

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
2019
Open to Public Inspection

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

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 \$ 92,857,815

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)	3	17
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	20
6 Total number of volunteers (estimate if necessary)	6	17
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	18,633,970	14,887,819
9 Program service revenue (Part VIII, line 2g)	231,525	2,658
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,203,576	7,516,568
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	78	16,535
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,069,149	22,423,580
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	14,137,738	16,516,326
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)	1,616,609	1,716,121
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 360,519		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,930,517	1,602,369
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	17,684,864	19,834,816
19 Revenue less expenses. Subtract line 18 from line 12	6,384,285	2,588,764
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	163,843,026	184,521,909
21 Total liabilities (Part X, line 26)	6,101,559	4,817,663
22 Net assets or fund balances. Subtract line 21 from line 20	157,741,467	179,704,246

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: 2020-11-06
ELIZABETH BROWN PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date:
Check if self-employed PTIN P01008919
Firm's name ▶ HOOD & STRONG LLP Firm's EIN ▶ 94-1254756
Firm's address ▶ 275 BATTERY ST STE 900 Phone no. (415) 781-0793
SAN FRANCISCO, CA 94111

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

WE CONNECT PEOPLE, IDEAS AND RESOURCES TO BENEFIT THE LIVES OF THOSE WHO LIVE IN SONOMA COUNTY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 17,794,716 including grants of \$ 16,516,326) (Revenue \$ 19,193)
See Additional Data





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

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

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

4e Total program service expenses ▶ 17,794,716

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
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>	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>		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		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>		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	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>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>		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>	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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>		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>		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>		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.	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		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	

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

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. 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 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? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 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? 7 Organizations that may receive deductible contributions under section 170(c). 8 Sponsoring organizations maintaining donor advised funds. 9 Sponsoring organizations maintaining donor advised funds. 10 Section 501(c)(7) organizations. 11 Section 501(c)(12) organizations. 12a Section 4947(a)(1) non-exempt charitable trusts. 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 14a Did the organization receive any payments for indoor tanning services during the tax year? 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? 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

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 (17), 1b (17), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its 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: ANN BUTTERFIELD 120 STONY POINT ROAD SUITE 220 SANTA ROSA, CA 95401 (707) 579-4073

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
See Additional Data Table										

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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							580,486	0	98,321	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ **4**

	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	144,307

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a Federated campaigns, 1b Membership dues, 1c Fundraising events, 1d Related organizations, 1e Government grants, 1f All other contributions, 1g Noncash contributions, and 1h Total.

Table for Program Service Revenue with 5 columns (A-D). Rows include 2a MANAGEMENT FEES with Business Code 561000, and 2f All other program service revenue. Total 2g is 2,658.

Table for Other Revenue with 5 columns (A-D). Rows include 3 Investment income, 4 Income from investment of tax-exempt bond proceeds, 5 Royalties, 6a-6c Rental income, 7a-7c Gain from sales of assets, 8a-8b Fundraising events, 9a-9b Gaming activities, 10a-10b Sales of inventory, 11a-11d Other income, and 12 Total revenue.

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	16,516,326	16,516,326		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	392,012	93,473	263,487	35,052
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,034,881	440,546	440,655	153,680
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	53,163	22,790	24,056	6,317
9 Other employee benefits	130,033	58,972	53,934	17,127
10 Payroll taxes	106,032	40,336	51,454	14,242
11 Fees for services (non-employees):				
a Management				
b Legal	76,831	30,331	37,555	8,945
c Accounting	73,560	29,040	35,956	8,564
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	245,433		245,433	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	369,140	145,730	180,434	42,976
12 Advertising and promotion	71,944	28,402	35,166	8,376
13 Office expenses	114,641	42,296	59,872	12,473
14 Information technology	146,066	57,664	71,397	17,005
15 Royalties				
16 Occupancy	149,630	59,071	73,139	17,420
17 Travel	3,509	1,385	1,715	409
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	74,875	29,559	36,599	8,717
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	50,944	20,112	24,901	5,931
23 Insurance	156,810	147,436	7,571	1,803
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 BAD DEBT EXPENSE	30,032		30,032	
b SPECIAL PROJECT EXPENSE	26,220	26,220		
c				
d				
e All other expenses	12,734	5,027	6,225	1,482
25 Total functional expenses. Add lines 1 through 24e	19,834,816	17,794,716	1,679,581	360,519
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	9,282,487	1	14,354,552
	2 Savings and temporary cash investments	2,081,545	2	1,360,819
	3 Pledges and grants receivable, net	7,996,943	3	8,800,909
	4 Accounts receivable, net	234,814	4	0
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	1,001,289	7	975,141
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	94,631	9	84,623
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	467,968		
	b Less: accumulated depreciation	303,220		
		102,964	10c	164,748
	11 Investments—publicly traded securities	140,638,953	11	157,496,724
	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	2,040,900	15	915,893	
16 Total assets. Add lines 1 through 15 (must equal line 34)	163,843,026	16	184,521,909	
Liabilities	17 Accounts payable and accrued expenses	67,610	17	72,564
	18 Grants payable	6,025,454	18	4,736,891
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	8,495	25	8,208
	26 Total liabilities. Add lines 17 through 25	6,101,559	26	4,817,663
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	36,125,682	27	42,184,809
	28 Net assets with donor restrictions	121,615,785	28	137,519,437
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	157,741,467	32	179,704,246	
33 Total liabilities and net assets/fund balances	163,843,026	33	184,521,909	

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	22,423,580
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,834,816
3	Revenue less expenses. Subtract line 2 from line 1	3	2,588,764
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	157,741,467
5	Net unrealized gains (losses) on investments	5	18,492,423
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-22,914
9	Other changes in net assets or fund balances (explain in Schedule O)	9	904,506
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	179,704,246

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 (2019)

Form 990, Part III, Line 4a:

GRANTMAKING: AWARDED MORE THAN \$14.8 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.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
DEBERAH KELLEY CHAIR	1.00 0.00	X		X				0	0	0
HARRIET DERWINGSON SECRETARY	3.00 0.00	X		X				0	0	0
CHRISTINA HOLLINGSWORTH TREASURER	1.00 0.00	X		X				0	0	0
BARRY WEITZENBERG IMMEDIATE PAST CHAIR	3.00 0.00	X		X				0	0	0
KATIE JACKSON DIRECTOR	1.00 0.00	X						0	0	0
LAWRENCE MILLS DIRECTOR (THRU 9/30/19)	1.00 0.00	X						0	0	0
LISA CARRENO DIRECTOR	1.00 0.00	X						0	0	0
MATTHEW INGRAM DIRECTOR	1.00 0.00	X						0	0	0
MICHELLE ZYGELBAUM DIRECTOR (THRU 6/30/19)	1.00 0.00	X						0	0	0
OSCAR CHAVEZ DIRECTOR (THRU 9/30/19)	1.00 0.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
PATRICK EMERY DIRECTOR	1.00 0.00	X						0	0	0
RICHARD DAVIS-LOWELL DIRECTOR	1.00 0.00	X						0	0	0
STEVE GOLDBERG DIRECTOR	1.00 0.00	X						0	0	0
STEVE RABINOWITSH DIRECTOR (THRU 9/30/19)	1.00 0.00	X						0	0	0
SUSAN LENTZ DIRECTOR	1.00 0.00	X						0	0	0
THELIA WADE DIRECTOR	1.00 0.00	X						0	0	0
JANET RAMATICI DIRECTOR	1.00 0.00	X						0	0	0
CHIP ALLEN DIRECTOR (THRU 9/30/19)	1.00 0.00	X						0	0	0
SIMON BLATTNER DIRECTOR	1.00 0.00	X						0	0	0
CAROL BEATTIE DIRECTOR	1.00 0.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
AKASH KALIA DIRECTOR	1.00 0.00	X						0	0	0
MICHELLE YOUNG DIRECTOR	1.00 0.00	X						0	0	0
ELIZABETH BROWN PRESIDENT & CEO	45.00 0.00			X				212,859	0	20,823
ANN BUTTERFIELD VP OF FINANCE & OPS	45.00 1.00			X				134,143	0	24,187
W JOHN MULLINEAUX VP OF DEVELOPMENT	45.00 1.00					X		123,230	0	24,679
KARIN DEMAREST VP FOR COMMUNITY IMPACT	45.00 0.00					X		110,254	0	28,632

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 instructions and the latest information.

OMB No. 1545-0047
2019
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) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
 If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	14,404,710	16,537,057	26,892,930	18,633,970	14,887,819	91,356,486
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3	14,404,710	16,537,057	26,892,930	18,633,970	14,887,819	91,356,486
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) . . .						8,792,251
6	Public support. Subtract line 5 from line 4.						82,564,235

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .	14,404,710	16,537,057	26,892,930	18,633,970	14,887,819	91,356,486
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	2,755,061	2,178,927	3,001,983	4,056,268	4,007,930	16,000,169
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						107,356,655
12	Gross receipts from related activities, etc. (see instructions)					12	634,311

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 2019 (line 6, column (f) divided by line 11, column (f))	14	76.910 %
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	76.060 %

- 16a 33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	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))? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

OMB No. 1545-0047 2019 Open to Public Inspection

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

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate value of contributions to, Aggregate value of grants from, and Aggregate value at end of year.

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?
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?

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, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

Table for conservation easements. Rows: a Total number of conservation easements, b Total acreage restricted by conservation easements, c Number of conservation easements on a certified historic structure included in (a), d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register.

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?
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)?
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:
(ii) 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:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	78,210,871	84,598,098	74,627,859	73,086,044	75,573,899
b Contributions	2,922,029	1,233,069	492,843	1,152,647	3,600,496
c Net investment earnings, gains, and losses	14,140,117	-5,390,715	11,633,914	3,655,451	-1,860,881
d Grants or scholarships	2,332,524	2,229,581	2,156,518	3,266,283	4,227,470
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	92,940,493	78,210,871	84,598,098	74,627,859	73,086,044

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

- a** Board designated or quasi-endowment ▶ 0.950 %
- b** Permanent endowment ▶ 79.450 %
- c** Temporarily restricted endowment ▶ 19.600 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		No
3a(ii)		No
3b		

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		54,255	36,192	18,063
d Equipment		271,155	185,119	86,036
e Other		142,558	81,909	60,649
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				164,748

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	8,208

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, 2019, 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 as Filed, 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

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

Attach to Form 990.

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

OMB No. 1545-0047

2019

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 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.

Table with 8 columns: (a) Name and address of organization, (b) EIN, (c) IRC section, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (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. 245
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)	1,488,000				FOR BUILDING CAMPAIGN; FOR GENERAL OPERATING SUPPORT; FOR GENERAL OPERATING SUPPORT AND IN HONOR OF KATE ECKER; ETC.
SONOMA LAND TRUST 822 FIFTH STREET SANTA ROSA, CA 95404	51-0197006	501(C)(3)	893,250				TO PRESERVE OPEN SPACE AND MAINTAIN THE TRAIL SYSTEM AT SONOMA DEVELOPMENTAL CENTER; TO SUPPORT BAY CAMP, A BILINGUAL SUMMER DAY CAMP ON THE SAN PABLO BAY

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
LUTHERAN SOCIAL SERVICES OF NORTHERN CALIFORNIA 1465 CIVIC COURT BUILDING D SUITE 810 CONCORD, CA 94520	94-1659687	501(C)(3)	753,855				TO SUPPORT THE UNMET NEEDS OF OUR MOST VULNERABLE COMMUNITY MEMBERS POST-FIRES
CHOP'S TEEN CLUB AKA DEMEO TEEN CLUB INC 509 ADAMS STREET SANTA ROSA, CA 95401	91-1859251	501(C)(3)	530,700				FOR CHOP'S FALL EVENT FUNDRAISER; FOR GENERAL OPERATING SUPPORT; TO SUPPORT TRAINING & PROJECTS RELATED TO RESILIENT LEADERSHIP IN TIMES OF DISASTER

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
TIDES CENTER PO BOX 29907 SAN FRANCISCO, CA 941290907	94-3213100	501(C)(3)	500,000				TO PROVIDE CORE FUNDING FOR GENERATION HOUSING
ROSELAND SCHOOL DISTRICT 1691 BURBANK AVENUE SANTA ROSA, CA 95407	36-4766964	GOV'T	486,893				IN SUPPORT OF THE YES WE CAN "SCHOLARSHIP; FOR THE BRIDGE GRANT ONLY; TO SUPPORT SCHOLARSHIPS FOR ROSELAND UNIVERSITY PREP, ETC.

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
COMMITTEE ON THE SHELTERLESS PO BOX 2744 PETALUMA, CA 949532744	68-0176855	501(C)(3)	439,000				FOR GENERAL OPERATING SUPPORT
CATHOLIC CHARITIES OF THE DIOCESE OF SANTA ROSA PO BOX 4900 SANTA ROSA, CA 95402	94-2479393	501(C)(3)	405,926				FOR CAPITAL CAMPAIGN - CARITAS VILLAGE; FOR GENERAL OPERATING SUPPORT; FOR HOMELESS WOMEN AND CHILDREN, ETC.

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
10000 DEGREES PO BOX L SAN RAFAEL, CA 94913	95-3667812	501(C)(3)	401,069				FOR GENERAL OPERATING SUPPORT; TO SUPPORT SCHOLARSHIPS IN 2019-2020; TO SUPPORT THE COLLEGE SUCCESS PROGRAMMING IN HEALDSBURG HELPING STUDENTS FROM LOW-INCOME BACKGROUNDS
VINTAGE HOUSE SENIOR MULTIPURPOSE CENTER OF SONOMA VALLEY 264 FIRST STREET EAST SONOMA, CA 95476	94-2745586	501(C)(3)	397,062				FOR GENERAL OPERATING SUPPORT

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
NAPA VALLEY COMMUNITY FOUNDATION 3299 CLAREMONT WAY SUITE 2 NAPA, CA 94558	68-0349777	501(C)(3)	342,527				APPLY TO ONE NAPA VALLEY INITIATIVE PROJECT TO SUPPORT LEGAL PERMANENT RESIDENTS APPLYING FOR US CITIZENSHIP, ETC.
COMMUNITY ACTION PARTNERSHIP OF SONOMA COUNTY 141 STONY CIRCLE 210 SANTA ROSA, CA 95401	94-1648949	501(C)(3)	320,750				FOR GENERAL OPERATING FUNDS FOR SLOAN AND HAROLD'S HOUSE; FOR GENERAL OPERATING SUPPORT; TO SUPPORT SLOAN HOUSE WOMEN'S SHELTER, ETC.

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
CARDINAL NEWMAN HIGH SCHOOL 50 URSULINE ROAD SANTA ROSA, CA 95403	94-1578925	501(C)(3)	300,000				IN SUPPORT OF CARDINAL NEWMAN'S BUILDING CAMPAIGN
UNITED WAY OF THE WINE COUNTRY 975 CORPORATE CTR PKWY 160 SANTA ROSA, CA 95407	94-1669646	501(C)(3)	280,958				FOR GENERAL OPERATING SUPPORT; TO SUPPORT A TWO-DAY SUMMIT TO CREATE A COMMUNITY-WIDE RESILIENCE COLLABORATIVE; TO SUPPORT 2-1-1, ETC.

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
SONOMA ACADEMY 2500 FARMERS LANE SANTA ROSA, CA 954047013	94-3343174	501(C)(3)	263,000				IN SUPPORT OF THE VISUAL AND PERFORMING ARTS CENTER CAPITAL CAMPAIGN; FOR THE FUND FOR EXCELLENCE; FOR GENERAL OPERATING SUPPORT, ETC.
PETS LIFELINE PO BOX 341 SONOMA, CA 95476	94-2851279	501(C)(3)	259,529				TO FUND FREE SPAY/NEUTER AND VACCINE CLINICS FOR UP TO 100 CATS AND DOGS BELONGING TO LOW-INCOME RESIDENTS OF THE SONOMA VALLEY; FOR GENERAL OPERATING SUPPORT

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
VITAL IMMIGRANT DEFENSE ADVOCACY AND SERVICE 576 B STREET SUITE 1C SANTA ROSA, CA 95401	90-1019558	501(C)(3)	220,000				FOR YEAR 2 FUNDING OF THE SECURE FAMILIES COLLABORATIVE
REDWOOD EMPIRE FOOD BANK 3990 BRICKWAY BLVD SANTA ROSA, CA 95403	68-0121855	501(C)(3)	218,500				FOR GENERAL OPERATING TO SUPPORT RESPONSE TO THE KINCADE FIRE; TO SUPPORT EMPTY BOWLS PROGRAM; TO SUPPORT SCHOOL PANTRY AT HEALDSBURG AND GEYSERVILLE ELEMENTARY SCHOOLS

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
SOCIAL ADVOCATES FOR YOUTH 2447 SUMMERFIELD ROAD SANTA ROSA, CA 95405	94-1711490	501(C)(3)	184,500				TO SUPPORT THE DREAM CENTER; FOR GENERAL OPERATING SUPPORT; FOR THE DREAM CENTER, ETC.
CALIFORNIA PARENTING INSTITUTE 3650 STANDISH AVENUE SANTA ROSA, CA 95407	94-2541640	501(C)(3)	179,300				FOR GENERAL OPERATING SUPPORT; TO PROVIDE FINANCIAL SUPPORT TO HIGH RISK FAMILIES WITH EMERGENT NEEDS TO MAINTAIN HOUSING, MEDICAL CARE AND STABILITY

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
CORAZON HEALDSBURG PO BOX 1004 HEALDSBURG, CA 95448	27-3044487	501(C)(3)	176,500				FOR GENERAL OPERATING SUPPORT AND SUPPORT OF AFFAIR OF THE HEART EVENT; TO SUPPORT FIRE RECOVERY; TO SUPPORT THE HEALTH ACTION CHAPTER; ETC.
REDWOOD GOSPEL MISSION PO BOX 493 SANTA ROSA, CA 954020493	94-6122045	501(C)(3)	163,000				FOR GENERAL FUND SUPPORT

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
WEST COUNTY HEALTH CENTERS INC 14045 MILL STREET GUERNEVILLE, CA 95446	23-7310613	501(C)(3)	160,000				TO SUPPORT THE CAPITAL CAMPAIGN FOR RUSSIAN RIVER HEALTH AND WELLNESS CENTER; FOR GENERAL OPERATING SUPPORT; TO SUPPORT WORK IN DISASTER RECOVERY, ETC.
BAYSIDE COVENANT CHURCH 8211 SIERRA COLLEGE BLVD STE 440 ROSEVILLE, CA 95661	68-0358620	501(C)(3)	151,000				FOR BAYSIDE SANTA ROSA CAMPUS; FOR CITY SERVE PROGRAM; FOR BAYSIDE SANTA ROSA THRIVE 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
CERES COMMUNITY PROJECT PO BOX 1562 SEBASTOPOL, CA 95473	26-2250997	501(C)(3)	143,000				TO SUPPORT 10 ORGANIZATIONS' TRAINING AND PROJECTS RELATED TO RESILIENT LEADERSHIP IN TIMES OF DISASTER; FOR GENERAL OPERATING SUPPORT, ETC.
THE LIVING ROOM 1207 CLEVELAND AVENUE SANTA ROSA, CA 95401	58-2675876	501(C)(3)	141,350				TO PROVIDE SUPPORTIVE PROGRAMMING AND SERVICES TO WOMEN AND MOTHERS WHO ARE CURRENTLY EXPERIENCING HOMELESSNESS OR ARE AT-RISK OF BECOMING HOMELESS

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
KENWOOD COMMUNITY CHURCH - UCC PO BOX 46 KENWOOD, CA 95452	94-6109091	501(C)(3)	136,099				CLOSING FUND ACCOUNT TO SUPPORT PURCHASE OF PASTORAL PARSONAGE; FOR GENERAL OPERATING SUPPORT
HANNA BOYS CENTER 17000 ARNOLD DRIVE SONOMA, CA 95476	94-1156478	501(C)(3)	122,293				FOR SONOMA COUNTY TITLE I SCHOOL TEACHER SCHOLARSHIPS TO ATTEND THE HANNA INSTITUTE SUMMIT; FOR GENERAL OPERATING SUPPORT, ETC.

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
NAMI SONOMA COUNTY 182 FARMERS LANE SUITE 202 SANTA ROSA, CA 95405	68-0041644	501(C)(3)	120,000				FOR GENERAL OPERATING SUPPORT TO INCREASE THE CAPACITY OF NAMI'S WARMLINE AND OUTREACH AND REFERRAL SERVICES, ETC.
BURBANK HOUSING DEVELOPMENT CORPORATION 790 SONOMA AVENUE SANTA ROSA, CA 95404	94-2837785	501(C)(3)	117,000				TO SUPPORT THE INCUBATION OF THE CROSS SECTOR LEADERSHIP GROUP, GENERATION HOUSING; FOR THE INSTALLATION OF A NEW PLAYGROUND STRUCTURE, ETC.

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
ST JAMES BY-THE-SEA EPISCOPAL CHURCH 743 PROSPECT STREET LA JOLLA, CA 92037	95-1792756	501(C)(3)	116,000				ORGAN PROJECT; ANNUAL FUND
NORTH BAY ORGANIZING PROJECT PO BOX 503 GRATON, CA 95444	45-2369887	501(C)(3)	115,500				FOR NBOP'S STUDENT CONGRESS, IMMIGRANT DEFENSE, AND ENVIRONMENTAL JUSTICE PROJECTS; HELPING QUEER ASYLUM SEEKERS IN SONOMA, NAPA AND SOLANO COUNTIES, ETC.

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
SONOMA COUNTY VINTNERS FOUNDATION 400 AVIATION BOULEVARD SUITE 500 SANTA ROSA, CA 95403	68-0175790	501(C)(3)	100,000				FOR THE SONOMA COUNTY VINTNERS FOUNDATION EMERGENCY RELIEF FUND
SWEETWATER SPECTRUM INC 369 FIFTH STREET WEST SONOMA, CA 95476	27-0184641	501(C)(3)	100,000				FOR ANNUAL 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
BECAUSE OF YOU CHIHUAHUA RESCUE INC PO BOX 30482 EDMOND, OK 73003	33-1173322	501(C)(3)	96,475				FOR ANIMAL RESCUE; FOR GENERAL OPERATING SUPPORT
SONOMA VALLEY HOSPITAL FOUNDATION 347 ANDRIEUX STREET SONOMA, CA 95476	94-2832488	501(C)(3)	90,000				TO SUPPORT THE CAPITAL CAMPAIGN FOR DIAGNOSTIC CENTER; FOR SONOMA CARES CAPITAL CAMPAIGN FOR CONSTRUCTION OF NEW DIAGNOSTIC IMAGING CENTER

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
BOYS AND GIRLS CLUBS OF SONOMA VALLEY 100 W VERANO AVENUE SONOMA, CA 95476	94-1579901	501(C)(3)	89,750				FOR GENERAL OPERATING SUPPORT; FOR FUND A NEED GOLF TOURNAMENT; TO SUPPORT SUMMER CAMP SCHOLARSHIPS, ETC.
THE BISHOP'S RANCH 5297 WESTSIDE ROAD HEALDSBURG, CA 95448	94-1156840	501(C)(3)	86,500				TO SUPPORT SUMMER CAMP FOR LOW INCOME ENGLISH LANGUAGE LEARNER STUDENTS IN HEALDSBURG; FOR THE BUILDING FUNDRAISER AND WEAVER ART CENTER, ETC.

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
LIFEHOUSE INC 899 NORTHGATE DRIVE SUITE 500 SAN RAFAEL, CA 94903	94-6050196	501(C)(3)	85,000				ANNUAL FUND; FOR LIFEHOUSE AGENCY HOME FOR LIFE CAPITAL CAMPAIGN
WOMEN'S RECOVERY SERVICES - A UNIQUE PLACE PO BOX 1356 SANTA ROSA, CA 95402	51-0178620	501(C)(3)	85,000				TO SUPPORT WOMEN'S RECOVERY SERVICES PROGRAMS AND OPERATIONS; FOR CHILDREN'S PROGRAMS; FOR A NEW TREATMENT BUILDING/KITCHEN/DINING REMODEL, ETC.

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
HUMANE SOCIETY OF SONOMA COUNTY PO BOX 1296 SANTA ROSA, CA 95402	94-6001315	501(C)(3)	82,311				FOR GENERAL OPERATING SUPPORT; FOR THE COMMUNITY VET PROGRAM, TO PROVIDE LOW-COST SPAY/NEUTER SERVICES FOR OWNED PETS IN THE COMMUNITY, ETC.
RUSSIAN RIVERKEEPER PO BOX 1335 HEALDSBURG, CA 95448	68-0321117	501(C)(3)	82,000				TO FUND THE RUSSIAN RIVER 2019 OPERATING EXPENSES; TO SUPPORT THE HANSON PROJECT; FOR DIESEL TRUCK CLEAN RIVER ALLIANCE, ETC.

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
SONOMA COUNTY ECONOMIC DEVELOPMENT BOARD FOUNDATION 141 STONY CIRCLE SUITE 110 SANTA ROSA, CA 95401	94-3397043	501(C)(3)	82,000				TO PARTNER WITH CREATIVE SONOMA TO SUPPORT THE ARTS EDUCATION INNOVATION GRANTS PROGRAM
CAREER TECHNICAL EDUCATION FOUNDATION SONOMA COUNTY 1030 APOLLO WAY SUITE 200 SANTA ROSA, CA 95407	46-5607272	501(C)(3)	81,734				FOR 2019 GENERAL OPERATING EXPENSES; FOR FUND-A-NEED SPARK THE FUTURE; GRANT FOR COMMUNITY WISE (WOMEN INVESTING IN STEM EQUITY), ETC.

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
MUSEUM OF SONOMA COUNTY 425 SEVENTH STREET SANTA ROSA, CA 95401	94-2506626	501(C)(3)	80,500				FOR GENERAL OPERATING SUPPORT (\$5,000) AND EXHIBITIONS (TWO SHOWS, \$10,000 EACH) AND IN MEMORY OF CYNTHIA LEUNG; FOR RELOCATION, ETC.
FIRST 5 SONOMA COUNTY 5340 SKYLANE BLVD SANTA ROSA, CA 95403	83-3829813	501(C)(3)	80,000				TO SUPPORT THE COLLABORATIVE FUNDING FOR THE ROSIE CAPACITY BUILDING 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
LANDPATHS 618 4TH ST 217 SANTA ROSA, CA 95404	68-0328590	501(C)(3)	75,700				FOR CAMP SCHOLARSHIPS; FOR GENERAL OPERATING SUPPORT; FOR SUPPORT TO OCEAN SONG PROPERTY, ETC.
4 DOGS FARM RESCUE 122 CALISTOGA ROAD SANTA ROSA, CA 95409	81-3860722	501(C)(3)	75,000				FOR GENERAL OPERATING SUPPORT

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
NATURE CONSERVANCY IN CALIFORNIA 201 MISSION STREET 4TH FLOOR SAN FRANCISCO, CA 94105	20-5797732	501(C)(3)	75,000				FOR GARCIA RIVER ESTUARY RESTORATION
WEST COUNTY COMMUNITY SERVICES PO BOX 325 GUERNEVILLE, CA 95446	94-2277740	501(C)(3)	73,500				TO PROVIDE FOOD FOR VERY LOW-INCOME AND FLOOD-AFFECTED SENIORS; FOR FLOOD RELIEF; FOR GENERAL OPERATING SUPPORT, ETC.

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
HUMANIDAD THERAPY & EDUCATION SERVICES 1260 N DUTTON AVE SUITE 230 SANTA ROSA, CA 95401	46-3725156	501(C)(3)	72,500				TO SUPPORT CULTURALLY-PROFICIENT MENTAL HEALTH COUNSELING FOR UNDERSERVED LATINOS, PRIMARILY HIGH-RISK, LOW-INCOME MIGRANT WORKERS; FOR GENERAL OPERATING SUPPORT
CITY OF SANTA ROSA HOUSING AND COMMUNITY SERVICES 90 SANTA ROSA AVENUE SANTA ROSA, CA 95404	94-6000428	GOV'T	71,600				FOR GENERAL OPERATING SUPPORT AND ENHANCED SERVICES AT SAM JONES HALL; TO PROVIDE GENERAL OPERATING SUPPORT TO SAM JONES HALL

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
SONOMA ECOLOGY CENTER PO BOX 1486 ELDRIDGE, CA 95431	94-3136500	501(C)(3)	69,000				TO SUPPORT THE K-8 WATERSHED EDUCATION PROGRAM; TO SUPPORT SUSTAINABLE SONOMA; FOR GENERAL OPERATING SUPPORT
CANINE COMPANIONS FOR INDEPENDENCE INC PO BOX 446 SANTA ROSA, CA 95402	94-2494324	501(C)(3)	68,476				FOR GENERAL OPERATING SUPPORT AND IN HONOR OF IMOGENE, A LAB/RETRIEVER

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
COMPASSION WITHOUT BORDERS PO BOX 14995 SANTA ROSA, CA 95402	20-4698227	501(C)(3)	65,000				TO PROVIDE FREE AND LOW-COST VETERINARY WELLNESS AND SPAY/NEUTER SERVICES TO PETS OF UNDERSERVED, LOW-INCOME, & HOMELESS COMMUNITY MEMBERS
DOGWOOD ANIMAL RESCUE PROJECT 1415 FULTON RD SUITE 205 BOX 432 SANTA ROSA, CA 95403	81-1178819	501(C)(3)	65,000				FOR GENERAL OPERATING SUPPORT

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)	64,780				CAPITAL BUILDING CAMPAIGN; FOR THE DUTTON CAMPAIGN; FOR FINAL 3 AWARD, ETC.
VERITY-COMPASSION SAFETY SUPPORT A CALIFORNIA CORPORATION 835 PINER RD SUITE D SANTA ROSA, CA 95403	94-2437947	501(C)(3)	64,600				FOR GENERAL OPERATING SUPPORT; TO ASSIST SURVIVORS OF SEXUAL VIOLENCE MEET EMERGENCY BASIC NEEDS SUCH AS HOUSING, FOOD, AND TRANSPORTATION

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 JUNIOR COLLEGE FOUNDATION 1501 MENDOCINO AVENUE SANTA ROSA, CA 954014395	94-1735861	501(C)(3)	61,116				TO ESTABLISH AN ENDOWED SCHOLARSHIP AT THE SANTA ROSA JUNIOR COLLEGE TO SUPPORT STUDENTS PURSUING HEALTHCARE CAREERS; IN SUPPORT OF THE THEATER ARTS PROGRAM
LOMI SCHOOL FOUNDATION 534 B STREET SANTA ROSA, CA 95401	94-2495238	501(C)(3)	61,000				TO PROMOTE THE HEALTH AND WELLBEING OF THE DIVERSE COMMUNITY OF SONOMA COUNTY BY PROVIDING ACCESSIBLE MENTAL HEALTH CARE AND EDUCATION

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
HAND FAN MUSEUM 309 HEALDSBURG AVE HEALDSBURG, CA 95448	51-0429747	501(C)(3)	60,000				DISPLAYS HAND FANS; FOR GENERAL OPERATING SUPPORT AND INSURANCE AND TAXES; FOR MOVING AND TECHNOLOGY EXPENSES, ETC.
PETALUMA PEOPLE SERVICES CENTER 1500 PETALUMA BLVD SOUTH PETALUMA, CA 94952	94-2271299	501(C)(3)	59,000				FOR GENERAL OPERATING TO SUPPORT RESPONSE TO THE KINCADE FIRE; FOR PARTICIPATION IN THE ROSIE CAPACITY BUILDING PROJECT, ETC.

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
SONOMA STATE UNIVERSITY 1801 E COTATI AVE ROHNERT PARK, CA 949283609	68-0338225	501(C)(3)	57,000				TO SUPPORT THE SONOMA STATE MEN'S TENNIS TEAM'S 2020 GENERAL OPERATING BUDGET; IN SUPPORT OF THE GREEN MUSIC CENTER AND IN HONOR OF CONNIE CODDING, ETC.
SUPPORT OUR STUDENTS 319 SOUTH E STREET SANTA ROSA, CA 95404	81-0676520	501(C)(3)	52,500				FOR GENERAL OPERATING SUPPORT

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
SONOMA OVERNIGHT SUPPORT PO BOX 748 SONOMA, CA 95476	03-0483033	501(C)(3)	52,000				TO PROVIDE FUNDING FOR DAY SERVICES; TO ASSIST CLIENTS WITH BASIC-NEED DAY-SERVICES SUCH AS EMERGENCY FOOD AND TRANSPORTATION, ETC.
REDWOOD COMMUNITY HEALTH COALITION 1310 REDWOOD WAY SUITE 135 PETALUMA, CA 94954	94-3220029	501(C)(3)	51,450				FOR GENERAL OPERATING SUPPORT

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
LA LUZ CENTER 17560 GREGER STREET SONOMA, CA 95476	68-0228235	501(C)(3)	51,100				FOR GENERAL OPERATING SUPPORT; FOR NOCHE SPONSOR AND FUND A NEED; FOR PARTICIPATION IN THE ROSIE CAPACITY BUILDING PROJECT, ETC.
BECOMING INDEPENDENT 1425 CORPORATE CENTER PARKWAY SANTA ROSA, CA 95407	94-2641147	501(C)(3)	50,000				FOR GENERAL OPERATING SUPPORT; TO SUPPORT ESTABLISHING SCHOLARSHIP FUND FOR LIFE SKILLS PROGRAM GRADUATES

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
CENTER FOR VOLUNTEER & NONPROFIT LEADERSHIP 65 MITCHELL BLVD SUITE 101 SAN RAFAEL, CA 94903	68-0101012	501(C)(3)	50,000				TO SUPPORT THE VOLUNTEER CENTER OF SONOMA COUNTY AND CVNL MERGER
ONE MIND PO BOX 680 RUTHERFORD, CA 94573	68-0359707	501(C)(3)	50,000				IN SUPPORT OF THE ASPIRE PROGRAM'S SONOMA COUNTY CLINIC

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
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	50,000				FOR HURRICANE DORIAN RELIEF EFFORTS
SANTA ROSA FIRE FIGHTERS FOUNDATION PO BOX 1251 SANTA ROSA, CA 95402	82-3840919	501(C)(3)	50,000				TO SUPPORT BEHAVIORAL HEALTH PROGRAMS FOR FIREFIGHTERS IN OUR 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
SONOMA COUNTY GRAPE GROWERS FOUNDATION 400 AVIATION BLVD SUITE 500 SANTA ROSA, CA 95403	41-2040096	501(C)(3)	50,000				TO SUPPORT THE NEEDS OF OUR MOST ECONOMICALLY VULNERABLE COMMUNITY MEMBERS AFTER THE KINCADE FIRES
UNIVERSITY OF MARYLAND BALTIMORE FOUNDATION INC 220 N ARCH STREET 13TH FLOOR BALTIMORE, MD 21201	31-1678679	501(C)(3)	50,000				TO ESTABLISH A CHAIRED PROFESSORSHIP

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
MARINE MAMMAL CENTER 2000 BUNKER RD FORT CRONKITE SAUSALITO, CA 94965	51-0144434	501(C)(3)	49,600				FOR GENERAL OPERATING SUPPORT
FOOD FOR THOUGHT PO BOX 1608 FORESTVILLE, CA 95436	68-0181095	501(C)(3)	48,250				FOR GENERAL OPERATING SUPPORT & EXPENSES; TO PROVIDE HEALTHY FOOD TO SERIOUSLY ILL, HOMELESS HEALDSBURG RESIDENT; GENERAL OPERATING SUPPORT FOR FUND-A-NEED; ETC.

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
NEW VISION SANTA ROSA FOUNDATION 50 OLD COURTHOUSE SQUARE STE 110 SANTA ROSA, CA 95404	68-0074807	501(C)(3)	48,000				TO DEVELOP RESOURCES AND INFORMATION TO FACILITATE AFFORDABLE HOUSING DEVELOPMENT IN SONOMA COUNTY THROUGH A HOUSING TRUST FUND, ETC.
ON THE MOVE 780 LINCOLN AVE NAPA, CA 94558	75-3149095	501(C)(3)	46,077				FOR GENERAL OPERATING SUPPORT FOR VOICES SONOMA; FOR SANTA ROSA DIA DE LOS MUERTOS; TO SUPPORT SONOMA VALLEY PARENT UNIVERSITY'S FAMILY EARLY LITERACY INITIATIVE, ETC.

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
LOS CIEN SONOMA COUNTY PO BOX 105 GUERNEVILLE, CA 95446	47-4474273	501(C)(3)	45,000				FOR GENERAL OPERATING SUPPORT TO LOS CIEN, INCLUDING LEADERSHIP DEVELOPMENT FOR THE EXECUTIVE DIRECTOR; TO SPONSOR ALL LOS CIEN EVENTS FOR THE YEAR, ETC.
SIDE BY SIDE FORMERLY SUNNY HILLS SERVICES 300 SUNNY HILLS DRIVE BLDG 5 SAN ANSELMO, CA 94960	94-1156301	501(C)(3)	44,500				TO REDUCE THE STIGMA OF MENTAL HEALTH CHALLENGES IN THE VULNERABLE, AT-RISK LATINO YOUTH COMMUNITY; FOR GENERAL OPERATING SUPPORT, ETC.

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
BOYS & GIRLS CLUBS OF SONOMA-MARIN 1400 NORTH DUTTON AVENUE SUITE 24 SANTA ROSA, CA 95401	68-0309534	501(C)(3)	43,300				FOR GENERAL OPERATING SUPPORT; FOR 2019 HEALDSBURG SUMMER CAMP PROGRAM; FOR WEST COUNTY'S SUMMER CAMP PROGRAM; TO SUPPORT FIRE RELIEF DAY CAMPS, ETC.
LUTHER BURBANK MEMORIAL FOUNDATION 50 MARK WEST SPRINGS ROAD SANTA ROSA, CA 95403	94-2581084	501(C)(3)	41,500				FOR THE ARTISTS IN THE SCHOOLS RESIDENCIES; IN SUPPORT OF THE ARTISTS IN SCHOOLS PROGRAM; TO SUPPORT KIDS MARIACHI PROGRAM ETC.

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
EO WILSON BIODIVERSITY FOUNDATION 300 BLACKWELL ST STE 102 DURHAM, NC 27701	20-4547380	501(C)(3)	40,000				FOR GENERAL OPERATING SUPPORT
RIVER TO COAST CHILDREN'S SERVICES PO BOX 16 GUERNEVILLE, CA 954460016	94-2378459	501(C)(3)	40,000				TO INCREASE THE READING LEVELS OF FAMILIES IN WEST SONOMA COUNTY BY PROVIDING FREE BOOKS AND OFFERING LITERACY ACTIVITIES THROUGH THE KINDERGYM 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
TLC CHILD & FAMILY SERVICES PO BOX 2079 SEBASTOPOL, CA 954732079	68-0008634	501(C)(3)	40,000				TO ASSIST FORMER FOSTER YOUTH WITH EMERGENCY HOUSING, GAS, FOOD AND TRANSPORTATION ASSISTANCE; TO PROVIDE GENERAL OPERATING SUPPORT
WARNECKE INSTITUTE INC 13427 CHALK HILL ROAD HEALDSBURG, CA 95448	20-4401473	501(C)(3)	40,000				FOR GENERAL OPERATING SUPPORT

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 MEMORIAL HOSPITAL FOUNDATION 101 BROOKWOOD AVE STE 202 SANTA ROSA, CA 95404	94-1231005	501(C)(3)	37,500				EMERGENCY ROOM FUNDING; TO SERVE THE WOMEN'S AND CHILDREN'S SERVICES AT MEMORIAL HOSPITAL; FOR THE VARIAN TRUEBEAM LINEAR ACCELERATOR
SENIOR ADVOCACY SERVICES 1129 INDUSTRIAL AVE SUITE 201 PETALUMA, CA 94954	94-2684774	501(C)(3)	36,000				FOR DOWN PAYMENT OF NEW OFFICE SPACE; FOR GENERAL OPERATING SUPPORT

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
REACH FOR HOME 443 HUDSON STREET HEALDSBURG, CA 95448	47-2692320	501(C)(3)	35,100				TO PROVIDE UTILITY AND HOUSING STABILIZATION THROUGH YOUR RAPID RE-HOUSING PROGRAM IN NORTH SONOMA COUNTY; FOR 2020 GENERAL OPERATING EXPENSES, ETC.
DAILY ACTS ORGANIZATION PO BOX 293 PETALUMA, CA 94952	20-3851259	501(C)(3)	35,000				FOR GENERAL OPERATING SUPPORT; TO SUPPORT THE SONOMA COUNTY ENVIRONMENTAL HEALTH COALITION PROJECT

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
PUBLIC SCHOOL SUCCESS TEAM INC PO BOX 781 HEALDSBURG, CA 95448	26-4632140	501(C)(3)	34,083				FOR GENERAL OPERATING SUPPORT (\$20,000) AND FOR THE GRADUATION GRANTS FOR 20 PSST GRADUATES FOR 2019 (\$5,000)
INSTITUTE OF ECOLOGICAL DESIGN 9890 BODEGA HWY SEBASTOPOL, CA 95472	46-3142317	501(C)(3)	34,005				FOR THE PERMACULTURE PROJECT AT ST STEPHEN'S EPISCOPAL CHURCH; FOR THE WELCOME AREA OF THE PERMACULTURE DESIGN PROJECT AT ST. STEPHEN'S EPISCOPAL CHURCH, ETC.

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 CHILDREN'S CHORUS PO BOX 9389 SANTA ROSA, CA 95405	68-0165953	501(C)(3)	33,900				FOR GENERAL OPERATING SUPPORT
NPR FOUNDATION 1111 NORTH CAPITOL STREET NE WASHINGTON, DC 20002	52-1795789	501(C)(3)	30,000				2020 OPERATING BUDGET

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
PEDIATRIC DENTAL INITIATIVE OF THE NORTH COAST INC 1380 19TH HOLE DRIVE WINDSOR, CA 95492	34-2012430	501(C)(3)	30,000				FOR DENTAL AND MEDICAL SUPPLIES TO TREAT MORE CHILDREN; TO SUPPORT THE UNANTICIPATED COSTS RELATED TO THE KINCADE FIRE FOR RE-OPENING OF THE SURGERY CENTER
SHARED HOUSING AND RESOURCE EXCHANGE CALIFORNIA 411 RUSSELL AVE SANTA ROSA, CA 95403	81-3993230	501(C)(3)	30,000				TO PROVIDE IMMEDIATE AND DIRECT AID THROUGH AN EMERGENCY NEEDS FUND FOR PARTICIPANTS IN THE HOME SHARE PROGRAMS; FOR GENERAL OPERATING SUPPORT

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
SONOMA COUNTY TRAILBLAZER FOUNDATION 55 PROFESSIONAL CENTER PKWY SUITE A A SAN RAFAEL, CA 94903	68-0241584	501(C)(3)	30,000				TO SUPPORT 2019 GRANTMAKING
UC BERKELEY FOUNDATION - GIFT OPERATIONS 1995 UNIVERSITY AVE SUITE 401 BERKELEY, CA 947041058	94-6090626	501(C)(3)	30,000				FOR SONOMA COUNTY STUDENTS TO ATTEND UC BERKELEY; FOR UC BERKELEY RESEARCH AT PEPPERWOOD PRESERVE, ETC.

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
SEBASTOPOL CENTER FOR THE ARTS 282 S HIGH ST SEBASTOPOL, CA 95472	68-0168638	501(C)(3)	28,250				IN SUPPORT OF THE SEBASTOPOL DOCUMENTARY FILM FESTIVAL; FOR THE PURPOSE OF PURCHASING A NEW SLAB ROLLER AND ELECTRIC KILN; FOR GENERAL OPERATING SUPPORT, ETC.
SALVATION ARMY - SANTA ROSA 93 STONY CIRCLE SANTA ROSA, CA 95401	94-1156347	501(C)(3)	28,000				FOR THE CHRISTMAS KETTLE CAMPAIGN; TO PROVIDE EMERGENCY BUS PASSES FOR CLIENTS IN THE ADULT TRANSITIONAL LIVING PROGRAM AND SENIOR CLIENTS

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
COUNCIL ON AGING SERVICES FOR SENIORS 30 KAWANA SPRINGS RD SANTA ROSA, CA 95404	94-6138714	501(C)(3)	27,750				FOR GENERAL OPERATING SUPPORT; FOR MEALS ON WHEELS
CALIFORNIA PACIFIC MEDICAL CENTER FOUNDATION PO BOX 7999 SAN FRANCISCO, CA 94115	94-2728423	501(C)(3)	27,500				FOR GENERAL OPERATING SUPPORT AND IN HONOR OF KAREN EARLE, M.D.

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
CANCER RESOURCE CENTERS OF MENDOCINO COUNTY 510 CYPRESS ST B-200 FORT BRAGG, CA 954375411	68-0357416	501(C)(3)	27,500				TO SUPPORT CANCER PATIENTS IN LAKE AND MENDOCINO COUNTIES; TO SUPPORT THE COMPASSION IN ACTION MINI-DOCUMENTARY
THE PRIORY IN THE USA OF THE ORDER OF ST JOHN 1850 M ST NW SUITE 1070 WASHINGTON, DC 20036	13-6161455	501(C)(3)	27,500				SAN FRANCISCO ENDOWMENT FUND; 2020 OBLATION

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
FREE BOOKMOBILE OF SONOMA COUNTY 12797 DUPONT RD SEBASTOPOL, CA 95472	83-3579229	501(C)(3)	27,000				FOR GENERAL OPERATING SUPPORT; FOR PHASE ONE OF SUCCESSION PLAN; IN SUPPORT OF THE BOOKMOBILE'S EXPANSION, ETC.
HEALDSBURG JAZZ FESTIVAL INC PO BOX 266 HEALDSBURG, CA 95448	71-0910474	501(C)(3)	27,000				FOR 2019 JAZZ EDUCATION PROGRAM AND IN RECOGNITION OF FRANK CARRUBBA FOR HIS MANY YEARS OF TECHNICAL AND FINANCIAL SUPPORT OF THE HEALDSBURG JAZZ FESTIVAL

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
HEALDSBURG SHARED MINISTRIES PO BOX 1646 HEALDSBURG, CA 95448	94-2838706	501(C)(3)	27,000				TO PURCHASE FOOD FROM THE REDWOOD EMPIRE FOOD BANK; TO PROVIDE FREE FOOD TO UNDERSERVED FAMILIES AND SENIORS IN THE HEALDSBURG AND GEYSERVILLE AREA, ETC.
SONOMA COUNTY REGIONAL PARKS FOUNDATION 2300 COUNTY CENTER DRIVE 120A SANTA ROSA, CA 95403	68-0421813	501(C)(3)	27,000				TO SUPPORT "SCIENCE, SCIENCE EVERYWHERE" A LEARNING EXPERIENCE INTEGRATING CLASSROOM LESSONS, FIELD TRIPS, AND STEWARDSHIP PROJECTS; TO RESTORE FOOTHILL PARK, ETC.

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
AUDUBON CANYON RANCH 4900 SHORELINE HIGHWAY ONE STINSON BEACH, CA 94970	94-6069140	501(C)(3)	26,000				FOR GENERAL OPERATING SUPPORT; FOR BOUVERIE PRESERVE
SANTA ROSA SYMPHONY 50 SANTA ROSA AVENUE STE 410 SANTA ROSA, CA 95404	94-6134075	501(C)(3)	25,950				IN SUPPORT OF THE SANTA ROSA SYMPHONY YOUTH ORCHESTRA; TO SUPPORT THE SIMPLY STRINGS PROGRAM, ETC.

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
BUCKELEW PROGRAMS 201 ALAMEDA DEL PRADO 103 NOVATO, CA 94949	23-7088977	501(C)(3)	25,000				TO PROVIDE DIRECT AND IMMEDIATE EMERGENCY SERVICES TO COMMUNITY MEMBERS WITH BEHAVIORAL HEALTH CHALLENGES
CENTRAL PACIFIC DISTRICT OF THE CHRISTIAN AND MISSIONARY ALLIANCE 715 LINCOLN AVE WOODLAND, CA 95695	13-1623940	501(C)(3)	25,000				TO SUPPORT THE BRIDGE CHURCH

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
DAILY HOPE MINISTRIES PO BOX 80448 RANCHO SANTA MARGARITA, CA 92688	26-3854748	501(C)(3)	25,000				FOR GENERAL OPERATING SUPPORT
FAMILY JUSTICE CENTER OF SONOMA COUNTY FOUNDATION 2755 MENDOCINO AVE STE 100 SANTA ROSA, CA 95403	45-3160831	501(C)(3)	25,000				FOR GENERAL OPERATING SUPPORT

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
FOUNDATION FOR NATIONAL PROGRESS DBA MOTHER JONES 222 SUTTER STREET STE 600 SAN FRANCISCO, CA 94108	94-2282759	501(C)(3)	25,000				TO FUND THE NEW MENTOR INITIATIVE
GOLDEN GATE NATIONAL PARKS CONSERVANCY 201 FORT MASON 3RD FLOOR SAN FRANCISCO, CA 94123	94-2781708	501(C)(3)	25,000				TO SUPPORT ONETAM

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
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, M.D.
KNIGHTS OF INDULGENCE THEATRE UNITED STATES 461 SEBASTOPOL AVENUE SANTA ROSA, CA 95401	03-0461324	501(C)(3)	25,000				FOR GENERAL OPERATING SUPPORT AND TO SUPPORT THE ARTISTS OWNED CAMPAIGN; TO SUPPORT THE IMAGINISTS ION PROJECT

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)	25,000				FOR GENERAL OPERATING SUPPORT
SONOMA VALLEY MENTORING ALLIANCE PO BOX 721 SONOMA, CA 95476	68-0429128	501(C)(3)	24,500				FOR GENERAL OPERATING SUPPORT

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
PONY EXPRESS EQUINE ASSISTED SKILLS FOR YOUTH 6413 SONOMA HIGHWAY SANTA ROSA, CA 95409	80-0370392	501(C)(3)	23,000				FOR GENERAL OPERATING SUPPORT; SUPPORTING THE EQUINE ASSISTED SKILLS FOR YOUTH PROGRAM; TO ASSIST IN FLOOD DAMAGE RECOVERY & RECUPERATION FOR EQUINE PROGRAM
HEALTHCARE FOUNDATION NORTHERN SONOMA COUNTY PO BOX 1025 HEALDSBURG, CA 95448	68-0474109	501(C)(3)	22,500				FOR GENERAL OPERATING SUPPORT AND IN HONOR OF THE 70TH BIRTHDAY OF DR. STEVEN UNGERLEIDER, M.D. AND IN MEMORY OF LEN SCOTT

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
TEEN SERVICES SONOMA 17440 SONOMA HIGHWAY SONOMA, CA 95476	68-0390038	501(C)(3)	22,500				TO SUPPORT THE TEAM BUILDING PROGRAM; IN SUPPORT OF THE COWBOY CAB EVENT; FOR GENERAL OPERATING SUPPORT, ETC.
SONOMA COMMUNITY CENTER 276 EAST NAPA STREET SONOMA, CA 95476	94-1566728	501(C)(3)	21,500				FOR THE PURPOSE OF BUILDING A SODA KILN FOR THE CERAMICS DEPARTMENT

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
ALZHEIMER'S ASSOCIATION NORTHERN CALIFORNIA CHAPTER 2290 NORTH FIRST STREET SAN JOSE, CA 95131	13-3039601	501(C)(3)	21,000				FOR GENERAL OPERATING SUPPORT; FOR THE PETALUMA WALK TO END ALZHEIMER'S, ETC.
AMERICAN RED CROSS OF THE CALIFORNIA NORTHWEST 5297 AERO DRIVE SANTA ROSA, CA 95403	53-0196605	501(C)(3)	21,000				TO BE DIVIDED EVENLY BETWEEN THE HOME FIRE CAMPAIGN (PREVENTION AND EDUCATION) AND THE HOME FIRE FINANCIAL ASSISTANCE 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
BUILDING MARKETS 32 BROADWAY SUITE 1714 NEW YORK, NY 10004	98-0575195	501(C)(3)	21,000				FOR GENERAL OPERATING SUPPORT
HABITAT FOR HUMANITY OF SONOMA COUNTY 3273 AIRWAY DR STE E SANTA ROSA, CA 95403	68-0041170	501(C)(3)	20,250				FOR THE GRATON HOME BUILDING PROJECT; FOR GENERAL OPERATING SUPPORT

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
AUM CENTER INC 4803 YELLOWWOOD AVE BALTIMORE, MD 21209	23-7181971	501(C)(3)	20,000				FOR THE STANLEY KRIPPNER LIVING CONSCIOUSNESS STUDIES PROGRAM
BOTANICAL BUS 8128 BODEGA AVE SEBASTOPOL, CA 954723116	84-3039239	501(C)(3)	20,000				FOR GENERAL OPERATING SUPPORT

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

(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
COMMUNITY CHILD CARE COUNCIL OF SONOMA COUNTY 131-A STONY CIRCLE STE 300 SANTA ROSA, CA 95401	94-2274620	501(C)(3)	20,000				FOR EMERGENCY CHILD SUPPORT; TO SUPPORT TRAINING & PROJECTS RELATED TO RESILIENT LEADERSHIP IN TIMES OF DISASTER
GRANTMAKERS CONCERNED WITH IMMIGRANTS AND REFUGEES PO BOX 1100 SEBASTOPOL, CA 95473	20-2559651	501(C)(3)	20,000				TO SUPPORT UNDOCUFUND'S FLOOD RELIEF WORK

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
LATINO SERVICE PROVIDERS 1015-A CENTER DRIVE SANTA ROSE, CA 95403	46-4107589	501(C)(3)	20,000				FOR GENERAL OPERATING SUPPORT TO LATINO SERVICE PROVIDERS, INCLUDING LEADERSHIP DEVELOPMENT TO THE EXECUTIVE DIRECTOR
NORTH BAY JOBS WITH JUSTICE 600 B STREET SANTA ROSA, CA 95401	81-1374240	501(C)(3)	20,000				TO SUPPORT BUILDING ECONOMIC RESILIENCE FOR VULNERABLE COMMUNITIES IMPACTED BY THE WILDFIRES

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
PETALUMA PHOENIX CENTER 201 WASHINGTON ST PETALUMA, CA 94952	68-0482910	501(C)(3)	20,000				FOR GENERAL OPERATING SUPPORT
ST JOSEPH HOME CARE NETWORK 439 COLLEGE AVENUE SANTA ROSA, CA 95401	68-0331084	501(C)(3)	20,000				TO SUPPORT THE CHILDREN'S GRIEF SERVICES 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
YWCA OF SONOMA COUNTY PO BOX 3506 SANTA ROSA, CA 95402	94-2347428	501(C)(3)	20,000				TO PROVIDE BASIC NEEDS TO VICTIMS OF DOMESTIC VIOLENCE IN YOUR CONFIDENTIAL SAFE HOUSE; ON GOING GENERAL SUPPORT
FORT ROSS CONSERVANCY 19005 COAST HIGHWAY ONE JENNER, CA 95450	94-2370751	501(C)(3)	19,611				FOR GENERAL OPERATING SUPPORT

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
COMMUNITY SUPPORT NETWORK 1410 GUERNEVILLE RD SUITE 14 SANTA ROSA, CA 95403	94-2159583	501(C)(3)	18,903				FOR GENERAL OPERATING SUPPORT
SUKHASIDDHI FOUNDATION PO BOX 151327 SAN RAFAEL, CA 94915	68-0395959	501(C)(3)	18,000				FOR GENERAL OPERATING SUPPORT AND IN RECOGNITION OF JOANNE MOLYNEAUX

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
CENTRO LABORAL DE GRATON PO BOX 42 GRATON, CA 95444	68-0472311	501(C)(3)	17,500				TO SUPPORT CENTRO LABORAL DE GRATON'S DOMESTIC WORKER ORGANIZING PROJECT, ALMAS; FOR GENERAL OPERATING SUPPORT
OCCIDENTAL ARTS AND ECOLOGY CENTER 15290 COLEMAN VALLEY ROAD OCCIDENTAL, CA 95465	68-0359676	501(C)(3)	17,500				FOR GENERAL OPERATING SUPPORT; FOR REWILDING CONFERENCE, TO BE MATCHED BY PATAGONIA ACTION WORKS; TO SUPPORT THE PERENNIAL PLANT NURSERY AT OAEC, ETC.

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
SONOMA VALLEY EDUCATION FOUNDATION PO BOX 493 SONOMA, CA 95476	68-0279152	501(C)(3)	17,500				FOR GENERAL OPERATING SUPPORT
HEALDSBURG EDUCATION FOUNDATION PO BOX 1668 HEALDSBURG, CA 95448	68-0051242	501(C)(3)	17,200				TO SUPPORT THE JUNIOR ACADEMIC INTERNSHIP PROGRAM AT HEALDSBURG HIGH SCHOOL; FOR GENERAL SUPPORT, ETC.

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)	17,000				FOR GENERAL OPERATING SUPPORT; TO PROVIDE RENTAL ASSISTANCE TO UNDERSERVED SONOMA VALLEY FAMILIES & INDIVIDUALS
THE CLIMATE CENTER PO BOX 3785 SANTA ROSA, CA 95402	45-0485495	501(C)(3)	17,000				FOR GENERAL OPERATING SUPPORT

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
BELLEVUE UNION SCHOOL DISTRICT 3150 EDUCATION DRIVE SANTA ROSA, CA 95407	58-2129727	GOV'T	16,218				TO SUPPORT FUNDING FOR READING INTERVENTION MATERIALS FOR KAWANA ELEMENTARY'S DUAL IMMERSION PROGRAM
CHILDREN'S MUSEUM OF SONOMA COUNTY 1835 WEST STEELE LANE SANTA ROSA, CA 95403	20-3496878	501(C)(3)	16,000				FOR GENERAL OPERATING SUPPORT; TO SUPPORT 2019 TIME TO WONDER BENEFIT; TO SUPPORT TRAINING & PROJECTS RELATED TO RESILIENT LEADERSHIP IN TIMES OF DISASTER

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
INTERNATIONAL RESCUE COMMITTEE 122 EAST 42ND STREET NEW YORK, NY 10168	13-5660870	501(C)(3)	15,500				FOR GENERAL OPERATING SUPPORT; TO SUPPORT FUNDING FOR THE POP-UP LEARNING PROJECT WITHIN THE AIRBEL TEAM
LILLIPUT CHILDREN'S SERVICES 8391 AUBURN BOULEVARD CITRUS HEIGHTS, CA 95610	94-2614102	501(C)(3)	15,250				IN SUPPORT OF ADDRESSING NEEDS OF FOSTER FAMILIES, ENABLING SCHOOL-AGED CHILDREN IN FOSTER CARE TO ACCESS CULTURAL ENRICHMENT ACTIVITIES

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
AMBULATORY SURGERY ACCESS COALITION DBA OPERATION ACCESS 1119 MARKET STREET SUITE 400 SAN FRANCISCO, CA 94103	94-3180356	501(C)(3)	15,000				TO COORDINATE DONATED SURGERIES AND SPECIALTY MEDICAL PROCEDURES FOR UNDOCUMENTED PEOPLE IN SONOMA COUNTY
AMERICAN OVERSIGHT INC 1030 15TH ST NW SUITE B255 WASHINGTON, DC 20005	81-5294830	501(C)(3)	15,000				FOR 2020 GENERAL OPERATING EXPENSES

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
BISHOP JOHN T WALKER SCHOOL FOR BOYS DEVELOPMENT OFFICE 1801 MISSISSIPPI AVENUE SE WASHINGTON, DC 20020	53-0196608	501(C)(3)	15,000				FOR GENERAL OPERATING SUPPORT
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

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
FISH OF THE SANTA ROSA AREA INC PO BOX 4291 SANTA ROSA, CA 95402	51-0159551	501(C)(3)	15,000				FOR GENERAL OPERATING SUPPORT; TO PURCHASE FOOD FROM REDWOOD EMPIRE FOOD BANK FOR EVER INCREASING CLIENTELE AT F.I.S.H FREE FOOD PANTRY
HEARTWOOD CHURCH PO BOX 1409 ROHNERT PARK, CA 94928	94-1347058	501(C)(3)	15,000				IN SUPPORT OF DEMOLITION WORK

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
INTERFAITH SHELTER NETWORK 3850 MONTGOMERY DR SANTA ROSA, CA 95405	68-0222942	501(C)(3)	15,000				TO PROVIDE EMERGENCY FUNDING FOR CLIENTS IN IFSN HOUSING PROGRAMS
JEWISH COMMUNITY FREE CLINIC OF SONOMA COUNTY 50 MONTGOMERY DR SANTA ROSA, CA 95404	94-3386103	501(C)(3)	15,000				FOR GENERAL OPERATING SUPPORT; TO FUND TANGIBLE DIRECT AID HEALTH PROVISIONS FOR THE UNDERSERVED (E.G. MEDICATIONS, VACCINES, AND LAB TESTS)

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
PETALUMA ECUMENICAL PROPERTIES 625 ACACIA LN SANTA ROSA, CA 95409	94-2565270	501(C)(3)	15,000				TO SUPPORT TRAINING AND PROJECTS RELATED TO RESILIENT LEADERSHIP IN TIMES OF DISASTER
RESTORE HETCH HETCHY 3286 ADELIN STREET SUITE 7 BERKELEY, CA 94703	77-0551533	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.

(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
SMITH COLLEGE 76 ELM STREET NORTHAMPTON, MA 01063	04-1843040	501(C)(3)	15,000				FOR 45TH REUNION; FOR GENERAL OPERATING SUPPORT
SONOMA STATE UNIVERSITY SEAWOLF SCHOLARS PROGRAM 1801 EAST COTATI AVE ROHNERT PARK, CA 94928	68-0338225	501(C)(3)	15,000				TO PROVIDE EMERGENCY FUNDING TO STUDENTS ENROLLED IN THE SEAWOLF SCHOLARS PROGRAM AT SONOMA STATE UNIVERSITY

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
SONOMA VALLEY COMMUNITY HEALTH CENTER 19270 SONOMA HWY SONOMA, CA 95476	68-0286382	501(C)(3)	14,500				TO PROVIDE TRANSPORTATION FOR PEOPLE TO RECEIVE MEDICAL CARE AT SONOMA VALLEY COMMUNITY HEALTH CENTER; FOR GENERAL OPERATING SUPPORT
FARM TO PANTRY PO BOX 191 HEALDSBURG, CA 95448	46-5321538	501(C)(3)	14,000				FOR GENERAL OPERATING SUPPORT & EXPENSES; TO SUPPORT INCREASE STAFFING TO MEETING INCREASING DEMANDS FOR OUR PROGRAMS AND 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
KQED INC 2601 MARIPOSA STREET SAN FRANCISCO, CA 94110	94-1241309	501(C)(3)	13,850				FOR GENERAL OPERATING SUPPORT; FOR OUR ANNUAL GIFT FOR 2019 GENERAL OPERATING EXPENSES
HEALDSBURG PERFORMING ARTS THEATER PO BOX 870 HEALDSBURG, CA 95448	68-0470571	501(C)(3)	13,500				TO PROVIDE A FREE PERFORMING ARTS PROGRAM FROM ACTING, SINGING, AND DANCE FOR THE DIVERSE YOUTH POPULATION OF HEALDSBURG; FOR GENERAL OPERATING SUPPORT, ETC.

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
SONOMA VALLEY MUSEUM OF ART PO BOX 322 SONOMA, CA 95476	68-0409459	501(C)(3)	13,500				TO SUPPORT THE ART REWARDS THE STUDENT PROGRAM; FOR GENERAL OPERATING SUPPORT
ALEXANDER VALLEY UNION SCHOOL DISTRICT 8511 CAL HWY 128 HEALDSBURG, CA 95448	45-2381410	GOV'T	13,000				TO SUPPORT THE OPERATING COSTS OF OUR ADULT AND FAMILY ESL 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
SEBASTOPOL COMMUNITY CULTURAL CENTER 390 MORRIS STREET SEBASTOPOL, CA 95472	94-2915229	501(C)(3)	13,000				TO RECOGNIZE THE SEBASTOPOL COMMUNITY CENTER'S GUEST SPEAKER'S PROGRAM AND IN SUPPORT OF THE NEW AUDIO SYSTEM FOR THE MAIN HALL
POINT REYES NATIONAL SEASHORE ASSOCIATION 1 BEAR VALLEY ROAD BLDG 70 POINT REYES STATION, CA 94956	94-2228894	501(C)(3)	12,500				TO SUPPORT PRNSA'S ! VAMOS AFUERA! ENVIRONMENTAL EDUCATION OUTDOOR EXPLORATION PROGRAM FOR UNDERSERVED LATINO YOUTH AND FAMILIES, ETC.

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
SONOMA COUNTY PUBLIC LIBRARY FOUNDATION PO BOX 1402 SANTA ROSA, CA 954021402	68-0137105	501(C)(3)	12,500				TO INCREASE DAILY READING TO LOCAL CHILDREN BY SUPPLYING FAMILIES WITH BOOKS, INSTRUCTION AND ENCOURAGEMENT THROUGH THE FREE BOOK MOBILE
ST VINCENT DE PAUL SOCIETY OF SONOMA COUNTY PO BOX 1095 ROHNERT PARK, CA 949271095	94-1433890	501(C)(3)	12,500				TO SUPPORT THE FOOD PROGRAM AT THE ST. VINCENT DE PAUL COMMUNITY KITCHEN; FOR GENERAL OPERATING SUPPORT

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
MANZANITA SERVICES INC 410 JONES ST SUITE C-1 UKIAH, CA 95482	26-3901214	501(C)(3)	12,000				FOR GENERAL OPERATING SUPPORT
COURT APPOINTED SPECIAL ADVOCATES OF SONOMA COUNTY INC PO BOX 1418 KENWOOD, CA 95452	68-0404770	501(C)(3)	11,000				FOR GENERAL OPERATING SUPPORT

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

(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
HOSPICE BY THE BAY FOUNDATION 17 E SIR FRANCIS DRAKE BLVD LARKSPUR, CA 94939	94-2890791	501(C)(3)	11,000				FOR GENERAL OPERATING SUPPORT
INLAND NORTHWEST OPERA PO BOX 3106 COEUR DALENE, ID 83816	82-0464809	501(C)(3)	11,000				FOR GENERAL OPERATING SUPPORT AND IN HONOR OF OUR FRIEND JOAN WOODARD

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
POINT BLUE CONSERVATION SCIENCE 3820 CYPRESS DRIVE 11 PETALUMA, CA 94954	94-1594250	501(C)(3)	11,000				FOR GENERAL OPERATING SUPPORT AND IN MEMORY OF TED ELIOT
REBUILDING TOGETHER - PETALUMA PO BOX 100 PETALUMA, CA 949530100	91-1762902	501(C)(3)	11,000				TO SUPPORT THE REPAIR WORK FOR FOUR COTS FACILITIES; TO BE USED TOWARD THE \$10,000 NEEDED FOR COMMUNITY GRANT PROPOSAL REPAIRS

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
SONOMA FAMILY MEAL PO BOX 14522 SANTA ROSA, CA 95402	82-3332831	501(C)(3)	11,000				TO PROVIDE MEALS TO FIRST RESPONDERS, EVACUEES, AND DISASTER SURVIVORS DURING AND AFTER LARGE-SCALE EMERGENCIES IN SONOMA COUNTY
VALLEY OF THE MOON CHILDREN'S HOME FOUNDATION PO BOX 11671 SANTA ROSA, CA 95406	68-0343720	501(C)(3)	11,000				TO HELP COVER COSTS AND EXPENSES FOR DENTAL TREATMENTS AND DENTAL EMERGENCIES FOR CHILDREN BROUGHT INTO VMCH CARE; FOR GENERAL OPERATING SUPPORT

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
RURAL CALIFORNIA BROADCASTING-KRCB 5850 LABATH AVENUE ROHNERT PARK, CA 94928	94-2718837	501(C)(3)	10,600				FOR GENERAL OPERATING SUPPORT; FOR REPLACEMENT OF RADIO TRANSMITTER DESTROYED BY KINCADE FIRE
COVIA FOUNDATION 2185 N CALIFORNIA BLVD 215 WALNUT CREEK, CA 94596	46-0502111	501(C)(3)	10,500				FOR THE CONTINUATION OF SPRING LAKE VILLAGE CLASSICAL MUSIC; TO PROVIDE EMERGENCY FUNDING FOR SENIORS LIVING ON FIXED INCOMES WHO ARE IN DIRE CIRCUMSTANCES

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
CITY OF HEALDSBURG 1557 HEALDSBURG AVE HEALDSBURG, CA 95448	94-6000347	GOV'T	10,350				FOR RUSTIC REDWOOD BENCH ON FITCH MOUNTAIN; TO SUPPORT HEALDSBURG MUSIC IN THE PLAZA; TO SUPPORT 2019 TUESDAY IN THE PLAZA HISPANIC MUSIC CONCERT, ETC.
ALLIANCE MEDICAL CENTER 1381 UNIVERSITY AVENUE HEALDSBURG, CA 95448	94-2308748	501(C)(3)	10,000				TO SUPPORT THE GROWTH AND DEVELOPMENT OF ALLIANCE MEDICAL CENTER'S LITERACY EDUCATION AND REACH OUT AND READ PROGRAMS

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
ALLIANCE REDWOODS CONFERENCE GROUNDS 6250 BOHEMIAN HIGHWAY OCCIDENTAL, CA 95465	94-1683665	501(C)(3)	10,000				TO FUND EFFORTS MADE BY ALLIANCE REDWOODS CONFERENCE GROUNDS TO HOUSE, FEED, AND CARE FOR FIREFIGHTERS WHO WERE FIGHTING THE KINCADE FIRE
ANALY BAND WAGON PO BOX 2154 SEBASTOPOL, CA 95473	68-0342897	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.

(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
AUTISM TREE PROJECT INC 2845 NIMITZ BLVD SUITE C SAN DIEGO, CA 92106	71-0942573	501(C)(3)	10,000				FOR GENERAL OPERATING SUPPORT
BRANDEIS HILLEL DAY SCHOOL - MARIN 180 N SAN PEDRO ROAD SAN RAFAEL, CA 94903	47-1253063	501(C)(3)	10,000				FOR MULTI-YEAR ENDOWMENT FOR JACKIE HOFFNER KINDNESS AND TIKKUN OLAM AWARD

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
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
CITY OF SANTA ROSA 637 FIRST STREET SANTA ROSA, CA 95404	94-6000428	GOV'T	10,000				TO STRENGTHEN COMMUNITY COHESION AND PREPARE NEIGHBORHOODS FOR FUTURE EMERGENCY VIA THE RESILIENT NEIGHBORHOOD NEIGHBORFEST 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
COLUMBUS FOUNDATION 1234 EAST BROAD STREET COLUMBUS, OH 43205	31-6044264	501(C)(3)	10,000				WASHINGTON GLADDEN SOCIAL JUSTICE PARK FUND (#3599) AND IN HONOR OF LOANN CRANE
CRIME PREVENTION RESEARCH CENTER 106 WOODBINE PL MISSOULA, MT 598031300	80-0917179	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.

(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
EXTENDED CHILD CARE COALITION OF SONOMA COUNTY INC 1745 COPPERHILL PARKWAY SANTA ROSA, CA 95403	94-2526630	501(C)(3)	10,000				TO SUPPORT THE COMMUNITY SOIL FOUNDATION ENVIRONMENTAL EDUCATIONAL PROGRAMS AT THE LARKFIELD COMMUNITY GARDEN/LEARNING CENTER
FINANCIAL AWARENESS FOUNDATION 959 GOLF COURSE DR 273 ROHNERT PARK, CA 94928	46-3726461	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.

(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
FOUNDATION FOR INTERDISCIPLINARY STUDIES PO BOX 388 CARDIFF BY THE SEA, CA 92007	77-0086554	501(C)(3)	10,000				FOR GENERAL OPERATING SUPPORT
GERMANTOWN FRIENDS SCHOOL 31 WEST COULTER ST PHILADELPHIA, PA 191442801	05-0630018	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.

(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
GLOBAL LEADERSHIP NETWORK DBA WILLOW CREEK ASSOCIATION PO BOX 3188 BARRINGTON HILLS, IL 60010	36-3799040	501(C)(3)	10,000				IN SUPPORT OF GLOBAL SITES (\$5,000) AND SCHOLARSHIPS (\$5,000)
INTERVARSITY CHRISTIAN FELLOWSHIP PO BOX 7895 MADISON, WI 537077895	36-2171714	501(C)(3)	10,000				IN SUPPORT OF MARIA FINKBINER'S WORK WITH URBANA 21

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
LATINO COMMUNITY FOUNDATION 235 MONTGOMERY STREET SUITE 1160 SAN FRANCISCO, CA 94104	81-0564400	501(C)(3)	10,000				FOR GENERAL OPERATING SUPPORT
LIME FOUNDATION 3327 MCMAUDE PLACE SANTA ROSA, CA 95407	47-2046585	501(C)(3)	10,000				FOR NEXTGEN TRADES ACADEMY

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
NATIONAL PARKS CONSERVATION ASSOCIATION 777 6TH STREET NW SUITE 700 WASHINGTON, DC 200013723	53-0225165	501(C)(3)	10,000				FOR GENERAL OPERATING SUPPORT
SAVE THE REDWOODS LEAGUE 111 SUTTER STREET 11TH FLOOR SAN FRANCISCO, CA 94104	94-0843915	501(C)(3)	10,000				GENERAL SUPPORT

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
SONOMA COUNTY CHILDREN'S CHARITIES 414 AVIATION BLVD SANTA ROSA, CA 95403	68-0270692	501(C)(3)	10,000				TO SUPPORT THE 2019 SCHULZ AUCTION FUNDRAISER
SPUR 654 MISSION STREET SAN FRANCISCO, CA 94105	94-1498232	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.

(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
ST JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	62-0646012	501(C)(3)	10,000				FOR GENERAL OPERATING SUPPORT
STOVETEAM INTERNATIONAL PO BOX 51025 EUGENE, OR 97405	42-1757328	501(C)(3)	10,000				FOR THE IMPLEMENTATION OF A TRAINING PROGRAM IN GUATEMALAN SCHOOLS TO PROMOTE THE IMPORTANCE OF CLEAN INDOOR AIR TO HUMAN HEALTH AND THE ENVIRONMENT

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
UNIVERSITY OF THE PACIFIC OFFICE OF FINANCIAL AID STOCKTON, CA 95211	94-1156266	501(C)(3)	10,000				TO SUPPORT THE PACIFIC HEAVY ENSEMBLE
VOTER REGISTRATION PROJECT 1300 EYE STREET NW SUITE 450 EAST WASHINGTON, DC 20005	26-4802468	501(C)(3)	10,000				GENERAL OPERATING EXPENSES

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
WORLD CONNECT INC 209 CONOVER STREET BROOKLYN, NY 11231	56-2525151	501(C)(3)	10,000				FOR GENERAL OPERATING SUPPORT
YOUTH LEADERSHIP INSTITUTE 209 9TH STREET SUITE 200 SAN FRANCISCO, CA 94103	68-0184712	501(C)(3)	10,000				TO SUPPORT YOUTH VOICE AT THE CALIFORNIA ECONOMIC SUMMIT

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
YR MEDIA 1701 BROADWAY OAKLAND, CA 94612	94-3180825	501(C)(3)	10,000				2019-20 OPERATING EXPENSES
BILINGUAL BROADCASTING FOUNDATION PO BOX 7189 SANTA ROSA, CA 95407	23-7134263	501(C)(3)	9,056				FOR GENERAL OPERATING SUPPORT

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
VOLUNTEER CENTER OF SONOMA COUNTY INC 153 STONY CIRCLE SUITE 100 SANTA ROSA, CA 95401	94-1751375	501(C)(3)	8,900				FOR GENERAL OPERATING SUPPORT FOR THE COLLEGE TEE PROJECT; FOR GENERAL OPERATING SUPPORT
GIRL SCOUTS OF NORTHERN CALIFORNIA 1650 HARBOR BAY PARKWAY STE100 ALAMEDA, CA 945023013	94-1551410	501(C)(3)	8,000				FOR THE OUTREACH PROGRAM IN 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
ST VINCENT DE PAUL HIGH SCHOOL 849 KEOKUK STREET PETALUMA, CA 94952	94-2284011	501(C)(3)	8,000				FOR COMMUNITY SERVICE ENHANCEMENT
GEYSERVILLE UNIFIED SCHOOL DISTRICT 1300 MOODY LANE GEYSERVILLE, CA 95441	37-1737941	GOV'T	7,900				FOR GENERAL OPERATING SUPPORT

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
ACTION NETWORK PO BOX 1163 GUALALA, CA 95445	45-0479312	501(C)(3)	7,500				TO SUPPORT THE IREAD TODAY FOR SUCCESS TOMORROW PROGRAM
CORNELL UNIVERSITY BOX 37334 BOONE, IA 500370334	15-0532082	501(C)(3)	7,500				FOR GENERAL OPERATING SUPPORT AND IN MEMORY OF TED ELIOT; TO SUPPORT A SOCIAL ENTREPRENEUR WHO IS MAKING THE WORLD A BETTER PLACE

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
SAN DOMENICO SCHOOL 1500 BUTTERFIELD ROAD SAN ANSELMO, CA 94960	94-6080077	501(C)(3)	7,500				IN SUPPORT OF THE PROPOSED SR. GERVAISE VALPEY AQUATIC AND COMMUNITY CENTER; FOR GENERAL OPERATING SUPPORT
SAN FRANCISCO UNIVERSITY HIGH SCHOOL 3065 JACKSON STREET SAN FRANCISCO, CA 94115	23-7313754	501(C)(3)	7,500				FOR GENERAL OPERATING SUPPORT

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

(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
SCRIPPS COLLEGE 1030 COLUMBIA AVE 2009 CLAREMONT, CA 91711	95-1664123	501(C)(3)	7,500				FOR GENERAL OPERATING SUPPORT
SONOMA VOLUNTEER FIREFIGHTERS ASSOCIATION 630 2ND STREET WEST SONOMA, CA 95476	23-7335141	501(C)(3)	7,500				FOR PURCHASE OF STATION 4 TYPE 6 ENGINE; FOR GENERAL OPERATING SUPPORT

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
ST ANDREW PRESBYTERIAN CHURCH 16290 ARNOLD DR SONOMA, CA 95476	51-0158108	501(C)(3)	7,500				FOR GENERAL OPERATING SUPPORT
UNIVERSITY OF GEORGIA FOUNDATION 394 S MILLEDGE AVENUE ATHENS, GA 30602	58-6033837	501(C)(3)	7,500				FOR THE PURCHASE OF A KILN FOR THE UGA CORTONA CENTER

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
SEEDS OF LEARNING PO BOX 2107 SONOMA, CA 95476	68-0254397	501(C)(3)	7,200				FOR GENERAL OPERATING SUPPORT
JEWISH FAMILY & CHILDREN'S SERVICES PO BOX 159004 SAN FRANCISCO, CA 94115	94-1156528	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.

(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
HEADCOUNT 104 WEST 29TH STREET 11TH FLOOR NEW YORK, NY 10001	77-0626772	501(C)(3)	6,500				FOR GENERAL OPERATING SUPPORT
HEALDSBURG CENTER FOR THE ARTS 130 PLAZA STREET HEALDSBURG, CA 95448	72-1571075	501(C)(3)	6,500				TO SUPPORT THE OPERATIONAL EXPENSES NEEDED TO PROVIDE PROGRAMMING AND SERVICES AT HCA

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
CAMP WINNARAINBOW PO BOX 1359 LAYTONVILLE, CA 95454	94-2869998	501(C)(3)	6,000				FOR GENERAL OPERATING SUPPORT
EMPIRE COLLEGE - OFFICE OF FINANCIAL AID 3035 CLEVELAND AVENUE SANTA ROSA, CA 95403	68-0334006	501(C)(3)	6,000				FOR SCHOLARSHIP TO SUPPORT KRISTIN WALLEY

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
JUDICIAL WATCH 425 THIRD ST SW SUITE 800 WASHINGTON, DC 20024	52-1885088	501(C)(3)	6,000				FOR GENERAL OPERATING SUPPORT; IN SUPPORT OF THE CONTINUING INQUIRY INTO THE EMAIL INVESTIGATION; ON GOING SUPPORT
KAISER FOUNDATION HOSPITALS 1950 FRANKLIN STREET THIRD FLOOR OAKLAND, CA 94612	94-1105628	501(C)(3)	6,000				TO SUPPORT HEARTFELT HELP - SANTA CLARA

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
MENDOCINO COUNTY PUBLIC BROADCASTING PO BOX 1 PHILO, CA 95466	68-0050440	501(C)(3)	6,000				FOR GENERAL OPERATING SUPPORT
SONOMA VALLEY HIGH BOOSTERS CLUB PO BOX 1264 SONOMA, CA 95476	68-0037583	501(C)(3)	6,000				FUNDS ARE FOR THE PERFORMING ARTS PROGRAM; FOR GENERAL OPERATING SUPPORT

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
TAHOE TRUCKEE UNIFIED SCHOOL DISTRICT 11603 DONNER PASS ROAD TRUCKEE, CA 961614953	94-6003109	GOV'T	6,000				5K FOR FIELDWORK, TEACHER EDUCATION AND PLAYGROUND NEEDS.
WILDAID 333 PINE ST SAN FRANCISCO, CA 94104	20-3644441	501(C)(3)	6,000				FOR GENERAL OPERATING SUPPORT; FOR FUND A NEED

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
BODEGA LAND TRUST PO BOX 254 BODEGA, CA 94922	94-3175306	501(C)(3)	5,925				FOR GENERAL OPERATING SUPPORT
INQUIRING SYSTEMS INC 101 BROOKWOOD AVE STE 204 SANTA ROSA, CA 95404	94-2524840	501(C)(3)	5,850				FOR CARE PARTNERS INITIATIVE; FOR START UP FEE FOR CARE PARTNERS INITIATIVE FOR FINANCIAL SPONSORSHIP

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
PRESENTATION SCHOOL 20872 BROADWAY SONOMA, CA 95476	91-1829138	501(C)(3)	5,775				FOR FUND A NEED CAMPAIGN; FOR GENERAL OPERATING SUPPORT
HEALDSBURG MUSEUM & HISTORICAL SOCIETY 221 MATHESON STREET HEALDSBURG, CA 95448	94-2401543	501(C)(3)	5,754				FOR GENERAL OPERATING SUPPORT

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
CONGREGATION SHOMREI TORAH 2600 BENNETT VALLEY RD SANTA ROSA, CA 95404	94-2261436	501(C)(3)	5,700				FOR 2019/2020 MEMBERSHIP/SUPPORT; TO SUPPORT ELIJAH'S PANTRY
CLOVERDALE ARTS ALLIANCE 204 N CLOVERDALE BLVD CLOVERDALE, CA 95425	68-0466983	501(C)(3)	5,500				GENERAL SUPPORT; IN SUPPORT OF THE ANNUAL APPEAL; TO SUPPORT FRIDAY NIGHT LIVE

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
LISTENING FOR A CHANGE 4908 SONOMA HIGHWAY SUITE B SANTA ROSA, CA 95409	68-0431904	501(C)(3)	5,500				FOR DOCUMENTARY FILM OF FIRESTORM SURVIVORS; TO SPONSOR THE WEAVE COMMUNITY FUNDRAISING EVENT HELD ON AUGUST 17, 2019
FACE TO FACE SONOMA COUNTY AIDS NETWORK 873 SECOND STREET SANTA ROSA, CA 95404	68-0052664	501(C)(3)	5,050				FOR GENERAL OPERATING SUPPORT; TO SUPPORT THE 2019 ART FOR LIFE BENEFIT

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
LAGUNA DE SANTA ROSA FOUNDATION 900 SANFORD ROAD SANTA ROSA, CA 95401	94-3155180	501(C)(3)	5,025				FOR GENERAL OPERATING SUPPORT

Schedule J
(Form 990)

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2019

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 idemnification 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 on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	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 on 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?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
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?	5b	No
If "Yes," on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	No
b Any related organization?	6b	No
If "Yes," on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described 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)	188,859	24,000	0	12,584	8,239	233,682	0
	(ii)	0	0	0	0	0	0	0
2 ANN BUTTERFIELD VP OF FINANCE & OPS	(i)	126,143	8,000	0	4,731	19,456	158,330	0
	(ii)	0	0	0	0	0	0	0

Part III **Supplemental Information**

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

Return Reference	Explanation
-------------------------	--------------------

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

▶ **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	18	1,652,690	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 isn't 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 didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

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

2019**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 A PUBLIC DISCLOSURE COPY OF THE FORM 990 TO THE AUDIT COMMITTEE WHO DISCUSSED THE FORM AT A VIRTUAL MEETING. A COMPLETE COPY OF FORM 990, INCLUDING SCHEDULE B, WAS MADE AVAILABLE TO ALL VOTING MEMBERS OF THE BOARD BEFORE FILING. BOARD MEMBERS WERE ENCOURAGED TO FORWARD QUESTIONS AND COMMENTS TO THE VP.

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 904,506.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

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