



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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)

OMB No 1545-0047

2014Open to Public
Inspection

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.**A** For the 2014 calendar year, or tax year beginning and ending**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)

120 STONY POINT ROAD

Room/suite

220

City or town, state or province, country, and ZIP or foreign postal code

SANTA ROSA, CA 95401

F Name and address of principal officer: ELIZABETH BROWN

SAME AS C ABOVE

D Employer identification number

68-0003212

E Telephone number

707-579-4073

G Gross receipts \$

66,339,521.

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**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities <u>WE CONNECT PEOPLE, IDEAS AND RESOURCES TO BENEFIT THE LIVES OF THOSE WHO LIVE IN SONOMA COUNTY.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	24	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	24	
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	15	
	6	Total number of volunteers (estimate if necessary)	50	
	Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
7b		Net unrelated business taxable income from Form 990-T, line 34	0.	
8		Contributions and grants (Part VIII, line 1h)	Prior Year: 9,003,952. Current Year: 9,763,207.	
9		Program service revenue (Part VIII, line 2g)	1,565,020. 266,142.	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,304,403. 10,271,178.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0. 5,409.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,873,375. 20,305,936.	
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13,225,935. 11,943,102.
		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)	1,265,971. 1,148,488.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.	
	16b	Total fundraising expenses (Part IX, column (D), line 25) <u>509,592.</u>		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,580,232. 1,204,790.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	17,072,138. 14,296,380.	
	19	Revenue less expenses. Subtract line 18 from line 12	<1,198,763. 6,009,556.	
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: 146,498,543. End of Year: 143,681,761.
		21	Total liabilities (Part X, line 26)	9,416,122. 9,568,752.
22		Net assets or fund balances. Subtract line 21 from line 20	137,082,421. 134,113,009.	

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	<u>Karl E. Grimm</u>	Date	<u>16 Nov 2015</u>
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN
	Firm's name	Firm's EIN	Phone no.	

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes☐ No

432001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2014)

SCANNED DEC 15 2015

9071

17

Part III Statement of Program Service Accomplishments

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

☒ X**1** Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ 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 \$ 12,701,803. including grants of \$ 11,943,102.) (Revenue \$ 266,142.)

GRANTMAKING: AWARDED NEARLY 900 GRANTS TOTALING MORE THAN \$10 MILLION,
PRIMARILY IN THE FIELDS OF HEALTH & HUMAN SERVICES, EDUCATION, THE
ENVIRONMENT, AND ARTS AND CULTURE IN SONOMA COUNTY.

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

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

STEWARDSHIP ASSETS: FULFILLED THE CHARITABLE LEGACIES OF OUR DONORS AND

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

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 12,701,803.

Form 990 (2014)

Part IV Checklist of Required Schedules

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

Form 990 (2014)

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
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>		X
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>	X	
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>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d 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>		X
25b 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>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
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):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		X
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>		X
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>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
35b 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>	X	
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>		X
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>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2014)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	25		
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X	
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	15		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			X
b If "Yes," enter the name of the foreign country: <u>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</u>			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
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?			X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			X
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?			X
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			X
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2014)

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

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	24	
1b Enter the number of voting members included in line 1a, above, who are independent	24	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **CA**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: **KARL GRIMM - 707-579-4073**
120 STONY POINT ROAD, SUITE 220, SANTA ROSA, CA 95401

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

 Check if Schedule O contains a response or note to any line in this Part VII ☐
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HARRIET DERWINGSON CHAIR	3.00	X		X				0.	0.	0.
(2) BARRY WEITZENBERG VICE CHAIR	3.00	X		X				0.	0.	0.
(3) HERB CASTILLO SECRETARY	3.00	X		X				0.	0.	0.
(4) LINDA KACHIU TREASURER	3.00	X		X				0.	0.	0.
(5) JAY ABBE DIRECTOR	1.00	X						0.	0.	0.
(6) OSCAR CHAVEZ DIRECTOR	1.00	X						0.	0.	0.
(7) DIANNE EDWARDS DIRECTOR	1.00	X						0.	0.	0.
(8) THEODORE L. ELIOT, JR. DIRECTOR	1.00	X						0.	0.	0.
(9) PATRICK EMERY DIRECTOR	1.00	X						0.	0.	0.
(10) STEVE GOLDBERG DIRECTOR	1.00 1.00	X						0.	0.	0.
(11) WHITNEY HALL DIRECTOR	1.00	X						0.	0.	0.
(12) KATIE JACKSON DIRECTOR	1.00	X						0.	0.	0.
(13) DEBERAH KELLEY DIRECTOR	1.00	X						0.	0.	0.
(14) ANDREA LEARNED DIRECTOR	1.00 1.00	X						0.	0.	0.
(15) SUSAN LENTZ DIRECTOR	1.00	X						0.	0.	0.
(16) STEVE RABINOWITSH DIRECTOR	1.00	X						0.	0.	0.
(17) LEW REID DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOSHUA RYMER DIRECTOR	1.00	X						0.	0.	0.
(19) MARLENE SOILAND DIRECTOR	1.00	X						0.	0.	0.
(20) DAVID VOSS DIRECTOR	1.00	X						0.	0.	0.
(21) JOAN C. WOODARD DIRECTOR	1.00	X						0.	0.	0.
(22) MICHELLE ZYGIELBAUM DIRECTOR	1.00	X						0.	0.	0.
(23) CHRIS DOBSON DIRECTOR	2.00	X						0.	0.	0.
(24) PETE GOLIS DIRECTOR	1.00	X						0.	0.	0.
(25) ELIZABETH BROWN PRESIDENT & CEO	45.00			X				199,999.	0.	19,770.
(26) KARL GRIMM VP FINANCE AND OPERATIONS	45.00			X				103,605.	0.	12,840.
1b Sub-total								303,604.	0.	32,610.
c Total from continuation sheets to Part VII, Section A								113,290.	0.	21,507.
d Total (add lines 1b and 1c)								416,894.	0.	54,117.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0		

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2014)

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	101,000.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	9,662,207.				
	g Noncash contributions included in lines 1a-1f \$		3,009,283.				
	h Total. Add lines 1a-1f			9,763,207.			
Program Service Revenue	2 a MANAGEMENT FEES	Business Code	561000	266,142.	266,142.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			266,142.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			4,491,508.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		(i) Real	(ii) Personal				
b Less rental expenses							
c Rental income or (loss)							
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
b Less cost or other basis and sales expenses							
c Gain or (loss)							
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a					
b Less direct expenses		b					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19		a					
b Less direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances		a					
b Less cost of goods sold		b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
11 a MISCELLANEOUS REVENUE		900099	5,409.			5,409.	
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			5,409.				
12 Total revenue. See instructions.				20,305,936.	266,142.	0.	10,276,587.

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	11,943,102.	11,943,102.		
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	471,011.	76,919.	182,376.	211,716.
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	519,542.	304,811.	158,129.	56,602.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	18,419.	3,844.	12,115.	2,460.
9 Other employee benefits	67,252.	26,918.	23,106.	17,228.
10 Payroll taxes	72,264.	28,924.	24,828.	18,512.
11 Fees for services (non-employees):				
a Management				
b Legal	33,097.	13,247.	11,371.	8,479.
c Accounting	55,201.	22,094.	18,966.	14,141.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	412,076.		412,076.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	106,178.	42,498.	36,480.	27,200.
12 Advertising and promotion	54,245.	21,712.	18,637.	13,896.
13 Office expenses	91,648.	36,682.	31,488.	23,478.
14 Information technology	88,357.	35,365.	30,357.	22,635.
15 Royalties				
16 Occupancy	139,220.	55,723.	47,832.	35,665.
17 Travel	17,834.	7,138.	6,127.	4,569.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	41,475.	16,600.	14,250.	10,625.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	17,516.	7,011.	6,018.	4,487.
23 Insurance	138,003.	55,236.	47,414.	35,353.
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 PROGRAM EXPENSES	5,579.	2,233.	1,917.	1,429.
b AFFILIATES AND GIVING C	2,527.	1,012.	868.	647.
c MISCELLANEOUS EXPENSE	1,834.	734.	630.	470.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	14,296,380.	12,701,803.	1,084,985.	509,592.
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 ☐ if following SOP 98-2 (ASC 958-720)

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,418,588.	1	1,385,591.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	5,078,367.	3	6,005,708.
	4 Accounts receivable, net	8,852.	4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
	7 Notes and loans receivable, net	88,882.	7	124,223.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	73,607.	9	78,248.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 221,105.		
	b Less accumulated depreciation	10b 194,905.	10c	26,200.
	11 Investments - publicly traded securities	112,157,934.	11	120,593,408.
	12 Investments - other securities. See Part IV, line 11	469,542.	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	26,175,584.	15	15,099,883.
16 Total assets. Add lines 1 through 15 (must equal line 34)	146,498,543.	16	143,681,761.	
Liabilities	17 Accounts payable and accrued expenses	76,936.	17	105,848.
	18 Grants payable	1,040,700.	18	1,978,939.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	8,298,486.	25	7,483,965.
	26 Total liabilities. Add lines 17 through 25	9,416,122.	26	9,568,752.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	28,456,317.	27	26,402,164.
	28 Temporarily restricted net assets	41,338,206.	28	38,742,522.
	29 Permanently restricted net assets	67,287,898.	29	68,968,323.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	137,082,421.	33	134,113,009.	
34 Total liabilities and net assets/fund balances	146,498,543.	34	143,681,761.	

Form 990 (2014)

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	20,305,936.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,296,380.
3	Revenue less expenses Subtract line 2 from line 1	3	6,009,556.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	137,082,421.
5	Net unrealized gains (losses) on investments	5	<9,568,896.>
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	589,928.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	134,113,009.

Part XII Financial Statements and Reporting

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

☐

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
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?		X
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		

Form **990** (2014)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2014

Open to Public
Inspection

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 11, 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.)
- 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 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.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- 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 1-9 above or IRC section (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						

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	17,930,902.	8,776,884.	9,508,279.	9,003,952.	9,763,207.	54,983,224.
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	17,930,902.	8,776,884.	9,508,279.	9,003,952.	9,763,207.	54,983,224.
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)						13,341,123.
6 Public support. Subtract line 5 from line 4						41,642,101.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	17,930,902.	8,776,884.	9,508,279.	9,003,952.	9,763,207.	54,983,224.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,114,070.	3,003,508.	2,765,074.	3,333,507.	4,491,508.	15,707,667.
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.)	10,280.	50,362.	3,856.		5,409.	69,907.
11 Total support. Add lines 7 through 10						70,760,798.
12 Gross receipts from related activities, etc. (see instructions)					12	797,222.

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 2014 (line 6, column (f) divided by line 11, column (f))	14	58.85 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	52.93 %
16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2014

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

(Complete only if you checked the box on line 9 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. 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 - 2013. 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 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

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? If "Yes" to a, b, or c, provide detail in Part VI.		

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? 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		
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? 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		

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)? 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)		

Section D. 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)		
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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

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? 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	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? 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		
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? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard		

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. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

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

Schedule A (Form 990 or 990-EZ) 2014

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 2014 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-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014Open to Public
Inspection

Name of the organization

COMMUNITY FOUNDATION SONOMA COUNTY

Employer identification number

68-0003212

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	159	150
2 Aggregate value of contributions to (during year)	6,134,814.	2,915,268.
3 Aggregate value of grants from (during year)	6,388,654.	1,471,345.
4 Aggregate value at end of year	27,463,018.	55,930,931.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☒ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☒ Yes ☐ No

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

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

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

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included in 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 in 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" to 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" to 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	71,685,198.	64,285,308.	58,668,275.	62,216,200.	55,016,100.
b Contributions	6,299,330.	2,336,886.	1,944,307.	1,314,746.	2,390,500.
c Net investment earnings, gains, and losses	<1,300,312.>	7,018,512.	5,612,886.	<950,174.>	6,623,300.
d Grants or scholarships	1,110,317.	1,955,508.	1,940,160.	3,912,497.	1,527,000.
e Other expenditures for facilities and programs					18,000.
f Administrative expenses					268,700.
g End of year balance	75,573,899.	71,685,198.	64,285,308.	58,668,275.	62,216,200.

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

a Board designated or quasi-endowment ☒ <.16> %

b Permanent endowment ☒ 84.96 %

c Temporarily restricted endowment ☒ 15.20 %

The percentages in 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)		X
3a(ii)		X
3b		

b If "Yes" to 3a(i), 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" to 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		38,166.	38,166.	0.
d Equipment		182,939.	156,739.	26,200.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				26,200.

Schedule D (Form 990) 2014

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) SPLIT INTEREST INVESTMENTS	15,099,883.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	15,099,883.

Part X Other Liabilities.

Complete if the organization answered "Yes" to 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) LIABILITIES UNDER TRUST AGREEMENTS	7,483,965.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	7,483,965.

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 ☒

Schedule D (Form 990) 2014

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to 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" to Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information.

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

PART V, LINE 4:

ENDOWMENT FUNDS SERVE A WIDE VARIETY OF CHARITABLE PURPOSES AND REFLECT

THE INTENT OF OUR DONORS.

PART X, LINE 2:

THE FOUNDATION IS 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)(1)(A)(VI) OF THE CODE. IN ADDITION, THE

FOUNDATION COULD BE SUBJECT TO TAX ON UNRELATED BUSINESS INCOME, IF ANY,

GENERATED BY ITS INVESTMENTS.

Part XIII Supplemental Information (continued)

THE FOUNDATION FOLLOWS THE GUIDANCE OF FASB ASC TOPIC 740 - ACCOUNTING FOR
UNCERTAINTY IN INCOME TAXES. AS OF DECEMBER 31, 2014, MANAGEMENT EVALUATED
THE FOUNDATION'S TAX POSITIONS AND CONCLUDED THAT THE FOUNDATION HAD
MAINTAINED ITS TAX EXEMPT STATUS AND HAD TAKEN NO UNCERTAIN TAX POSITIONS
THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS. WITH FEW EXCEPTIONS,
THE FOUNDATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY FEDERAL
OR STATE AUTHORITIES FOR YEARS BEFORE DECEMBER 31, 2011 AND 2010,
RESPECTIVELY.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public
Inspection

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, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
10,000 DEGREES 1650 LOS GAMOS DRIVE, SUITE 110 SAN RAFAEL, CA 94903	95-3667812	501(C)(3)	926,997.	0.			FOR GENERAL OPERATING SUPPORT AND SCHOLARSHIP AWARDS
ACTION NETWORK P.O. BOX 1163 GUALALA, CA 95445	45-0479312	501(C)(3)	15,000.	0.			TO ALLOW 30 SONOMA COUNTY YOUTH TO PARTICIPATE IN THE COASTAL CONNECTIONS PROGRAM
ALLIANCE MEDICAL CENTER 1381 UNIVERSITY AVENUE HEALDSBURG, CA 95448	94-2308748	501(C)(3)	7,500.	0.			TO PROVIDE HEALTH CARE TO 750 TEEN HEALTH CENTER PATIENTS AND COMPREHENSIVE HEALTH
AMERICAN RED CROSS SONOMA & MENDOCINO CHAPTER - 5297 AERO DRIVE - SANTA ROSA, CA 95403	53-0196605	501(C)(3)	42,250.	0.			FOR GENERAL OPERATING SUPPORT, RELIEF EFFORTS IN THE PHILIPPINES, TO SUPPORT MASS CANVASSING, TO PROVIDE FINANCIAL
AMITABHA WELLNESS CENTER 396 TESCONI CT. SANTA ROSA, CA 95401	26-2099732	501(C)(3)	15,000.	0.			SUPPORT FOR PATIENTS WHO ARE CHALLENGED BY MONETARY CONSTRAINTS, TO FOR GENERAL OPERATING
AUDUBON CANYON RANCH 4900 SHORELINE HIGHWAY ONE STINSON BEACH, CA 94970	94-6069140	501(C)(3)	18,300.	0.			SUPPORT OF THE BOUVERIE PRESERVE IN MEMORY OF BUNNY O'BRIEN, TO SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **164.**

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

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2014)

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BECOMING INDEPENDENT 1425 CORPORATE CENTER PKY SANTA ROSA, CA 95407-5434	94-2641147	501(C)(3)	64,750.	0.			FOR GENERAL OPERATING SUPPORT, TO SUPPORT CELEBRATE COMMUNITY AUTISM WORK ROOM, TO
BLOOD CENTERS OF THE PACIFIC 270 MASONIC AVENUE SAN FRANCISCO, CA 94118	94-1156555	501(C)(3)	25,000.	0.			TO SUPPORT HISPANIC OUTREACH PROJECT - HERITAGE BLOOD DRIVE
BOYS AND GIRLS CLUBS OF CENTRAL SONOMA COUNTY - 1400 NORTH DUTTON AVENUE, SUITE 14 - SANTA ROSA, CA 95401	68-0309534	501(C)(3)	75,533.	0.			FOR GENERAL OPERATING SUPPORT, TO HELP STUDENTS AVOID SUMMER LEARNING LOSS BY FUNDING SUMMER
BOYS AND GIRLS CLUBS OF SONOMA VALLEY - P.O. BOX 218 - EL VERANO, CA 95433-0218	94-1579901	501(C)(3)	5,250.	0.			FOR GENERAL OPERATING SUPPORT AND TO SUPPORT ANNUAL FUND
BUCK INSTITUTE 8001 REDWOOD BLVD. NOVATO, CA 94945	94-3030609	501(C)(3)	23,000.	0.			TO SUPPORT PATENT COSTS AT THE DISCRETION OF THE CEO, TO SUPPORT THE INSTITUTE'S BAIT RESEARCH
BUTTE COUNTY OFFICE OF EDUCATION 1870 BIRD STREET OROVILLE, CA 95965	94-6002433	BUTTE COUNTY	20,000.	0.			TO SUPPORT MIGRANT EDUCATION'S HEALDSBURG PROGRAM TO PROVIDE MIGRANT STUDENTS WHO DO
CANINE COMPANIONS FOR INDEPENDENCE P.O. BOX 446 SANTA ROSA, CA 95402-0446	94-2494324	501(C)(3)	477,500.	0.			FOR GENERAL OPERATING SUPPORT
CAREER TECHNICAL EDUCATION FOUNDATION SONOMA COUNTY - P.O. BOX 2306 - HEALDSBURG, CA 95448	46-5607272	501(C)(3)	20,000.	0.			FOR GENERAL OPERATING SUPPORT
CASA P.O. BOX 1418 KENWOOD, CA 95452	68-0404770	501(C)(3)	6,250.	0.			FOR GENERAL OPERATING SUPPORT, TO SUPPORT THE TECHNOLOGY UPGRADE PROPOSAL, TO SUPPORT THE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF THE DIOCESE OF SANTA ROSA - P.O. BOX 4900 - SANTA ROSA, CA 95402	94-2479393	501(C)(3)	278,050.	0.			FOR GENERAL OPERATING SUPPORT, TO SUPPORT FARM WORKERS WITH EMERGENCY HOUSING VOUCHERS, TO
CEDAR CREST COLLEGE 100 COLLEGE DRIVE ALLENTOWN, PA 18104	23-1365953	501(C)(3)	50,000.	0.			FOR GENERAL OPERATING SUPPORT
CENTER FOR CLIMATE PROTECTION P.O. BOX 3785 SANTA ROSA, CA 95402	45-0485495	501(C)(3)	80,750.	0.			FOR GENERAL OPERATING SUPPORT, TO SUPPORT THE CLIMATE PROTECTION'S SPRING SYMPOSIUM, TO
CENTER FOR THE CREATIVE ARTS THERAPIES - 3650 STANDISH AVE - SANTA ROSA, CA 95407	68-0418617	501(C)(3)	6,985.	0.			FOR GENERAL OPERATING SUPPORT, TO FUND ART PROGRAM IN THE MAIN ROOM OF THE LIVING ROOM,
CENTRAL PACIFIC DISTRICT OF THE CHRISTIAN AND MISSIONARY ALLIANCE - 715 LINCOLN AVE - WOODLAND, CA 95695	13-1623940	501(C)(3)	80,000.	0.			FOR GENERAL OPERATING SUPPORT OF THE BRIDGE CHURCH OF THE CHRISTIAN AND MISSIONARY ALLIANCE
CENTRO LABORAL DE GRATON P.O. BOX 42 GRATON, CA 95444	68-0472311	501(C)(3)	8,250.	0.			FOR GENERAL OPERATING SUPPORT, TO SUPPORT THE DREAMERS DOCUMENTARY FILM AND MEDIA PROJECT, TO
CERES COMMUNITY PROJECT 7351 BODEGA AVENUE SEBASTOPOL, CA 95472	26-2250997	501(C)(3)	17,500.	0.			FOR GENERAL OPERATING SUPPORT, TO PROVIDE FREE, NOURISHING, AND DELIVERED MEALS TO INDIVIDUALS AND
CHILD PARENT INSTITUTE (FORMERLY CALIFORNIA PARENTING INSTITUTE) - 3650 STANDISH AVENUE - SANTA ROSA, CA 95407	94-2541640	501(C)(3)	40,000.	0.			FOR EMERGENCY COVERAGE OF CLIENTS BASIC NEEDS, FOR GENERAL OPERATING SUPPORT, AND TO SUPPORT
CHILDREN'S MUSEUM OF SONOMA COUNTY P.O. BOX 12323 SANTA ROSA, CA 95406	20-3496878	501(C)(3)	29,018.	0.			FOR GENERAL OPERATING SUPPORT, TO SUPPORT THE CAPITAL CAMPAIGN, TO SUPPORT ELLA'S ART STUDIO

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHURCHILL SCHOOL AND CENTER 301 EAST 29TH STREET NEW YORK, NY 10016	13-2722983	501(C)(3)	13,939.	0.			TO SUPPORT LIBRARY FUNDS IN MEMORY OF RAE LEE K. THOMPSON, CHARLIE ROLANDER'S GRANDMOTHER
CINNABAR ARTS CORPORATION 3333 PETALUMA BLVD. NORTH PETALUMA, CA 94952	23-7386031	501(C)(3)	6,200.	0.			TO OFFER DEEPLY DISCOUNTED TICKETS FOR YOUTH TO ATTEND PROFESSIONAL PLAYS,
CITY OF HEALDSBURG 1557 HEALDSBURG AVE. HEALDSBURG, CA 95448	94-6000347	HEALDSBURG CITY	16,835.	0.			TO SUPPORT THE TUESDAY IN THE PLAZA PROGRAM THROUGH THE PARK AND RECREATION DEPARTMENT, TO SUPPORT
CITY OF SANTA ROSA-ECONOMIC DEVELOPMENT AND HOUSING - P.O. BOX 1806 - SANTA ROSA, CA 95402	94-6000428	SANTA ROSA CITY	90,600.	0.			TO PROVIDE ENHANCED SERVICES AT SAM JONES HALL HOMELESS SHELTER
CITY SLICKER FARMS 1625 16TH STREET OAKLAND, CA 94607	26-2216581	501(C)(3)	25,000.	0.			FOR GENERAL OPERATING SUPPORT
CLOVERDALE ARTS ALLIANCE 204 N. CLOVERDALE BLVD CLOVERDALE, CA 95425	68-0466983	501(C)(3)	8,000.	0.			FOR GENERAL OPERATING SUPPORT, TO SUPPORT FRIDAY NIGHT LIVE ON THE PLAZA
COMMITTEE ON THE SHELTERLESS P.O. BOX 2744 PETALUMA, CA 94953-2744	68-0176855	501(C)(3)	359,143.	0.			FOR GENERAL OPERATING SUPPORT, TO SUPPORT THE PETALUMA KITCHEN, MICES, CHILDREN'S PROGRAM, AND
COMMUNITY ACTION PARTNERSHIP OF SONOMA COUNTY - 1300 NORTH DUTTON AVENUE - SANTA ROSA, CA 95401-4610	94-1648949	501(C)(3)	135,250.	0.			FOR GENERAL OPERATING SUPPORT, TO SUPPORT SLOAN HOUSE WOMEN'S SHELTER, TO SUPPORT FISCAL
COMMUNITY CHILD CARE COUNCIL OF SONOMA COUNTY - 131-A STONY CIRCLE, SUITE 300 - SANTA ROSA, CA 95401, CA 95401	94-2274620	501(C)(3)	10,250.	0.			FOR GENERAL OPERATING SUPPORT, TO SUPPORT HEALDSBURG CHILD DEVELOPMENT CENTER

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY SHELTER BOARD 111 LIBERTY STREET, SUITE 150 COLUMBUS, OH 43215	31-1181284	501(C)(3)	50,000.	0.			TO SUPPORT THE VAN BUREN SHELTER CAPITAL CAMPAIGN
COMPASSION WITHOUT BORDERS P.O. BOX 14995 SANTA ROSA, CA 95402	20-4698227	501(C)(3)	20,000.	0.			TO HELP COVER THE COSTS OF FREE MONTHLY VETERINARY WELLNESS AND SPAY/NEUTER EFFORTS IN
CONSERVATION STRATEGY FUND 7151 WILTON AVENUE, SUITE 203 SEBASTOPOL, CA 95472	94-3294843	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
CONTEMPORARY JEWISH MUSEUM 736 MISSION ST. SAN FRANCISCO, CA 94103	47-0920831	501(C)(3)	20,000.	0.			TO SUPPORT 2015 OPERATING EXPENSES (\$10,000) AND TO SUPPORT THE ARNOLD NEWMAN EXHIBITION EXPENSES
COUNTY OF SONOMA GENERAL SERVICES 2300 COUNTY CENTER DRIVE, SUITE A2 SANTA ROSA, CA 95403		SONOMA COUNTY	10,250.	0.			TO SUPPORT THE CEO OUTREACH SEMINAR ON MAY 22, 2014 AND GREENTIVITIES, THE SONOMA
DAILY ACTS ORGANIZATION P.O. BOX 293 PETALUMA, CA 94953	20-3851259	501(C)(3)	15,500.	0.			FOR GENERAL OPERATING SUPPORT
DEMO TEEN CLUB INC. 509 ADAMS STREET SANTA ROSA, CA 95401	91-1859251	501(C)(3)	1,522,950.	0.			FOR GENERAL OPERATING SUPPORT, TO BUILD FUNDRAISING CAPACITY FOR CHOP'S TEEN CLUB
DOCTORS WITHOUT BORDERS 333 SEVENTH AVE. 2ND FLOOR NEW YORK, NY 10001	13-3433452	501(C)(3)	24,250.	0.			FOR GENERAL OPERATING SUPPORT, TO SUPPORT THE RESPONSE TO THE EBOLA EPIDEMIC, TO SUPPORT
DOMINICAN UNIVERSITY OF CALIFORNIA 50 ACACIA AVENUE SAN RAFAEL, CA 94901	94-1156525	501(C)(3)	20,000.	0.			TO SUPPORT THE FINANCIAL WELLNESS SPEAKER EVENT ON SEPTEMBER 18, 2014

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
F I S H OF THE SANTA ROSA AREA INC P.O. BOX 4291 SANTA ROSA, CA 95402	51-0159551	501(C)(3)	5,500.	0.			FOR GENERAL OPERATING SUPPORT
FACE TO FACE SONOMA COUNTY AIDS NETWORK - 873 SECOND STREET - SANTA ROSA, CA 95404-4621	68-0052664	501(C)(3)	9,500.	0.			FOR GENERAL OPERATING SUPPORT, TO MOVE HIV+ INDIVIDUALS FROM HOMELESS INTO HOUSING, HELP THOSE
FAMILY JUSTICE CENTER OF SONOMA COUNTY - 2755 MENDOCINO AVE., STE. 100 - SANTA ROSA, CA 95403	45-3160831	501(C)(3)	25,500.	0.			CHALLENGE MATCH GRANT, GENERAL OPERATING SUPPORT
PELTA EDUCATION FOUNDATION 1201 PELTA ROAD HEALDSBURG, CA 95448	68-0479413	501(C)(3)	5,400.	0.			TO SUPPORT THE PURCHASE OF A PIANO FOR THE MUSIC PROGRAM AT WESTSIDE SCHOOL
FIRST 5 SONOMA COUNTY 490 MENDOCINO AVENUE, SUITE 203 SANTA ROSA, CA 95401	94-6000539	501(C)(3)	245,071.	0.			TO SUPPORT PRESCHOOL SCHOLARSHIPS JULY - DECEMBER
FOOD BANK FOR MONTEREY COUNTY 815 WEST MARKET STREET, STE. 5 SALINAS, CA 93901	77-0270228	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
FOODBANK OF SANTA BARBARA COUNTY 4554 HOLLISTER AVE SANTA BARBARA, CA 93110	77-0169214	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
FREE TO BE 1180 FOURTH STREET, SUITE B SANTA ROSA, CA 95404	20-8880651	501(C)(3)	9,844.	0.			FOR GENERAL OPERATING SUPPORT
FRIENDS OF CARRILLO ADOBE P. O. BOX 2843 SANTA ROSA, CA 95405	68-0127264	501(C)(3)	6,964.	0.			FOR GENERAL OPERATING SUPPORT AND TO RETIRE CARRILLO ADOBE RESTORATION FUND

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRL SCOUTS OF SAN FRANCISCO BAY AREA - 1650 HARBOR BAY PARKWAY, STE.100 - ALAMEDA, CA 94502-3013	94-1551410	501(C)(3)	8,200.	0.			FOR FUNDING OF LOCAL OUTREACH PROGRAMS
GLOBAL STUDENT EMBASSY P.O. BOX 544 SEBASTOPOL, CA 95473	27-1662008	501(C)(3)	10,500.	0.			TO SUPPORT THE MERIT-BASED SCHOLARSHIPS FOR PARTICIPATION IN GSE INTERNATIONAL
HAMPSHIRE COLLEGE 893 WEST ST. AMHERST, MA 01002	04-6130872	501(C)(3)	13,500.	0.			FOR UNRESTRICTED SUPPORT
HAND FAN MUSEUM 219 HEALDSBURG AVE. HEALDSBURG, CA 95448	51-0429747	501(C)(3)	40,000.	0.			TO GENERAL OPERATING SUPPORT, EDUCATIONAL VIDEO FOR NEW EXHIBIT, AND TO FINISH "DISCOVERY
HAWKEN SCHOOL P.O. BOX 8002 GATES MILLS, OH 44040	34-0714427	501(C)(3)	6,000.	0.			FOR GENERAL OPERATING SUPPORT, TO SUPPORT THE CAPITAL CAMPAIGN
HEALDSBURG EDUCATION FOUNDATION P.O. BOX 1668 HEALDSBURG, CA 95448	68-0051242	501(C)(3)	83,750.	0.			TO SUPPORT EDUCATION IN HEALDSBURG, FOR GENERAL OPERATING SUPPORT
HEALDSBURG JAZZ FESTIVAL P.O. BOX 266 HEALDSBURG, CA 95448	71-0910474	501(C)(3)	16,000.	0.			TO SUPPORT JAZZ IN SCHOOLS, TO SUPPORT THE JAZZ FESTIVAL PERFORMANCE
HEALDSBURG PERFORMING ARTS THEATER 115 NORTH STREET HEALDSBURG, CA 95448	68-0470571	501(C)(3)	10,400.	0.			FOR GENERAL OPERATING SUPPORT
HEALDSBURG SHARED MINISTRIES P.O. BOX 1646 HEALDSBURG, CA 95548	94-2838706	501(C)(3)	13,750.	0.			FOR GENERAL OPERATING SUPPORT OF THE HEALDSBURG FOOD PANTRY AND HEALDSBURG FOOD BANK

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALDSBURG UNIFIED SCHOOL DISTRICT 1028 PRINCE ST. HEALDSBURG, CA 95448	94-6002635	HEALDSBURG USD	40,000.	0.			TO SUPPORT THE HEALDSBURG HIGH SCHOOL FARM TO TABLE PROGRAM AND STEM PROGRAM
HEALTHCARE FOUNDATION NORTHERN SONOMA COUNTY - 111 MONTE VISTA AVE., STE. A - HEALDSBURG, CA 95448	68-0474109	501(C)(3)	26,165.	0.			FOR GENERAL OPERATING SUPPORT, TO SUPPORT THE WINE, WOMEN, SHOES EVENT AND KALMANOVITZ
HOOVER INSTITUTION 434 GALVEZ MALL STANFORD, CA 94305-6010	94-1156365	501(C)(3)	200,000.	0.			FOR GENERAL OPERATING SUPPORT
HOSPICE BY THE BAY FOUNDATION 17 E. S. FRANCIS BLVD. ST100 LARKSPUR, CA 94925-1130	94-2890791	501(C)(3)	20,000.	0.			TO PROVIDE TERMINALLY ILL PATIENTS AND THEIR LOVED ONES WITH PHYSICAL, MENTAL, EMOTIONAL, AND
ILLUMINATE THE ARTS 810 5TH AVENUE SUITE 200 SAN RAFAEL, CA 94901	45-3717224	501(C)(3)	20,000.	0.			TO SUPPORT THE PERMANENT BAY LIGHTS PROJECT THROUGH THE GENEROSITY OF CIRCE AND LACEY SHER OF
INTERFAITH SHELTER NETWORK 3850 MONTGOMERY DR, STE A SANTA ROSA, CA 95405	68-0222942	501(C)(3)	11,000.	0.			TO IMPLEMENT A HEALTHY MEALS PROGRAM FOR HOMELESS WOMEN AND CHILDREN RESIDING AT
INTERNATIONAL RESCUE COMMITTEE 122 EAST 42ND STREET NEW YORK, NY 10168	13-5660870	501(C)(3)	15,000.	0.			FOR UNRESTRICTED SUPPORT
KIDS FOR THE KINGDOM P.O. BOX 85 GRATON, CA 95444	68-0421846	501(C)(3)	35,000.	0.			TO SUPPORT "OUR WORKING HANDS PROJECT ACCOUNT", FOR GENERAL OPERATING SUPPORT
KNIGHTS OF INDULGENCE THEATRE UNITED STATES - 461 SEBASTOPOL AVENUE - SANTA ROSA, CA 95401	03-0461324	501(C)(3)	17,750.	0.			TO SUPPORT THE WORK OF THIS INNOVATIVE, SOCIALLY CONSCIOUS THEATER COMPANY, TO DEVELOP,

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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)	13,500.	0.			FOR GENERAL OPERATING SUPPORT
LA LUZ BILINGUAL CENTER 17560 GREGER ST SONOMA, CA 95476	68-0228235	501(C)(3)	77,250.	0.			SPONSOR OF AUGUST 2, 2014 - NOCHE EN SOUTH PACIFIC, TO SUPPORT ESL PROGRAM, FOR GENERAL OPERATING
LAGUNA DE SANTA ROSA FOUNDATION 900 SANFORD ROAD SANTA ROSA, CA 95401	94-3155180	501(C)(3)	12,400.	0.			TO SUPPORT THE TREE-A-THON, TO SUPPORT THE LAGUNA DE SANTA ROSA'S LEADERSHIP IN
LAMPLIGHTER FOUNDATION 400 N. OLD CABIN TRAIL STOIX FALLS, SD 57110-6223	20-0066528	501(C)(3)	7,000.	0.			FOR GENERAL OPERATING SUPPORT
LANDPATHS 618 4TH ST., STE. 217 SANTA ROSA, CA 95404-4414	68-0328590	501(C)(3)	38,500.	0.			TO SUPPORT THE 2014 INFRASTRUCTURE EXPENSES FOR THE LANDPATHS CORE PROGRAM, FOR GENERAL
LEADERSHIP INSTITUTE FOR ECOLOGY AND THE ECONOMY - 555 FIFTH STREET, SUITE 300A - SANTA ROSA, CA 95401-8301	68-0440384	501(C)(3)	11,000.	0.			FOR GENERAL OPERATING SUPPORT, TO SUPPORT THE SANTA ROSA SOUTHEAST GREENWAY
LEGAL AID OF SONOMA COUNTY 144 SOUTH E STREET, SUITE 100 SANTA ROSA, CA 95404	68-0008581	501(C)(3)	30,000.	0.			FOR GENERAL OPERATING SUPPORT
LISTENING FOR A CHANGE 1300 NORTH DUTTON AVENUE SANTA ROSA, CA 95401	68-0431904	501(C)(3)	10,750.	0.			TO SUPPORT THE PILOT PROGRAM, INCLUSION AND CONNECTION, A PROGRAM FOR BUSINESSES, NONPROFITS,
LITERACYWORKS 625 2ND STREET, SUITE 107 PETALUMA, CA 94952	94-3396412	501(C)(3)	20,000.	0.			TO SUPPORT ADULT LITERACY AND FINANCIAL WELLNESS PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LITTLE LEAGUE INC. - RINCON VALLEY P.O. BOX 2523 SANTA ROSA, CA 95405	23-7003579	501(C)(3)	15,000.	0.			TO SUPPORT THE RINCON VALLEY LITTLE LEAGUE FOR FIELD IMPROVEMENTS
LUTHER BURBANK MEM FDN (DBA WELLS FARGO CENTER FOR THE ARTS) - 50 MARK WEST SPRINGS ROAD - SANTA ROSA, CA 95403-1476	94-2581084	501(C)(3)	24,100.	0.			FOR GENERAL OPERATING SUPPORT, TO SUPPORT THE ARTISTS IN THE SCHOOLS PROGRAM WHICH USES THE
MIDPEN HOUSING 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	23-7089977	501(C)(3)	10,457.	0.			TO SUPPORT THE SONOMA SPRINGS MIXED-USE PROJECT AND TARGETED OUTREACH TO THE VALLEY'S FARM WORKER
NAPA VALLEY COMMUNITY FOUNDATION 3299 CLAREMONT WAY, SUITE 2 NAPA, CA 94558	68-0349777	501(C)(3)	10,000.	0.			TO SUPPORT THE NAPA VALLEY COMMUNITY DISASTER RELIEF FUND
NATURE CONSERVANCY IN CALIFORNIA 201 MISSION STREET, 4TH FLOOR SAN FRANCISCO, CA 94105	20-5797732	501(C)(3)	51,000.	0.			FOR GENERAL OPERATING SUPPORT OF PROJECTS IN SONOMA COUNTY, TO SUPPORT THE TEN MILE RIVER
NEW VISION SANTA ROSA FOUNDATION 1260 N. DUTTON AVE., STE. 272 SANTA ROSA, CA 95401	68-0074807	501(C)(3)	20,000.	0.			TO SUPPORT THE INVESTMENT IN SONOMA COUNTY BEST CAPITAL CAMPAIGN
NORTH BAY ORGANIZING PROJECT - GAMALIEL OF CALIFORNIA - P.O. BOX 503 - GRATON, CA 95444	27-4519395	501(C)(3)	20,000.	0.			TO SUPPORT THE VOTER PROGRAM AND THE LATINO STUDENT CONGRESS
NORTHERN CALIFORNIA CENTER FOR WELL-BEING - 365 TESCONI CIRCLE, STE. B - SANTA ROSA, CA 95401	93-1144835	501(C)(3)	11,000.	0.			FOR GENERAL OPERATING SUPPORT
NPR FOUNDATION 1111 NORTH CAPITOL STREET, NE WASHINGTON, DC 20002	52-1795789	501(C)(3)	39,000.	0.			FOR GENERAL OPERATING SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OAKLAND MUSEUM OF CALIFORNIA 1000 OAK STREET OAKLAND, CA 94607	94-3094513	501(C)(3)	100,000.	0.			TO SUPPORT THE NATURAL SCIENCE EDUCATION PROGRAMMING
OCCIDENTAL ARTS AND ECOLOGY CENTER 15290 COLEMAN VALLEY ROAD OCCIDENTAL, CA 95465	68-0359676	501(C)(3)	7,500.	0.			TO SUPPORT THE FUNDING NEEDED TO BRING HAITIAN ECOLOGIST TO THE PERMACULTURE DESIGN
ON THE MOVE 780 LINCOLN AVE NAPA, CA 94558	75-3149095	501(C)(3)	24,875.	0.			TO SUPPORT PROUD VOICES/VOICES SONOMA, LGBTQ YOUTH DEVELOPMENT PROGRAMS
OPPORTUNITY INTERNATIONAL 2122 YORK RD., STE. 150 OAK BROOK, IL 60523	54-0907624	501(C)(3)	6,000.	0.			TO SUPPORT THE OPPORTUNITY'S ONE FAMILY INVESTMENT PROGRAM AND ONE CHILD EDUCATION
OXFAM AMERICA 226 CAUSEWAY STREET, 5TH FL BOSTON, MA 02114	23-7069110	501(C)(3)	10,000.	0.			TO SUPPORT THE SYRIAN REFUGEE CRISIS FUND
PEDIATRIC DENTAL INITIATIVE OF THE NORTH COAST INC. - 1380 19TH HOLE DR. - WINDSOR, CA 95492	34-2012430	501(C)(3)	6,000.	0.			FOR GENERAL OPERATING SUPPORT
PEPPERWOOD FOUNDATION 2130 PEPPERWOOD PRESERVE RD. SANTA ROSA, CA 95404-7543	01-0817571	501(C)(3)	602,695.	0.			FOR GENERAL OPERATING SUPPORT, REPRESENTING STOCK PROCEEDS FROM DOWNEY FOR \$10,067.73 AND
PETALUMA COMMUNITY FOUNDATION 206 G. STREET, SUITE 2 PETALUMA, CA 94952	51-0154495	501(C)(3)	251,100.	0.			FOR GENERAL OPERATING SUPPORT
PETALUMA JOINT UNION HIGH SCHOOL DISTRICT - 200 DOUGLAS STREET - PETALUMA, CA 94952	94-3139868	PETALUMA JUHD	37,000.	0.			TO SUPPORT PETALUMA HIGH SCHOOL PROGRAM OF THE INTRODUCTION TO ENGINEERING DESIGN (PLTW)

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PETS LIPELINE INC. P.O. BOX 341 SONOMA, CA 95476	94-2851279	501(C)(3)	20,750.	0.			TO SUPPORT THE SONOMA VALLEY EXECUTIVE DIRECTOR'S ROUNDTABLE, FOR A SERIES OF FREE
PRBO DBA POINT BLUE CONSERVATION SCIENCE - 3820 CYPRESS DRIVE #11 - PETALUMA, CA 94954	94-1594250	501(C)(3)	5,500.	0.			TO PROVIDE ENVIRONMENTAL SCIENCE EDUCATION TO 240 STUDENTS AND 8 TEACHERS AT THREE UNDERSERVED
PUBLIC SCHOOL SUCCESS TEAM INC. P.O. BOX 781 HEALDSBURG, CA 95448	26-4632140	501(C)(3)	8,500.	0.			TO ASSIST PSST IN CREATING AND ADMINISTERING PROGRAMS THAT SUPPORT
ROSELAND UNIVERSITY PREP 100 SEBASTOPOL ROAD SANTA ROSA, CA 95407	43-2029144	501(C)(3)	154,000.	0.			TO SUPPORT THE SCHOOL LIBRARY AND BRIDGE GRANT TO BE USED ONLY FOR THE GRANTS ALREADY AWARDED
RURAL CALIFORNIA BROADCASTING (KRCB) - 5850 LABATH AVENUE - ROHNERT PARK, CA 94928-2041	94-2718837	501(C)(3)	152,500.	0.			FOR GENERAL OPERATING SUPPORT
RUSSIAN RIVERKEEPER P.O. BOX 1335 HEALDSBURG, CA 95448	68-0321117	501(C)(3)	76,100.	0.			FOR GR3 SPONSORSHIP, FOR GENERAL OPERATING SUPPORT, TO SUPPORT STRATEGIC GOALS
SALVATION ARMY - SANTA ROSA 93 STONY CIRCLE SANTA ROSA, CA 95401 SAN FRANCISCO FILM SOCIETY THE PRESIDIO, 39 MESA STREET, SUITE 110 - SAN FRANCISCO, CA 94129	94-1156347	501(C)(3)	5,404.	0.			FOR GENERAL OPERATING SUPPORT, TO SUPPORT THE CHRISTMAS ANGEL TREE FUNDRAISER, FOR THE FOOD
SANTA ROSA CHILDREN'S CHORUS P.O. BOX 9389 SANTA ROSA, CA 95405	94-2663216	501(C)(3)	10,000.	0.			TO SUPPORT THE ALEXANDER VALLEY FILM SOCIETY AS THEIR FISCAL SPONSOR
	68-0165953	501(C)(3)	30,725.	0.			FOR GENERAL OPERATING SUPPORT, TO SUPPORT ONE YEAR'S TUITION FOR A STUDENT TO ATTEND THE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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 CITY SCHOOLS 211 RIDGWAY AVENUE SANTA ROSA, CA 95401	68-0180139	SANTA ROSA CITY	53,600.	0.			TO SUPPORT THE TRANSPORTATION COST FOR INCOMING 7TH GRADE BAND MEMBERS, PINER HIGH
SANTA ROSA MEMORIAL HOSPITAL FOUNDATION - 1154 MONTGOMERY DRIVE, SUITE 1 - SANTA ROSA, CA 95405	94-1231005	501(C)(3)	133,000.	0.			FOR GENERAL OPERATING SUPPORT, TO SUPPORT THE ER AND TRAUMA CENTER
SANTA ROSA PARKS FOUNDATION P.O. BOX 558 SANTA ROSA, CA 95402	46-1409462	501(C)(3)	20,000.	0.			TO SUPPORT THE HOWARTH PARK TRAIN
SANTA ROSA SYMPHONY 50 SANTA ROSA AVENUE, STE. 410 SANTA ROSA, CA 95404	94-6134075	501(C)(3)	49,890.	0.			TO SUPPORT SIMPLY STRINGS, A FIVE-YEAR PILOT PROGRAM PROVIDING FREE IN-DEPTH MUSIC
SCHOOL GARDEN NETWORK P.O. BOX 6274 SANTA ROSA, CA 95406	86-1147121	501(C)(3)	10,042.	0.			FOR GENERAL OPERATING SUPPORT
SEBASTOPOL CENTER FOR THE ARTS 282 S. HIGH ST. SEBASTOPOL, CA 95472	68-0168638	501(C)(3)	15,750.	0.			TO SUPPORT THE NEW BUILDING FUND, TO ENGAGE YOUTH IN MEDIA LITERACY BY PRODUCING A STUDENT
SEBASTOPOL COMMUNITY CULTURAL CENTER - P.O. BOX 2028 - SEBASTOPOL, CA 95473	94-2915229	501(C)(3)	8,600.	0.			TO SUPPORT THE 2014 AUTHOR DINNER TALK, TO SUPPORT THE JANUARY 25TH CONCERT BENEFIT, TO
SIERRA NEVADA CHILDREN'S MUSEUM 11711 DONNER PASS RD. TRUCKEE, CA 96161	94-3156964	501(C)(3)	8,700.	0.			FOR THE PURCHASE OF EQUIPMENT DEDICATED TO HYGIENE, TO SUPPORT EXHIBITS AND MATERIALS
SOCIAL ADVOCATES FOR YOUTH 3440 AIRWAY DRIVE, SUITE E SANTA ROSA, CA 95403	94-1711490	501(C)(3)	446,000.	0.			TO SUPPORT SCHOLARSHIPS FOR AT-RISK YOUTH, TO PROVIDE MEALS TO HOMELESS AND RUNAWAY YOUTH, TO

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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 95404-7013	94-3343174	501(C)(3)	1,015,000.	0.			FOR GENERAL OPERATING SUPPORT, FOR THE ANNUAL FUND
SONOMA COMMUNITY CENTER 276 EAST NAPA STREET SONOMA, CA 95476	94-1566728	501(C)(3)	5,750.	0.			FOR THE GENERAL OPERATING SUPPORT, TO SUPPORT THE 2014 FUND-A NEED
SONOMA COUNTY CHILDREN'S CHARITIES 414 AVIATION BLVD. SANTA ROSA, CA 95403	68-0270692	501(C)(3)	75,000.	0.			FOR GENERAL OPERATING SUPPORT
SONOMA COUNTY CHILDREN'S VILLAGE 1321 LIA LANE SANTA ROSA, CA 95404	68-0412763	501(C)(3)	113,800.	0.			FOR GENERAL OPERATING SUPPORT, TO SUPPORT THE 2014 GALA, MENTAL HEALTH FUND, AND THE ANNUAL
SONOMA COUNTY MEDICAL ASSOCIATION ALLIANCE AND FOUNDATION - P.O. BOX 1388 - SANTA ROSA, CA 95402	02-0542304	501(C)(3)	13,276.	0.			FOR THE ENDOWMENT, TO SUPPORT THE 2014 GARDEN TOUR
SONOMA COUNTY OFFICE OF EDUCATION 5340 SKYLANE BLVD. SANTA ROSA, CA 95403-8246	94-6002635	SONOMA COUNTY	58,000.	0.			TO SUPPORT THE MIDDLE SCHOOL CAREER EXPLORATION PROGRAM FOR 2013/2014, TO SUPPORT THE LAUNCH OF TWO
SONOMA COUNTY PUBLIC LIBRARY FOUNDATION - 211 E STREET - SANTA ROSA, CA 95404	68-0137105	501(C)(3)	6,000.	0.			TO SUPPORT THE FREE BOOKMOBILE OF SONOMA COUNTY IN PROMOTING LITERACY AND PROVIDING
SONOMA COUNTY REGIONAL PARKS FOUNDATION - 2300 COUNTY CENTER DRIVE #120A - SANTA ROSA, CA 95403	68-0421813	501(C)(3)	7,700.	0.			TO SUPPORT THE PURCHASING OF THE MOORLAND PARCEL FOR THE CREATION OF THE ANDY LOPEZ MEMORIAL PARK,
SONOMA COUNTY TASK FORCE ON THE HOMELESS - 3315 AIRWAY DRIVE - SANTA ROSA, CA 95403	68-0197522	501(C)(3)	7,000.	0.			TO SUPPORT THE PUBLICATION OF THE SONOMA COUNTY HOMELESS RESOURCE GUIDE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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 P.O. BOX 1486 ELDRIDGE, CA 95431	94-3136500	501(C)(3)	48,995.	0.			TO SUPPORT SONOMA ECOLOGY CENTER'S LEADERSHIP IN ACHIEVING THE GOALS OF THE NORTH BAY CLIMATE
SONOMA HUMANE SOCIETY P.O. BOX 1296 SANTA ROSA, CA 95402	94-6001315	501(C)(3)	7,850.	0.			FOR GENERAL OPERATING SUPPORT, TO SUPPORT THE RESCUE, CARE AND ADOPTION
SONOMA LAND TRUST 822 FIFTH STREET SANTA ROSA, CA 95404	51-0197006	501(C)(3)	39,000.	0.			FOR GENERAL OPERATING SUPPORT
SONOMA STATE UNIVERSITY 1801 E. COTATI AVENUE ROHNERT PARK, CA 94928	68-0338225	501(C)(3)	20,000.	0.			TO SUPPORT THE SONOMA STATE UNIVERSITY'S MAKER EDUCATOR CERTIFICATE PROGRAM
SONOMA VALLEY COMMUNITY HEALTH CENTER - 19270 SONOMA HWY - SONOMA, CA 95476	68-0286382	501(C)(3)	147,250.	0.			TO SUPPORT THE COMMUNITY NAVIGATOR POSITION, FOR GENERAL OPERATING SUPPORT, TO SUPPORT THE
SONOMA VALLEY EDUCATION FOUNDATION P.O. BOX 493 SONOMA, CA 95476	68-0279152	501(C)(3)	33,800.	0.			FOR GENERAL OPERATING SUPPORT, TO SUPPORT THE PATHWAY PROGRAMS AND THE EDUCATION FOUNDATION'S
SONOMA VALLEY MUSEUM OF ART P.O. BOX 322 SONOMA, CA 95476	68-0409459	501(C)(3)	26,546.	0.			FOR GENERAL OPERATING SUPPORT, TO SUPPORT THE ARTS REWARDS THE STUDENTS PROGRAM, FOR EXHIBITIONS
SONOMA VALLEY UNIFIED SCHOOL DISTRICT - 17850 RAILROAD AVENUE - SONOMA, CA 95476-3703	94-6002635	SONOMA VALLEY US	34,300.	0.			TO SUPPORT SONOMA VALLEY HIGH SCHOOL PROGRAM OF THE INTRODUCTION TO ENGINEERING DESIGN (PLTW)
SOROPTOMIST INTERNATIONAL OF HEALDSBURG - P.O. BOX 124 - HEALDSBURG, CA 95448	94-6174155	501(C)(3)	23,214.	0.			SRJC FOUNDATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SRJC FOUNDATION 1501 MENDOCINO AVENUE SANTA ROSA, CA 95401-4395	94-1735861	501(C)(3)	8,900.	0.			TO SUPPORT STUDENT SCHOLARSHIPS
SSU ACADEMIC FOUNDATION 1801 E. COTATI AVENUE, STEVENSON HALL RM 1054 - ROHNERT PARK, CA 94928	99-0157509	501(C)(3)	6,000.	0.			FOR GENERAL OPERATING SUPPORT OF THE GREEN MUSIC CENTER AND SCHOLARSHIPS FOR EXCEL
ST. ANDREW PRESBYTERIAN CHURCH 16290 ARNOLD DR. SONOMA, CA 95476	51-0158108	501(C)(3)	5,800.	0.			FOR GENERAL OPERATING SUPPORT, TO SUPPORT THE ANNUAL FUND
ST. FRANCIS SOLANO CHURCH 469 THIRD ST. WEST SONOMA, CA 95476	68-0163793	501(C)(3)	25,000.	0.			TO SUPPORT THE PROJECT ST. FRANCIS
ST. PAUL'S EPISCOPAL CHURCH 209 MATHESON STREET HEALDSBURG, CA 95448	94-2163768	501(C)(3)	13,000.	0.			TO SUPPORT THE NORTH COUNTY COMMUNITY SERVICES FOR EMERGENCY OVERNIGHT SHELTER, TRANSITIONAL
ST. VINCENT DE PAUL SOCIETY OF SONOMA COUNTY - P.O. BOX 1095 - ROHNERT PARK, CA 94927-1095	94-1433890	501(C)(3)	6,000.	0.			TO SUPPORT THE IMPORTANT WORK OF FEEDING AND CLOTHING THOSE IN NEED, FOR GENERAL OPERATING
STANFORD UNIVERSITY P.O. BOX 20466 STANFORD, CA 94309-0466	94-1156365	501(C)(3)	10,000.	0.			TO SUPPORT THE STANFORD PRESIDENT'S FUND
STEWARDS OF THE COAST AND REDWOODS P.O. BOX 2 DUNCANS MILLS, CA 95430	94-3039895	501(C)(3)	17,400.	0.			FOR GENERAL OPERATING SUPPORT, TO COVER STAFF AND MATERIALS TO EXPAND THE MULTIPLE-EXPOSURE,
SUTTER MEDICAL CENTER OF SANTA ROSA - 30 MARK WEST SPRINGS ROAD - SANTA ROSA, CA 95403	94-6187756	501(C)(3)	36,200.	0.			TO UNDERWRITE A MEDICAL CONFERENCE ON ASIA HEALTH ISSUES IN SONOMA COUNTY, TO SUPPORT THE LATINO

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE LEATHERBACK TRUST 5736 KINLOCK PLACE FORT WAYNE, IN 46835	22-3741033	501(C)(3)	18,000.	0.			TO SUPPORT THE WORK OF THE TRUST IN COSTA RICA AND THE CAYMAN ISLANDS
THE LIVING ROOM CENTER INC 636 CHERRY STREET SANTA ROSA, CA 95404-4203	58-2675876	501(C)(3)	51,150.	0.			FOR GENERAL OPERATING SUPPORT, TO PROVIDE A DOLLAR FOR DOLLAR CHALLENGE GRANT FOR FUNDS
THE MONASTERY PROJECT 919 MCFARLANE AVENUE SEBASTOPOL, CA 95472	68-0473949	501(C)(3)	505,000.	0.			FOR GENERAL OPERATING SUPPORT
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - 10945 LE CONTE AVENUE, SUITE 3132 - LOS ANGELES, CA 90095-1784	95-6006143	501(C)(3)	15,000.	0.			TO SUPPORT THE POSTDOCTORAL FELLOWSHIP FOR THE CULTURAL NEUROPSYCHOLOGY
TOMORROW'S LEADERS TODAY P.O. BOX 1731 SANTA ROSA, CA 95402-1731	03-0441074	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
UKIAH UNIFIED SCHOOL DISTRICT 511 S. ORCHARD ST. UKIAH, CA 95482	94-6002711	501(C)(3)	5,500.	0.			TO SUPPORT THE UKIAH HIGH SCHOOL BLOOD DRIVES, AT UKIAH HIGH SCHOOL UNDER THE DIRECTION OF BOB
UNITED WAY OF JACKSON COUNTY 1457 EAST MCANDREWS ROAD MEDFORD, OR 97504	93-0576632	501(C)(3)	8,000.	0.			TO SUPPORT THE LAN RESOURCES FOR LIVES IN TRANSITION PROGRAM
UNITED WAY OF THE WINE COUNTRY 975 CORPORATE CENTER PARKWAY, SUIT SANTA ROSA, CA 95407	94-1669646	501(C)(3)	91,000.	0.			TO INCREASE THE NUMBER OF FIRST THROUGH THIRD GRADE CHILDREN IN THE SPRINGS WHO DEVELOP STRONG
UNIVERSITY OF SAN FRANCISCO 2130 FULTON STREET, LMR 328 SAN FRANCISCO, CA 94117	94-1156628	501(C)(3)	12,000.	0.			TO SUPPORT THE LONE MOUNTAIN CAMPUS ENHANCEMENT ENDOWMENT FUND

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UPVALLEY FAMILY CENTERS OF NAPI COUNTY - 1500 CEDAR ST. - CALISTOGA, CA 94515	80-0023012	501(C)(3)	10,000.	0.			TO SUPPORT THE STUDENT ASSISTANCE PROVIDERS/COUNSELING IN CALISTOGA
US FOR UNHCR 1775 K ST., NW, STE 580 WASHINGTON, DC 20006	52-1662800	501(C)(3)	8,000.	0.			FOR UNRESTRICTED SUPPORT
VINTAGE HOUSE SENIOR MULTIPURPOSE CENTER OF SONOMA VALLEY - 264 FIRST STREET EAST - SONOMA, CA 95476	94-2745586	501(C)(3)	5,450.	0.			FOR GENERAL OPERATING SUPPORT
VOLUNTEER CENTER OF SONOMA COUNTY 153 STONY CIRCLE, STE. 100 SANTA ROSA, CA 95401-9507	94-1751375	501(C)(3)	6,400.	0.			FOR GENERAL OPERATING SUPPORT
WEST COUNTY HEALTH CENTERS INC. P.O. BOX 1449 GUERNEVILLE, CA 95446	23-7310613	501(C)(3)	33,500.	0.			TO SPONSOR THE WEST COUNTY HEALTH CENTERS 40TH CELEBRATION, FOR GENERAL OPERATING SUPPORT
WEST SONOMA COUNTY UNION HIGH SCHOOL DISTRICT - 462 JOHNSON STREET - SEBASTOPOL, CA 95472	94-6002635	WEST SONOMA CO U	72,528.	0.			TO SUPPORT ANALY HIGH SCHOOL PROJECT MAKE, TO SUPPORT LAGUNA HIGH SCHOOL WITH COUNSELING
WILDCARE 76 ALBERT PARK LANE SAN RAFAEL, CA 94901	51-0172331	501(C)(3)	6,000.	0.			FOR GENERAL OPERATING SUPPORT
WINDSOR HISTORICAL SOCIETY P.O. BOX 1544 WINDSOR, CA 95492	68-0359264	501(C)(3)	5,500.	0.			FOR GENERAL OPERATING SUPPORT
WINDSOR UNIFIED SCHOOL DISTRICT 9291 OLD REDWOOD HIGHWAY, BLDG 500 WINDSOR, CA 95492-9217	94-6002635	WINDSOR USD	17,000.	0.			TO SUPPORT WINDSOR HIGH SCHOOL PROGRAM OF THE INTRODUCTION TO ENGINEERING DESIGN (PLTW)

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN'S RECOVERY SERVICES A UNIQUE PLACE - P.O. BOX 1356 - SANTA ROSA, CA 95402	51-0178620	501(C)(3)	48,000.	0.			FOR GENERAL OPERATING SUPPORT, FOR ROOF REPAIR, TO SUPPORT SINGLE MOTHERS OF INFANTS AND YOUNG
WORLD VISION P.O. BOX 9716, MAIL STOP 110 FEDERAL WAY, WA 98063	95-1922279	501(C)(3)	20,000.	0.			FOR GENERAL OPERATING SUPPORT
WORLDREADER.ORG - C/O BRIGHTON JONES - 2030 1ST AVENUE, SUITE 300 - SEATTLE, WA 98121	27-2092468	501(C)(3)	10,000.	0.			FOR UNRESTRICTED SUPPORT
WORTH OUR WEIGHT 1021 HAHMAN DR. SANTA ROSA, CA 95405	26-2896895	501(C)(3)	8,500.	0.			FOR GENERAL OPERATING SUPPORT
YWCA OF SONOMA COUNTY P.O. BOX 3506 SANTA ROSA, CA 95402	94-2347428	501(C)(3)	7,750.	0.			FOR GENERAL OPERATING SUPPORT, TO SUPPORT THE WOMEN'S SHELTER AND SAFE HOUSE

Schedule I (Form 990)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

PART I, LINE 2:

FOR COMPETITIVE GRANTS, WE REQUIRE GRANTEES TO SIGN A CONTRACT THAT

DESCRIBES THE USE OF THE FUNDS. THE CONTRACT ALSO REQUIRES GRANTEES TO

SUBMIT BOTH A NARRATIVE AND FINANCIAL REPORT AT THE END OF THE GRANT PERIOD

DOCUMENTING THE ORGANIZATION'S ACTIVITIES RELATED TO THE GRANT AND THE

SPECIFIC USE OF GRANT FUNDS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ALLIANCE MEDICAL CENTER

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE HEALTH CARE TO 750 TEEN

HEALTH CENTER PATIENTS AND COMPREHENSIVE HEALTH EDUCATION SERVICES TO

1,800 STUDENTS

NAME OF ORGANIZATION OR GOVERNMENT:

AMERICAN RED CROSS SONOMA & MENDOCINO CHAPTER

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

RELIEF EFFORTS IN THE PHILIPPINES, TO SUPPORT MASS CANVASSING,

PREPAREDNESS FAIR AND MEDIA CAMPAIGN, TO SUPPORT THE NAPA EARTHQUAKE

RELIEF, TO SUPPORT DISASTER RELIEF EFFORTS FOR SONOMA AND MENDOCINO

CHAPTER

NAME OF ORGANIZATION OR GOVERNMENT: AMITABHA WELLNESS CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL SUPPORT FOR

PATIENTS WHO ARE CHALLENGED BY MONETARY CONSTRAINTS, TO SUPPORT

MEDITATION HEALING EVENTS AND BRING FORTH THE POSSIBILITY OF SPIRITUAL

HEALING TO A GREATER AUDIENCE, TO SUPPORT THE DOCTORS AND ADMINISTRATIVE

STAFF

NAME OF ORGANIZATION OR GOVERNMENT: AUDUBON CANYON RANCH

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

BOUVERIE PRESERVE IN MEMORY OF BUNNY O'BRIEN, TO SUPPORT THE YOUTH

ENVIRONMENT SONOMA (YES) PROGRAM, A STANDARDS-BASED SERVICE-LEARNING

PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: BECOMING INDEPENDENT

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

SUPPORT CELEBRATE COMMUNITY AUTISM WORK ROOM, TO ENHANCE SERVICES FOR

Part IV Supplemental Information

HEALDSBURG-AREA ADULTS WITH AUTISM SPECTRUM DISORDER

NAME OF ORGANIZATION OR GOVERNMENT:

BOYS AND GIRLS CLUBS OF CENTRAL SONOMA COUNTY

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

HELP STUDENTS AVOID SUMMER LEARNING LOSS BY FUNDING SUMMER CAMP IN

HEALDSBURG, TO SUPPORT THE HOMEWORK CLUB TO HELP WITH LANGUAGE AND

ACADEMIC DEFICIENCIES IN AFTER SCHOOL PROGRAM FOR ACADEMIC REMEDIATION

ONLY,

NAME OF ORGANIZATION OR GOVERNMENT: BUCK INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT PATENT COSTS AT THE

DISCRETION OF THE CEO, TO SUPPORT THE INSTITUTE'S BAIT RESEARCH PROJECT

IN HONOR OF THE LATE CATHERINE MUNSON, FOR GENERAL OPERATING SUPPORT OF

THE RESEARCH ON AGING

NAME OF ORGANIZATION OR GOVERNMENT: BUTTE COUNTY OFFICE OF EDUCATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT MIGRANT EDUCATION'S

HEALDSBURG PROGRAM TO PROVIDE MIGRANT STUDENTS WHO DO NOT HAVE INTERNET

ACCESS OR COMPUTERS IN THE HOME WITH TABLETS TO COMPLETE THEIR SCHOOLWORK

NAME OF ORGANIZATION OR GOVERNMENT: CASA

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

SUPPORT THE TECHNOLOGY UPGRADE PROPOSAL, TO SUPPORT THE ANNUAL FUND

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC CHARITIES OF THE DIOCESE OF SANTA ROSA

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

Part IV Supplemental Information

SUPPORT FARM WORKERS WITH EMERGENCY HOUSING VOUCHERS, TO PROVIDE FUNDING

FOR A STAFF POSITION OF THE VAWA PROGRAM TO SUPPORT IMMIGRANT WOMEN, TO

SUPPORT THE SHELTER AND SERVICES FOR HOMELESS FAMILIES, TO SUPPORT

OPERATIONS OF THE DEMEO HOUSE

NAME OF ORGANIZATION OR GOVERNMENT: CENTER FOR CLIMATE PROTECTION

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

SUPPORT THE CLIMATE PROTECTION'S SPRING SYMPOSIUM, TO SUPPORT THE

REBRANDING EFFORTS

NAME OF ORGANIZATION OR GOVERNMENT:

CENTRAL PACIFIC DISTRICT OF THE CHRISTIAN AND MISSIONARY ALLIANCE

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

BRIDGE CHURCH OF THE CHRISTIAN AND MISSIONARY ALLIANCE IN SANTA ROSA, TO

SUPPORT THE BENEVOLENCE FUND AT THE BRIDGE CHURCH OF THE CHRISTIAN AND

MISSIONARY ALLIANCE IN SANTA ROSA

NAME OF ORGANIZATION OR GOVERNMENT: CENTRO LABORAL DE GRATON

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

SUPPORT THE DREAMERS DOCUMENTARY FILM AND MEDIA PROJECT, TO SUPPORT THE

KIDS CHRISTMAS PROGRAM, TO PROVIDE GIFTS FOR THE CHILDREN OF DAY LABORERS

NAME OF ORGANIZATION OR GOVERNMENT: CERES COMMUNITY PROJECT

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

PROVIDE FREE, NOURISHING, AND DELIVERED MEALS TO INDIVIDUALS AND FAMILIES

WITH LOW INCOMES WHO ARE IN CRISIS DUE TO A SERIOUS MEDICAL DIAGNOSIS

LIKE CANCER

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

CHILD PARENT INSTITUTE (FORMERLY CALIFORNIA PARENTING INSTITUTE)

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR EMERGENCY COVERAGE OF CLIENTS

BASIC NEEDS, FOR GENERAL OPERATING SUPPORT, AND TO SUPPORT SCHOLARSHIPS

NAME OF ORGANIZATION OR GOVERNMENT: CHILDREN'S MUSEUM OF SONOMA COUNTY

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

SUPPORT THE CAPITAL CAMPAIGN, TO SUPPORT ELLA'S ART STUDIO IN HONOR OF

DR. GEORGE BISBEE

NAME OF ORGANIZATION OR GOVERNMENT: CINNABAR ARTS CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO OFFER DEEPLY DISCOUNTED TICKETS

FOR YOUTH TO ATTEND PROFESSIONAL PLAYS, MUSICALS AND OPERAS ALONG WITH

EDUCATIONAL PRESENTATIONS OVER DINNER WITH ARTISTS, TO SUPPORT

SCHOLARSHIPS GRANTS FOR YOUTH PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF HEALDSBURG

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE TUESDAY IN THE PLAZA

PROGRAM THROUGH THE PARK AND RECREATION DEPARTMENT, TO SUPPORT THE AUDIO

IMPROVEMENTS TO GAZEBO AND PLAZA AREA

NAME OF ORGANIZATION OR GOVERNMENT: COMMITTEE ON THE SHELTERLESS

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

SUPPORT THE PETALUMA KITCHEN, MICES, CHILDREN'S PROGRAM, AND HOMELESS

SERVICES,

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY ACTION PARTNERSHIP OF SONOMA COUNTY

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT, TO
SUPPORT SLOAN HOUSE WOMEN'S SHELTER, TO SUPPORT FISCAL SPONSORSHIP FEES,
TO PROVIDE FUNDS TO "FARM TO PANTRY", TO SUPPORT THE EXPANSION OF THE
PASITOS PLAYGROUPS

NAME OF ORGANIZATION OR GOVERNMENT: COMPASSION WITHOUT BORDERS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP COVER THE COSTS OF FREE
MONTHLY VETERINARY WELLNESS AND SPAY/NEUTER EFFORTS IN UNDERSERVED
REGIONS OF SONOMA COUNTY, WITH A PRIMARY FOCUS ON LOW-INCOME LATINO
NEIGHBORHOODS

NAME OF ORGANIZATION OR GOVERNMENT: CONTEMPORARY JEWISH MUSEUM

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT 2015 OPERATING EXPENSES
(\$10,000) AND TO SUPPORT THE ARNOLD NEWMAN EXHIBITION EXPENSES (\$10,000)

NAME OF ORGANIZATION OR GOVERNMENT: COUNTY OF SONOMA GENERAL SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE CBO OUTREACH SEMINAR
ON MAY 22, 2014 AND GREENTIVITIES, THE SONOMA COUNTY FAIR'S 16-DAY GREEN
EXPO

NAME OF ORGANIZATION OR GOVERNMENT: DOCTORS WITHOUT BORDERS

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT, TO
SUPPORT THE RESPONSE TO THE EBOLA EPIDEMIC, TO SUPPORT HEALTH CARE
DELIVERY

NAME OF ORGANIZATION OR GOVERNMENT:

FACE TO FACE SONOMA COUNTY AIDS NETWORK

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

Part IV Supplemental Information

MOVE HIV+ INDIVIDUALS FROM HOMELESS INTO HOUSING, HELP THOSE UNSTABLY

HOUSED TRANSITION TO STABLE HOUSING, AND TO PREVENT HOMELESSNESS IN THOSE

SAFELY AND STABLY HOUSED

NAME OF ORGANIZATION OR GOVERNMENT: GLOBAL STUDENT EMBASSY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE MERIT-BASED

SCHOLARSHIPS FOR PARTICIPATION IN GSE INTERNATIONAL ENVIRONMENTAL ACTION

PROGRAMS AND THE ECO-ENTREPRENEURIAL TRAINING FELLOWSHIP, FOR GENERAL

OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: HAND FAN MUSEUM

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

EDUCATIONAL VIDEO FOR NEW EXHIBIT, AND TO FINISH "DISCOVERY DRAWERS", TO

SUPPORT DIRECTOR'S SALARY

NAME OF ORGANIZATION OR GOVERNMENT:

HEALTHCARE FOUNDATION NORTHERN SONOMA COUNTY

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

SUPPORT THE WINE, WOMEN, SHOES EVENT AND KALMANOVITZ TECHNOLOGY FUND

NAME OF ORGANIZATION OR GOVERNMENT: HOSPICE BY THE BAY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE TERMINALLY ILL PATIENTS

AND THEIR LOVED ONES WITH PHYSICAL, MENTAL, EMOTIONAL, AND SPIRITUAL

SUPPORT DURING DIFFICULT TIMES

NAME OF ORGANIZATION OR GOVERNMENT: ILLUMINATE THE ARTS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE PERMANENT BAY LIGHTS

PROJECT THROUGH THE GENEROSITY OF CIRCE AND LACEY SHER OF THE SHER FAMILY

Part IV Supplemental Information

FUND

NAME OF ORGANIZATION OR GOVERNMENT: INTERFAITH SHELTER NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: TO IMPLEMENT A HEALTHY MEALS PROGRAM

FOR HOMELESS WOMEN AND CHILDREN RESIDING AT IFSN, WHICH WILL INCLUDE

PROVIDING ONE BALANCED MEAL PER WEEK FOR ONE YEAR, TO PROVIDE LINKAGE

SERVICES AND MENTAL HEALTH TREATMENT WITH OUTREACH SERVICES PROVIDERS AND

MENTAL HEALTH PROFESSIONALS IN THE NORTH COUNTY AREA

NAME OF ORGANIZATION OR GOVERNMENT:

KNIGHTS OF INDULGENCE THEATRE UNITED STATES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE WORK OF THIS

INNOVATIVE, SOCIALLY CONSCIOUS THEATER COMPANY, TO DEVELOP, REFINE, AND

IMPLEMENT ION PROJECT, TO HELP SUPPORT THE 6TH ANNUAL ART

NAME OF ORGANIZATION OR GOVERNMENT: LA LUZ BILINGUAL CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: SPONSOR OF AUGUST 2, 2014 - NOCHE EN

SOUTH PACIFIC, TO SUPPORT ESL PROGRAM, FOR GENERAL OPERATING SUPPORT, TO

SUPPORT LA LUZ'S FUND-A -NEED

NAME OF ORGANIZATION OR GOVERNMENT: LAGUNA DE SANTA ROSA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE TREE-A-THON, TO

SUPPORT THE LAGUNA DE SANTA ROSA'S LEADERSHIP IN ACHIEVING THE GOALS OF

THE NORTH BAY CLIMATE ADAPTATION INITIATIVE, FOR GENERAL OPERATING

SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: LANDPATHS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE 2014 INFRASTRUCTURE

Part IV Supplemental Information

EXPENSES FOR THE LANDPATHS CORE PROGRAM, FOR GENERAL OPERATING SUPPORT,
TO PROVIDE AWARD-WINNING ENVIRONMENTAL EDUCATION TO APPROXIMATELY 1,000
STUDENTS PARTICIPATING IN THE OUR OWN BACKYARD SCHOOL PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: LISTENING FOR A CHANGE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE PILOT PROGRAM,
INCLUSION AND CONNECTION, A PROGRAM FOR BUSINESSES, NONPROFITS, AND
GOVERNMENT AGENCIES, FOR GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:

LUTHER BURBANK MEM FDN (DBA WELLS FARGO CENTER FOR THE ARTS)

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT, TO
SUPPORT THE ARTISTS IN THE SCHOOLS PROGRAM WHICH USES THE ARTS TO AUGMENT
TEACHING AND IMPROVE STUDENT COMPREHENSION OF CORE CURRICULUM

NAME OF ORGANIZATION OR GOVERNMENT: MIDPEN HOUSING

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE SONOMA SPRINGS
MIXED-USE PROJECT AND TARGETED OUTREACH TO THE VALLEY'S FARM WORKER
SECTOR IN CONNECTION TO THE 60 UNIT FAMILY HOUSING DEVELOPMENT.
CONDITION: GRANT IS CONTINGENT ON PROJECT MOVING FORWARD.

NAME OF ORGANIZATION OR GOVERNMENT: NATURE CONSERVANCY IN CALIFORNIA

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT OF
PROJECTS IN SONOMA COUNTY, TO SUPPORT THE TEN MILE RIVER PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: OCCIDENTAL ARTS AND ECOLOGY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE FUNDING NEEDED TO
BRING HAITIAN ECOLOGIST TO THE PERMACULTURE DESIGN COURSE AT OCCIDENTAL

Part IV Supplemental Information

ARTS AND ECOLOGY CENTER, FOR GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: OPPORTUNITY INTERNATIONAL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE OPPORTUNITY'S ONE

FAMILY INVESTMENT PROGRAM AND ONE CHILD EDUCATION INITIATIVE

NAME OF ORGANIZATION OR GOVERNMENT: PEPPERWOOD FOUNDATION

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

REPRESENTING STOCK PROCEEDS FROM DOWNEY FOR \$10,067.73 AND COOKSEY FOR

\$1,090.92, TO SUPPORT A LEADERSHIP ROLE IN ACHIEVING THE GOALS OF THE

NORTH BAY CLIMATE ADAPTATION INITIATIVE, FOR NATURAL SCIENCE EDUCATION

AND RESEARCH

NAME OF ORGANIZATION OR GOVERNMENT:

PETALUMA JOINT UNION HIGH SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT PETALUMA HIGH SCHOOL

PROGRAM OF THE INTRODUCTION TO ENGINEERING DESIGN (PLTW) AND STEM/DES

FUNDAMENTALS

NAME OF ORGANIZATION OR GOVERNMENT: PETS LIFELINE INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE SONOMA VALLEY

EXECUTIVE DIRECTOR'S ROUNDTABLE, FOR A SERIES OF FREE BILINGUAL

SPAY/NEUTER CLINICS ALONG WITH 2-3 WELLNESS CLINICS PER YEAR TO BE HELD

IN THE BOYES SPRINGS AREA IN SONOMA, FOR GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:

PRBO DBA POINT BLUE CONSERVATION SCIENCE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE ENVIRONMENTAL SCIENCE

Part IV Supplemental Information

EDUCATION TO 240 STUDENTS AND 8 TEACHERS AT THREE UNDERSERVED SCHOOLS

THROUGH THE STRAW PROGRAM, FOR GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: SALVATION ARMY - SANTA ROSA

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

SUPPORT THE CHRISTMAS ANGEL TREE FUNDRAISER, FOR THE FOOD PANTRY

NAME OF ORGANIZATION OR GOVERNMENT: SANTA ROSA CHILDREN'S CHORUS

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

SUPPORT ONE YEAR'S TUITION FOR A STUDENT TO ATTEND THE CONCERT GROUP

NAME OF ORGANIZATION OR GOVERNMENT: SANTA ROSA CITY SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE TRANSPORTATION COST

FOR INCOMING 7TH GRADE BAND MEMBERS, PINER HIGH SCHOOL, SUMMER MAKE CAMP

AT COMSTOCK MIDDLE SCHOOL, ABRAHAM LINCOLN SCHOOL, BROOKHILL ELEMENTARY

SCHOOL, SANTA ROSA MIDDLE SCHOOL, STEELE LANE ELEMENTARY SCHOOL

NAME OF ORGANIZATION OR GOVERNMENT: SANTA ROSA SYMPHONY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT SIMPLY STRINGS, A

FIVE-YEAR PILOT PROGRAM PROVIDING FREE IN-DEPTH MUSIC TRAINING AFTER

SCHOOL TO UNDERSERVED SCHOOL CHILDREN AT SHEPPARD ELEMENTARY SCHOOL, TO

SUPPORT THE YOUTH ORCHESTRA TRIP TO CHINA, FOR GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: SEBASTOPOL CENTER FOR THE ARTS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE NEW BUILDING FUND, TO

ENGAGE YOUTH IN MEDIA LITERACY BY PRODUCING A STUDENT DOCUMENTARY FILM

INVITATIONAL FOR THE SEBASTOPOL DOCUMENTARY FILM FESTIVAL, TO CREATE THE

INFRASTRUCTURE FOR THE NEW SONOMA COUNTY ARTS TRAILS PROGRAM,

Part IV Supplemental Information

SPECIFICALLY LOGO DESIGN, WEBSITE, AND SIGNS, TO CONTINUE THE WORK OF THE
CENTER IN PROVIDING ACCESS TO ART, FOR GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: SEBASTOPOL COMMUNITY CULTURAL CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE 2014 AUTHOR DINNER

TALK, TO SUPPORT THE JANUARY 25TH CONCERT BENEFIT, TO SUPPORT THE

MATCHING GRANT, FOR GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: SOCIAL ADVOCATES FOR YOUTH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT SCHOLARSHIPS FOR AT-RISK

YOUTH, TO PROVIDE MEALS TO HOMELESS AND RUNAWAY YOUTH, TO SUPPORT THE NEW

DREAM CENTER, TO PROVIDE ADVOCACY AND RESOURCE ASSISTANCE TO LOW-INCOME,

ISOLATED, MONOLINGUAL SPANISH-SPEAKING FAMILIES, TO SUPPORT CAPITAL

CAMPAIGN FOR NEW FACILITY

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA COUNTY CHILDREN'S VILLAGE

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

SUPPORT THE 2014 GALA, MENTAL HEALTH FUND, AND THE ANNUAL CAPITAL

CAMPAIGN GIFT

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA COUNTY OFFICE OF EDUCATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE MIDDLE SCHOOL CAREER

EXPLORATION PROGRAM FOR 2013/2014, TO SUPPORT THE LAUNCH OF TWO

IMAGINATION CHAPTERS IN SONOMA COUNTY, TO SUPPORT THE "MAKE

TEACHER-ON-LOAN" POSITION FOR TEACHER CASEY SHEA AT ANALY HIGH SCHOOL

NAME OF ORGANIZATION OR GOVERNMENT:

SONOMA COUNTY PUBLIC LIBRARY FOUNDATION

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE FREE BOOKMOBILE OF

SONOMA COUNTY IN PROMOTING LITERACY AND PROVIDING FREE ACCESS TO HIGH

QUALITY BOOKS, ESPECIALLY TO LOCAL CHILDREN AND RESIDENTS WHO ARE

LOW-INCOME, MOBILITY-CHALLENGED, AND/OR GEOGRAPHICALLY ISOLATED

NAME OF ORGANIZATION OR GOVERNMENT:

SONOMA COUNTY REGIONAL PARKS FOUNDATION

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

MOORLAND PARCEL FOR THE CREATION OF THE ANDY LOPEZ MEMORIAL PARK, TO

SPONSOR AN ADA PICNIC TABLE FOR TAYLOR MOUNTAIN, TO SUPPORT THE FIRST

ANNUAL ROSELAND CUP SOCCER TOURNAMENT

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA ECOLOGY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT SONOMA ECOLOGY CENTER'S

LEADERSHIP IN ACHIEVING THE GOALS OF THE NORTH BAY CLIMATE ADAPTATION

INITIATIVE AND TO COVER NBCAI'S ADMINISTRATIVE SUPPORT EXPENSES, FOR

GENERAL OPERATING SUPPORT, TO CONTINUE WORK IN SUPPORT OF THE PRESERVE

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA VALLEY COMMUNITY HEALTH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE COMMUNITY NAVIGATOR

POSITION, FOR GENERAL OPERATING SUPPORT, TO SUPPORT THE "BUILDING THE

FUTURE" CAPITAL CAMPAIGN, TO TRANSITION FROM A TRADITIONAL BEHAVIORAL

HEALTH MODEL TO AN INTEGRATED BEHAVIORAL HEALTH MODEL

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA VALLEY EDUCATION FOUNDATION

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

SUPPORT THE PATHWAY PROGRAMS AND THE EDUCATION FOUNDATION'S FUND-A-NEED

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA VALLEY MUSEUM OF ART

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

SUPPORT THE ARTS REWARDS THE STUDENTS PROGRAM, FOR EXHIBITIONS -

DISCOVERED, WALL AND ARDOR AND CONTEMPORARY REALISM

NAME OF ORGANIZATION OR GOVERNMENT: SONOMA VALLEY UNIFIED SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT SONOMA VALLEY HIGH SCHOOL

PROGRAM OF THE INTRODUCTION TO ENGINEERING DESIGN (PLTW) AND THE

PLANT/SOIL SCIENCE PROGRAM AT SONOMA VALLEY HIGH SCHOOL, TO PURCHASE NEW

BOOKS IN SUPPORT OF INSTILLING A LOVE OF READING IN KRISTINA

REGUERO-GARRISON'S CLASS AT FLOWERY SCHOOL

NAME OF ORGANIZATION OR GOVERNMENT: SSU ACADEMIC FOUNDATION

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

GREEN MUSIC CENTER AND SCHOLARSHIPS FOR EXCEL FOR YOUTH

NAME OF ORGANIZATION OR GOVERNMENT: ST. PAUL'S EPISCOPAL CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE NORTH COUNTY

COMMUNITY SERVICES FOR EMERGENCY OVERNIGHT SHELTER, TRANSITIONAL HOUSING

AND REALIGNMENT OF SERVICES, TO HELP NCCS TRANSITION FROM AN OUTREACH

MISSION OF ST. PAUL'S EPISCOPAL CHURCH TO AN INDEPENDENT COMMUNITY AGENCY

NAME OF ORGANIZATION OR GOVERNMENT:

ST. VINCENT DE PAUL SOCIETY OF SONOMA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE IMPORTANT WORK OF

FEEDING AND CLOTHING THOSE IN NEED, FOR GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: STEWARDS OF THE COAST AND REDWOODS

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT, TO
COVER STAFF AND MATERIALS TO EXPAND THE MULTIPLE-EXPOSURE, PLACE-BASED
ENVIRONMENTAL EDUCATION PROGRAMS FOR K-12 STUDENTS AT THE RUSSIAN RIVER
DISTRICT STATE PARKS

NAME OF ORGANIZATION OR GOVERNMENT: SUTTER MEDICAL CENTER OF SANTA ROSA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO UNDERWRITE A MEDICAL CONFERENCE
ON ASIA HEALTH ISSUES IN SONOMA COUNTY, TO SUPPORT THE LATINO HEALTH
FORUM, TO SUPPORT THE NEW BUILDING FUND

NAME OF ORGANIZATION OR GOVERNMENT: THE LIVING ROOM CENTER INC

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT, TO
PROVIDE A DOLLAR FOR DOLLAR CHALLENGE GRANT FOR FUNDS RAISED BETWEEN
11/1/14 TO 12/31/14 FOR THE NEW BUILDING, TO SUPPORT THE MOTHER AND CHILD
PROGRAM (MAC)

NAME OF ORGANIZATION OR GOVERNMENT:

THE REGENTS OF THE UNIVERSITY OF CALIFORNIA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE POSTDOCTORAL
FELLOWSHIP FOR THE CULTURAL NEUROPSYCHOLOGY INITIATIVE UNDER THE
DIRECTION OF XAVIER E. CAGIGAS, PH.D. AT THE SEMEL INSTITUTE AT UCLA

NAME OF ORGANIZATION OR GOVERNMENT: UKIAH UNIFIED SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE UKIAH HIGH SCHOOL
BLOOD DRIVES, AT UKIAH HIGH SCHOOL UNDER THE DIRECTION OF BOB DIEFFENBACH

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY OF THE WINE COUNTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO INCREASE THE NUMBER OF FIRST

Part IV Supplemental Information

THROUGH THIRD GRADE CHILDREN IN THE SPRINGS WHO DEVELOP STRONG READING

SKILLS THROUGH WEEKLY TUTORING SESSIONS WITH VOLUNTEERS, FOR GENERAL

OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:

WEST SONOMA COUNTY UNION HIGH SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT ANALY HIGH SCHOOL PROJECT

MAKE, TO SUPPORT LAGUNA HIGH SCHOOL WITH COUNSELING SUPPORT, STAFF

DEVELOPMENT AND STUDENT WELLNESS PROGRAMS, TO INSTALL A RAIN WATER

CATCHMENT SYSTEM AT LAGUNA HIGH SCHOOL, TO SUPPORT "PROJECT MAKE" AT EL

MOLINO HIGH SCHOOL, TO SUPPORT THE SPEAKERS SERIES 2013-2014 AND

2014-2015

NAME OF ORGANIZATION OR GOVERNMENT:

WOMEN'S RECOVERY SERVICES A UNIQUE PLACE

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

ROOF REPAIR, TO SUPPORT SINGLE MOTHERS OF INFANTS AND YOUNG CHILDREN BY

PROVIDING SAFE HOUSING, MEDICAL CARE, AND SUPPORT SERVICES

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2014

Open to Public Inspection

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 in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes 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, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/> Compensation committee		
<input checked="" type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in 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	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed in 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	X
b Any related organization?	5b	X
If "Yes" to line 5a or 5b, describe in Part III.		
6 For persons listed in 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	X
b Any related organization?	6b	X
If "Yes" to line 6a or 6b, describe in Part III.		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported in 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	X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2014

**SCHEDULE M
(Form 990)**Department of the Treasury
Internal Revenue Service**Noncash Contributions**

OMB No 1545-0047

2014Open To Public
Inspection

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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	25	3,009,283.	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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it
must hold for at least three years from the date of the initial contribution, and which is not required to be used for
exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

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

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) (2014)

Part II

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

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER OF CONTRIBUTIONS REFLECTS THE NUMBER OF DONORS, NOT THE

NUMBER OF ITEMS DONATED.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2014

Open to Public
Inspection

Name of the organization

COMMUNITY FOUNDATION SONOMA COUNTY

Employer identification number
68-0003212

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

USED DIVERSIFIED INVESTMENT STRATEGIES TO MANAGE OVER 450 CHARITABLE

FUNDS TO ENSURE FUTURE FUNDING FOR THE COMMUNITY.

THE FOUNDATION ALSO MAINTAINS TWO GEOGRAPHIC AFFILIATES IN HEALDSBURG

AND SONOMA VALLEY. THE TWO AFFILIATES EACH HAS THEIR OWN VOLUNTEER

BOARDS OF DIRECTORS WHICH HELP THE FOUNDATION RAISE AND DISTRIBUTE

FUNDS IN THEIR LOCAL COMMUNITIES.

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

TAXPAYER'S ACCOUNTING FIRM FORWARDED THE FORM 990 TO THE VP FOR FINANCE AND

OPERATIONS. THE PAID PREPARER PRESENTED THE FORM 990 TO THE AUDIT COMMITTEE

AT AN IN-PERSON MEETING, WHERE ALL QUESTIONS AND COMMENTS WERE ADDRESSED. A

PAPER COPY OF THE FORM 990 WAS PROVIDED TO ALL VOTING MEMBERS OF THE BOARD

EXCEPT FOR SCHEDULE B AND WERE ENCOURAGED TO FORWARD QUESTIONS AND COMMENTS

TO THE VP. BOARD MEMBERS HAD AN OPPORTUNITY TO REVIEW SCHEDULE B AT AN

IN-PERSON BOARD MEETING PRIOR TO FILING.

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

BOARD MEMBERS AND STAFF FILL OUT CONFLICT OF INTEREST FORMS ANNUALLY. THE

VP FOR FINANCE AND OPERATIONS REVIEWS THE FORMS FOR POTENTIAL CONFLICTS,

AND BOARD MEMBERS OR STAFF DO NOT PARTICIPATE IN DECISION REGARDING MATTERS

FOR WHICH THEY HAVE CONFLICTS.

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

THE COMMUNITY FOUNDATION HIRED AN OUTSIDE CONSULTANT TO DETERMINE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2014)

432211
08-27-14

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

APPROPRIATE COMPENSATION FOR THE PRESIDENT & CEO BASED ON COMPARABLE SALARY

DATA. THE BOARD APPOINTED A HIRING COMMITTEE TO SELECT THE COMPENSATION

LEVEL, AND THE EXECUTIVE COMMITTEE APPROVED ANY SUBSEQUENT CHANGES TO THE

COMPENSATION LEVEL. THE PRESIDENT & CEO SET COMPENSATION FOR OTHER OFFICERS

AND KEY EMPLOYEES, BASED ON SALARY SURVEY DATA.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS

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

FORTH IN SEC. 6104(D).

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

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	577,959.
---	----------

RETURNED GRANT	11,969.
----------------	---------

TOTAL TO FORM 990, PART XI, LINE 9	589,928.
------------------------------------	----------

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to related organization(s)**c** Gift, grant, or capital contribution from related organization(s)**d** Loans or loan guarantees to or for related organization(s)**e** Loans or loan guarantees by related organization(s)**f** Dividends from related organization(s)**g** Sale of assets to related organization(s)**h** Purchase of assets from related organization(s)**i** Exchange of assets with related organization(s)**j** Lease of facilities, equipment, or other assets to related organization(s)**k** Lease of facilities, equipment, or other assets from related organization(s)**l** Performance of services or membership or fundraising solicitations for related organization(s)**m** Performance of services or membership or fundraising solicitations by related organization(s)**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)**o** Sharing of paid employees with related organization(s)**p** Reimbursement paid to related organization(s) for expenses**q** Reimbursement paid by related organization(s) for expenses**r** Other transfer of cash or property to related organization(s)**s** Other transfer of cash or property from related organization(s)**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	SONOMA PARADISO	B	95,000	ACTUAL PAID/ACCRUED
(2)	PEPPERWOOD FOUNDATION	B	524,333	ACTUAL PAID/ACCRUED
(3)				
(4)				
(5)				
(6)				

