities. Add lines 17 through 25	5,368,355	26	6,101,559
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	35,331,002	27	36,125,682
	28 Temporarily restricted net assets	35,407,525	28	28,327,675
	29 Permanently restricted net assets	92,752,775	29	93,288,110
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	163,491,302	33	157,741,467	
34 Total liabilities and net assets/fund balances	168,859,657	34	163,843,026	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	24,069,149
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,684,864
3	Revenue less expenses Subtract line 2 from line 1	3	6,384,285
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	163,491,302
5	Net unrealized gains (losses) on investments	5	-11,651,224
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-82,229
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-400,667
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	157,741,467

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 68-0003212

Name: COMMUNITY FOUNDATION SONOMA COUNTY

Form 990 (2018)

Form 990, Part III, Line 4a:

GRANTMAKING AWARDED MORE THAN \$13 368 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 434 CHARITABLE FUNDS TO ENSURE FUTURE FUNDING FOR THE COMMUNITY

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

2018

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		
Total						

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	9,763,207	14,404,710	16,537,057	26,892,930	18,633,970	86,231,874
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	9,763,207	14,404,710	16,537,057	26,892,930	18,633,970	86,231,874
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						8,103,466
6	Public support. Subtract line 5 from line 4						78,128,408

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4	9,763,207	14,404,710	16,537,057	26,892,930	18,633,970	86,231,874
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,491,508	2,755,061	2,178,927	3,001,983	4,056,268	16,483,747
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						102,715,621
12	Gross receipts from related activities, etc (see instructions)					12	886,669

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

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	76.060 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	73.420 %

16a 33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 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

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. 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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
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 Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	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.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	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 Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	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).		
	7		
8	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).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
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 Part VI .		
	9b		
c	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 Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
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.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	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
1	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>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION SONOMA COUNTY

Employer identification number
68-0003212

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	178	56
2 Aggregate value of contributions to (during year)	11,067,869	717,725
3 Aggregate value of grants from (during year)	8,120,471	1,664,376
4 Aggregate value at end of year	36,780,546	34,948,411

- 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 7/25/06, and not on a historic structure listed in the National Register	2d	

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

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

- 1a** If the organization elected, as permitted under 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 |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f 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
1a Beginning of year balance	84,598,098	74,627,859	73,086,044	75,573,899	71,685,198
b Contributions	1,233,069	492,843	1,152,647	3,600,496	6,299,330
c Net investment earnings, gains, and losses	-5,390,715	11,633,914	3,655,451	-1,860,881	-1,300,312
d Grants or scholarships	2,229,581	2,156,518	3,266,283	4,227,470	1,110,317
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	78,210,871	84,598,098	74,627,859	73,086,044	75,573,899

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 0 980 %
 - b** Permanent endowment ▶ 90 680 %
 - c** Temporarily restricted endowment ▶ 8 340 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|-----|----|
| (i) unrelated organizations | Yes | No |
| (ii) related organizations | | |
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? **3b**
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		48,132	34,773	13,359
d Equipment		232,676	150,404	82,272
e Other		74,432	67,099	7,333
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				102,964

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (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)		
Total. (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)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
LIABILITIES UNDER TRUST AGREEMENTS	8,495
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	8,495

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.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

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

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

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, 2018, MANAGEMENT EVALUATED THE FOUNDATION'S TAX POSITIONS AND CONCLUDED THAT THE FOUNDATION HAD MAINTAINED ITS TAX EXEMPT STATUS AND HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No 1545-0047

2018

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.

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

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 noncash 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 200
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.

(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
PEPPERWOOD FOUNDATION 2130 PEPPERWOOD PRESERVE RD SANTA ROSA, CA 954047543	01-0817571	501(C)(3)	1,588,500				FOR GENERAL OPERATING SUPPORT
SONOMA VALLEY HOSPITAL FOUNDATION 347 ANDRIEUX STREET SONOMA, CA 95476	94-2832488	501(C)(3)	1,070,000				TO HELP FUND THE NEW DIAGNOSTIC FACILITY WITHIN THE SONOMA VALLEY HOSPITAL

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

(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
SANTA ROSA COMMUNITY HEALTH 3569 ROUND BARN CIRCLE SANTA ROSA, CA 95403	68-0365296	501(C)(3)	805,000				TO SUPPORT SONOMA COMMUNITY RESILIENCE COLLABORATIVE - BUILDING A SELF-HEALING COMMUNITY
CATHOLIC CHARITIES OF THE DIOCESE OF SANTA ROSA PO BOX 4900 SANTA ROSA, CA 95402	94-2479393	501(C)(3)	740,000				TO SUPPORT DEPORTATION LEGAL DEFENSE AND RELATED IMMIGRATION SERVICES

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

(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
ROSELAND UNIVERSITY PREP 1691 BURBANK AVE SANTA ROSA, CA 95407	43-2029144	501(C)(3)	425,200				THE PHALAROPE FUND BRIDGE GRANT ONLY
SONOMA ACADEMY 2500 FARMERS LANE SANTA ROSA, CA 954047013	94-3343174	501(C)(3)	305,150				IN SUPPORT OF THE FUND FOR EXCELLENCE

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

(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
LEGAL AID OF SONOMA COUNTY 144 SOUTH E STREET SUITE 100 SANTA ROSA, CA 95404	68-0008581	501(C)(3)	295,000				TO SUPPORT THE DISASTER LAW PROGRAM (DLP) TO PROVIDE LEGAL INFORMATION AND REPRESENTATION TO THOSE AFFECTED BY THE 2017 WILDFIRES
UNITED POLICYHOLDERS 381 BUSH STREET 8TH FLOOR SAN FRANCISCO, CA 94104	94-3162024	501(C)(3)	220,000				TO SUPPORT THE ENHANCED LONG TERM RECOVERY SERVICES TO NORTH BAY WILDFIRE IMPACTED HOUSEHOLDS THROUGH UNITED POLICYHOLDERS' ROADMAP TO RECOVERY PROGRAM

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

(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
HEALTHCARE FOUNDATION NORTHERN SONOMA COUNTY PO BOX 1025 HEALDSBURG, CA 95448	68-0474109	501(C)(3)	220,000				TO SUPPORT THE WILDFIRE MENTAL HEALTH COLLABORATIVE PUBLIC AWARENESS CAMPAIGN
WEST COUNTY HEALTH CENTERS INC 14045 MILL STREET GUERNEVILLE, CA 95446	23-7310613	501(C)(3)	250,000				TO SUPPORT THE CAPITAL CAMPAIGN FOR 2019

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

(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
SHARED HOUSING AND RESOURCE EXCHANGE CALIFORNIA 10 FOURTH STREET PETALUMA, CA 94952	81-3993230	501(C)(3)	150,000				TO PROVIDE FUNDING FOR AN ADDITIONAL HOME MATCHING SPECIALIST TO SHARE SONOMA COUNTY
SONOMA COUNTY VINTNERS FOUNDATION 400 AVIATION BOULEVARD SUITE 500 SANTA ROSA, CA 95403	68-0175790	501(C)(3)	125,000				FOR SONOMA COUNTY VINTNERS FOUNDATION EMERGENCY RELIEF FUND

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

(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
UNITED WAY OF THE WINE COUNTRY 975 CORPORATE CTR PKWY 160 SANTA ROSA, CA 95407	94-1669646	501(C)(3)	140,000				TO PROVIDE GRANTS TO LAW ENFORCEMENT AND FIRE PERSONNEL WHO LOST HOMES IN THE 2017 WILDFIRE IN SONOMA COUNTY
REDWOOD GOSPEL MISSION PO BOX 493 SANTA ROSA, CA 954020493	94-6122045	501(C)(3)	135,000				TO IMPROVE THE MISSION'S FACILITIES

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CENTRAL PACIFIC DISTRICT OF THE CHRISTIAN AND MISSIONARY ALLIANCE 715 LINCOLN AVE WOODLAND, CA 95695	13-1623940	501(C)(3)	120,000				TO SUPPORT THE BRIDGE CHURCH GENERAL OPERATING FUND
UCSF FOUNDATION PO BOX 45339 SAN FRANCISCO, CA 94145	94-2829914	501(C)(3)	100,000				TO SUPPORT NUEROSCAPE AND THE GAZZALEY LAB

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

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IMMACULATE CONCEPTION ACADEMY 3625 - 24TH STREET SAN FRANCISCO, CA 94110	94-1156675	501(C)(3)	100,000				FOR SCHOLARSHIP ASSISTANCE FOR STUDENTS IN NEED
SOCIAL ADVOCATES FOR YOUTH 2447 SUMMERFIELD ROAD SANTA ROSA, CA 95405	94-1711490	501(C)(3)	230,000				TO SUPPORT THE DREAM CENTER

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SWFL CHILDRENS CHARITIES INC 9736 COMMERCE CENTER CT FT MEYERS, FL 33908	26-2302491	501(C)(3)	100,000				IN SUPPORT OF SWFL CHILDREN'S CHARITIES INC 'S 2018 FUND-A-CAUSE
10000 DEGREES 1650 LOS GAMOS DRIVE SUITE 110 SAN RAFAEL, CA 94903	95-3667812	501(C)(3)	360,100				2018-19 CFSC DAF SCHOLARSHIP FUND DISTRIBUTION

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SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	100,000				IN SUPPORT OF PARADISE FIRE RELIEF
ON THE MOVE 780 LINCOLN AVE NAPA, CA 94558	75-3149095	501(C)(3)	85,000				TO SUPPORT THE LAUNCH AND IMPLEMENTATION OF LA PLAZA WHICH WILL IMPROVE ACCESS TO TRAUMA-INFORMED CARE AND COMMUNITY-LED MENTAL HEALTH SERVICES FOR LATINOS IN SONOMA COUNTY

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WOMEN'S RECOVERY SERVICES A UNIQUE PLACE PO BOX 1356 SANTA ROSA, CA 95402	51-0178620	501(C)(3)	76,500				FOR CAPITAL CAMPAIGN CONSTRUCTION FUND
BURBANK HOUSING DEVELOPMENT CORPORATION 790 SONOMA AVENUE SANTA ROSA, CA 95404	94-2837785	501(C)(3)	75,000				TO SUPPORT THE DEVELOPMENT OF A CROSS-SECTOR LEADERSHIP GROUP TO ADVOCATE IN FAVOR OF HOUSING THROUGH SONOMA COUNTY

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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 HALL
SONOMA COUNTY ECONOMIC DEVELOPMENT BOARD FOUNDATION 141 STONY CIRCLE SUITE 110 SANTA ROSA, CA 95401	94-3397043	501(C)(3)	62,000				TO SUPPORT THE COMMUNITY FOUNDATION AND CREATIVE SONOMA ARTS EDUCATION COLLABORATIVE GRANTS PROGRAM

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

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REDWOOD CREDIT UNION COMMUNITY FUND INC 3033 CLEVELAND AVENUE SANTA ROSA, CA 95403	47-5084832	501(C)(3)	60,085				TO SUPPORT THE NORTH BAY FIRE RELIEF FUND 2017
WINDSOR ROTARY COMMUNITY FOUNDATION 414 AVIATION BLVD SANTA ROSA, CA 95403	68-0185065	501(C)(3)	65,000				TO SUPPORT FUND-A- NEED TO RISE UP SONOMA

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NORTH COAST BUILDERS EXCHANGE COMMUNITY FUND 1030 APOLLO WAY SANTA ROSA, CA 95407	68-0454441	501(C)(3)	50,000				IN SUPPORT OF THE WORKFORCE DEVELOPMENT PROGRAM
SRJC FOUNDATION 1501 MENDOCINO AVENUE SANTA ROSA, CA 954014395	94-1735861	501(C)(3)	60,000				IN SUPPORT OF THE TRADE TECH DEPARTMENT

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SANTA ROSA MEMORIAL HOSPITAL FOUNDATION 101 BROOKWOOD AVE STE 202 SANTA ROSA, CA 95404	94-1231005	501(C)(3)	110,000				IN SUPPORT OF THE NEW 3-D MAMMOGRAM MACHINE
FOUNDATION FOR INTERDISCIPLINARY STUDIES PO BOX 388 CARDIFF BY THE SEA, CA 92007	77-0086554	501(C)(3)	50,000				IN SUPPORT OF STUDENT-CENTERED INTERDISCIPLINARY LEARNING SENIOR PROJECTS AND INDUSTRY AND PROFESSIONAL CONNECTED LEARNING IN THE SPIRIT OF CAL POLY'S CAED'S FOUNDING DEAN GEORGE HASSLEIN

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ROSELAND CHARTER SCHOOL 1691 BURBANK AVE SANTA ROSA, CA 95407	43-2029144	501(C)(3)	50,000				FOR THE FIVE RECIPIENTS OF THE GAINING GROUND GRADUATE EDUCATION SCHOLARSHIP
CANINE COMPANIONS FOR INDEPENDENCE INC PO BOX 446 SANTA ROSA, CA 95402	94-2494324	501(C)(3)	75,000				IN SUPPORT OF THE NORTHWEST SERVICE CENTER

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SANTA ROSA SUNRISE ROTARY FOUNDATION PO BOX 14953 SANTA ROSA, CA 95402	68-0339109	501(C)(3)	60,000				FOR JAPAN RELIEF FUND (\$25,000 00) AND ROTARY DISTRICT #5130 FIRE RELIEF FUND (\$25,000 00)
ONE CLIMB 5237 BISCHOFF AVE SAINT LOUIS, MO 63110	82-1959606	501(C)(3)	50,000				TO FUND THE INSTALLATION OF A CLIMBING WALL AT THE BOYS AND GIRLS CLUB OF GREATER SANTA ROSA IN 2019 AND IN HONOR OF THOMAS AND BRITTANY EAMES

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)	195,000				TO FUND ADMINISTRATIVE SUPPORT FOR REBUILDING OUR COMMUNITY SONOMA COUNTY (ROC)
YWCA OF SONOMA COUNTY PO BOX 3506 SANTA ROSA, CA 95402	94-2347428	501(C)(3)	70,000				TO SUPPORT THE REAL ESTATE ACQUISITION FOR THE PURCHASE OF 136 ORANGE STREET IN SANTA ROSA TO EXPAND THE SAFE HOUSE SHELTER

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SONOMA ECOLOGY CENTER PO BOX 1486 ELDRIDGE, CA 95431	94-3136500	501(C)(3)	64,000				TO SUPPORT RESTORING FULL ACCESS TO TRAILS AT SUGERLOAF RIDGE STATE PARK THAT WERE IMPACTED BY THE FIRES
HEALDSBURG EDUCATION FOUNDATION PO BOX 1668 HEALDSBURG, CA 95448	68-0051242	501(C)(3)	47,000				TO COVER COSTS FOR AM/FM 17/18 AND LAST YEAR'S MEET THE MASTERS, PLUS 2018 AM/FM (\$8,760) AND THIS YEAR'S MEET THE MASTERS (\$10,000) REMAINING AMOUNT IS FOR GENERAL OPERATING SUPPORT

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MIRACLE LEAGUE NORTH BAY 40 FOURTH STREET PETALUMA, CA 94952	81-2922763	501(C)(3)	40,000				FOR MIRACLE LEAGUE PETALUMA BALLFIELD
WARNECKE INSTITUTE INC 13427 CHALK HILL ROAD HEALDSBURG, CA 95448	20-4401473	501(C)(3)	40,000				FOR GENERAL OPERATING SUPPORT

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HUMANE SOCIETY OF SONOMA COUNTY PO BOX 1296 SANTA ROSA, CA 95402	94-6001315	501(C)(3)	45,000				TO SUPPORT SONOMA HUMANE SOCIETY'S LOW-INCOME SPAY NEUTER CLINIC
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 TARGETED TO LOW-INCOME RESIDENTS IN THE ROSELAND COMMUNITY

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THE LIVING ROOM CENTER INC 1207 CLEVELAND AVENUE SANTA ROSA, CA 95401	58-2675876	501(C)(3)	81,000				FOR GENERAL OPERATING SUPPORT
CENTER FOR CLIMATE PROTECTION PO BOX 3785 SANTA ROSA, CA 95402	45-0485495	501(C)(3)	45,000				TO SUPPORT GENERAL OPERATIONS (\$20,000 00) AND TO SUPPORT THE SCHOOLS PROGRAM (\$10,000 00)

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BECOMING INDEPENDENT 1425 CORPORATE CENTER PARKWAY SANTA ROSA, CA 95407	94-2641147	501(C)(3)	55,000				FOR GENERAL OPERATING SUPPORT
LA LUZ CENTER 17560 GREGER STREET SONOMA, CA 95476	68-0228235	501(C)(3)	45,000				TO TRAIN LATINO AND OTHER LOW WAGE EARNERS WITH THE SKILLS NECESSARY TO ALLOW THEM TO SUCCESSFULLY WORK IN THE BUILDING TRADES (GRANT IS CONTINGENT ON HOUSING TRAINING PROJECT MOVING FORWARD)

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BUCK INSTITUTE 8001 REDWOOD BLVD NOVATO, CA 94945	94-3030609	501(C)(3)	30,000				FOR GENERAL OPERATING SUPPORT
NORTHERN CALIFORNIA CENTER FOR WELL-BEING 101 BROOKWOOD AVENUE SUITE A SANTA ROSA, CA 95404	93-1144835	501(C)(3)	30,000				FOR GENERAL OPERATING SUPPORT

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FOREST UNLIMITED PO BOX 506 FORESTVILLE, CA 95436	94-3263110	501(C)(3)	40,000				FOR FRIENDS OF FELTA CREEK
ROCKEFELLER PHILANTHROPY ADVISORS 6 WEST 48TH STREET 10TH FLOOR NEW YORK, NY 10036	13-3615533	501(C)(3)	30,000				TO SUPPORT THE FUND FOR SHARED INSIGHT'S LISTEN FOR GOOD INITIATIVE

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COMMITTEE ON THE SHELTERLESS PO BOX 2744 PETALUMA, CA 949532744	68-0176855	501(C)(3)	109,540				FOR GENERAL OPERATING SUPPORT
LUTHERAN SOCIAL SERVICES OF NORTHERN CALIFORNIA 1465 CIVIC COURT BUILDING D SUITE 810 CONCORD, CA 94520	94-1659687	501(C)(3)	30,000				TO SUPPORT THE UNMET NEEDS OF OUR MOST VULNERABLE COMMUNITY MEMBERS POST-FIRES

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WARREN COUNTY HISTORICAL SOCIETY 102 WEST WALTON ST WARRENTON, MO 63383	23-7331657	501(C)(3)	29,545				FOR DIGITAL AND AUDIOVISUAL MUSEUM SUPPORT
POSITIVE IMAGES 200 MONTGOMERY DRIVE SUITE C SANTA ROSA, CA 95404	94-3137845	501(C)(3)	42,004				FOR GENERAL OPERATING SUPPORT

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NAPA VALLEY COMMUNITY FOUNDATION 3299 CLAREMONT WAY SUITE 2 NAPA, CA 94558	68-0349777	501(C)(3)	41,458				FOR NAPA VALLEY DISASTER RELIEF FUND
ANALY ALUMNI ASSOCIATION 8140 FRANKEL LANE SEBASTOPOL, CA 95472	37-1642167	501(C)(3)	36,167				TO SUPPORT ATHLETIC ENHANCEMENTS AT ANALY HIGH SCHOOL

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DOVETAIL LEARNING 825 GRAVENTEIN HWY N SUITE 2 SEBASTOPOL, CA 95472	68-0673821	501(C)(3)	25,000				TO SUPPORT THE EXPANSION OF TOOLBOX PROJECT IN SONOMA COUNTY
ROTARY DISTRICT 5130 FIRE RELIEF FUND PO BOX 2921 CLEARLAKE, CA 95422	46-1149482	501(C)(3)	25,000				FOR SONOMA COUNTY SMALL BUSINESS FIRE RECOVERY ASSISTANCE

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TLC CHILD AND FAMILY SERVICES PO BOX 2079 SEBASTOPOL, CA 954732079	68-0008634	501(C)(3)	50,000				TO PROVIDE UNRESTRICTED FUNDS
KIDS FOR THE KINGDOM PO BOX 85 GRATON, CA 95444	68-0421846	501(C)(3)	25,000				FOR GENERAL OPERATING SUPPORT

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REDWOOD EMPIRE FOOD BANK 3990 BRICKWAY BLVD SANTA ROSA, CA 95403	68-0121855	501(C)(3)	110,000				TO SUPPORT EMPTY BOWLS PROGRAM
SONOMA COUNTY HORSE COUNCIL PO BOX 7157 SANTA ROSA, CA 95407	68-0400194	501(C)(3)	25,000				TO SUPPORT FIRE RECOVERY EFFORTS

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COURT APPOINTED SPECIAL ADVOCATES OF SONOMA COUNTY INC PO BOX 1418 KENWOOD, CA 95452	68-0404770	501(C)(3)	30,000				FOR GENERAL OPERATING SUPPORT
ICVAW DBA EVERYWOMAN EVERYWHERE 3135 KENNEDY BLVD SUITE 191 NORTH BERGEN, NJ 07047	47-3272024	501(C)(3)	25,000				FOR GENERAL OPERATING SUPPORT AND IN HONOR OF CHARLES CLEMENTS MD

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RUSSIAN RIVERKEEPER PO BOX 1335 HEALDSBURG, CA 95448	68-0321117	501(C)(3)	35,000				FOR RECLAMATION PROJECT AND IN MEMORY OF MERRITT SHER
SCHOOL FOR ADVANCED RESEARCH PO BOX 2188 SANTA FE, NM 87504	85-0125045	501(C)(3)	25,000				IN SUPPORT OF THE VOICES OF THE RAINFOREST PROJECT

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DAILY HOPE MINISTRIES PO BOX 80448 RANCHO SANTA MARGARITA, CA 92688	26-3854748	501(C)(3)	25,000				FOR GENERAL OPERATING SUPPORT
FOCUSING PHILANTHROPY 1637 16TH STREET SANTA MONICA, CA 90404	45-2405071	501(C)(3)	25,000				TOWARD SEVA FOUNDATION WORLD SIGHT DAY MATCHING DONATION

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NPR FOUNDATION 1111 NORTH CAPITOL STREET NE WASHINGTON, DC 20002	52-1795789	501(C)(3)	25,000				FOR 2019 GENERAL OPERATING EXPENSES
LOMI SCHOOL FOUNDATION 534 B STREET SANTA ROSA, CA 95401	94-2495238	501(C)(3)	25,000				TO PROVIDE INDIVIDUAL AND FAMILY PSYCHOTHERAPY TO ADULTS AND CHILDREN IMPACTED BY THE WILDFIRE OF 2018

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CHILDREN'S MUSEUM OF SONOMA COUNTY 1835 WEST STEELE LANE SANTA ROSA, CA 95403	20-3496878	501(C)(3)	48,000				FOR GENERAL OPERATING SUPPORT
PEPPERDINE UNIVERSITY 24255 PACIFIC COAST HWY MALIBU, CA 90263	95-1644037	501(C)(3)	25,000				FOR PEPPERDINE STRONG FUND FOR FIRE RELIEF

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REBUILD NORTH BAY FOUNDATION 144 WEST NAPA ST SONOMA, CA 95476	82-3266893	501(C)(3)	25,000				FOR BERRY BROOK SUBDIVISION WALL REPAIR
SWEETWATER SPECTRUM INC 369 FIFTH STREET WEST SONOMA, CA 95476	27-0184641	501(C)(3)	25,000				FOR GENERAL OPERATING SUPPORT

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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)	25,000				FOR GENERAL OPERATING SUPPORT
SONOMA LAND TRUST 822 FIFTH STREET SANTA ROSA, CA 95404	51-0197006	501(C)(3)	42,500				FOR GENERAL OPERATING SUPPORT

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

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ROSELAND CINCO DE MAYO PO BOX 15156 SANTA ROSA, CA 95402	46-5236388	501(C)(3)	23,065				TO SUPPORT 2018 ROSELAND CINCO DE MAYO CELEBRATION
MUSEUM OF SONOMA COUNTY 425 SEVENTH STREET SANTA ROSA, CA 95401	94-2506626	501(C)(3)	40,000				GENERAL OPERATING SUPPORT

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SONOMA VALLEY MENTORING ALLIANCE PO BOX 721 SONOMA, CA 95476	68-0429128	501(C)(3)	20,000				FOR GENERAL OPERATING SUPPORT
INSTITUTE OF ECOLOGICAL DESIGN 9890 BODEGA HWY SEBASTOPOL, CA 95472	46-3142317	501(C)(3)	20,000				TO PROVIDE SUPPORTIVE SERVICES TO THE MOSKITO PEOPLE OF NORTH EASTERN NICARAGUA TO FACILITATE A COMMUNITY DRIVEN COMPREHENSIVE FOOD SYSTEM ANALYSIS OF THE REGION, TO CONDUCT A PILOT PROJECT OF SUSTAINABLE DEVELOPMENT, ETC

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THE LEATHERBACK TRUST 5736 KINLOCK PLACE FORT WAYNE, IN 46835	22-3741033	501(C)(3)	20,000				TO SUPPORT THE FIELD STATION AND THE TURTLE RESEARCH BEING DONE IN COSTA RICA
HABITAT FOR HUMANITY OF SONOMA COUNTY 3273 AIRWAY DR STE E SANTA ROSA, CA 95403	68-0041170	501(C)(3)	15,500				TO ASSIST IN THE BUILDING OF A HOME IN GRATON

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FACE TO FACE SONOMA COUNTY AIDS NETWORK 873 SECOND STREET SANTA ROSA, CA 95404	68-0052664	501(C)(3)	20,000				TO SUPPORT FACE TO FACE'S AGING WITH HIV CASE MANAGEMENT SERVICES
UC BERKELEY FOUNDATION - GIFT OPERATIONS 1995 UNIVERSITY AVE SUITE 401 BERKELEY, CA 947041058	94-6090626	501(C)(3)	35,000				TO SUPPORT GRANTS TO ESTABLISH THE PURDOM FAMILY FUND AT THE UC BERKELEY FOUNDATION FOR SCHOLARSHIPS TO BE AWARDED TO STUDENTS FROM SONOMA COUNTY ATTENDING UC BERKELEY

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ST ANDREW PRESBYTERIAN CHURCH 16290 ARNOLD DR SONOMA, CA 95476	51-0158108	501(C)(3)	20,000				FOR CAPITAL CAMPAIGN
BELLEVUE UNION SCHOOL DISTRICT 3150 EDUCATION DRIVE SANTA ROSA, CA 95407	58-2129727	GOV'T	62,240				FOR TECHNOLOGIST SALARY (3 MONTHS, \$6,560/MO X 3=\$19,680 00)

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SANTA ROSA CHILDREN'S CHORUS PO BOX 9389 SANTA ROSA, CA 95405	68-0165953	501(C)(3)	33,700				FOR GENERAL OPERATING SUPPORT
FARM BUREAU FOUNDATION OF SONOMA COUNTY 3589 WESTWIND BLVD SANTA ROSA, CA 95403	75-3187688	501(C)(3)	15,000				TO SUPPORT SCHOLARSHIP FUNDS

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BOYS AND GIRLS CLUBS OF SONOMA VALLEY 100 W VERANO AVENUE SONOMA, CA 95476	94-1579901	501(C)(3)	25,000				TO SPONSOR 2018 BOYS AND GIRLS CLUB GOLF TOURNAMENT
LANDPATHS 618 4TH ST 217 SANTA ROSA, CA 95404	68-0328590	501(C)(3)	40,000				TO SUPPORT THE IN OUR OWN BACK YARDS PROGRAM

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BURBANK HOUSING MANAGEMENT CORPORATION 790 SONOMA AVENUE SANTA ROSA, CA 95404	68-0328717	501(C)(3)	15,000				TO COVER THE TEMPORARY HOUSING COSTS FOR JOURNEY'S END RESIDENTS AWAITING PERMANENT HOUSING
SONOMA VALLEY MUSEUM OF ART PO BOX 322 SONOMA, CA 95476	68-0409459	501(C)(3)	15,000				TO SUPPORT THE ART REWARDS THE STUDENT PROGRAM

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SANTA ROSA SYMPHONY 50 SANTA ROSA AVENUE STE 410 SANTA ROSA, CA 95404	94-6134075	501(C)(3)	50,000				TO SUPPORT THE SIMPLY STRINGS PROGRAM
KNIGHTS OF INDULGENCE THEATRE UNITED STATES 461 SEBASTOPOL AVENUE SANTA ROSA, CA 95401	03-0461324	501(C)(3)	25,000				TO SUPPORT IMAGINISTS' ION PROJECT

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COMMUNITY SUPPORT NETWORK 1410 GUERNEVILLE RD SUITE 14 SANTA ROSA, CA 95403	94-2159583	501(C)(3)	15,000				FOR GENERAL OPERATING SUPPORT
TIDES FOUNDATION THE PRESIDIO- PO BOX 29903 SAN FRANCISCO, CA 94129	51-0198509	501(C)(3)	15,000				TO SUPPORT THE MOVEMENT VOTER FUND

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COMMUNITY HOUSING SONOMA COUNTY 131-A STONY CIRCLE SUITE 500 SANTA ROSA, CA 95401	68-0336461	501(C)(3)	15,000				IN SUPPORT OF THE TINY HOMES PROJECT
CHRIS 180 INC 1017 FAYETTEVILLE ROAD SUITE B ATLANTA, GA 30316	58-1430183	501(C)(3)	15,000				FOR GENERAL OPERATING SUPPORT AND IN HONOR OF KATHY COLBENSON

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ST JAMES BY-THE-SEA EPISCOPAL CHURCH 743 PROSPECT STREET LA JOLLA, CA 92037	95-1792756	501(C)(3)	14,000				FOR GENERAL OPERATING SUPPORT
SUTTER MEDICAL CENTER OF SANTA ROSA 30 MARK WEST SPRINGS ROAD SANTA ROSA, CA 95403	94-6187756	501(C)(3)	13,807				TO PURCHASE TECHNOLOGY THAT WILL BE USED TO TEACH MEDICAL STUDENTS HOW TO DO ULTRASOUND

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LATINO SERVICE PROVIDERS 930 SHILOH RD BLDG 40 SUITE A WINDSOR, CA 95492	46-4107589	501(C)(3)	13,000				TO SUPPORT LSP TESTIMONIOS PROJECT AND REDUCE STIGMA IN THE LATINO COMMUNITY AROUND MENTAL HEALTH
NORTH BAY CHILDRENS CENTER INC 932 C STREET NOVATO, CA 94949	94-3024246	501(C)(3)	13,000				TO SUPPORT THE PRESCHOOL ACCELERATED ENGLISH PROGRAM AT NBCC'S FITCH MOUNTAIN CAMPUS WITH TEACHER TRAINING AND IMPLEMENTATION

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REACH FOR HOME 443 HUDSON STREET HEALDSBURG, CA 95448	47-2692320	501(C)(3)	23,000				TO SUPPORT OUR PERMANENT SUPPORTIVE HOUSING PROGRAM
VITAL IMMIGRANT DEFENSE ADVOCACY AND SERVICE 576 B STREET SUITE 1C SANTA ROSA, CA 95401	90-1019558	501(C)(3)	13,000				TO PROVIDE LOW/NO COST IMMIGRATION LEGAL SERVICES TO THOSE IN NEED

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BOYS AND GIRLS CLUBS OF GREATER SANTA ROSA INC PO BOX 2392 SANTA ROSA, CA 95405	94-1498233	501(C)(3)	20,372				IN SUPPORT OF CAFETERIA REMODEL
GEYSERVILLE UNIFIED SCHOOL DISTRICT 1300 MOODY LANE GEYSERVILLE, CA 95441	37-1737941	GOV'T	12,000				TO SUPPORT THE CONSTRUCTION AND INDUSTRIAL ARTS PROGRAM AT GEYSERVILLE NEW TECH ACADEMY

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PFLAG NAPA PO BOX 2661 NAPA, CA 94558	95-3750694	501(C)(3)	11,400				FOR GENERAL OPERATING SUPPORT
SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVENUE MONTGOMERY, AL 36104	63-0598743	501(C)(3)	20,000				TO SUPPORT ORGANIZATIONAL EFFORTS TO STOP HATE GROUPS IN THE US

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HAND FAN MUSEUM 309 HEALDSBURG AVE HEALDSBURG, CA 95448	51-0429747	501(C)(3)	50,000				FOR GENERAL OPERATING SUPPORT
UNIVERSITY OF MAINE AT AUGUSTA 46 UNIVERSITY DRIVE AUGUSTA, ME 04330	26-2278252	501(C)(3)	10,000				TO SUPPORT STUDENT TRAVEL, ARCHITECTURE PROGRAM

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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 FUND-A-NEED FOR THE SUSTAINABLE OCEAN ALLIANCE
BISHOP JOHN T WALKER SCHOOL FOR BOYS 1801 MISSISSIPPI AVENUE SE WASHINGTON, DC 20020	53-0196608	501(C)(3)	10,000				FOR GENERAL OPERATING SUPPORT

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PRESENTATION SCHOOL 20872 BROADWAY SONOMA, CA 95476	91-1829138	501(C)(3)	10,000				FOR GENERAL OPERATING SUPPORT
HEALDSBURG ELEMENTARY SCHOOL PARENTS CLUB 400 FIRST STREET HEALDSBURG, CA 95448	68-0289254	501(C)(3)	10,000				TO SUPPORT NOCHE DE FIESTA GENERAL OPERATING SUPPORT

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ST EUGENE'S CATHEDRAL SCHOOL 300 FARMERS LANE SANTA ROSA, CA 95405	94-1565933	501(C)(3)	10,000				FOR FINANCIAL ASSISTANCE FOR STUDENT FAMILIES
EVERYTOWN FOR GUN SAFETY SUPPORT FUND INC PO BOX 3886 NEW YORK, NY 10017	26-1598353	501(C)(3)	20,000				TO SUPPORT THE MISSION GOALS OF THE EVERYTOWN FOR GUN SAFETY SUPPORT FUND 501C3 ORGANIZATION

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AUTISM TREE PROJECT INC 2845 NIMITZ BLVD SUITE C SAN DIEGO, CA 92106	71-0942573	501(C)(3)	10,000				TO SUPPORT THE GENERAL FUNDS
BELOS CAVALOS INC 88 KING STREET 1205 SAN FRANCISCO, CA 94107	47-3009464	501(C)(3)	15,000				IN SUPPORT OF THE EQUINE ASSISTED PROGRAMS

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CITIZENS FOR RESPONSIBILITY AND ETHICS IN WASHINGTON AKA CREW 455 MASSACHUSETTS AVE NW SUITE 600 WASHINGTON, DC 20001	03-0445391	501(C)(3)	10,000				FOR GENERAL OPERATING SUPPORT
ARCHIE BRAY FOUNDATION 2915 COUNTRY CLUB AVE HELENA, MT 59602	81-0284022	501(C)(3)	10,000				IN SUPPORT OF BUILDING AND MATERIALS FOR SODA FIRE KILN

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ST MARK LUTHERAN CHURCH 4325 MAYETTE AVENUE SANTA ROSA, CA 95405	94-1731992	501(C)(3)	10,000				TO SUPPORT THE NICARAGUA MISSION (2018)
ILLINOIS INSTITUTE OF TECHNOLOGY 7565 SOLUTION CENTER CHICAGO, IL 606777005	36-2170136	501(C)(3)	10,000				FOR LUCAS DANIEL LECTURE ENDOWMENT PLEASE NOTIFY JOHN LANKFORD ABOUT THIS GIFT SO IT CAN BE PROPERLY DIRECTED

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ROSELAND SCHOOL DISTRICT 1691 BURBANK AVENUE SANTA ROSA, CA 95407	36-4766964	501(C)(3)	21,707				ROSELAND COLLEGIATE PREP
FOUNDATION FOR NATIONAL PROGRESS DBA MOTHER JONES 222 SUTTER STREET STE 600 SAN FRANCISCO, CA 94108	94-2282759	501(C)(3)	10,000				THIS GRANT MAY BE USED AS A CHALLENGE GRANT TO HELP MEET THE FUNDRAISING OBJECTIVES FOR THE DISINFORMATION CAMPAIGN GOOD LUCK!

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MIDDLE EAST CHILDREN'S ALLIANCE 1101 8TH STREET BERKELEY, CA 94710	94-3074600	501(C)(3)	10,000				FOR GENERAL OPERATING SUPPORT OR THE AREA MOST IN NEED
SONOMA STATE UNIVERSITY 1801 E COTATI AVENUE STEVENSON HALL ROOM 1054 ROHNERT PARK, CA 94928	68-0338225	501(C)(3)	10,000				TO SUPPORT A PROFESSOR FELLOWSHIP IN THE DEPARTMENT OF ECONOMICS

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LUTHER BURBANK MEMORIAL FOUNDATION 50 MARK WEST SPRINGS ROAD SANTA ROSA, CA 95403	94-2581084	501(C)(3)	27,500				FOR THE MARIACHI PROGRAM FOR GENERAL OPERATING SUPPORT
AMERICAN OVERSIGHT INC 1030 15TH ST NW SUITE B255 WASHINGTON, DC 20005	81-5294830	501(C)(3)	15,000				FOR OPERATING SUPPORT

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CORAZON HEALDSBURG PO BOX 1004 HEALDSBURG, CA 95448	27-3044487	501(C)(3)	41,500				FOR GENERAL OPERATING SUPPORT
CAREER TECHNICAL EDUCATION FOUNDATION SONOMA COUNTY 1030 APOLLO WAY SUITE 200 SANTA ROSA, CA 95407	46-5607272	501(C)(3)	21,500				IN SUPPORT OF THE CONSTRUCTION SUSTAINABILITY PROGRAM AT HEALDSBURG HIGH

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WIKIMEDIA FOUNDATION INC 1 MONTGOMERY ST SUITE 1600 SAN FRANCISCO, CA 94104	20-0049703	501(C)(3)	10,000				TO SUPPORT OPERATIONS
CHOP'S TEEN CLUB AKA DEMEO TEEN CLUB INC 509 ADAMS STREET SANTA ROSA, CA 95401	91-1859251	501(C)(3)	20,500				FOR ANNUAL FUNDRAISER GENERAL OPERATING SUPPORT

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KQED INC 2601 MARIPOSA STREET SAN FRANCISCO, CA 94110	94-1241309	501(C)(3)	10,000				FOR OUR ANNUAL GIFT FOR GENERAL OPERATING EXPENSES
B-RAD FOUNDATION 295 MURPHY AVE SEBASTOPOL, CA 95472	47-3536926	501(C)(3)	10,000				FOR GENERAL OPERATING SUPPORT TO AID B-RAD FOUNDATION IN EDUCATING YOUTH AND THEIR FAMILIES ABOUT STEWARDSHIP OF OUR LAND AND OUR SEAS, AND IN MEMORY OF BRAD PARKER

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AMBULATORY SURGERY ACCESS COALITION DBA OPERATION ACCESS 1119 MARKET STREET SUITE 400 SAN FRANCISCO, CA 94103	94-3180356	501(C)(3)	10,000				TO PROVIDE SURGERIES AND SPECIALTY PROCEDURES FOR UNDOCUMENTED PEOPLE IN SONOMA COUNTY
BUCKELEW PROGRAMS 1401 LOS GAMOS DRIVE SUITE 240 SAN RAFAEL, CA 94903	23-7088977	501(C)(3)	10,000				TO EXPAND THE EMERGENCY RENTAL ASSISTANCE FUND FOR RENTS AND RENTAL DEPOSITS

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CALIFORNIA PARENTING INSTITUTE 3650 STANDISH AVENUE SANTA ROSA, CA 95407	94-2541640	501(C)(3)	22,500				TO PROVIDE EMERGENCY FUNDING FOR MEDICAL CO-PAYS, HOUSING AND RELATED EXPENSES FOR FAMILIES WITH CHILDREN
CERES COMMUNITY PROJECT 7351 BODEGA AVENUE SEBASTOPOL, CA 95472	26-2250997	501(C)(3)	15,000				TO PROVIDE MEDICALLY TAILORED MEALS TO VERY LOW INCOME PATIENTS WITH SERIOUS ILLNESS

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COUNCIL ON AGING SERVICES FOR SENIORS 30 KAWANA SPRINGS RD SANTA ROSA, CA 95404	94-6138714	501(C)(3)	10,000				TO PROVIDE HOME DELIVERED MEALS TO FRAIL ISOLATED SENIORS
COVIA COMMUNITIES 2185 N CALIFORNIA BLVD 215 WALNUT CREEK, CA 94596	94-6130471	501(C)(3)	10,000				TO PROVIDE EMERGENCY FUNDING FOR LOW-INCOME SENIORS

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FISH OF THE SANTA ROSA AREA INC PO BOX 4291 SANTA ROSA, CA 95402	51-0159551	501(C)(3)	15,000				TO SUPPORT FISH'S FOOD PANTRY
FOOD FOR THOUGHT PO BOX 1608 FORESTVILLE, CA 95436	68-0181095	501(C)(3)	10,000				TO PROVIDE NUTRITIOUS FOOD TO 50 LOW-INCOME SONOMA COUNTY RESIDENTS AFFECTED BY CONGESTIVE HEART FAILURE

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

(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
FRIENDS IN SONOMA HELPING PO BOX 507 SONOMA, CA 95476	23-7441289	501(C)(3)	10,000				TO PARTIALLY SUPPORT RENTAL ASSISTANCE TO NEEDY SONOMA VALLEY RESIDENTS
HEALDSBURG SHARED MINISTRIES PO BOX 1646 HEALDSBURG, CA 95448	94-2838706	501(C)(3)	10,000				TO PROVIDE FREE FOOD TO NEEDY FAMILIES IN THE HEALDSBURG/GEYSERVILLE AREA

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

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INTERFAITH SHELTER NETWORK 3850 MONTGOMERY DR SANTA ROSA, CA 95405	68-0222942	501(C)(3)	10,000				TO PROVIDE INTERIM HOUSING AND PERMANENT HOUSING PLACEMENT FOR SONOMA COUNTY HOMELESS POPULATION
JEWISH COMMUNITY FREE CLINIC OF SONOMA COUNTY 50 MONTGOMERY DR SANTA ROSA, CA 95404	94-3386103	501(C)(3)	15,000				TO SUPPORT THE JCFC'S FREE MEDICATIONS, VACCINES, AND LABS DIRECT AID PROGRAM

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

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PETALUMA ECUMENICAL PROPERTIES 951 PETALUMA BLVD SOUTH PETALUMA, CA 94952	94-2565270	501(C)(3)	10,000				TO PROVIDE EMERGENCY FUNDING TO RESIDENTS IN NEED OF FOOD, SHELTER, OR MEDICAL FINANCIAL AID
PETALUMA PEOPLE SERVICES CENTER 1500 PETALUMA BLVD SOUTH PETALUMA, CA 94952	94-2271299	501(C)(3)	10,000				TO SUPPORT THE MEALS ON WHEELS PROGRAM FOR AT-RISK SENIORS

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

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RIVER TO COAST CHILDREN'S SERVICES PO BOX 16 GUERNEVILLE, CA 954460016	94-2378459	501(C)(3)	10,000				TO PROVIDE EMERGENCY FOOD, DIAPERS, AND HYGIENE ITEMS TO WEST COUNTY FAMILIES
SONOMA OVERNIGHT SUPPORT PO BOX 748 SONOMA, CA 95476	03-0483033	501(C)(3)	10,000				TO PROVIDE FOOD AND SERVICES TO THE HOMELESS IN SONOMA AND SONOMA VALLEY

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

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SONOMA STATE UNIVERSITY SEAWOLF SCHOLARS PROGRAM 1801 EAST COTATI AVE ROHNERT PARK, CA 94928	68-0338225	501(C)(3)	10,000				TO PROVIDE ESSENTIAL SERVICES TO CURRENT AND FORMER FOSTER YOUTH ENROLLED AT SONOMA STATE UNIVERSITY
SONOMA VALLEY COMMUNITY HEALTH CENTER 19270 SONOMA HWY SONOMA, CA 95476	68-0286382	501(C)(3)	10,000				TO PROVIDE MEDICAL TRANSPORTATION TO UNDERSERVED RESIDENTS OF SONOMA VALLEY

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

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SIDE BY SIDE FORMERLY SUNNY HILLS SERVICES 300 SUNNY HILLS DRIVE BLDG 5 SAN ANSELMO, CA 94960	94-1156301	501(C)(3)	25,000				TO PROVIDE EMERGENCY FUNDING FOR OUR SONOMA CLIENTS RECEIVING MENTAL HEALTH SERVICES
VOLUNTEER CENTER OF SONOMA COUNTY INC 153 STONY CIRCLE SUITE 100 SANTA ROSA, CA 95401	94-1751375	501(C)(3)	10,000				TO SUPPORT THE 211 PROGRAM

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

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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)	10,000				TO ENABLE VICTIMS OF SEXUAL ASSAULT TO ACCESS EMERGENCY SHELTER, FOOD AND TRANSPORTATION
WEST COUNTY COMMUNITY SERVICES PO BOX 325 GUERNEVILLE, CA 95446	94-2277740	501(C)(3)	15,000				TO PROVIDE BETTER AND MORE MEALS TO LOW-INCOME AND HOMELESS SENIORS

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

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SONOMA COUNTY REGIONAL PARKS FOUNDATION 2300 COUNTY CENTER DRIVE 120A SANTA ROSA, CA 95403	68-0421813	501(C)(3)	25,500				TO SUPPORT "SCIENCE, SCIENCE, EVERYWHERE" CUSTOM BUNDLES OF THREE ENVIRONMENTAL EDUCATION EXPERIENCES FOR 10 SCHOOLS
PETALUMA HEALTH CENTER 1179 N MCDOWELL BLVD PETALUMA, CA 94954	68-0437840	501(C)(3)	10,000				TO SUPPORT TRAUMA-INFORMED BEHAVIORAL HEALTH CARE FOR LOW-INCOME, UNDERSERVED INDIVIDUALS IN SONOMA COUNTY

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

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LOS CIEN SONOMA COUNTY INC POBOX 105 GUERNEVILLE, CA 95446	47-4474273	501(C)(3)	15,000				FOR GENERAL OPERATING SUPPORT
NORTH BAY ORGANIZING PROJECT PO BOX 503 GRATON, CA 95444	45-2369887	501(C)(3)	17,500				TO SUPPORT THE LATINX STUDENT CONGRESS

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

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LEONARDO DICAPRIO FOUNDATION PO BOX 921 CULVER CITY, CA 90232	81-2932097	501(C)(3)	10,000				IN SUPORT OF THEIR 20TH ANNIVERSARY CELEBRATION, TO FUND THEIR CRITICAL ENVIRONMENTAL WORK
SONOMA COUNTY HUMAN SERVICES DEPARTMENT PO BOX 1539 SANTA ROSA, CA 95402	94-6000539	509(A)(1)	10,000				FOR CARE ACCESS FOR LGBTQI OLDER ADULTS PROJECT

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

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OUR FAMILY COALITION 1385 MISSION STREET SAN FRANCISCO, CA 94103	94-3261786	501(C)(3)	10,000				FOR NORTH BAY LGBTQI FAMILY FORMATION SYMPOSIUM AND PARENT LEADERSHIP PROGRAM
UPVALLEY FAMILY CENTERS OF NAPA COUNTY 1500 CEDAR ST CALISTOGA, CA 94515	80-0023012	501(C)(3)	10,000				IN SUPPORT OF THE EARLY CHILDHOOD EDUCATION PROGRAM AT THE CALISTOGA CENTER AND IN LOVING MEMORY OF CLAIR AND CLAIRE DAVIS

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

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SALVATION ARMY - SANTA ROSA 93 STONY CIRCLE SANTA ROSA, CA 95401	94-1156347	501(C)(3)	10,000				IN SUPPORT OF THE DOUBLE PUNCHES BOXING CLUB (\$5,000) AND THE TUTOR AND MENTORING PROGRAM AT THE SANTA ROSA CORP (\$5,000)
WILD FARM ALLIANCE PO BOX 2570 WATSONVILLE, CA 95077	20-0195670	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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LIFEHOUSE INC 899 NORTHGATE DRIVE SUITE 500 SAN RAFAEL, CA 94903	94-6050196	501(C)(3)	10,000				FOR GENERAL OPERATING SUPPORT
NORTH VALLEY COMMUNITY FOUNDATION 240 MAIN STREET SUITE 260 CHICO, CA 95928	68-0161455	501(C)(3)	41,458				FOR THE CAMP FIRE EVACUATION RELIEF FUND

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

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THE EMERIL LAGASSE FOUNDATION 829 ST CHARLES AVE NEW ORLEANS, LA 70130	42-1536915	501(C)(3)	10,000				FOR CARNIVAL DU VIN
SAVE THE REDWOODS LEAGUE 111 SUTTER STREET 11TH FLOOR SAN FRANCISCO, CA 94104	94-0843915	501(C)(3)	25,000				FOR GENERAL OPERATING SUPPORT

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

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PEDIATRIC DENTAL INITIATIVE OF THE NORTH COAST INC 1380 19TH HOLE DRIVE WINDSOR, CA 95492	34-2012430	501(C)(3)	10,000				FOR GENERAL OPERATING SUPPORT
BOYS & GIRLS CLUBS OF SONOMA-MARIN 1400 NORTH DUTTON AVENUE SUITE 24 SANTA ROSA, CA 95401	68-0309534	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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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
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

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

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TRACE MEDIA INC PO BOX 24532 BROOKLYN, NY 11202	47-4175513	501(C)(3)	10,000				FOR GENERAL OPERATING SUPPORT
INQUIRING SYSTEMS INC 101 BROOKWOOD AVE STE 204 SANTA ROSA, CA 95404	94-2524840	501(C)(3)	9,500				FOR DISTRIBUTION OF FUNDS FOR NURSE-FAMILY PARTNERSHIP PROGRAM

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

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SONOMA COUNTY SHERIFF'S DEPARTMENT 2796 VENTURA AVE SANTA ROSA, CA 95403	94-6000539	GOV'T	8,700				TO SUPPORT THE PURCHASE OF MEDALS FOR STAFF IN RECOGNITION OF THEIR PERFORMANCE DURING THE FIRST HOURS OF THE OCTOBER 2017 FIRES
ST HUBERT'S EPISCOPAL CHURCH 8870 BALDWIN ROAD KIRTLAND HILLS, OH 44060	31-1629166	501(C)(3)	8,200				FOR LIGHTING PROTECTION PACKAGE NEAR THE EVANS ROOM

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

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OCCIDENTAL ARTS AND ECOLOGY CENTER 15290 COLEMAN VALLEY ROAD OCCIDENTAL, CA 95465	68-0359676	501(C)(3)	13,000				WILDLANDS PROGRAM
SEBASTOPOL CENTER FOR THE ARTS 282 S HIGH ST SEBASTOPOL, CA 95472	68-0168638	501(C)(3)	8,000				TO SUPPORT CHILDREN'S PROGRAMS SCA INCLUDING WAGES FOR HIGH SCHOOL STUDENT(S) TO WORK AS ASSISTANTS IN YOUTH PROGRAMS

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

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SONOMA WEST MEDICAL FOUNDATION 245 NORTH MAIN STREET SEBASTOPOL, CA 95472	94-3314210	501(C)(3)	8,000				FOR GENERAL OPERATING SUPPORT
UNIVERSITY OF THE PACIFIC 3601 PACIFIC AVE STOCKTON, CA 95211	94-1156266	501(C)(3)	8,000				TO SUPPORT THE CONSERVATORY FOR PACIFIC HEAVY ENSEMBLE

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

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UNITED WAY OF NORTHERN CALIFORNIA 2280 BENTON DRIVE BUILDING B REDDING, CA 96003	94-1251675	501(C)(3)	13,000				FOR CAMP FIRE ASSISTANCE
ARTSTART 716 BENNETT VALLEY ROAD SANTA ROSA, CA 95404	68-0468124	501(C)(3)	7,628				FOR TWO ART CLASSROOMS - ONE FOR MOSAICS AND ONE FOR PAINTING

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)	7,618				TO SUPPORT THE 'YES WE CAN' SCHOLARSHIP PROGRAM
SUKHASIDDHI FOUNDATION PO BOX 151327 SAN RAFAEL, CA 94915	68-0395959	501(C)(3)	7,500				FOR GENERAL OPERATING SUPPORT

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SCRIPPS COLLEGE 1030 COLUMBIA AVE 2009 CLAREMONT, CA 91711	95-1664123	501(C)(3)	7,500				FOR THE ANNUAL CAMPAIGN (\$5000), FOR THE CLASS OF 1970 SCHOLARSHIP FUND (\$2500)
EXTENDED CHILD CARE COALITION OF SONOMA COUNTY INC 1745 COPPERHILL PARKWAY SANTA ROSA, CA 95403	94-2526630	501(C)(3)	7,500				TO SUPPORT THE COMMUNITY SOIL FOUNDATION'S GARDEN-BASED ENVIRONMENTAL EDUCATION OF THE LARKFIELD COMMUNITY GARDEN AND LEARNING CENTER

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)	7,500				TO SUPPORT A MULTI-DAY ENVIRONMENTAL EDUCATION PROGRAM IN PARTNERSHIP WITH LANDPATHS
TRUST FOR CONSERVATION INNOVATION 405 14TH STREET SUITE 164 OAKLAND, CA 94612	91-2166435	501(C)(3)	7,500				IN SUPPORT OF KITCHEN TABLE ADVISOR'S WORK IN SONOMA COUNTY

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

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EMPIRE COLLEGE FOUNDATION 3035 CLEVELAND AVENUE SANTA ROSA, CA 95403	68-0334006	501(C)(3)	7,500				TO SUPPORT SCHOLARSHIPS FOR DESERVING AND UNDERPRIVELEGED STUDENTS
HEALDSBURG JAZZ FESTIVAL INC PO BOX 266 HEALDSBURG, CA 95448	71-0910474	501(C)(3)	7,000				FOR GENERAL OPERATING SUPPORT

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

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BEREA COLLEGE CPO 2216 BEREA, KY 40404	61-0444650	501(C)(3)	7,000				TO BE USED TOWARD THE PURCHASE OF A NEW ELECTRIC OVAL KILN
CHILDREN'S HUMANITARIAN INTERNATIONAL PO BOX 1735 SEBASTOPOL, CA 95473	27-3280250	501(C)(3)	6,750				TO SUPPORT SCHOOL BUS (\$3,300 00) TO SPONSOR ONE KENYAN CHILD - GIFT OF EDUCATION (\$750 00) TO SUPPORT PARTIAL SCHOLARSHIPS FOR SUMMER (\$2,700 00) AND IN MEMORY OF JULIA ROSE COUGHLAN

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

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HEALDSBURG CENTER FOR THE ARTS 130 PLAZA STREET HEALDSBURG, CA 95448	72-1571075	501(C)(3)	6,500				TO PROVIDE SCHOLARSHIPS FOR NEED-BASED CHILDREN DURING THE HCA SUMMER ART CAMP
FARM TO PANTRY PO BOX 191 HEALDSBURG, CA 95448	46-5321538	501(C)(3)	6,500				TO EXPAND THE DELIVERY WITH DIGNITY PROGRAM "FARMACY CART AND TO PROVIDE IMPORTANT OPERATIONAL SUPPORT

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 PO BOX 159004 SAN FRANCISCO, CA 94115	94-1156528	501(C)(3)	10,500				FOR GENERAL OPERATING SUPPORT
GRANTMAKERS CONCERNED WITH IMMIGRANTS AND REFUGEES PO BOX 1100 SEBASTOPOL, CA 95473	20-2559651	501(C)(3)	10,133				FOR GENERAL OPERATING SUPPORT

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

2018

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 Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
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	1b	
2 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?	2	
3 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		
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a The organization?	5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III	5b	No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a The organization?	6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III	6b	No
7 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	7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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				
1 ELIZABETH BROWN PRESIDENT & CEO	(i)	207,736	30,000	0	12,464	7,466	257,666	0
	(ii)	0	0	0	0	0	0	0
2 W JOHN MULLINEAUX VP OF DEVELOPMENT	(i)	125,399	6,500	0	7,524	19,012	158,435	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.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2018

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

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	28	2,330,329	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)**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.

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

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

COMMUNITY FOUNDATION SONOMA COUNTY

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 ELECTRONICALLY 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

Return Reference	Explanation
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

Return Reference	Explanation
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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT -400,667

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

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

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITY FOUNDATION SONOMA COUNTY

Employer identification number

68-0003212

Part I 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
(1) 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	
(2) 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	
(3) 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
(1) CHARITABLE LEAD TRUST (4)	INVESTMENTS	CA	COMMUNITY FOUNDATION SONOMA COUNTY	T				Yes	
(2) CHARITABLE REMAINDER TRUST (5)	INVESTMENTS	CA	COMMUNITY FOUNDATION SONOMA COUNTY	T				Yes	
(3) 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
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q Yes	
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s 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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

Part VII **Supplemental Information**

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

Return Reference	Explanation