

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 black lung benefit trust or private foundation)

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2012 calendar year, or tax year beginning**

**and ending**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> COMMUNITY FOUNDATION SONOMA COUNTY <hr/> <b>Doing Business As</b> <hr/> <b>Number and street (or P.O. box if mail is not delivered to street address) Room/suite</b> 250 D STREET 205 <hr/> <b>City, town, or post office, state, and ZIP code</b> SANTA ROSA, CA 95404 <hr/> <b>F Name and address of principal officer:</b> ELIZABETH BROWN SAME AS C ABOVE	<b>D Employer identification number</b> 68-0003212 <hr/> <b>E Telephone number</b> 707-579-4073 <hr/> <b>G Gross receipts \$</b> 42,246,088. <hr/> <b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> ▶ WWW.SONOMACF.ORG		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> 1983
<b>M State of legal domicile:</b> CA		

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>TO STRENGTHEN OUR LOCAL COMMUNITIES THROUGH EFFECTIVE PHILANTHROPY AND CIVIC ENGAGEMENT.</u>																									
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																									
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b> 24																								
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b> 24																								
	<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a) .....	<b>5</b> 16																								
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b> 50																								
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b> 0.																								
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 .....	<b>7b</b> 0.																								
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th align="center" colspan="2">Prior Year</th> <th align="center" colspan="2">Current Year</th> </tr> </thead> <tbody> <tr> <td align="right">8,776,884.</td> <td align="right">9,508,279.</td> <td></td> <td></td> </tr> <tr> <td align="right">75,792.</td> <td align="right">96,310.</td> <td></td> <td></td> </tr> <tr> <td align="right">9,517,157.</td> <td align="right">2,906,528.</td> <td></td> <td></td> </tr> <tr> <td align="right">50,362.</td> <td align="right">3,856.</td> <td></td> <td></td> </tr> <tr> <td align="right">18,420,195.</td> <td align="right">12,514,973.</td> <td></td> <td></td> </tr> </tbody> </table>	Prior Year		Current Year		8,776,884.	9,508,279.			75,792.	96,310.			9,517,157.	2,906,528.			50,362.	3,856.			18,420,195.	12,514,973.		
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	<b>9</b> Program service revenue (Part VIII, line 2g) .....																									
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....																									
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....																									
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....																									
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	12,016,000.																								
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....	0.																								
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	1,131,795.																								
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....	0.																								
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 572,682.																									
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	1,407,257.																								
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	14,555,052.																								
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	3,865,143.																								
<b>Net Assets or Fund Balances</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th align="center" colspan="2">Beginning of Current Year</th> <th align="center" colspan="2">End of Year</th> </tr> </thead> <tbody> <tr> <td align="right">131,308,540.</td> <td align="right">138,423,548.</td> <td></td> <td></td> </tr> <tr> <td align="right">7,929,624.</td> <td align="right">7,618,243.</td> <td></td> <td></td> </tr> <tr> <td align="right">123,378,916.</td> <td align="right">130,805,305.</td> <td></td> <td></td> </tr> </tbody> </table>	Beginning of Current Year		End of Year		131,308,540.	138,423,548.			7,929,624.	7,618,243.			123,378,916.	130,805,305.										
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	<b>20</b> Total assets (Part X, line 16) .....																									
	<b>21</b> Total liabilities (Part X, line 26) .....																									
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....																									

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer ELIZABETH BROWN, PRESIDENT & CEO Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name MARK S. HANCOCK	Preparer's signature Date
	Firm's name ▶ HOOD & STRONG LLP	Check <input type="checkbox"/> if self-employed PTIN P00857085
	Firm's address ▶ 100 FIRST STREET, 14TH FLOOR SAN FRANCISCO, CA 94105	Firm's EIN ▶ 94-1254756 Phone no. 415.781.0793

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

<b>Part III</b>	<b>Statement of Program Service Accomplishments</b>
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Check if Schedule O contains a response to any question in this Part III ☐

- |           |  |   |  |
|-----------|--|---|--|
| <b>1</b>  | Briefly describe the organization's mission:<br>TO STRENGTHEN OUR LOCAL COMMUNITIES THROUGH EFFECTIVE PHILANTHROPY AND<br>CIVIC ENGAGEMENT.  |   |  |
|           |  |   |  |
| <b>2</b>  | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? .....   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
|           | If "Yes," describe these new services on Schedule O.   |   |  |
| <b>3</b>  | Did the organization cease conducting, or make significant changes in how it conducts, any program services? .....   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
|           | If "Yes," describe these changes on Schedule O.  |   |  |
| <b>4</b>  | 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.  |   |  |
| <b>4a</b> | (Code: ) (Expenses \$ 12,337,033. including grants of \$ 11,413,667. ) (Revenue \$ 96,310. )<br>GRANTMAKING: AWARDED NEARLY 1,000 GRANTS AND SCHOLARSHIPS TOTALING MORE<br>THAN \$10 MILLION, PRIMARILY IN THE FIELDS OF HEALTH AND HUMAN SERVICES,<br>EDUCATION, THE ENVIRONMENT, AND ARTS AND CULTURE IN SONOMA COUNTY.<br><br>PROMOTING PHILANTHROPY: WORKED WITH OVER 100 DONORS TO HELP DEFINE AND<br>ACTIVATE THEIR PHILANTHROPIC GIVING. WORKED WITH FINANCIAL AND ESTATE<br>PROFESSIONALS TO INTEGRATE CHARITABLE GIVING INTO THEIR CLIENTS' ESTATE<br>PLANS, AND CREATED EDUCATION PROGRAMS TO INFORM DONORS AND ADVISORS<br>ABOUT COMMUNITY NEEDS AND OPPORTUNITIES.<br><br>STEWARDING ASSETS: USED DIVERSIFIED INVESTMENT STRATEGIES TO MANAGE<br>OVER 400 CHARITABLE FUNDS TO ENSURE FUTURE FUNDING FOR THE COMMUNITY. |   |  |
| <b>4b</b> | (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )<br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br>   |   |  |
| <b>4c</b> | (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )<br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br>   |   |  |
| <b>4d</b> | Other program services (Describe in Schedule O.)<br>(Expenses \$ including grants of \$ ) (Revenue \$ )  |   |  |
| <b>4e</b> | Total program service expenses 12,337,033.   |   |  |

**Part IV Checklist of Required Schedules**

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

Form **990** (2012)

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	X	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> 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** (2012)

**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b> 24		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>		
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 16		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>		

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**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 to any question in this Part VI ☒

**Section A. Governing Body and Management**

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

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

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

**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, physical address, and telephone number of the person who possesses the books and records of the organization: **DAVID CARROLL - 707-579-4073**  
**250 D STREET, SUITE 205, SANTA ROSA, CA 95404**

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

Check if Schedule O contains a response to any question 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) PETE GOLIS CHAIR	3.00	X		X				0.	0.	0.
(2) HERB CASTILLO SECRETARY	3.00	X		X				0.	0.	0.
(3) LINDA KACHIU TREASURER	3.00	X		X				0.	0.	0.
(4) JAY ABBE DIRECTOR	1.00	X						0.	0.	0.
(5) TANIA AMOCHAEV FORMER DIRECTOR	1.00	X						0.	0.	0.
(6) OSCAR CHAVEZ DIRECTOR	1.00	X						0.	0.	0.
(7) HARRIET DERWINGSON DIRECTOR	1.00	X						0.	0.	0.
(8) DIANNE EDWARDS DIRECTOR	2.00	X						0.	0.	0.
(9) THEODORE L. ELIOT, JR. DIRECTOR	1.00	X						0.	0.	0.
(10) PATRICK EMERY DIRECTOR	1.00	X						0.	0.	0.
(11) STEVE GOLDBERG DIRECTOR	1.00 1.00	X						0.	0.	0.
(12) WHITNEY HALL DIRECTOR	1.00	X						0.	0.	0.
(13) KATIE JACKSON DIRECTOR	1.00	X						0.	0.	0.
(14) DEBERAH KELLEY DIRECTOR	1.00	X						0.	0.	0.
(15) ANDREA LEARNED DIRECTOR	1.00	X						0.	0.	0.
(16) SUSAN LENTZ DIRECTOR	2.00	X						0.	0.	0.
(17) STEVE RABINOWITSH 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) LEW REID DIRECTOR	1.00	X						0.	0.	0.
(19) JOSHUA RYMER DIRECTOR	1.00	X						0.	0.	0.
(20) MARLENE SOILAND DIRECTOR	1.00	X						0.	0.	0.
(21) WANDA TAPIA-THOMSEN FORMER DIRECTOR	1.00	X						0.	0.	0.
(22) DAVID VOSS DIRECTOR	1.00	X						0.	0.	0.
(23) BARRY WEITZENBERG DIRECTOR	1.00	X						0.	0.	0.
(24) JUDY WITHEE, CFP DIRECTOR	2.00	X						0.	0.	0.
(25) JOAN C. WOODARD DIRECTOR	2.00	X						0.	0.	0.
(26) MICHELLE ZYGIELBAUM DIRECTOR	1.00	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								423,978.	0.	54,205.
<b>d Total (add lines 1b and 1c)</b>								423,978.	0.	54,205.

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? 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		
<b>2</b> 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

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(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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			
(27) BARBARA HUGHES PRESIDENT & CEO	40.00 2.00			X				184,644.	0.	13,768.
(28) DAVID CARROLL CHIEF FINANCIAL OFFICER	40.00			X				125,298.	0.	19,100.
(29) W JOHN MULLINEAUX VP OF DEVELOPMENT	40.00					X		114,036.	0.	21,337.
Total to Part VII, Section A, line 1c .....								423,978.		54,205.

**Part VIII** **Statement of Revenue**Check if Schedule O contains a response to any question 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, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>				
	<b>b</b> Membership dues .....	<b>1b</b>				
	<b>c</b> Fundraising events .....	<b>1c</b>				
	<b>d</b> Related organizations .....	<b>1d</b>	1,500.			
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	77,412.			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	9,429,367.			
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		987,395.			
	<b>h Total.</b> Add lines 1a-1f .....		9,508,279.			
	<b>Program Service Revenue</b>	<b>2 a</b> <u>MANAGEMENT FEES</u> .....	Business Code 561000	96,310.	96,310.	
<b>b</b> .....						
<b>c</b> .....						
<b>d</b> .....						
<b>e</b> .....						
<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....			96,310.			
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		2,765,074.		
	<b>4</b> Income from investment of tax-exempt bond proceeds .....					
	<b>5</b> Royalties .....					
	<b>6 a</b> Gross rents .....	(i) Real (ii) Personal				
	<b>b</b> Less: rental expenses .....					
	<b>c</b> Rental income or (loss) .....					
	<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities (ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....					
	<b>c</b> Gain or (loss) .....					
	<b>d</b> Net gain or (loss) .....		141,454.			141,454.
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>				
	<b>b</b> Less: direct expenses .....	<b>b</b>				
	<b>c</b> Net income or (loss) from fundraising events .....					
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>				
	<b>b</b> Less: direct expenses .....	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities .....					
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>					
<b>b</b> Less: cost of goods sold .....	<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		Business Code				
<b>11 a</b> .....						
<b>b</b> .....						
<b>c</b> .....						
<b>d</b> All other revenue .....	900099	3,856.			3,856.	
<b>e Total.</b> Add lines 11a-11d .....		3,856.				
<b>12 Total revenue.</b> See instructions. ....		12,514,973.	96,310.	0.	2,910,384.	

**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 to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	11,148,869.	11,148,869.		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22	237,798.	237,798.		
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	27,000.	27,000.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	478,183.	73,061.	243,604.	161,518.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	600,299.	356,070.	83,085.	161,144.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	27,653.	17,696.	2,612.	7,345.
<b>9</b> Other employee benefits	63,728.	36,144.	14,145.	13,439.
<b>10</b> Payroll taxes	79,164.	32,682.	23,241.	23,241.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	30,241.	12,485.	8,878.	8,878.
<b>c</b> Accounting	47,889.	19,771.	14,059.	14,059.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	263,698.		263,698.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	142,606.	58,874.	41,866.	41,866.
<b>12</b> Advertising and promotion	73,313.	30,267.	21,523.	21,523.
<b>13</b> Office expenses	139,492.	57,588.	40,952.	40,952.
<b>14</b> Information technology	60,806.	25,104.	17,851.	17,851.
<b>15</b> Royalties				
<b>16</b> Occupancy	131,641.	54,347.	38,647.	38,647.
<b>17</b> Travel	15,454.	6,380.	4,537.	4,537.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	35,163.	14,517.	10,323.	10,323.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	12,699.	5,243.	3,728.	3,728.
<b>23</b> Insurance	128,655.	122,417.	3,119.	3,119.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses	1,744.	720.	512.	512.
<b>25</b> Total functional expenses. Add lines 1 through 24e	13,746,095.	12,337,033.	836,380.	572,682.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,230,001.	<b>1</b>	798,351.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	4,783,565.	<b>3</b>	5,526,594.
	<b>4</b> Accounts receivable, net .....	7,058.	<b>4</b>	4,583.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	110,983.	<b>7</b>	103,286.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	50,471.	<b>9</b>	74,232.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	204,575.		
	<b>b</b> Less: accumulated depreciation .....	162,818.		
		20,629.	<b>10c</b>	41,757.
	<b>11</b> Investments - publicly traded securities .....	98,259,807.	<b>11</b>	107,321,559.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	486,432.	<b>12</b>	469,542.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 .....	26,359,594.	<b>15</b>	24,083,644.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	131,308,540.	<b>16</b>	138,423,548.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	99,361.	<b>17</b>	120,913.
	<b>18</b> Grants payable .....	2,624,212.	<b>18</b>	1,924,213.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	5,206,051.	<b>25</b>	5,573,117.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	7,929,624.	<b>26</b>	7,618,243.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	25,668,093.	<b>27</b>	27,203,120.
	<b>28</b> Temporarily restricted net assets .....	34,488,013.	<b>28</b>	37,887,873.
	<b>29</b> Permanently restricted net assets .....	63,222,810.	<b>29</b>	65,714,312.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
	<b>33</b> <b>Total net assets or fund balances</b> .....	123,378,916.	<b>33</b>	130,805,305.
<b>34</b> <b>Total liabilities and net assets/fund balances</b> .....	131,308,540.	<b>34</b>	138,423,548.	

Form **990** (2012)

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	12,514,973.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	13,746,095.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-1,231,122.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	123,378,916.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	6,853,017.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	1,804,494.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	130,805,305.

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form **990** (2012)

Department of the Treasury  
Internal Revenue Service

**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. ▶ See separate instructions.**

OMB No. 1545-0047

# 2012

**Open to Public Inspection**

Name of the organization

COMMUNITY FOUNDATION SONOMA COUNTY

Employer identification number

68-0003212

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention, 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 that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	11g(i)	
(ii) A family member of a person described in (i) above? .....	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11g(iii)	

h Provide the following information about the supported organization(s).

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2012

**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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	24,502,341.	19,837,736.	17,930,902.	8,776,884.	9,508,279.	80,556,142.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	24,502,341.	19,837,736.	17,930,902.	8,776,884.	9,508,279.	80,556,142.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						32,245,086.
<b>6 Public support.</b> Subtract line 5 from line 4.						48,311,056.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4 .....	24,502,341.	19,837,736.	17,930,902.	8,776,884.	9,508,279.	80,556,142.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	3,149,961.	2,137,894.	2,114,070.	3,003,508.	2,765,074.	13,170,507.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	99,117.	3,458.	10,280.	50,362.	3,856.	167,073.
<b>11 Total support.</b> Add lines 7 through 10						93,893,722.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	3,680,200.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	51.45 %
<b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14 .....	<b>15</b>	53.64 %
<b>16a 33 1/3% support test - 2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2012

**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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ☐

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

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2012.** 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 - 2011.** 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 ..... ☐



**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

**2012****Name of the organization**

COMMUNITY FOUNDATION SONOMA COUNTY

**Employer identification number**

68-0003212

**Organization type** (check one):**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.**Special Rules**☒ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).**LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)**

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

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 2,625,064.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 1,153,505.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 689,308.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 634,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 568,950.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 406,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b>	<b>Employer identification number</b>
COMMUNITY FOUNDATION SONOMA COUNTY	68-0003212

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 200,647.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 198,851.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5	15,000 SHS INTERNATIONAL PAPER	\$ 568,950.	12/14/12
7	1 SH BERKSHIRE HATHAWAY CLASS A; 325 SHS BERKSHIRE HATHAWAY CLASS B; 50 SHS AZZ	\$ 150,647.	09/17/12
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

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

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ► \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**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. ▶ See separate instructions.**

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

**Name of the organization**

COMMUNITY FOUNDATION SONOMA COUNTY

**Employer identification number**

68-0003212

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	159	156
2 Aggregate contributions to (during year) .....	7,680,664.	6,215,074.
3 Aggregate grants from (during year) .....	4,598,430.	1,627,117.
4 Aggregate value at end of year .....	23,481,686.	59,273,886.

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 an 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) Revenues 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 Revenues 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

**d** ☐ Loan or exchange programs

**b** ☐ Scholarly research

**e** ☐ Other \_\_\_\_\_

**c** ☐ Preservation for future generations

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" 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:

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

**2a** Did the organization include an amount on Form 990, Part X, line 21? ☐ 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
<b>1a</b> Beginning of year balance	58,668,275.	62,216,200.	55,016,100.	43,996,800.	56,923,100.
<b>b</b> Contributions	1,944,307.	1,314,746.	2,390,500.	4,497,600.	3,967,800.
<b>c</b> Net investment earnings, gains, and losses	5,612,886.	-950,174.	6,623,300.	8,922,300.	-13,984,400.
<b>d</b> Grants or scholarships	1,940,160.	3,912,497.	1,527,000.	1,552,500.	1,545,700.
<b>e</b> Other expenditures for facilities and programs			18,000.	14,500.	355,100.
<b>f</b> Administrative expenses			268,700.	833,600.	1,008,900.
<b>g</b> End of year balance	64,285,308.	58,668,275.	62,216,200.	55,016,100.	43,996,800.

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

**a** Board designated or quasi-endowment ☐ .55 %

**b** Permanent endowment ☐ 88.69 %

**c** Temporarily restricted endowment ☐ 10.76 %

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
<b>3a(i)</b>		X
<b>3a(ii)</b>		X
<b>3b</b>		

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

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

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements		38,166.	38,166.	0.
<b>d</b> Equipment		166,409.	124,652.	41,757.
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				41,757.

Schedule D (Form 990) 2012

**Part VII Investments - Other Securities.** 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) .....		
(I) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
(10) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) SPLIT INTEREST INVESTMENTS	24,083,644.
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
(10) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	24,083,644.

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) LIABILITIES UNDER TRUST AGREEMENTS	5,573,117.	
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
(10) .....		
(11) .....		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	5,573,117.	

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒



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

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

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

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

**Part XIII Supplemental Information**

Complete this part to 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

Schedule D (Form 990) 2012

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

BUSINESS INCOME, IF ANY, GENERATED BY ITS INVESTMENTS.

THE FOUNDATION FOLLOWS THE GUIDANCE OF FASB ASC TOPIC 740 - ACCOUNTING FOR

UNCERTAINTY IN INCOME TAXES. AS OF DECEMBER 31, 2012, 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, 2009 AND 2008,

RESPECTIVELY.

**SCHEDULE F  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Statement of Activities Outside the United States**

- ▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012****Open to Public  
Inspection**

Name of the organization

Employer identification number

COMMUNITY FOUNDATION SONOMA COUNTY

68-0003212

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... ☒ **Yes** ☐ **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		27,000.
CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		3,168,292.
EAST ASIA AND THE PACIFIC			INVESTMENTS		1,303,942.
EUROPE (INCLUDING ICELAND & GREENLAND)			INVESTMENTS		1,497,674.
NORTH AMERICA			INVESTMENTS		43,254.
SOUTH AMERICA			INVESTMENTS		67,586.
SUB-SAHARAN AFRICA			INVESTMENTS		211,547.
<b>3 a Sub-total</b> .....	0	0			6,319,295.
<b>b Total from continuation sheets to Part I</b> .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			6,319,295.

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

Schedule F (Form 990) 2012

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA - ANGOLA,	CONSERVATION OF PALEOANTHROPOLOGICAL SITES	27,000.	WIRE TRANSFER	0.		

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 0

**3** Enter total number of other organizations or entities 1

Schedule F (Form 990) 2012

Part III can be duplicated if additional space is needed.

[illegible]

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ..... ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* ..... ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* ..... ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* ..... ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* ..... ☒ Yes ☐ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)* ..... ☐ Yes ☒ No

Schedule F (Form 990) 2012

**Part V Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

SCHEDULE F, PART I, LINE 2: GRANTEE PROVIDES A FINANCIAL REPORT AND

EXPENSE DOCUMENTATION, WHICH STAFF REVIEW TO ENSURE COMPLIANCE WITH THE

CHARITABLE PURPOSES OF THE GRANT.

**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.**

OMB No. 1545-0047

**2012****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 Governments and Organizations in the United States.** 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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN HEART ASSOCIATION 1400 N. DUTTON AVE., STE. 20 SANTA ROSA, CA 95401	13-5613797	501(C)(3)	15,000.	0.			FOR THE GO RED FUND
AMERICAN RED CROSS SONOMA & MENDOCINO CHAPTER - 5297 AERO DRIVE - SANTA ROSA, CA 95403	94-1641912	501(C)(3)	20,750.	0.			FOR GENERAL OPERATING SUPPORT, FOR HURRICANE SANDY RELIEF, AND FOR SYRIA RELIEF
ANALY HIGH SCHOOL EDUCATION FOUNDATION - 6950 ANALY AVENUE - SEBASTOPOL, CA 95472	20-2821540	501(C)(3)	29,000.	0.			FOR THE MAKER CLASS, MENTORING PROGRAM, SCHOLARSHIPS, AND GENERAL OPERATING SUPPORT
ARCHIE BRAY FOUNDATION 2915 COUNTRY CLUB AVE. HELENA, MT 59602	81-0284022	501(C)(3)	10,000.	0.			TO BUILD A 80 CUBIC FEET ANAGAMA WOOD-FIRE KILN
AUSHADI HEALTH FOUNDATION 186 NORTH MAIN STREET, STE. 250 SEBASTOPOL, CA 95472	45-1056791	501(C)(3)	15,000.	0.			TO BUILD OUT THE NEW KITCHEN
BLUE WING ADOBE TRUST P.O. BOX 142 SONOMA, CA 95476	45-0610536	501(C)(3)	14,386.	0.			TO STABILIZE AND PRESERVE THE BLUE WING INN

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **119.****3** Enter total number of other organizations listed in the line 1 table **1.****LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.****Schedule I (Form 990) (2012)**



**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
BOYS AND GIRLS CLUBS OF CENTRAL SONOMA COUNTY - P.O. BOX 7460 - SANTA ROSA, CA 95407	68-0309534	501(C)(3)	406,250.	0.			FOR GENERAL OPERATING SUPPORT
BUCK INSTITUTE 8001 REDWOOD BLVD. NOVATO, CA 94945	94-3030609	501(C)(3)	20,000.	0.			FOR GENERAL OPERATING SUPPORT
BUTTERFLY HOPE 1580 JULIAN ST. DENVER, CO 80204	84-1204907	501(C)(3)	9,585.	0.			FOR GENERAL OPERATING SUPPORT
CALIFORNIA PARENTING INSTITUTE 3650 STANDISH AVENUE SANTA ROSA, CA 95407	94-2541640	501(C)(3)	51,000.	0.			FOR STRATEGIC PLANNING, FUND DEVELOPMENT, AND COLLABORATIVE AUTISM TRAINING/SUPPORT
CALIFORNIA POETS IN THE SCHOOLS 1333 BALBOA ST., SUITE #3 SAN FRANCISCO, CA 94118	94-2977264	501(C)(3)	5,500.	0.			FOR THE CPITS PROGRAM AND GENERAL OPERATING SUPPORT
CALISTOGA FAMILY CENTER 1500 CEDAR ST. CALISTOGA, CA 94515	80-0023012	501(C)(3)	11,000.	0.			FOR GENERAL OPERATING SUPPORT AND SUPPORT OF THE SAP PROGRAM
CANINE COMPANIONS FOR INDEPENDENCE P.O. BOX 446 SANTA ROSA, CA 95402-0446	94-2494324	501(C)(3)	488,400.	0.			FOR GENERAL OPERATING SUPPORT
CATHOLIC CHARITIES OF THE DIOCESE OF SANTA ROSA - P.O. BOX 4900 - SANTA ROSA, CA 95402	94-2479393	501(C)(3)	218,800.	0.			FOR GENERAL OPERATING SUPPORT, HOMELESS PROGRAM SUPPORT, AND FOOD DISTRIBUTION
CENTER FOR FOOD SAFETY 303 SACRAMENTO ST., 2ND FLOOR SAN FRANCISCO, CA 94111	52-2165893	501(C)(3)	10,000.	0.			TO PROMOTE AND SECURE LABELING OF GE FOODS

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
CENTER FOR THE CREATIVE ARTS THERAPIES - P.O. BOX 9296 - SANTA ROSA, CA 95405	68-0418617	501(C)(3)	19,205.	0.			FOR GENERAL OPERATING SUPPORT AND FOR THE ART THERAPY PROGRAM
CENTRO LABORAL DE GRATON P.O. BOX 42 GRATON, CA 95444	68-0472311	501(C)(3)	26,600.	0.			FOR GENERAL OPERATING SUPPORT AND FOR THE GRATON DAY LABOR CENTER
CHARLES M. SCHULZ MUSEUM & RESEARCH CENTER - 2301 HARDIES LANE - SANTA ROSA, CA 95403	68-0422370	501(C)(3)	2,600,000.	0.			FOR GENERAL OPERATING SUPPORT
CHILDREN'S VILLAGE OF SONOMA COUNTY - 1321 LIA LANE - SANTA ROSA, CA 95404	68-0412763	501(C)(3)	18,500.	0.			FOR GENERAL OPERATING SUPPORT AND FOR THE MENTAL HEALTH FUND
CITY OF SANTA ROSA-ECONOMIC DEVELOPMENT AND HOUSING - P.O. BOX 1806 - SANTA ROSA, CA 95402	85-6000172	SANTA ROSA	134,600.	0.			FOR SUPPORT SERVICES TO SINGLE ADULT RESIDENTS AT JONES HALL
CITY SLICKER FARMS 1625 16TH ST. OAKLAND, CA 94607	26-2216581	501(C)(3)	25,000.	0.			FOR GENERAL OPERATING SUPPORT
CLIMATE PROTECTION CAMPAIGN P.O. BOX 3785 SANTA ROSA, CA 95402	45-0485495	501(C)(3)	35,450.	0.			FOR GENERAL OPERATING SUPPORT, FOR BUSINESS CLEAN ENTRY, AND TO HELP COMPLETE A FILM
COMMITTEE ON THE SHELTERLESS P.O. BOX 2744 PETALUMA, CA 94953-2744	68-0176855	501(C)(3)	476,300.	0.			FOR GENERAL OPERATING SUPPORT TO SERVE THE HOMELESS
COMMUNITY ACTION PARTNERSHIP OF SONOMA COUNTY - 1300 NORTH DUTTON AVENUE - SANTA ROSA, CA 95401-4610	94-1648949	501(C)(3)	34,860.	0.			FOR GENERAL OPERATING SUPPORT AND SPECIFIC PROGRAM 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
COMMUNITY MATTERS P.O. BOX 14816 SANTA ROSA, CA 95402	68-0369720	501(C)(3)	6,000.	0.			FOR GENERAL OPERATING SUPPORT
COMMUNITY MEDIA CENTER OF THE NORTH BAY - 1075 MENDOCINO AVENUE - SANTA ROSA, CA 95401	68-0374534	501(C)(3)	21,967.	0.			FOR GENERAL OPERATING SUPPORT
CONCORD HISTORICAL SOCIETY P.O. BOX 404 CONCORD, CA 94522	23-7094512	501(C)(3)	15,000.	0.			TO PURCHASE AN ADA LIFT AT GALINDO HOUSE
CONTEMPORARY JEWISH MUSEUM 736 MISSION ST. SAN FRANCISCO, CA 94103	47-0920831	501(C)(3)	15,000.	0.			TO SUPPORT AN EXHIBITION AND FOR THE NEW DIRECTOR FUND
COUNTY OF SONOMA ANIMAL CARE & CONTROL - 1247 CENTURY COURT - SANTA ROSA, CA 95403	94-6000536	SONOMA COUNTY	104,000.	0.			TO REDUCE THE OVERPOPULATION OF CATS AND DOGS IN SONOMA COUNTY
DAILY ACTS ORGANIZATION P.O. BOX 293 PETALUMA, CA 94953	20-3851259	501(C)(3)	6,000.	0.			FOR GENERAL OPERATING SUPPORT AND COMMUNITY GARDEN NETWORK OF SONOMA COUNTY
DOCTORS WITHOUT BORDERS 333 SEVENTH AVE. 2ND FLOOR NEW YORK, NY 10001	13-3433452	501(C)(3)	6,000.	0.			FOR GENERAL OPERATING SUPPORT
DOVETAIL LEARNING 825 GRAVENTEIN HWY N, SUITE 2 SEBASTOPOL, CA 95472	68-0673821	501(C)(3)	66,299.	0.			FOR GENERAL OPERATING SUPPORT AND VIDEO PRODUCTION
EARLE BAUM CENTER OF THE BLIND 4539 OCCIDENTAL ROAD SANTA ROSA, CA 95401	91-1840275	501(C)(3)	20,000.	0.			FOR THE 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
F.I.S.H. OF SANTA ROSA P.O. BOX 4291 SANTA ROSA, CA 95402	51-0159551	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT AND ASSISTANCE IN THE TRANSITION TO A NEW LOCATION
FAMILY JUSTICE CENTER OF SONOMA COUNTY - 2755 MENDOCINO AVE., STE. 100 - SANTA ROSA, CA 95403	43-3160831	501(C)(3)	260,000.	0.			TO PROVIDE COMPREHENSIVE SERVICES TO VICTIMS OF DOMESTIC VIOLENCE
FOOD FOR THOUGHT P.O BOX 1608 FORESTVILLE, CA 95436	68-0181095	501(C)(3)	7,500.	0.			FOR GENERAL OPERATING SUPPORT
FRIENDS HOUSE 684 BENICIA DRIVE SANTA ROSA, CA 95409-3058	94-2489788	501(C)(3)	11,784.	0.			FOR GENERAL OPERATING SUPPORT
GIANT STEPS THERAPEUTIC EQUESTRIAN CENTER - P.O. BOX 4855 - PETALUMA, CA 94954-4855	68-0404917	501(C)(3)	12,070.	0.			FOR GENERAL OPERATING SUPPORT
GIRL SCOUTS OF SAN FRANCISCO BAY AREA - 7700 EDGEWATER DRIVE, SUITE 340 - OAKLAND, CA 94621	94-1551410	501(C)(3)	7,900.	0.			TO FUND LOCAL OUTREACH PROGRAMS
HAMPSHIRE COLLEGE 893 WEST ST. AMHERST, MA 01002	04-6130872	501(C)(3)	25,000.	0.			FOR GENERAL OPERATING SUPPORT
HEALDSBURG EDUCATION FOUNDATION P.O. BOX 1668 HEALDSBURG, CA 95448	68-0051242	501(C)(3)	10,250.	0.			FOR GENERAL OPERATING SUPPORT AND TO FUND THE HEF 2012 K-12 ARTS ENRICHMENT PROGRAM
HEALDSBURG JAZZ FESTIVAL P O BOX 266 HEALDSBURG, CA 95448	71-0910474	501(C)(3)	15,050.	0.			FOR GENERAL OPERATING SUPPORT AND JAZZ EDUCATION

Schedule I (Form 990)

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HEALDSBURG PERFORMING ARTS THEATER P.O. BOX 870 HEALDSBURG, CA 95448	68-0470571	501(C)(3)	11,050.	0.			FOR GENERAL OPERATING SUPPORT AND EXPENSES ASSOCIATED WITH STAGE RENOVATION
HORIZONS FOUNDATION 550 MONTGOMERY STREET, SUITE 700 SAN FRANCISCO, CA 94111	94-2686530	501(C)(3)	6,500.	0.			FOR GENERAL OPERATING SUPPORT
HUBBUB MUSIC SOCIETY 964 NORLEE ST. SEBASTOPOL, CA 95472	80-0732173	501(C)(3)	24,884.	0.			FOR GENERAL OPERATING SUPPORT
HUMANE SOCIETY OF SONOMA COUNTY P.O. BOX 1296 SANTA ROSA, CA 95402	94-6001315	501(C)(3)	11,350.	0.			FOR GENERAL OPERATING SUPPORT AND ADOPTION SERVICES FOR HOMELESS ANIMALS
INTERNATIONAL MENTAL HEALTH RESEARCH ORGANIZATION - P.O. BOX 680 - RUTHERFORD, CA 94573	68-0359707	501(C)(3)	10,000.	0.			FOR MENTAL HEALTH RESEARCH
KENWOOD COMMUNITY CHURCH - UCC P.O. BOX 46 KENWOOD, CA 95452	68-0005612	501(C)(3)	8,200.	0.			FOR GENERAL OPERATING AND PROGRAM SUPPORT
KQED INC. 2601 MARIPOSA SAN FRANCISCO, CA 94110	94-1241309	501(C)(3)	11,500.	0.			FOR GENERAL OPERATING SUPPORT OF KQED PUBLIC RADIO
LA LUZ BILINGUAL CENTER 17560 GREGER ST SONOMA, CA 95476	68-0228235	501(C)(3)	83,600.	0.			TO PROVIDE EMERGENCY RENTAL ASSISTANCE AND ESL CLASSES IN SONOMA VALLEY
LAGUNA DE SANTA ROSA FOUNDATION 900 SANFORD ROAD SANTA ROSA, CA 95401	94-3155180	501(C)(3)	44,500.	0.			FOR GENERAL OPERATING SUPPORT, ADMINISTRATIVE AND PROGRAM SUPPORT, AND A LOAN PAYMENT

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.)

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LAMBDA LEGAL DEFENSE & EDUCATION FUND - 120 WALL ST., FL. 19 - NEW YORK, NY 10005-3904	23-7395681	501(C)(3)	8,500.	0.			FOR GENERAL OPERATING SUPPORT
LANDPATHS 618 4TH ST., STE. 217 SANTA ROSA, CA 95404-4414	68-0328590	501(C)(3)	29,700.	0.			FOR GENERAL OPERATING SUPPORT, THE IN OUR OWN BACKYARD PROGRAM, AND LOW-INCOME CHILDREN
LEADERSHIP INSTITUTE FOR ECOLOGY AND THE ECONOMY - 555 FIFTH STREET, SUITE 300A - SANTA ROSA, CA 95401-8301	68-0440384	501(C)(3)	18,850.	0.			FOR GENERAL OPERATING SUPPORT AND FOR SANTA ROSA FESTIVAL OF NEIGHBORHOODS
LITERARY ARTS GUILD P.O. BOX 159 SANTA ROSA, CA 95402	01-0599803	501(C)(3)	9,750.	0.			FOR GENERAL OPERATING SUPPORT OF THE FREE BOOKMOBILE AND THE 2012 BOOK FESTIVAL
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)	27,700.	0.			FOR GENERAL OPERATING SUPPORT AND SUPPORT OF THE EDUCATION AND OUTREACH PROGRAM
LUTHER BURBANK ROSE PARADE FESTIVAL - P.O. BOX 11264 - SANTA ROSA, CA 95406	68-0322141	501(C)(4)	25,000.	0.			TO SUPPORT SPECIFIC EXPENSES OF THE 2012 ROSE PARADE
MR. MUSIC FOUNDATION 7869 WASHINGTON AVE SEBASTOPOL, CA 95472	202220093	501(C)(3)	11,000.	0.			FOR GENERAL OPERATING SUPPORT
OPPORTUNITY INTERNATIONAL 2122 YORK RD., STE. 340 OAKBROOK, IL 60525	54-0907624	501(C)(3)	10,000.	0.			TO FUND MICRO LOANS IN NICARAGUA
PARK SQUARE ADVOCATES (DBA GAY & LESBIAN ADVOCATES & DEFENDERS) - 30 WINTER STREET, SUITE 800 - BOSTON, MA 02108	04-2660498	501(C)(3)	15,000.	0.			FOR GENERAL OPERATING SUPPORT AND EXPENSES RELATED TO THE EFFORT TO HELP DEFEAT DOMA

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
PARTNERSHIP HEALTHPLAN OF CALIFORNIA - 360 CAMPUS LANE, STE. 100 - FAIRFIELD, CA 94534	68-0301406	501(C)(3)	48,294.	0.			TO PROVIDE HEALTH COVERAGE TO UNINSURED CHILDREN
PEDIATRIC DENTAL INITIATIVE OF THE NORTH COAST INC. - 1380 19TH HOLE DR., STE. 100 - WINDSOR, CA 95492	34-2012430	501(C)(3)	8,000.	0.			FOR GENERAL OPERATING SUPPORT AND FOR CHILDREN'S DENTAL HEALTH AND COMMUNITY OUTREACH
PEPPERWOOD FOUNDATION 2130 PEPPERWOOD PRESERVE RD. SANTA ROSA, CA 95404-7543	01-0817571	501(C)(3)	533,073.	0.			FOR GENERAL OPERATING SUPPORT AND NATURAL SCIENCE EDUCATION/RESEARCH
PETALUMA BOUNTY 210 FOURTH ST STE B PETALUMA, CA 94952	26-3208708	501(C)(3)	7,000.	0.			TO SUPPORT THE BUILDING OF THE SUNRISE COMMUNITY GARDEN AND TO PROVIDE PRODUCE TO FAMILIES
PETALUMA COMMUNITY FOUNDATION 159 KENTUCKY STREET, SUITE 10 PETALUMA, CA 94952	51-0154495	501(C)(3)	265,000.	0.			FOR GENERAL OPERATING SUPPORT AND FOR RE-GRANTING IN THE 2012-13 GRANT CYCLE
PETALUMA SMALL CRAFTS CENTER 409 PETALUMA BLVD. SOUTH PETALUMA, CA 94952	27-2253299	501(C)(3)	52,000.	0.			TO HELP BUILD THE ORGANIZATION INCLUDING STAFF AND CAPITAL EXPENSES
PETS LIFELINE INC. P.O. BOX 341 SONOMA, CA 95476	94-2851279	501(C)(3)	40,000.	0.			TO SUPPORT OF THE BILINGUAL WELLNESS AND SPAY/NEUTER CLINICS
PLANNED PARENTHOOD FEDERATION OF AMERICA - 434 WEST 33RD ST. - NEW YORK, NY 10001	13-1644147	501(C)(3)	5,250.	0.			FOR GENERAL OPERATING SUPPORT AND TO SUPPORT EDUCATION AND SERVICES FOR WOMEN
PRBO CONSERVATION SCIENCE 3820 CYPRESS DRIVE #11 PETALUMA, CA 94954	94-1594250	501(C)(3)	6,000.	0.			FOR THE STRAW PROGRAM

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
REDWOOD COMMUNITY HEALTH COALITION P.O. BOX 751090 PETALUMA, CA 94975-1090	94-3220029	501(C)(3)	120,000.	0.			FOR ADMINISTRATION COSTS OF THE HEALTHY KIDS PROGRAM FOR CHILDREN 0-5 YEARS OLD
REDWOOD EMPIRE FOOD BANK 3320 INDUSTRIAL DRIVE SANTA ROSA, CA 95403	68-0121855	501(C)(3)	664,711.	0.			FOR GENERAL OPERATING SUPPORT, THE CAPITAL CAMPAIGN, AND TO PURCHASE ADDITIONAL FRESH PRODUCE
REDWOOD GOSPEL MISSION P.O. BOX 493 SANTA ROSA, CA 95402-0493	94-6122045	501(C)(3)	19,000.	0.			FOR GENERAL OPERATING SUPPORT
ROSELAND UNIVERSITY PREP 100 SEBASTOPOL ROAD SANTA ROSA, CA 95407	43-2029144	501(C)(3)	6,700.	0.			FOR GENERAL OPERATING SUPPORT
RURAL CALIFORNIA BROADCASTING (KRCB) - 5850 LABATH AVENUE - ROHNERT PARK, CA 94928-2041	94-2718837	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT, THE HEALTH CONNECTION INITIATIVE, AND THE WORDTEMPLE SERIES
RUSSIAN RIVERKEEPER P.O. BOX 1335 HEALDSBURG, CA 95448	68-0321117	501(C)(3)	26,000.	0.			FOR GENERAL OPERATING SUPPORT AND THE GREAT RUSSIAN RIVER RACE
SALVATION ARMY - SANTA ROSA 93 STONY CIRCLE SANTA ROSA, CA 95401	94-1156347	501(C)(3)	7,000.	0.			FOR GENERAL OPERATING SUPPORT, THE FOOD PANTY, AND THE CHRISTMAS KETTLE PROGRAM
SANTA ROSA CHILDREN'S CHORUS 1801 PROCTOR DRIVE SANTA ROSA, CA 95404	68-0165953	501(C)(3)	32,800.	0.			FOR GENERAL OPERATING SUPPORT AND TO INSTRUCT CHILDREN IN SINGING AND MUSIC THEORY
SANTA ROSA CITY SCHOOLS P.O. BOX 940 SANTA ROSA, CA 95402-0940	68-0180139	SANTA ROSA HSD	35,000.	0.			FOR A "MAKE CAMP" PROGRAM AT HILLIARD COMSTOCK MIDDLE SCHOOL

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.)

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SANTA ROSA COMMUNITY HEALTH CENTERS - 3569 ROUND BARN CIRCLE - SANTA ROSA, CA 95403	68-0365296	501(C)(3)	20,000.	0.			FOR HIV/AIDS EDUCATION FOR HISPANIC YOUTH
SANTA ROSA MEMORIAL HOSPITAL FOUNDATION - 1154 MONTGOMERY DRIVE, SUITE 1 - SANTA ROSA, CA 95405	94-1231005	501(C)(3)	134,000.	0.			FOR A MOBILE DENTAL VAN, EMERGENCY AND TRAUMA CENTER CAPITAL CAMPAIGN, ANDCARDIAC DEPARTMENT
SANTA ROSA SYMPHONY 50 SANTA ROSA AVENUE, STE. 410 SANTA ROSA, CA 95404	94-6134075	501(C)(3)	8,695.	0.			FOR GENERAL OPERATING SUPPORT AND FOR THE OPENING AT THE GREEN MUSIC CENTER
SEBASTOPOL CENTER FOR THE ARTS 282 HIGH ST. SEBASTOPOL, CA 95472	68-0168638	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
SEBASTOPOL COMMUNITY CULTURAL CENTER - P.O. BOX 2028 - SEBASTOPOL, CA 95472	94-2915229	501(C)(3)	33,100.	0.			FOR GENERAL OPERATING SUPPORT, FOR "TEEN'S WORK," AND FUNDRAISING EVENTS
SENIOR ADVOCACY SERVICES 3262 AIRWAY DRIVE, SUITE C SANTA ROSA, CA 95403	94-2684774	501(C)(3)	5,100.	0.			FOR GENERAL OPERATING SUPPORT AND THE OMBUDSMAN PROGRAM
SENIORS INC. 1208 FOURTH STREET SANTA ROSA, CA 95404-4012	51-0464098	501(C)(3)	157,900.	0.			FOR CONSTRUCTION DRAWINGS AND OTHER WORK FOR THE SENIORS WING AT FINLEY CENTER
SOCIAL ADVOCATES FOR YOUTH 3440 AIRWAY DRIVE, SUITE E SANTA ROSA, CA 95403	94-1711490	501(C)(3)	13,700.	0.			FOR GENERAL OPERATING SUPPORT, GANG PREVENTION, AND COMPUTER FOR STREET OUTREACH
SONOMA ACADEMY 2500 FARMERS LANE SANTA ROSA, CA 95404-7013	94-3343174	501(C)(3)	1,431,000.	0.			FOR GENERAL OPERATING SUPPORT AND FOR MAKERSPACE TOOLS

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.)

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SONOMA COUNTRY DAY SCHOOL 4400 DAY SCHOOL PLACE SANTA ROSA, CA 95403	94-2910715	501(C)(3)	7,000.	0.			TO FURNISH A GATHERING SPACE IN THE GALLERY
SONOMA COUNTY CHILDREN'S CHARITIES 414 AVIATION BLVD. SANTA ROSA, CA 95403	68-0270692	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
SONOMA COUNTY REGIONAL PARKS FOUNDATION - 2300 COUNTY CENTER DRIVE #120A - SANTA ROSA, CA 95403	68-0421813	501(C)(3)	18,500.	0.			FOR GENERAL OPERATING SUPPORT AND THE HEALDSBURG WATER CARNIVAL
SONOMA ECOLOGY CENTER P.O. BOX 1486 ELDRIDGE, CA 95431	94-3136500	501(C)(3)	68,800.	0.			FOR A COMMUNITY GARDEN, THE K-12 WATERSHED EDUCATION PROGRAM, AND WORK ON CLIMATE CHANGE
SONOMA LAND TRUST 966 SONOMA AVENUE SANTA ROSA, CA 95404-4814	51-0197006	501(C)(3)	213,143.	0.			FOR GENERAL OPERATING SUPPORT, THE STONE BARN AT GLEN OAKS RANCH, AND TRAIL MAINTENANCE
SONOMA PARADISO FOUNDATION 250 D STREET, SUITE 205 SANTA ROSA, CA 95404	42-1728309	501(C)(3)	70,000.	0.			FOR GENERAL OPERATING SUPPORT
SONOMA VALLEY EDUCATION FOUNDATION P.O. BOX 493 SONOMA, CA 95476	68-0279152	501(C)(3)	33,995.	0.			FOR SCHOLARSHIPS, SUMMER READING CAMP, ALGEBRA BOOT CAMP, AND THE YOUTH INITIATIVE
SONOMA VALLEY HISTORICAL SOCIETY P.O. BOX 861 SONOMA, CA 95476	94-2430797	501(C)(3)	39,650.	0.			FOR MAINTENANCE, REPAIR, AND STAFFING OF THE DEPOT PARK MUSEUM
SONOMA VALLEY MENTORING ALLIANCE P.O. BOX 721 SONOMA, CA 95476	68-0429128	501(C)(3)	8,983.	0.			FOR GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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SONOMA VALLEY MUSEUM OF ART P.O. BOX 322 SONOMA, CA 95476	68-0409459	501(C)(3)	34,338.	0.			FOR GENERAL OPERATING SUPPORT AND SUPPORT OF SPECIFIC EXHIBITS
SONOMA VALLEY UNIFIED SCHOOL DISTRICT - 17850 RAILROAD AVENUE - SONOMA, CA 95476-3703	94-6002635	CITY OF SONOMA	12,830.	0.			FOR THE 3RD GRADE READING PROGRAM AND THE SUMMER SCHOOL PROGRAM OF THE YOUTH INITIATIVE,
SRJC FOUNDATION 1501 MENDOCINO AVENUE SANTA ROSA, CA 95401-4395	94-1735861	501(C)(3)	8,150.	0.			FOR SCHOLARSHIPS AND TO SUPPORT AN ENGINEERING COURSE
SSU ACADEMIC FOUNDATION 1801 E. COTATI AVENUE ROHNERT PARK, CA 94928	99-0157509	501(C)(3)	35,900.	0.			FOR SCHOLARSHIPS, THE SCHOOL OF BUSINESS AND ECONOMICS, AND THE GREEN MUSIC CENTER
ST. HELENA MONTESSORI SCHOOL 1343 SPRING ST. ST. HELENA, CA 94574	68-0187708	501(C)(3)	8,000.	0.			FOR EDUCATION IN PRIMARY CLASSROOM I RESTRICTED
SUBURBAN ALTERNATIVES LAND TRUST 350 IGNACIO BLVD., STE. 200 NOVATO, CA 94949-7200	68-0407470	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
SUKHASIDDHI FOUNDATION 771 CENTER BLVD. FAIRFAX, CA 94930	68-0395959	501(C)(3)	20,000.	0.			FOR A DOCUMENTARY FILM PROJECT DIRECTED BY COLEEN LEDREW-ELGIN
THE INSTITUTE OF ARCHAEOLOGY 1645 FURLONG RD. SEBASTOPOL, CA 95472	01-0768191	501(C)(3)	15,000.	0.			FOR GENERAL OPERATING SUPPORT
THE LIVING ROOM CENTER INC. 636 CHERRY STREET SANTA ROSA, CA 95404-4203	58-2675876	501(C)(3)	20,200.	0.			FOR GENERAL OPERATING SUPPORT AND OVERNIGHT VOUCHERS

Schedule I (Form 990)

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THE MONASTERY PROJECT 1645 FURLONG ROAD SEBASTOPOL, CA 95472	68-0473949	501(C)(3)	70,000.	0.			FOR GENERAL OPERATING SUPPORT
TRUCKEE CHARTER SCHOOL FOUNDATION 11603 DONNER PASS ROAD TRUCKEE, CA 96161	27-1627347	501(C)(3)	14,000.	0.			FOR THE CAPITAL CAMPAIGN
TWIN HILLS APPLE BLOSSOM EDUCATIONAL FOUNDATION - 700 WATERTROUGH ROAD - SEBASTOPOL, CA 95472	68-0101000	501(C)(3)	6,000.	0.			FOR GENERAL OPERATING SUPPORT
UNITED WAY OF JACKSON COUNTY 769 SPRING STREET MEDFORD, OR 97504	93-0576632	501(C)(3)	12,000.	0.			FOR THE LOVE ASHLAND NETWORK RESOURCES FOR LIVES IN TRANSITION PROGRAM
UNITED WAY OF THE WINE COUNTRY P.O. BOX A SANTA ROSA, CA 95402	94-1669646	501(C)(3)	46,400.	0.			TO HELP STUDENTS MEET THIRD GRADE READING STANDARDS AND TO SUPPORT 2-1-1
VALLEY OF THE MOON CHILDREN'S HOME FOUNDATION - P.O. BOX 11671 - SANTA ROSA, CA 95406	68-0343720	501(C)(3)	53,000.	0.			FOR GENERAL OPERATING SUPPORT AND SCHOLARSHIP AWARDS TO FORMER FOSTER YOUTH
VOIGT FAMILY SCULPTURE FOUNDATION 400 BREEZEWOOD DR. GEYSERVILLE, CA 95441	56-2506785	501(C)(3)	6,300.	0.			FOR GENERAL OPERATING SUPPORT AND FOR THE 2012-2013 THE SPIRIT OF THE MAN EXHIBITION
VOLUNTEER CENTER OF SONOMA COUNTY 153 STONY CIRCLE, STE. 100 SANTA ROSA, CA 95401-9507	94-1751375	501(C)(3)	17,900.	0.			FOR THE RESOURCE CENTER FOR NONPROFITS, THE HUMAN RACE, AND TECHNOLOGY UPGRADES
WARREN COUNTY HISTORICAL SOCIETY 102 WEST WALTON ST. WATTENTON, MO 63383	23-7331657	501(C)(3)	27,000.	0.			FOR AUDIO/VISUAL EQUIPMENT, DESIGN WORK AND WORK AREA INSTALLATION

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.)

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WEST COUNTY HEALTH CENTERS INC. P.O. BOX 1449 GUERNEVILLE, CA 95446	23-7310613	501(C)(3)	67,500.	0.			FOR GENERAL OPERATING SUPPORT
WOMEN'S RECOVERY SERVICES A UNIQUE PLACE - P.O. BOX 1356 - SANTA ROSA, CA 95402	51-0178620	501(C)(3)	21,750.	0.			FOR GENERAL OPERATING SUPPORT, EQUIPMENT PURCHASE, AND SERVICES AND HOUSING FOR WOMEN
WORTH OUR WEIGHT 1021 HAHMAN DR. SANTA ROSA, CA 95405	26-2896895	501(C)(3)	12,275.	0.			FOR GENERAL OPERATING SUPPORT AND TO REPAY A BUILDING LOAN
YALE UNIVERSITY P.O. BOX 1890 NEW HAVEN, CT 06508-1890	06-0646973	501(C)(3)	12,250.	0.			FOR GENERAL OPERATING SUPPORT
YWCA OF SONOMA COUNTY P.O. BOX 3506 SANTA ROSA, CA 95402	94-2347428	501(C)(3)	142,136.	0.			FOR GENERAL OPERATING SUPPORT AND TO SUPPORT SURVIVORS OF DOMESTIC VIOLENCE
ZERO1 1346 THE ALAMEDA, STE., 7-109 SAN JOSE, CA 95126	77-0534962	501(C)(3)	11,000.	0.			FOR THE INSTALLATION OF THE BAY LIGHTS PROJECT ON THE BAY BRIDGE

**Part III****Grants and Other Assistance to Individuals in the United States.** 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
SCHOLARSHIPS	89	237,798.	0.		

**Part IV****Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2: COMMUNITY FOUNDATION SONOMA COUNTY HAS A FORMAL

SCHOLARSHIP APPLICATION AND REVIEW PROCESS. STAFF ASSIGN INITIAL SCORES TO

APPLICANTS BASED UPON A PRE-DETERMINED LIST OF CRITERIA. SCHOLARSHIP

COMMITTEES REVIEW THE APPLICATIONS AND RECOMMEND AWARDEES. THE PRESIDENT

AND CEO MAKES THE FINAL APPROVAL.

FOR COMPETITIVE GRANTS, COMMUNITY FOUNDATION SONOMA COUNTY REQUIRES

GRANTEES TO SIGN A CONTRACT THAT DESCRIBES THE PURPOSE OF THE GRANT. THE

CONTRACT ALSO REQUIRES GRANTEES TO SUBMIT BOTH A NARRATIVE AND FINANCIAL

Part IV

Supplemental Information

REPORT DOCUMENTING THE ORGANIZATION'S ACTIVITY WITH THE GRANT AND THE

SPECIFIC USE OF THE GRANT FUNDS.

**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" to Form 990,  
Part IV, line 23.**

► **Attach to Form 990.** ► **See separate instructions.**

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

COMMUNITY FOUNDATION SONOMA COUNTY

Employer identification number

68-0003212

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .....

**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 type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed 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? .....

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....

**c** Participate in, or receive payment from, an equity-based compensation arrangement? .....

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) 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? .....

**b** Any related organization? .....

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? .....

**b** Any related organization? .....

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 .....

**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 .....

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) 2012



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

[illegible]

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

OMB No. 1545-0047

**2012****Open to Public  
Inspection**

- **Complete if the organizations answered "Yes" on Form  
990, Part IV, lines 29 or 30.**  
► **Attach to Form 990.**

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	13	987,395.	HIGH-LOW AVERAGE
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ► ( ) .....				
26 Other ► ( ) .....				
27 Other ► ( ) .....				
28 Other ► ( ) .....				

29 Number of Forms 8283 received by the organization during the tax year for contributions  
for which the organization completed Form 8283, Part IV, Donee Acknowledgement .....

**29**

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 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? .....

	Yes	No
30a		X
31	X	
32a		X
33		

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.

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

Schedule M (Form 990) (2012)

## Part II

**Supplemental Information.** Complete this part to 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): COLUMN (B) REPRESENTS THE NUMBER OF

CONTRIBUTORS.

**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.

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Name of the organization

COMMUNITY FOUNDATION SONOMA COUNTY

Employer identification number

68-0003212

FORM 990, PART III, LINE 4A

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 A, LINE 4: THE BOARD OF DIRECTORS APPROVED

CHANGES TO THE BYLAWS TO ALLOW AN EXPANSION OF THE BOARD, PERMIT DIRECTORS

EMERITUS, AND ADD THE DEVELOPMENT COMMITTEE AND INVESTMENT ADVISORY

COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 11: THE TAXPAYER'S ACCOUNTING FIRM

FORWARDED THE FORM 990 TO THE CFO. THE CFO DISTRIBUTED THE FORM 990 TO THE

AUDIT COMMITTEE, WHO DISCUSSED THE FORM AT AN IN-PERSON MEETING. AN

ELECTRONIC 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 CFO. 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 CFO 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 APPROPRIATE COMPENSATION FOR THE PRESIDENT

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

Schedule O (Form 990 or 990-EZ) (2012)

232211  
01-04-13

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

FORM 990, PART VII, SECTION A

COMMUNITY FOUNDATION HAS SEVERAL BOARD MEMBERS WHO HOLD DONOR ADVISED

FUNDS.

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

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	891,215.
---	----------

CHANGE IN VALUE OF LONG-TERM PLEDGE	907,164.
-------------------------------------	----------

RETURNED GRANT	6,115.
----------------	--------

TOTAL TO FORM 990, PART XI, LINE 9	1,804,494.
------------------------------------	------------

**Related Organizations and Unrelated Partnerships**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

**2012**  
**Open to Public**  
**Inspection**

Name of the organization

COMMUNITY FOUNDATION SONOMA COUNTY

**Employer identification number**

68-0003212

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
DEMEO TEEN CLUB, INC. - 91-1859251 509 ADAMS STREET SANTA ROSA, CA 95401	PROVIDE A TEEN CLUB FOR SANTA ROSA RESIDENTS	CALIFORNIA	501(C)(3)	LINE 11A, I	COMMUNITY FOUNDATION SONOMA COUNTY	X	
SONOMA PARADISO FOUNDATION - 42-1728309 250 D STREET, SUITE 205 SANTA ROSA, CA 95404	RAISE MONEY TO BENEFIT CHILDREN'S ORGANIZATIONS IN SONOMA COUNTY	CALIFORNIA	501(C)(3)	LINE 11A, I	COMMUNITY FOUNDATION SONOMA COUNTY	X	
OLIVER RANCH FOUNDATION - 80-0513305 250 D STREET, SUITE 205 SANTA ROSA, CA 95404	PROMOTE APPRECIATION FOR SITE-SPECIFIC SCULPTURE	CALIFORNIA	501(C)(3)	LINE 11A, I	COMMUNITY FOUNDATION SONOMA COUNTY	X	
PEPPERWOOD FOUNDATION - 01-0817571 3450 FRANK VALLEY ROAD SANTA ROSA, CA 95404	ENVIRONMENTAL RESEARCH AND EDUCATION BASED ON A 3,117-ACRE NATURE PRESERVE	CALIFORNIA	501(C)(3)	LINE 11A, I	N/A		X

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

Schedule R (Form 990) 2012

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CHARITABLE LEAD TRUST (5)	INVESTMENTS	CA	COMMUNITY FOUNDATION SONOMA COUNTY	TRUST				X	
CHARITABLE REMAINDER TRUST (6)	INVESTMENTS	CA	COMMUNITY FOUNDATION SONOMA COUNTY	TRUST				X	
POOLED INCOME FUND	INVESTMENTS	CA	COMMUNITY FOUNDATION SONOMA COUNTY	TRUST				X	

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to 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?

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

**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 other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SONOMA PARADISO	B	70,000.	ACTUAL PAID/ACCRUED
(2) PEPPERWOOD FOUNDATION	B	533,073.	ACTUAL PAID/ACCRUED
(3)			
(4)			
(5)			
(6)			



