

SACRAMENTO REGION COMMUNITY FOUNDATION

PUBLIC DISCLOSURE COPY

RETURN OF EXEMPT ORGANIZATION

YEAR ENDED DECEMBER 31, 2020

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning and ending																												
B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization SACRAMENTO REGION COMMUNITY FOUNDATION</td> <td>D Employer identification number 94-2891517</td> </tr> <tr> <td colspan="2">Doing business as</td> <td>E Telephone number 916-921-7723</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> <td>G Gross receipts \$ 24,599,020.</td> </tr> <tr> <td>955 UNIVERSITY AVENUE</td> <td>A</td> <td>H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code SACRAMENTO, CA 95825</td> <td>H(b) Are all subordinates included? Yes No</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: LINDA BEECH CUTLER SAME AS C ABOVE</td> <td>If "No," attach a list. See instructions</td> </tr> <tr> <td colspan="2">I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527</td> <td>H(c) Group exemption number ▶</td> </tr> <tr> <td colspan="2">J Website: ▶ WWW.SACREGCF.ORG</td> <td></td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶</td> <td>L Year of formation: 1983 M State of legal domicile: CA</td> </tr> </table>	C Name of organization SACRAMENTO REGION COMMUNITY FOUNDATION		D Employer identification number 94-2891517	Doing business as		E Telephone number 916-921-7723	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 24,599,020.	955 UNIVERSITY AVENUE	A	H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No	City or town, state or province, country, and ZIP or foreign postal code SACRAMENTO, CA 95825		H(b) Are all subordinates included? Yes No	F Name and address of principal officer: LINDA BEECH CUTLER SAME AS C ABOVE		If "No," attach a list. See instructions	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527		H(c) Group exemption number ▶	J Website: ▶ WWW.SACREGCF.ORG			K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶		L Year of formation: 1983 M State of legal domicile: CA
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Part I Summary

	1	Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
Activities & Governance	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	18
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	18
	6	Total number of volunteers (estimate if necessary)	6	50
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-110,411.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 13,083,867.	Current Year 20,799,582.
	9	Program service revenue (Part VIII, line 2g)	550,484.	494,285.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,949,931.	3,291,434.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-19,437.	13,719.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,564,845.	24,599,020.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	15,103,245.
14		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,643,246.	1,684,848.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 353,245.		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,418,682.	2,856,947.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	19,165,173.	23,598,855.
	19	Revenue less expenses. Subtract line 18 from line 12	2,399,672.	1,000,165.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 156,284,714.	End of Year 172,758,711.
	21	Total liabilities (Part X, line 26)	10,351,780.	10,611,342.
	22	Net assets or fund balances. Subtract line 21 from line 20	145,932,934.	162,147,369.

Part II Signature Block

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

Sign Here	PUBLIC DISCLOSURE COPY				
	Signature of officer		Date		
	JAMES MCCALLUM, CFO				
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	TRACY S. PAGLIA	TRACY S. PAGLIA	11/15/21	<input type="checkbox"/>	P00366884
	Firm's name ▶ MOSS ADAMS LLP	Firm's EIN ▶ 91-0189318			
	Firm's address ▶ 2882 PROSPECT PARK DR, STE 300 RANCHO CORDOVA, CA 95670		Phone no. 916-503-8100		

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SACRAMENTO REGION COMMUNITY FOUNDATION TRANSFORMS OUR COMMUNITY THROUGH FOCUSED LEADERSHIP AND ADVOCACY THAT INSPIRES PARTNERSHIPS AND EXPANDS GIVING.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 8,585,864. including grants of \$ 8,019,612.) (Revenue \$ 0.) DONOR ADVISED AND UNRESTRICTED GRANTMAKING: SINCE THE SACRAMENTO REGION COMMUNITY FOUNDATION WAS FOUNDED IN 1983 BY LOCAL LEADERS, WE HAVE BEEN A PRIMARY PROVIDER OF PHILANTHROPIC SERVICES. LIKE OTHER PLACE-BASED COMMUNITY FOUNDATIONS ACROSS THE UNITED STATES AND AROUND THE WORLD, THE FOUNDATION PROMOTES PHILANTHROPY THAT IS VISIONARY, STRATEGIC, AND INCLUSIVE, MAKING IT A CATALYST FOR TRANSFORMING THE REGION.

THE FOUNDATION MANAGES HUNDREDS OF CHARITABLE FUNDS FOR LOCAL FAMILIES, BUSINESSES, AND NONPROFITS. THANKS TO THE GENEROSITY OF ITS DONORS WHO ARE PIVOTAL PARTNERS IN ITS WORK TO TRANSFORM AND ENRICH CALIFORNIA'S CAPITAL REGION, THE FOUNDATION'S ANNUAL GRANT AWARDS TO NONPROFIT ORGANIZATIONS FROM ITS CHARITABLE FUNDS HAVE GROWN FROM OVER \$272,000

4b (Code:) (Expenses \$ 8,560,051. including grants of \$ 8,698,742.) (Revenue \$ 114,285.) EXPANDING PHILANTHROPY AND THE SOCIAL ECONOMY: THIS STRATEGIC INITIATIVE LEADS TO A MORE GENEROUS REGION BY PROMOTING INDIVIDUAL PHILANTHROPY THROUGH SUCH ACTIVITIES AS BIG DAY OF GIVING AND GIVINGEDGE, CREATING STRONGER NONPROFITS THROUGH LEADERSHIP DEVELOPMENT, DONOR STEWARDSHIP AND FUNDRAISING, AND ADVANCING COLLABORATION AMONG NONPROFIT ORGANIZATIONS. FOR EXAMPLE, BIG DAY OF GIVING, THE ANNUAL GIVING DAY THAT HAS GENERATED \$52 MILLION FROM GENEROUS DONORS FOR HUNDREDS LOCAL NONPROFITS SINCE ITS INCEPTION IN 2013, IS A YEARLONG, COMMUNITYWIDE MOVEMENT TO MAKE PHILANTHROPY ACCESSIBLE TO EVERYONE IN THE CAPITAL REGION. IN 2020, THE FOUNDATION PROVIDED ROBUST TRAINING AND COLLABORATION OPPORTUNITIES TO 615 PARTICIPATING NONPROFITS. AS A RESULT, AREA DONORS MADE 64,000

4c (Code:) (Expenses \$ 2,415,969. including grants of \$ 1,869,366.) (Revenue \$ 380,000.) THE SACRAMENTO REGION COMMUNITY FOUNDATION (FOUNDATION) WAS SELECTED BY THE STATE OF CALIFORNIA TO SERVE AS ONE OF TEN ADMINISTRATIVE COMMUNITY-BASED ORGANIZATIONS (ACBO) TO OUTREACH TO HARD-TO-COUNT (HTC) POPULATIONS FOR CENSUS 2020. IN THIS ROLE AND THROUGHOUT 2020, THE FOUNDATION LAUNCHED AND COORDINATED A COALITION OF ORGANIZATIONS ACROSS A 17-COUNTY SWATH OF NORTHERN CALIFORNIA INCLUDING EL DORADO, PLACER, SACRAMENTO, AND YOLO COUNTIES TO ENCOURAGE RESIDENTS TO COMPLETE THE CENSUS.

AN ACCURATE CENSUS 2020 IS VITAL TO EVERYONE IN THE SACRAMENTO REGION INCLUDING FOUNDATION FUNDHOLDERS, NONPROFIT PARTNERS, AND COMMUNITY MEMBERS WHOM WE SERVE EACH DAY WHICH IS WHY WE WORKED CLOSELY WITHIN

4d Other program services (Describe on Schedule O.) (Expenses \$ 639,590. including grants of \$ 469,340.) (Revenue \$ 0.)

4e Total program service expenses 20,201,474.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33 X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38 X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	19
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with columns for line number, description, and Yes/No checkboxes. Includes lines 1a through 9.

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

Table with columns for line number, description, and Yes/No checkboxes. Includes lines 10a through 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) LINDA BEECH CUTLER CHIEF EXECUTIVE OFFICER	40.00 0.20			X			201,623.	0.	29,294.	
(2) JAMES MCCALLUM CHIEF FINANCIAL OFFICER	40.00 0.20			X			142,778.	0.	44,242.	
(3) KERRY WOOD CHIEF MARKETING & DONOR ENGAGEMENT O	40.00					X	148,999.	0.	11,920.	
(4) NIVA FLOR CHIEF STRATEGIC IMPACT OFFICER	40.00					X	144,673.	0.	11,574.	
(5) WINSTON HOM CONTROLLER	40.00					X	109,129.	0.	19,208.	
(6) MARTIN STEINER BOARD CHAIR & DIRECTOR	1.50 0.10	X		X			0.	0.	0.	
(7) KATE STILLE BOARD VICE CHAIR & DIRECTOR	1.20 0.10	X		X			0.	0.	0.	
(8) ANKER CHRISTENSEN BOARD TREASURER & DIRECTOR	0.80	X		X			0.	0.	0.	
(9) LINDA MERKSAMER BOARD SECRETARY & DIRECTOR	0.80 0.10	X		X			0.	0.	0.	
(10) MARGIE CAMPBELL BOARD DIRECTOR	0.80	X					0.	0.	0.	
(11) DONNA COURVILLE BOARD DIRECTOR	0.80 0.10	X					0.	0.	0.	
(12) JONATHAN LEDERER BOARD DIRECTOR	0.80	X					0.	0.	0.	
(13) GARRY MAISEL BOARD DIRECTOR	0.80	X					0.	0.	0.	
(14) DENNIS MANGERS BOARD DIRECTOR	0.80	X					0.	0.	0.	
(15) KATHY MCKIM BOARD DIRECTOR	0.80	X					0.	0.	0.	
(16) CARLIN NAIFY BOARD DIRECTOR	0.80	X					0.	0.	0.	
(17) WILLIAM M. NIEMI BOARD DIRECTOR	0.80	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) MEG STALLARD BOARD DIRECTOR	0.80	X						0.	0.	0.
(19) GARY STRONG BOARD DIRECTOR	0.80	X						0.	0.	0.
(20) SCOTT SYPHAX BOARD DIRECTOR	0.80	X						0.	0.	0.
(21) RENEE TAYLOR BOARD DIRECTOR	0.80	X						0.	0.	0.
(22) CASSANDRA WALKER PYE BOARD DIRECTOR	0.80	X						0.	0.	0.
(23) CLARENCE WILLIAMS BOARD DIRECTOR	0.80	X						0.	0.	0.
1b Subtotal							747,202.	0.	116,238.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							747,202.	0.	116,238.	

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 **5**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
CREWCIAL PARTNERS, LLC PO BOX 2008, RIVER VALE, NY 07675	INVESTMENT MANAGEMENT CONSULTAN	191,420.

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	374,500.				
	e Government grants (contributions)	1e	1,816,288.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	18,608,794.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 2,925,553.				
	h Total. Add lines 1a-1f			20,799,582.			
Program Service Revenue	2 a PROGRAM INCOME	Business Code	611710	380,000.	380,000.		
	b BIG DAY OF GIVING TRAINING AND MA		611710	114,285.	114,285.		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			494,285.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,114,842.		-110,411.	1,225,253.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities		2,176,592.		
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b		0.			
c Gain or (loss)	7c		2,176,592.				
d Net gain or (loss)			2,176,592.			2,176,592.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a OTHER REVENUE	Business Code	900099	13,719.		13,719.	
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			13,719.			
12 Total revenue. See instructions			24,599,020.	494,285.	-110,411.	3,415,564.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	18,562,898.	18,562,898.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	494,162.	494,162.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	437,149.		437,149.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	985,103.	388,997.	277,903.	318,203.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	71,071.	26,775.	19,900.	24,396.
9 Other employee benefits	85,757.	32,913.	42,198.	10,646.
10 Payroll taxes	105,768.		105,768.	
11 Fees for services (nonemployees):				
a Management				
b Legal	59,100.		59,100.	
c Accounting	85,814.		85,814.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,072,369.		1,072,369.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	567,818.	495,925.	71,893.	
12 Advertising and promotion	176,316.	129,875.	46,441.	
13 Office expenses	71,113.	25,649.	45,464.	
14 Information technology	116,697.	2,049.	114,648.	
15 Royalties				
16 Occupancy	137,836.		137,836.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	34,677.	6,317.	28,360.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	17,512.		17,512.	
23 Insurance	17,765.		17,765.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BANK FEES/CREDIT CARD P	404,245.	20,757.	383,488.	
b SPONSORSHIP	41,500.		41,500.	
c PUBLICATIONS	30,578.	5,964.	24,614.	
d MISCELLANEOUS	23,607.	9,193.	14,414.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	23,598,855.	20,201,474.	3,044,136.	353,245.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,876,538.	1	1,550,108.
	2 Savings and temporary cash investments	7,893,702.	2	583,657.
	3 Pledges and grants receivable, net	32,573.	3	17,107.
	4 Accounts receivable, net	6,374,607.	4	5,615,890.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	110,238.	9	74,355.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 264,751.		
	b Less: accumulated depreciation	10b 218,728.	236,462.	10c 46,023.
	11 Investments - publicly traded securities	83,408,777.	11	155,775,970.
	12 Investments - other securities. See Part IV, line 11	49,475,288.	12	1,826,621.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	6,876,529.	15	7,268,980.
16 Total assets. Add lines 1 through 15 (must equal line 33)	156,284,714.	16	172,758,711.	
Liabilities	17 Accounts payable and accrued expenses	238,453.	17	195,129.
	18 Grants payable	416,794.	18	669,603.
	19 Deferred revenue	912,324.	19	541,200.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	267,096.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	8,784,209.	25	8,938,314.
	26 Total liabilities. Add lines 17 through 25	10,351,780.	26	10,611,342.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	140,733,174.	27	156,947,369.
	28 Net assets with donor restrictions	5,199,760.	28	5,200,000.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	145,932,934.	32	162,147,369.
33 Total liabilities and net assets/fund balances	156,284,714.	33	172,758,711.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	24,599,020.
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,598,855.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,000,165.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	145,932,934.
5	Net unrealized gains (losses) on investments	5	15,941,363.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-727,093.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	162,147,369.

Part XII Financial Statements and Reporting

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

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

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

Form 990 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **SACRAMENTO REGION COMMUNITY FOUNDATION** Employer identification number **94-2891517**

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11854943.	14402893.	9987698.	13083867.	20799582.	70128983.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	11854943.	14402893.	9987698.	13083867.	20799582.	70128983.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						855,437.
6 Public support. Subtract line 5 from line 4.						69273546.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	11854943.	14402893.	9987698.	13083867.	20799582.	70128983.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1768514.	2048289.	1845169.	2630393.	1225253.	9517618.
9 Net income from unrelated business activities, whether or not the business is regularly carried on				33,399.		33,399.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	12,409.	21,179.	860.		13,719.	48,167.
11 Total support. Add lines 7 through 10						79728167.
12 Gross receipts from related activities, etc. (see instructions)					12	2,116,441.
13 First 5 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	86.89 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	85.47 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS

2016 AMOUNT: \$ 12,409.

2017 AMOUNT: \$ 21,179.

2018 AMOUNT: \$ 860.

2019 AMOUNT: \$ 0.

2020 AMOUNT: \$ 13,719.

SCHEDULE A, LIST OF UNUSUAL GRANTS RECEIVED:

DESCRIPTION: TERMINATING PRIVATE FOUNDATION

DATE: 01/01/16 AMOUNT: 1292468.

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

OMB No. 1545-0047

2020

Name of the organization

SACRAMENTO REGION COMMUNITY FOUNDATION

Employer identification number

94-2891517

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 foundation

Check 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization SACRAMENTO REGION COMMUNITY FOUNDATION	Employer identification number 94-2891517
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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
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>550,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>1,512,588.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>506,012.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>419,327.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>893,840.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SACRAMENTO REGION COMMUNITY FOUNDATION	Employer identification number 94-2891517
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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
<u>4</u>	PUBLIC SECURITIES _____ _____ _____	\$ <u>506,012.</u>	<u>06/23/20</u>
<u>6</u>	PUBLIC SECURITIES _____ _____ _____	\$ <u>893,840.</u>	<u>12/03/20</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization SACRAMENTO REGION COMMUNITY FOUNDATION	Employer identification number 94-2891517
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 info. 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	
(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	
(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	
(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	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **SACRAMENTO REGION COMMUNITY FOUNDATION** Employer identification number **94-2891517**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	295	296
2 Aggregate value of contributions to (during year)	7,662,549.	2,606,429.
3 Aggregate value of grants from (during year)	5,838,631.	2,687,254.
4 Aggregate value at end of year	76,113,248.	77,784,673.
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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

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

	Held at the End of the 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 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under FASB 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 FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

Schedule D (Form 990) 2020

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	111,031,760.	97,215,295.	104,951,257.	92,408,353.	87,654,228.
b Contributions	3,313,002.	1,146,340.	2,807,753.	1,541,477.	3,302,684.
c Net investment earnings, gains, and losses	15,552,518.	17,193,249.	-5,203,014.	15,306,931.	5,591,274.
d Grants or scholarships	3,355,600.	2,884,440.	3,444,268.	2,816,377.	2,911,714.
e Other expenditures for facilities and programs	4,194.	166,808.	424,402.	109,921.	3,992.
f Administrative expenses	1,485,514.	1,471,876.	1,472,031.	1,379,206.	1,224,127.
g End of year balance	125,051,972.	111,031,760.	97,215,295.	104,951,257.	92,408,353.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 1.8000 %
 - b Permanent endowment 98.2000 %
 - c Term endowment .0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		264,751.	218,728.	46,023.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				46,023.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CRT PAYABLES	1,031,205.
(3) CHARITABLE GIFTS	739,206.
(4) LIABILITY FOR TRUSTEED ASSETS	7,167,903.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	8,938,314.

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

PART V, LINE 4:

ENDOWMENT FUNDS GENERATE EARNINGS THAT HAVE BEEN APPROPRIATED FOR EXPENDITURE AND WILL BE PAID OUT IN THE FORM OF GRANTS, PROGRAM EXPENSES AND/OR EXPENSES NECESSARY TO MAINTAIN THE INVESTMENT ASSETS.

PART X, LINE 2:

THE FOUNDATION IS A NONPROFIT CORPORATION EXEMPT FROM FEDERAL INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AND FROM STATE OF CALIFORNIA INCOME TAXES, EXCEPT ON UNRELATED BUSINESS INCOME. THEREFORE, THESE CONSOLIDATED FINANCIAL STATEMENTS CONTAIN NO PROVISION FOR SUCH TAXES. INFORMATIONAL RETURNS ARE FILED ANNUALLY WITH FEDERAL AND STATE TAXING AUTHORITIES. THE FOUNDATION IS NOT AWARE OF ANY TRANSACTIONS THAT WOULD

Part XIII Supplemental Information (continued)

AFFECT ITS TAX-EXEMPT STATUS. THE FOUNDATION HAD NO UNRECOGNIZED TAX BENEFITS AS OF DECEMBER 31, 2020 AND 2019, RESPECTIVELY.

THE FOUNDATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS. FOR THE YEAR ENDED DECEMBER 31, 2020 AND 2019, THERE WERE NO TAX INTEREST OR PENALTIES RECORDED IN THE STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS.

PART V, LINE 2A - ENDOWMENT FUNDS:

THE FOUNDATION HAS VARIANCE POWER WITH THE ABILITY TO MODIFY ANY RESTRICTION OR CONDITION ON THE DISTRIBUTION OF FUNDS FOR ANY SPECIFIED CHARITABLE PURPOSE OR TO SPECIFIED ORGANIZATIONS IF, IN THE SOLE JUDGMENT OF THE BOARD SUCH RESTRICTION OR CONDITION BECOMES, IN EFFECT, UNNECESSARY, INCAPABLE OF FULFILLMENT, OR INCONSISTENT WITH THE CHARITABLE NEEDS OF THE COMMUNITY OR AREA SERVED. BASED ON THIS PROVISION, ALL ENDOWED FUNDS ARE CONSIDERED TO BE QUASI-ENDOWED, CONSISTENT WITH THE AUDITED FINANCIAL STATEMENTS.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization **SACRAMENTO REGION COMMUNITY FOUNDATION** Employer identification number **94-2891517**

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on 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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		30,767,656.
EAST ASIA AND THE PACIFIC	0	0	INVESTMENTS		3,732,932.
EUROPE	0	0	INVESTMENTS		1,400,859.
3 a Subtotal	0	0			35,901,447.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			35,901,447.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on 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.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

3 Enter total number of other organizations or entities ▶ _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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 separately 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; don't file with Form 990)* 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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. See instructions.

PART I, LINE 3:

ACCRUAL METHOD

Multiple horizontal lines for data entry.

**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" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **SACRAMENTO REGION COMMUNITY FOUNDATION** Employer identification number **94-2891517**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
350 SACRAMENTO PO BOX 161677 SACRAMENTO , CA 95816	45-5552234	501(C)(3)	10,549.	0.			UNRESTRICTED
3STRANDS GLOBAL FOUNDATION 3941 PARK DR. , #20-200 EL DORADO HILLS , CA 95762	27-4594317	501(C)(3)	6,342.	0.			UNRESTRICTED
3STRANDS GLOBAL INC. 3941 PARK DR. , STE 20-200 EL DORADO HILLS , CA 95762	27-4594317	501(C)(3)	7,500.	0.			EMERGENCY COVID-19 PROGRAM SUPPORT FOR THE EMPLOY AND EMPOWER PROGRAM
4 R FRIENDS- RESCUE REHAB RE-HOME REACH OUT - DBA 4 R FRIENDS - THE STREET VETS, PO BOX 5961 - SACRAMENTO , CA 95817	27-4223617	501(C)(3)	29,190.	0.			UNRESTRICTED
916 INK 3301 37TH AVENUE, SUITE 14 SACRAMENTO , CA 95824	46-0705510	501(C)(3)	77,883.	0.			UNRESTRICTED
A COMMUNITY FOR PEACE PO BOX 214156 SACRAMENTO , CA 95821	68-0457704	501(C)(3)	5,822.	0.			UNRESTRICTED

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **542.**

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) 2020

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
A TOUCH OF UNDERSTANDING, INC. 5280 STIRLING ST., SUITE 102 GRANITE BAY, CA 95746	68-0389777	501(C)(3)	17,028.	0.			UNRESTRICTED
ACME THEATRE COMPANY PO BOX 159 DAVIS, CA 95617	31-1613404	501(C)(3)	12,505.	0.			UNRESTRICTED
ADADEMY AT ALL HALLOWS 200 P ST., B-31 SACRAMENTO, CA 95814	27-0913146	501(C)(3)	6,559.	0.			UNRESTRICTED
AEROSPACE MUSEUM OF CALIFORNIA FOUNDATION - 3200 FREEDOM PARK DR. - MCCLELLAN, CA 95652	94-2831253	501(C)(3)	32,419.	0.			UNRESTRICTED
AGAPE VILLAGES INC. 3160 CROW CANYON PL., SUITE 120 SAN RAMON, CA 94583	68-0226944	501(C)(3)	7,500.	0.			EMERGENCY COVID-19 PROGRAM SUPPORT FOR DONATION/FUNDRAISING LOSS DUE TO COVID-19
AGING UP PO BOX 22963 SACRAMENTO, CA 95822	81-3023085	501(C)(3)	7,769.	0.			UNRESTRICTED
ALBIE AWARE INC 1851 HERITAGE LN., SUITE 299 SACRAMENTO, CA 95815	42-1632678	501(C)(3)	7,776.	0.			UNRESTRICTED
ALBIE AWARE INC. 1851 HERITAGE LANE, SUITE 299 SACRAMENTO, CA 95815	42-1632678	501(C)(3)	10,500.	0.			BREAST CANCER FOUNDATION EVENT: 2020 ROSE AWARD GALA HONORING JIM BOWMAN. NO BENEFITS WILL BE
ALCHEMIST CDC 4625 44TH ST., STE. 33 SACRAMENTO, CA 95820	20-1891448	501(C)(3)	15,101.	0.			UNRESTRICTED

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
ALL ABOUT EQUINE ANIMAL RESCUE, INC. - 2201 FRANCISCO DR., 140-174 - EL DORADO HILLS, CA 95762	27-0384523	501(C)(3)	12,687.	0.			UNRESTRICTED
ALL LEADERS MUST SERVE PO BOX 8218 WOODLAND, CA 95776	47-4895676	501(C)(3)	7,252.	0.			UNRESTRICTED
ALLEGIANT GIVING CORPORATION 4465 GRANITE DRIVE ROCKLIN, CA 95677	27-4856683	501(C)(3)	6,028.	0.			UNRESTRICTED
ALLIANCE FRANCAISE DE SACRAMENTO 2420 N ST., SUITE 225 SACRAMENTO, CA 95816	68-0453376	501(C)(3)	8,448.	0.			UNRESTRICTED
ALS ASSOCIATION - GREATER SACRAMENTO CHAPTER - 5701 SUNRISE BLVD. - CITRUS HEIGHTS, CA 95610	13-3271855	501(C)(3)	8,675.	0.			UNRESTRICTED
ALWAYS KNOCKING INC. 4600 47TH AVE. STE. 106 SACRAMENTO, CA 95824			5,850.	0.			EMERGENCY COVID-19 PROGRAM SUPPORT
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION - 1455 RESPONSE RD., SUITE 190 - SACRAMENTO, CA 95815	13-3039601	501(C)(3)	14,896.	0.			UNRESTRICTED
AMERICAN CANCER SOCIETY INC. PO BOX 660175 SACRAMENTO, CA 95825	13-1788491	501(C)(3)	7,070.	0.			UNRESTRICTED
AMERICAN EDUCATIONAL ASSISTANCE FOUNDATION - C/O ISTS, INC., 1321 MURFREESBORO PIKE, STE. 800 - NASHVILLE, TN 37217	06-1688758	501(C)(3)	334,574.	0.			2020-2021 SCHOLARSHIPS AND 2017-2019 RENEWALS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
AMERICAN HEART ASSOCIATION, INC. 2007 O ST. SACRAMENTO , CA 95811	13-5613797	501(C)(3)	5,081.	0.			UNRESTRICTED
AMERICAN LEADERSHIP FORUM 601 UNIVERSITY AVE., SUITE 127 SACRAMENTO , CA 95825	91-1792774	501(C)(3)	21,965.	0.			UNRESTRICTED
AMERICAN LEADERSHIP FORUM MT. VALLEY CHAPTER - 601 UNIVERSITY AVENUE, SUITE 127 - SACRAMENTO , CA 95825	91-1792774	501(C)(3)	120,700.	0.			SCHOLARSHIPS
AMERICAN NATIONAL RED CROSS 1565 EXPOSITION BLVD. SACRAMENTO , CA 95815	53-0196605	501(C)(3)	51,464.	0.			UNRESTRICTED
AMERICAN RED CROSS GOLD COUNTRY REGION - 1565 EXPOSITION BLVD. - SACRAMENTO , CA 95815	53-0196605	501(C)(3)	50,254.	0.			UNRESTRICTED
AMERICAN RIVER CONSERVANCY PO BOX 562 COLOMA , CA 95613	68-0195752	501(C)(3)	17,081.	0.			UNRESTRICTED
AMERICAN RIVER NATURAL HISTORY ASSOCIATION - PO BOX 579 - CARMICHAEL , CA 95609	94-2766075	501(C)(3)	36,617.	0.			BIG DAY OF GIVING MATCHING GRANT
AMERICAN RIVER PARKWAY FOUNDATION INCORPORATED - 5700 ARDEN WAY - CARMICHAEL , CA 95608	94-2881344	501(C)(3)	21,592.	0.			UNRESTRICTED MATCHING GRANT FROM DANIEL LINSLEY
AMYOTROPHIC LATERAL SCLEROSIS ASSOCIATION - 5701 SUNRISE BLVD. - CITRUS HEIGHTS , CA 95610	68-0159292	501(C)(3)	46,609.	0.			UNRESTRICTED FOR ALS ASSOCIATION GREATER SACRAMENTO CHAPTER

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
ANGELS FOR HEARTS 3512 GABILAN WAY SACRAMENTO , CA 95821	26-3287958	501(C)(3)	8,500.	0.			UNRESTRICTED
ANIMAL FRIENDS CONNECTION HUMANE SOCIETY - 17850 KROLL ROAD - LODI , CA 95240	68-0315789	501(C)(3)	20,000.	0.			CONTINUING OPERATIONS
ANIMAL OUTREACH OF THE MOTHER LODE PO BOX 480 DIAMOND SPRINGS , CA 95619	68-0272499	501(C)(3)	9,815.	0.			UNRESTRICTED
ANIMAL RESCUE LEAGUE P.O. BOX 41143 SACRAMENTO , CA 95841	65-1195078	501(C)(3)	15,500.	0.			UNRESTRICTED
ANTI-RECIDIVISM COALITION 1414 K STREET, SUITE 150 SACRAMENTO , CA 95814	46-2140915	501(C)(3)	7,500.	0.			EMERGENCY COVID-19 PROGRAM SUPPORT FOR ARC COVID-19 COMMUNITY RESPONSE
ARTHRITIS FOUNDATION-SACRAMENTO CHAPTER - 5716 FOLSOM BLVD., SUITE 211 - SACRAMENTO , CA 95819	58-1341679	501(C)(3)	14,590.	0.			UNRESTRICTED
ASIAN COMMUNITY CENTER OF SACRAMENTO VALLEY INC. - 7334 PARK CITY DRIVE - SACRAMENTO , CA 95831	94-2271380	501(C)(3)	94,515.	0.			TO SUPPORT CENSUS 2020 OUTREACH ACTIVITIES AND PROMOTE AWARENESS OF THE CENSUS IN HARD-TO-COUNT
ASIAN PACIFIC ISLANDER AMERICAN PUBLIC AFFAIRS COMMUNITY EDUCATION FOUNDATION - 4000 TRUXEL RD #3 - SACRAMENTO, CA 95834	55-0849384	501(C)(3)	500,500.	0.			DUAL IMMERSION CHINESE SCHOOL IN MEMORY OF JOHN K. WONG
ASSISTANCE LEAGUE OF GREATER PLACER - PO BOX 4693 - AUBURN , CA 95604	68-0119738	501(C)(3)	13,824.	0.			UNRESTRICTED

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
ASSISTANCE LEAGUE OF SACRAMENTO P.O. BOX 60874 SACRAMENTO , CA 95860	94-6173406	501(C)(3)	16,725.	0.			PURPLE BALLOON SPONSORSHIP
ASSISTANCE LEAGUE SIERRA FOOTHILLS 2201 FRANCISCO DR. , STE. 140-249 EL DORADO HILLS , CA 95762	80-0220452	501(C)(3)	21,276.	0.			UNRESTRICTED
AUBURN INTERFAITH FOOD CLOSET PO BOX 132 AUBURN , CA 95604	68-0424269	501(C)(3)	10,000.	0.			EMERGENCY COVID-19 PROGRAM SUPPORT FOR PERISHABLE FOOD FUNDING
AUBURN INTERFAITH FOOD CLOSET INCORPORATED - PO BOX 132 - AUBURN , CA 95604	68-0424269	501(C)(3)	24,754.	0.			UNRESTRICTED
AUBURN STATE THEATRE, INC PO BOX 7733 AUBURN , CA 95604	68-0477472	501(C)(3)	12,216.	0.			UNRESTRICTED
AUBURN SYMPHONY PO BOX 74 AUBURN , CA 95604	93-1039723	501(C)(3)	9,767.	0.			UNRESTRICTED
BARTON MEMORIAL HOSPITAL PO BOX 9578 SOUTH LAKE TAHOE , CA 96158		501(C)(3)	10,000.	0.			UNRESTRICTED
BAY AREA NONVIOLENT COMMUNICATION PO BOX 22872 OAKLAND , CA 94609	20-1329504	501(C)(3)	5,500.	0.			UNRESTRICTED
BEHAVIORAL EDUCATIONAL ASSESSMENT SERVICES INC. - 6056 RUTLAND DR. - CARMICHAEL , CA 95608	27-3692919	501(C)(3)	8,090.	0.			FOR EMERGENCY COVID-19 GENERAL OPERATING SUPPORT FOR SERENITY RESPITE SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
BELLA VISTA HIGH SCHOOL 8301 MADISON AVENUE FAIR OAKS , CA 95628		SAN JUAN UNIFIED	12,000.	0.			\$3,000 EACH TO TWO FEMALE AND \$3,000 EACH TO TWO MALE GRADUATING SENIORS
BIG BROTHERS BIG SISTERS OF NORTHERN SIERRA - 3461 ROBIN LANE, SUITE 2 - CAMERON PARK , CA 95682	94-2523254	501(C)(3)	5,763.	0.			UNRESTRICTED
BIG BROTHERS BIG SISTERS OF THE GREATER SACRAMENTO AREA, INC - 800 HOWE AVE., SUITE 440 - SACRAMENTO , CA 95825	94-1559853	501(C)(3)	13,260.	0.			UNRESTRICTED
BIG IDEA THEATRE 3230 ARENA BLVD., SUITE 245, #113 SACRAMENTO , CA 95834	11-3687384	501(C)(3)	8,116.	0.			UNRESTRICTED
BLACKBERRY CREEK FARM ANIMAL SANCTUARY - 1170 PINECROFT RD - COLFAX , CA 95713	47-2296714	501(C)(3)	18,588.	0.			UNRESTRICTED
BLUE LINE ARTS 405 VERNON STREET , SUITE 100 ROSEVILLE , CA 95678	94-1690631	501(C)(3)	10,229.	0.			UNRESTRICTED FOR CAPITAL DANCE PROJECT
BOY SCOUTS OF AMERICA GOLDEN EMPIRE COUNCIL, P.O. BOX 13558 - SACRAMENTO , CA 95853-3558	23-7627152	501(C)(3)	45,170.	0.			BOY SCOUT TROOP 118 SCHOLARSHIPS FOR ONE \$500 AND ONE \$1,000 AWARD
BOYS & GIRLS CLUBS OF GREATER SACRAMENTO - 5212 LEMON HILL AVENUE - SACRAMENTO , CA 95824	68-0338324	501(C)(3)	72,340.	0.			TO HELP DURING CLOSURES DUE TO THE COVID-19 PANDEMIC
BOYS AND GIRLS CLUB, EL DORADO COUNTY WESTERN SLOPE - P.O. BOX 2535 - PLACERVILLE , CA 95667	91-1774039	501(C)(3)	58,495.	0.			EMERGENCY COVID-19 PROGRAM SUPPORT FOR THE MEALS TO CHILDREN 18 AND UNDER DURING COVID-19

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 GREATER SACRAMENTO - 5212 LEMON HILL AVE. - SACRAMENTO, CA 95824	68-0338324	501(C)(3)	22,215.	0.			UNRESTRICTED
BREATHE CALIFORNIA SACRAMENTO REGION - 909 12TH ST., SUITE 100 - SACRAMENTO, CA 95814	94-1641240	501(C)(3)	5,180.	0.			UNRESTRICTED
BROAD ROOM CREATIVE COLLECTIVE 2311 S ST. #3 SACRAMENTO, CA 95816	83-1724460	501(C)(3)	5,500.	0.			EMERGENCY COVID-19 PROGRAM SUPPORT FOR THE BROAD ROOM'S EMERGENCY ARTIST RELIEF FUND
BROADWAY SACRAMENTO 1510 J ST., SUITE 200 SACRAMENTO, CA 95814	95-1744392	501(C)(3)	82,313.	0.			UNRESTRICTED
CACHE CREEK CONSERVANCY PO BOX 8249 WOODLAND, CA 95776	68-0374372	501(C)(3)	6,053.	0.			UNRESTRICTED
CAL AGGIE CHRISTIAN ASSOCIATION 433 RUSSELL BLVD. DAVIS, CA 95616-3527	94-1542522	501(C)(3)	7,500.	0.			EMERGENCY COVID-19 PROGRAM SUPPORT FOR RESIDENT EMERGENCY HOUSING ASSISTANCE
CALIFORNIA ALLIANCE OF CAREGIVERS, INC. - P.O. BOX 576 - SACRAMENTO, CA 95812	81-2865148	501(C)(3)	10,025.	0.			EMERGENCY COVID-19 PROGRAM SUPPORT FOR THE CALIFORNIA ALLIANCE OF CAREGIVERS AMBASSADORS
CALIFORNIA CAPITAL FINANCIAL DEVELOPMENT CORPORATION - 1792 TRIBUTE ROAD, SUITE 270 - SACRAMENTO, CA 95815	94-2861631	501(C)(3)	10,052.	0.			ROUND 1 AND 2 TO SUPPORT CENSUS 2020 OUTREACH ACTIVITIES AND PROMOTE AWARENESS OF THE CENSUS
CALIFORNIA CAREFORCE 950 RESERVE DRIVE, SUITE 120 ROSEVILLE, CA 95678	45-2408171	501(C)(3)	7,500.	0.			PROVIDE SERVICES FOR SENIORS IN PLACER COUNTY THROUGH THE PLACER 2021 VETERANS FREE CLINIC

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CALIFORNIA FARMLAND TRUST 9245 LAGUNA SPRINGS DRIVE, SUITE 1 ELK GROVE , CA 95758	77-0566494	501(C)(3)	7,191.	0.			UNRESTRICTED
CALIFORNIA FUTURE FARMERS OF AMERICA FOUNDATION - PO BOX 186 - GALT , CA 95632	23-7166263	501(C)(3)	6,460.	0.			UNRESTRICTED
CALIFORNIA HEALTH COLLABORATIVE 1680 W SHAW AVENUE FRESNO , CA 93711	94-2862660	501(C)(3)	9,050.	0.			EMERGENCY COVID-19 PROGRAM SUPPORT
CALIFORNIA HOMEBUILDING FOUNDATION 1215 K ST., SUITE 1200 SACRAMENTO , CA 95814	94-2581819	501(C)(3)	11,580.	0.			UNRESTRICTED
CALIFORNIA NATIVE PLANT SOCIETY 2707 K STREET, SUITE 1 SACRAMENTO , CA 95816	94-6116403	501(C)(3)	17,362.	0.			UNRESTRICTED
CALIFORNIA PARTNERSHIP TO END DOMESTIC VIOLENCE - 1107 9TH ST, SUITE 910 - SACRAMENTO , CA 95814	77-0347420	501(C)(3)	5,044.	0.			UNRESTRICTED
CALIFORNIA SCOTTISH RITE FOUNDATION - 6151 H ST. - SACRAMENTO , CA 95819	94-6078728	501(C)(3)	41,750.	0.			TO BENEFIT THE SACRAMENTO SCOTTISH RITE CLINIC FOR CHILDHOOD LANGUAGE DISORDERS
CALIFORNIA STATE PARKS FOUNDATION 33 NEW MONTGOMERY ST., STE. 520 SAN FRANCISCO , CA 94105	94-1707583	501(C)(3)	10,760.	0.			UNRESTRICTED
CALIFORNIA VEHICLE FOUNDATION 2200 FRONT ST. SACRAMENTO , CA 95818	94-2902791	501(C)(3)	30,338.	0.			UNRESTRICTED FOR CALIFORNIA AUTOMOBILE MUSEUM

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CAMELLIA SYMPHONY ASSOCIATION 1731 HOWE AVE. , PMB 499 SACRAMENTO , CA 95825	94-6112266	501(C)(3)	13,658.	0.			UNRESTRICTED
CANINE COMPANIONS FOR INDEPENDENCE PO BOX 446 SANTA ROSA , CA 95402	94-2494324	501(C)(3)	7,811.	0.			UNRESTRICTED
CANTICLE FARMS 1968 36TH AVENUE OAKLAND , CA 94601	46-1484633	501(C)(3)	10,000.	0.			UNDESIGNATED USE FOR OPERATIONAL SUPPORT OF THE CANTICLE FARM MISSION
CAPITAL PUBLIC RADIO ENDOWMENT INC. - 7055 FOLSOM BLVD. - SACRAMENTO , CA 95826	68-0118926	501(C)(3)	14,218.	0.			UNRESTRICTED
CAPITAL PUBLIC RADIO INC. 7055 FOLSOM BLVD SACRAMENTO , CA 95826	68-0223271	501(C)(3)	71,834.	0.			UNRESTRICTED
CAPITAL PUBLIC RADIO, INC. 7055 FOLSOM BLVD. SACRAMENTO , CA 95826	68-0223271	501(C)(3)	34,679.	0.			GENERAL SUPPORT OF CAP RADIO
CAPITAL STAGE COMPANY 2420 N ST., STE. 120 SACRAMENTO , CA 95816	20-2799021	501(C)(3)	46,445.	0.			TO HELP CAPITAL STAGE STAY AFLOAT
CAPITOL BALLET COMPANY 4430 MARCONI AVE SACRAMENTO , CA 95628	94-1698616	501(C)(3)	5,829.	0.			UNRESTRICTED
CARMICHAEL RECREATION AND PARK DISTRICT FOUNDATION, INC. - 5750 GRANT AVENUE - CARMICHAEL , CA 95608	26-4274059	501(C)(3)	13,832.	0.			UNRESTRICTED

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CARRIE'S TOUCH INCORPORATED 372 FLORIN ROAD, #197 SACRAMENTO, CA 95831	30-0394368	501(C)(3)	9,693.	0.			UNRESTRICTED
CASA EL DORADO 347 MAIN STREET PLACERVILLE, CA 95667	68-0299245	501(C)(3)	15,275.	0.			UNRESTRICTED
CELEBRATION ARTS 2727 B STREET SACRAMENTO, CA 95816	68-0077971	501(C)(3)	18,675.	0.			UNRESTRICTED
CENTER FOR COMMUNITY HEALTH AND WELL BEING - 4625 44TH STREET, SUITE 13 - SACRAMENTO, CA 95820	68-0248303	501(C)(3)	24,410.	0.			TO SUPPORT CENSUS 2020 NRFU OUTREACH ACTIVITIES TO PROMOTE AWARENESS OF THE CENSUS IN
CENTER FOR COMMUNITY HEALTH AND WELL-BEING, INC. - 4625 44TH STREET, ROOM 13 - SACRAMENTO, CA 95820	68-0248303	501(C)(3)	49,844.	0.			TO SUPPORT CENSUS 2020 OUTREACH ACTIVITIES AND PROMOTE AWARENESS OF THE CENSUS IN HARD-TO-COUNT
CENTER FOR FATHERS AND FAMILIES 920 DEL PASO BLVD SACRAMENTO, CA 95815	68-0310997	501(C)(3)	15,023.	0.			UNRESTRICTED
CENTER FOR LAND-BASED LEARNING 40140 BEST RANCH ROAD WOODLAND, CA 95776	68-0472121	501(C)(3)	29,916.	0.			PURCHASE SUPPLIES AND LAPTOPS FOR 12 COLLEGE STUDENTS, COMING FROM FINANCIALLY DISADVANTAGE
CENTRAL CALIFORNIA LABRADOR RETRIEVER RESCUE - P.O. BOX 2912 - FAIR OAKS, CA 95628	68-0463166	501(C)(3)	10,000.	0.			GENERAL USE IN MEMORY OF GRACIE 5/27/2008 - 11/25/2020
CENTRAL DOWNTOWN FOOD BASKET 1701 L STREET SACRAMENTO, CA 95811	68-0138743	501(C)(3)	11,381.	0.			UNRESTRICTED

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CHAMBER MUSIC SOCIETY OF SACRAMENTO - PO BOX 162508 - SACRAMENTO , CA 95816	68-0138343	501(C)(3)	9,488.	0.			UNRESTRICTED
CHESTER FOUNDATION 1750 PRAIRIE CITY ROAD, STE. 130-1 FOLSOM , CA 95630	27-2042948	501(C)(3)	35,222.	0.			UNRESTRICTED
CHICKS IN CRISIS INC. 9455 EAST STOCKTON BLVD ELK GROVE , CA 95624	94-3371317	501(C)(3)	10,673.	0.			UNRESTRICTED FOR OCTOBER GIFTS
CHILD ABUSE COUNCIL OF SACRAMENTO 4700 ROSEVILLE RD., SUITE 102 NORTH HIGHLANDS , CA 95660	94-2833431	501(C)(3)	13,085.	0.			UNRESTRICTED
CHILD ADVOCATES OF PLACER COUNTY 3715 ATHERTON RD., SUITE 1 ROCKLIN , CA 95765	77-0620948	501(C)(3)	16,247.	0.			UNRESTRICTED
CHILDREN'S CHOICE FOR HEARING AND TALKING CENTER - 11100 COLOMA ROAD - RANCHO CORDOVA , CA 95670	46-1362294	501(C)(3)	7,525.	0.			EMERGENCY COVID-19 PROGRAM SUPPORT FOR PROVIDING ESSENTIAL SERVICES FOR CHILDREN
CHILDREN'S CHOICE FOR HEARING AND TALKING SACRAMENTO - 11100 COLOMA ROAD - RANCHO CORDOVA , CA 95670	46-1362294	501(C)(3)	25,636.	0.			UNRESTRICTED
CHILDREN'S LAW CENTER OF CALIFORNIA - 101 CENTRE PLAZA DRIVE - MONTEREY PARK , CA 91754	95-4252143	501(C)(3)	7,500.	0.			EMERGENCY COVID-19 PROGRAM SUPPORT FOR THE COVID-19 ASSISTANCE FOR CHILDREN IN FOSTER CARE
CHILDREN'S RECEIVING HOME OF SACRAMENTO - 3555 AUBURN BLVD, STE. 100 - SACRAMENTO , CA 95821	94-1322166	501(C)(3)	61,489.	0.			UNRESTRICTED

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CHINESE FOR AFFIRMATIVE ACTION 17 WALTER U LUM PLACE SAN FRANCISCO , CA 94108	94-2161304	501(C)(3)	95,646.	0.			UNRESTRICTED FOR HMONG INNOVATIVE POLITICS IN HONOR OF CATHY VUE
CHRISTIAN BROTHERS HIGH SCHOOL OF SACRAMENTO, INC. - 4315 MARTIN LUTHER KING JR. BLVD. - SACRAMENTO , CA 95820	68-0322360	501(C)(3)	80,750.	0.			UNRESTRICTED
CITY YEAR SACRAMENTO 2331 ALHAMBRA BLVD. SACRAMENTO , CA 95817	22-2882549	501(C)(3)	10,050.	0.			UNRESTRICTED
CLARA'S HOUSE, INC. 2700 L STREET SACRAMENTO , CA 95816	61-1591265	501(C)(3)	15,342.	0.			UNRESTRICTED
CLINICA TEPATI 513 ISLA PLACE DAVIS , CA 95616	94-2324682	501(C)(3)	10,447.	0.			UNRESTRICTED FOR OCTOBER GIFTS
CLOSING THE GAP 2450 VENTURE OAKS WY., SUITE 400 SACRAMENTO , CA 95833	26-3122380	501(C)(3)	11,918.	0.			UNRESTRICTED
COLLEGE TRACK 2450 ALHAMBRA BLVD, SUITE 100 SACRAMENTO , CA 95817	94-3279613	501(C)(3)	38,486.	0.			EMERGENCY COVID-19 PROGRAM SUPPORT FOR COLLEGE TRACK'S SUPPORTING SACRAMENTO
COMMUNICARE HEALTH CENTERS PO BOX 1260 DAVIS , CA 95617	94-2188574	501(C)(3)	12,500.	0.			BIG DAY OF GIVING MATCH
COMMUNICARE HEALTH CENTERS, INC PO BOX 1260 DAVIS , CA 95617	94-2188574	501(C)(3)	13,713.	0.			UNRESTRICTED

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COMMUNITY ACTION AGENCY OF BUTTE COUNTY, INC. - PO BOX 6369 - CHICO, CA 95927-6369	94-1640546	501(C)(3)	12,000.	0.			UNRESTRICTED FOR NORTH STATE FOOD BANK
COMMUNITY AGAINST SEXUAL HARM PO BOX 160022 SACRAMENTO, CA 95816	46-1498182	501(C)(3)	8,202.	0.			UNRESTRICTED MATCHING GRANT FROM DANIEL LINSLEY
COMMUNITY ALLIANCE WITH FAMILY FARMERS - PO BOX 363 - DAVIS, CA 95617	94-2914745	501(C)(3)	273,098.	0.			DISBURSEMENT TO ROUND 1 FOR 24 GRANTEEES
COMMUNITY FOUNDATION OF ORANGEVALE AND FAIR OAKS - PO BOX 2963 - ORANGEVALE, CA 95662	47-3548647	501(C)(3)	18,265.	0.			UNRESTRICTED
COMMUNITY INITIATIVES 1000 BROADWAY, SUITE 480 OAKLAND, CA 94607	94-3255070	501(C)(3)	39,512.	0.			UNRESTRICTED FOR BREAKTHROUGH SACRAMENTO
COMPASSION PLANET 5465 PACIFIC STREET ROCKLIN, CA 95677	45-3646224	501(C)(3)	13,566.	0.			UNRESTRICTED EMERGENCY COVID-19 PROGRAM SUPPORT FOR THE AT-RISK & FORMER FOSTER YOUTH MENTORSHIP
COMPASSION WITHOUT BORDERS 1130 BUTLER AVENUE SANTA ROSA, CA 95407	20-4698227	501(C)(3)	10,000.	0.			UNRESTRICTED
COMPUTERS 4 KIDS 2455 WEST CAPITOL AVE., SUITE 106 WEST SACRAMENTO, CA 95691	56-2670151	501(C)(3)	5,110.	0.			UNRESTRICTED IN HONOR OF YOYOSA SCHOLARSHIP WINNER SCRIPTURE BRANDENBURG'S WORK WITH COMPUTERS 4
COOL DAVIS FOUNDATION PO BOX 4013 DAVIS, CA 95617	27-3056050	501(C)(3)	10,152.	0.			UNRESTRICTED

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CORNELL STAR & CRESCENT FOUNDATION P.O. BOX 876 ITHACA , NY 14851	20-2146565	501(C)(3)	20,000.	0.			ADP CAPITAL CAMPAIGN
COUNCIL ON AMERICAN-ISLAMIC RELATIONS CALIFORNIA - 1122 DEL PASO BLVD. - SACRAMENTO , CA 95815	77-0411194	501(C)(3)	20,000.	0.			TO SUPPORT CENSUS 2020 OUTREACH ACTIVITIES AND DEVELOP AND LEAD TRAININGS FOR
COURT APPOINTED SPECIAL ADVOCATES OF SACRAMENTO COUNTY - P.O. BOX 278383 - SACRAMENTO , CA 95827	68-0257139	501(C)(3)	52,703.	0.			UNRESTRICTED
CRISIS INTERVENTION SERVICES 948 INCLINE WAY INCLINE VILLAGE , NV 89450	94-2985554	501(C)(3)	10,000.	0.			EMERGENCY COVID-19 PROGRAM SUPPORT FOR HUNGER RELIEF FOR RURAL PLACER AND EL DORADO
CRISTO REY HIGH SCHOOL 8475 JACKSON ROAD SACRAMENTO , CA 95826	04-3832927	501(C)(3)	49,246.	0.			2020 TUITION FOR KATHERINE URENA, DANIEL LEGASPI, MILES LEATHERS AND ELIZABETH ORTIZ
CRISTO REY HIGH SCHOOL SACRAMENTO 8475 JACKSON ROAD SACRAMENTO , CA 95826	04-3832927	501(C)(3)	22,122.	0.			UNRESTRICTED
CROCKER ART MUSEUM ASSOCIATION 216 O STREET SACRAMENTO , CA 95814	94-2552486	501(C)(3)	223,047.	0.			UNRESTRICTED
DAVIS ARTS CENTER 1919 F STREET DAVIS , CA 95616	94-6050371	501(C)(3)	139,967.	0.			GENERAL OPERATING BUDGET
DAVIS COMMUNITY CHORALE INC. 216 F ST., #45 DAVIS , CA 95616	45-3534143	501(C)(3)	11,256.	0.			UNRESTRICTED

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DAVIS COMMUNITY CHURCH 412 C STREET DAVIS , CA 95616	94-1231014	501(C)(3)	6,100.	0.			UNRESTRICTED IN MEMORY OF DAIR RAUSCH
DAVIS COMMUNITY MEALS 202 F STREET DAVIS , CA 95616	68-0245801	501(C)(3)	22,101.	0.			UNRESTRICTED
DAVIS FARMERS MARKET ALLIANCE PO BOX 1813 DAVIS , CA 95617	47-4702989	501(C)(3)	5,681.	0.			UNRESTRICTED
DAVIS MUSICAL THEATRE COMPANY 607 PENA DRIVE , #10 DAVIS , CA 95618	68-0028068	501(C)(3)	21,528.	0.			UNRESTRICTED
DAVIS PUBLIC SCHOOLS EDUCATION FOUNDATION - P.O. BOX 1154 - DAVIS , CA 95617-1154	20-1639231	501(C)(3)	20,571.	0.			UNRESTRICTED
DAVIS SENIOR HIGH SCHOOL 315 W. 14TH STREET DAVIS , CA 95616		DAVIS UNIFIED SC	6,570.	0.			2020 BARBARA NEU MEMORIAL SCHOLARSHIP
DAVIS SHAKESPEARE ENSEMBLE INC PO BOX 842 DAVIS , CA 95617	45-0925893	501(C)(3)	7,356.	0.			UNRESTRICTED
DAWN REDWOOD CHARITABLE TRUST ONE BLACKFIELD DR. SUITE 331 TIBURON , CA 94920	94-2919572	501(C)(3)	10,000.	0.			UNRESTRICTED FROM T.C. REED, 18067
DEL ORO CAREGIVER RESOURCE CENTER 8421 AUBURN BLVD., SUITE 265 CITRUS HEIGHTS , CA 95610	68-0123611	501(C)(3)	24,126.	0.			UNRESTRICTED

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DEL PASO BOULEVARD FOUNDATION 1219 DEL PASO BLVD. SACRAMENTO , CA 95815	20-5541333	501(C)(3)	15,437.	0.			FAMILY MEAL PROJECT ON BEHALF OF SCOTT WOLCOTT
DEVELOPMENTAL DISABILITIES SERVICE ORGANIZATION - 5051 47TH AVE - SACRAMENTO , CA 95824	23-7428879	501(C)(3)	5,506.	0.			UNRESTRICTED
DIVINE MERCY HUMAN DEVELOPMENT FOUNDATION - PO BOX 293221, #8 - SACRAMENTO , CA 95829	26-3551270	501(C)(3)	16,366.	0.			UNRESTRICTED
DOCTORS WITHOUT BORDERS USA, INC. P.O. BOX 5030 HAGERSTOWN , MD 21741-5030	13-3433452	501(C)(3)	11,500.	0.			GENERAL SUPPORT
DOWNTOWN STREETS TEAM 2231 J STREET SACRAMENTO , CA 95826	20-5242330	501(C)(3)	7,500.	0.			EMERGENCY COVID-19 PROGRAM SUPPORT FOR THE SACRAMENTO DOWNTOWN STREETS TEAM
DREAMCATCHERS EMPOWERMENT NETWORK 1125 MISSOURI ST., SUITE 302 FAIRFIELD , CA 94533	71-0877008	501(C)(3)	15,697.	0.			UNRESTRICTED
DROWNING ACCIDENT RESCUE TEAM INC. PO BOX 711 ELK GROVE , CA 95759	68-0087438	501(C)(3)	5,243.	0.			UNRESTRICTED
EASTER SEALS SUPERIOR CALIFORNIA PO BOX 255187 SACRAMENTO , CA 95865-5187	94-1279800	501(C)(3)	5,400.	0.			UNRESTRICTED
EGEEO FOUNDATION, INCORPORATED 5930 SOUTH LAND PARK DRIVE SACRAMENTO , CA 95822	03-0440733	501(C)(3)	11,734.	0.			UNRESTRICTED

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EL DORADO COMMUNITY FOUNDATION PO BOX 1388 PLACERVILLE , CA 95667	68-0255556	501(C)(3)	185,400.	0.			CORONA VIRUS RELIEF FUND
EL DORADO COUNTY COMMUNITY HEALTH 4327 GOLDEN CENTER DRIVE PLACERVILLE , CA 95667	42-1533531	501(C)(3)	5,776.	0.			UNRESTRICTED
ELK GROVE FINE ARTS CENTER INC 9683 ELK GROVE FLORIN ROAD ELK GROVE , CA 95624	26-1484110	501(C)(3)	11,121.	0.			UNRESTRICTED
ELK GROVE FOOD BANK SERVICES PO BOX 1447 ELK GROVE , CA 95759	38-3664737	501(C)(3)	45,649.	0.			RESTOCK THE MOBILE PANTRIES WITH FRUITS AND VEGETABLES AND LOW-SODIUM CAN GOODS WHEN NEEDED
ELK GROVE HISTORICAL SOCIETY A CALIFORNIA NONPROFIT ORGANIZATION. - PO BOX 562 - ELK GROVE , CA 95759	94-2781947	501(C)(3)	6,722.	0.			UNRESTRICTED
ELK GROVE HOMELESS ASSISTANCE RESOURCE TEAM - PO BOX 1343 - ELK GROVE , CA 95759	46-4162394	501(C)(3)	15,437.	0.			UNRESTRICTED
EMPOWER YOLO, INC. 175 WALNUT STREET WOODLAND , CA 95695	94-3027535	501(C)(3)	38,790.	0.			GENERAL PURPOSE, BUT I'M VERY CONCERNED ABOUT EVICTION PREVENTION. THANK YOU FOR THE
EUREKA SCHOOLS FOUNDATION P.O. BOX 2444 GRANITE BAY , CA 95746	68-0280171	501(C)(3)	33,850.	0.			ANNUAL ENDOWMENT DISTRIBUTION
FAIR OAKS THEATRE FESTIVAL, INC. PO BOX 1231 FAIR OAKS , CA 95628	68-0009397	501(C)(3)	17,058.	0.			UNRESTRICTED

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
FAIRYTALE TOWN INC 3901 LAND PARK DR SACRAMENTO , CA 95822	94-1669088	501(C)(3)	144,195.	0.			UNRESTRICTED
FAT KITTY CITY HUMANE SOCIETY 2201 FRANCISCO DR., #140-564 EL DORADO HILLS , CA 95762	81-2796888	501(C)(3)	13,626.	0.			UNRESTRICTED
FIELDHAVEN FELINE CENTER 2754 IRONWOOD LANE LINCOLN , CA 95648	30-0240425	501(C)(3)	22,764.	0.			UNRESTRICTED
FIREFIGHTERS BURN INSTITUTE 3101 STOCKTON BLVD SACRAMENTO , CA 95820	23-7364927	501(C)(3)	12,442.	0.			UNRESTRICTED
FISHER HOUSE FOUNDATION, INC. 12300 TWINBROOK PKWY. ROCKVILLE , MD 20852	11-3158401	501(C)(3)	21,000.	0.			PALO ALTO FISHER HOUSE IN MEMORY OF CRAIG LIGHTY
FOLSOM HISTORICAL SOCIETY 823 SUTTER ST FOLSOM , CA 95630	94-2840367	501(C)(3)	15,321.	0.			UNRESTRICTED
FOLSOM SYMPHONY, INC. PO BOX 794 FOLSOM , CA 95763	20-0172012	501(C)(3)	19,739.	0.			UNRESTRICTED
FOOD LITERACY CENTER PO BOX 188706 SACRAMENTO , CA 95818	45-3973268	501(C)(3)	44,811.	0.			UNRESTRICTED
FOOTHILL DOG RESCUE OF THE SIERRAS 4131 S. SHINGLE ROAD, SUITE 14 SHINGLE SPRINGS , CA 95682	46-2167263	501(C)(3)	10,567.	0.			UNRESTRICTED

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FOSTER YOUTH EDUCATION FUND 2443 FAIR OAKS BLVD., #392 SACRAMENTO, CA 95825	20-0680594	501(C)(3)	7,500.	0.			EMERGENCY COVID-19 PROGRAM SUPPORT FOR BRIDGING THE DIGITAL DIVIDE FOR FOSTER YOUTH
FOSTERHOPE SACRAMENTO 4144 WINDING WAY SACRAMENTO, CA 95841	68-0073413	501(C)(3)	8,052.	0.			UNRESTRICTED
FREEDOM BOUND CENTER 2574 21ST STREET SACRAMENTO, CA 95818	68-0477373	501(C)(3)	13,403.	0.			UNRESTRICTED FOR YISRAEL FAMILY URBAN FARM
FREMONT PRESBYTERIAN CHURCH 5770 CARLSON DRIVE SACRAMENTO, CA 95819	94-1279824	501(C)(3)	6,600.	0.			UNRESTRICTED ANNUAL GIVING
FRENCHMAN BAY CONSERVANCY P.O. BOX 150 HANCOCK, ME 04640-0150	22-2849309	501(C)(3)	10,000.	0.			PROPERTY ACQUISITION
FRIENDS FOR SURVIVAL, INC. PO BOX 214463 SACRAMENTO, CA 95821	68-0006749	501(C)(3)	9,716.	0.			UNRESTRICTED
FRIENDS OF AUBURN LIBRARY 350 NEVADA STREET AUBURN, CA 95603	94-2878154	501(C)(3)	5,180.	0.			UNRESTRICTED
FRIENDS OF FRONT STREET SHELTER PO BOX 22214 SACRAMENTO, CA 95822	68-0477042	501(C)(3)	149,712.	0.			UNRESTRICTED
FRIENDS OF SACRAMENTO ARTS 2111 J STREET, #235 SACRAMENTO, CA 95816	94-2796782	501(C)(3)	23,506.	0.			UNRESTRICTED

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FRIENDS OF THE 1883 CLARKSBURG SCHOOLHOUSE - PO BOX 183 - CLARKSBURG, CA 95612	47-4470793	501(C)(3)	36,447.	0.			UNRESTRICTED
FRIENDS OF THE FOLSOM ZOO, INC. PO BOX 704 FOLSOM, CA 95763	94-2783698	501(C)(3)	11,312.	0.			UNRESTRICTED
FRIENDS OF THE SACRAMENTO PUBLIC LIBRARY - 828 I STREET, STE. 308 - SACRAMENTO, CA 95814	68-0005250	501(C)(3)	77,992.	0.			ARDEN DIMIK BRANCH FOR GIVING TUESDAY
FUTURE FOUNDATION OF SACRAMENTO PO BOX 9 RANCHO CORDOVA, CA 95741	80-0025786	501(C)(3)	9,435.	0.			EMERGENCY COVID-19 PROGRAM SUPPORT FOR COLLEGE PERSISTENCE SCHOLARSHIP AND COLLEGE
GENDER HEALTH CENTER 2020 29TH ST. STE. 201 SACRAMENTO, CA 95817	26-3839452	501(C)(3)	86,633.	0.			TO SUPPORT CENSUS 2020 OUTREACH ACTIVITIES AND \$3,318 FOR TECHNOLOGY TO PROMOTE AWARENESS OF THE
GIGI'S PLAYHOUSE, INC 28 SARATOGA CIRCLE SACRAMENTO, CA 95864	84-3447309	501(C)(3)	7,023.	0.			UNRESTRICTED
GIRL SCOUTS HEART OF CENTRAL CALIFORNIA - 6601 ELVAS AVENUE - SACRAMENTO, CA 95819	94-1582429	501(C)(3)	5,122.	0.			UNRESTRICTED
GIRLS ON THE RUN OF GREATER SACRAMENTO - PO BOX 19602 - SACRAMENTO, CA 95819	45-0507288	501(C)(3)	12,500.	0.			UNRESTRICTED
GIRLS ROCK SACRAMENTO 3830 AUBURN BLVD., UNIT E SACRAMENTO, CA 95821	84-2310356	501(C)(3)	10,033.	0.			UNRESTRICTED

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GOLD COUNTRY WILDLIFE RESCUE INC. PO BOX 4162 AUBURN , CA 95604	68-0259665	501(C)(3)	28,508.	0.			UNRESTRICTED
GRANITE WELLNESS CENTERS P.O. BOX 6028 AUBURN , CA 95604	94-2275091	501(C)(3)	7,500.	0.			EMERGENCY COVID-19 PROGRAM SUPPORT FOR THE COVID-19 FAMILY RELIEF PROJECT
GREATER CALIFORNIA GERMAN SHEPHERD RESCUE INC. - PO BOX 577663 - MODESTO , CA 95357	36-4614672	501(C)(3)	12,065.	0.			UNRESTRICTED
GREATER SACRAMENTO URBAN LEAGUE 3725 MARYSVILLE BLVD. SACRAMENTO , CA 95838	94-1686314	501(C)(3)	125,092.	0.			UNRESTRICTED TO HELP UNDERSERVED IN OUR COMMUNITY IN RESPONSE TO THE REACTION ACROSS THE
GREEN VALLEY THEATRE COMPANY 3181 SALIDA COURT CAMERON PARK , CA 95682	47-4937140	501(C)(3)	5,740.	0.			UNRESTRICTED
HABITAT FOR HUMANITY OF GREATER SACRAMENTO - 819 NORTH 10TH ST. - SACRAMENTO , CA 95811	68-0085804	501(C)(3)	41,075.	0.			UNRESTRICTED
HAPPY TAILS PET SANCTUARY 6001 FOLSOM BLVD. SACRAMENTO , CA 95819	68-0317260	501(C)(3)	21,069.	0.			UNRESTRICTED
HEADINGTON INSTITUTE 402 SOUTH MARENGO AVENUE PASADENA , CA 91101	95-4839511	501(C)(3)	9,000.	0.			UNRESTRICTED IN HONOR OF TIM
HEADWATERS SCIENCE INSTITUTE PO BOX 913 SODA SPRINGS , CA 95728	47-1714438	501(C)(3)	5,249.	0.			UNRESTRICTED

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HEALTH EDUCATION COUNCIL SERVING POPULATIONS AT RISK - 3950 INDUSTRIAL BLVD., SUITE 600 - WEST SACRAMENTO, CA 95691	68-0249296	501(C)(3)	11,890.	0.			UNRESTRICTED
HEALTHY COMMUNITY FORUM FOR THE GREATER SACRAMENTO REGION - DBA SACRAMENTO COVERED, 819 19TH ST. - SACRAMENTO, CA 95811	68-0377256	501(C)(3)	50,996.	0.			TO SUPPORT CENSUS 2020 NRFU OUTREACH ACTIVITIES TO PROMOTE AWARENESS OF THE CENSUS IN
HEIFER PROJECT INTERNATIONAL, INC. 1 WORLD AVENUE LITTLE ROCK, AR 72202	35-1019477	501(C)(3)	6,500.	0.			UNRESTRICTED
HILLSDALE COLLEGE PO BOX 97337 WASHINGTON, DC 20090-6607	38-1374230	501(C)(3)	30,500.	0.			UNRESTRICTED
HMONG CULTURAL CENTER OF BUTTE COUNTY - PO BOX 2134 - OROVILLE, CA 95965	68-0463738	501(C)(3)	43,800.	0.			TO SUPPORT CENSUS 2020 OUTREACH ACTIVITIES AND DEVELOP AND LEAD TRAININGS FOR
HOPE CENTERS UNITED DBA FOLSOM'S HOPE - 1100 BLUE RAVINE ROAD - FOLSOM, CA 95630	46-3748740	501(C)(3)	5,025.	0.			UNRESTRICTED
HUTCHINS STREET SQUARE FOUNDATION P.O. BOX 2278 LODI, CA 95241	94-2655990	501(C)(3)	5,500.	0.			UNRESTRICTED
IMPROVE YOUR TOMORROW 3780 ROSIN COURT, SUITE 240 SACRAMENTO, CA 95834	46-2981774	501(C)(3)	9,193.	0.			UNRESTRICTED
INJURED MARINE SEMPER FI FUND 825 COLLEGE BOULEVARD, SUITE 102, OCEANSIDE, CA 92057	26-0086305	501(C)(3)	21,000.	0.			UNRESTRICTED

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INTERNATIONAL HOUSE DAVIS 10 COLLEGE PARK DAVIS , CA 95616	94-2822342	501(C)(3)	5,434.	0.			UNRESTRICTED
INTERNATIONAL RESCUE COMMITTEE INC 2020 HURLEY WAY, #420 SACRAMENTO , CA 95825	13-5660870	501(C)(3)	15,858.	0.			TO SUPPORT CENSUS 2020 NRFU OUTREACH ACTIVITIES TO PROMOTE AWARENESS OF THE CENSUS IN
ITSIE BITSIE RESCUE 7668 OAK GROVE AVE. CITRUS HEIGHTS , CA 95610	20-5201701	501(C)(3)	7,727.	0.			UNRESTRICTED
IU MIEN COMMUNITY SERVICES P.O. BOX 245693 SACRAMENTO , CA 95829	68-0364879	501(C)(3)	8,246.	0.			UNRESTRICTED
JESUIT HIGH SCHOOL 1200 JACOB LANE CARMICHAEL , CA 95608	94-1525873	501(C)(3)	34,885.	0.			UNRESTRICTED TO HELP SUPPORT THE SCHOOL DURING HARD TIMES
JEWISH FEDERATION OF THE SACRAMENTO REGION - 2130 21ST STREET - SACRAMENTO , CA 95818	94-1156558	501(C)(3)	9,203.	0.			UNRESTRICTED
JFK PACE PARENT COMMITTEE 6715 GLORIA DRIVE SACRAMENTO , CA 95831	80-0672658	501(C)(3)	6,271.	0.			UNRESTRICTED
JUMA VENTURES 131 STEUART STREET, SUITE 201 SAN FRANCISCO , CA 94105	94-3203203	501(C)(3)	7,500.	0.			EMERGENCY COVID-19 PROGRAM SUPPORT FOR JUMA VENTURES SACRAMENTO COVID-19 DISASTER RELIEF
JUNIOR LEAGUE OF SACRAMENTO 778 UNIVERSITY AVE. SACRAMENTO , CA 95825	94-1676500	501(C)(3)	18,900.	0.			REIMBURSEMENT FOR MONEY PAID TO PURCHASE NEW STATIONERY AND STAMPS

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JUVENILE DIABETES RESEARCH FOUNDATION - 1215 4TH AVE., SUITE 1100 - SEATTLE, WA 98161	23-1907729	501(C)(3)	13,674.	0.			UNRESTRICTED
KEATON'S CHILD CANCER ALLIANCE 2260 DOUGLAS BOULEVARD, SUITE 140 ROSEVILLE, CA 95661	68-0406980	501(C)(3)	12,500.	0.			EMERGENCY COVID-19 PROGRAM SUPPORT FOR THE KEATONS 4 KIDS RELIEF FUND
KEEP PLAYING BASEBALL PO BOX 316 DAVIS, CA 95617	81-1920544	501(C)(3)	5,084.	0.			UNRESTRICTED
KIDS HELPING KIDS SACRAMENTO 4925 DEWEY DRIVE FAIR OAKS, CA 95628	82-2408076	501(C)(3)	8,395.	0.			UNRESTRICTED
KINDRED SPIRITS FAWN RESCUE PO BOX 1699 LOOMIS, CA 95650	27-4354371	501(C)(3)	15,879.	0.			UNRESTRICTED
KITTEN CENTRAL OF PLACER COUNTY 5130 FRUITVALE RD. NEWCASTLE, CA 95658	45-4060879	501(C)(3)	8,835.	0.			UNRESTRICTED
KIWANIS CLUB OF CARMICHAEL FOUNDATION - PO BOX 680 - CARMICHAEL, CA 95608	68-0355524	501(C)(3)	5,474.	0.			UNRESTRICTED
KIWANIS FAMILY HOUSE 2875 50TH STREET SACRAMENTO, CA 95817	68-0016996	501(C)(3)	26,911.	0.			UNRESTRICTED
KVIE INC 2030 W. EL CAMINO AVENUE SACRAMENTO, CA 95833	94-1421463	501(C)(3)	76,228.	0.			UNRESTRICTED

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KVIE, INC. 2030 W. EL CAMINO AVENUE SACRAMENTO, CA 95833	94-1421463	501(C)(3)	45,339.	0.			UNRESTRICTED
LA FAMILIA COUNSELING CENTER INC. 5523 34TH STREET SACRAMENTO, CA 95820	94-2270786	501(C)(3)	139,465.	0.			TO SUPPORT CENSUS 2020 NRFU OUTREACH ACTIVITIES TO PROMOTE AWARENESS OF THE CENSUS IN
LAPCATS, INC. 8359 ELK GROVE-FLORIN ROAD, STE. 1 SACRAMENTO, CA 95829	47-3066321	501(C)(3)	9,191.	0.			UNRESTRICTED
LATINO CENTER OF ART AND CULTURE 2700 FRONT STREET SACRAMENTO, CA 95818	94-2365928	501(C)(3)	11,000.	0.			FOR TEATRO NAGUAL, TO SUPPORT CENSUS OUTREACH ACTIVITIES IN YOLO COUNTY
LAVENDER LIBRARY, ARCHIVES, AND CULTURAL EXCHANGE OF SACRAMENTO - 1414 21ST STREET - SACRAMENTO, CA 95811	68-0425405	501(C)(3)	9,076.	0.			UNRESTRICTED AS A BIG DAY OF GIVING MATCHING GRANT
LEADERSHIP COUNSEL FOR ACCOUNTABILITY AND JUSTICE - 2210 SAN JOAQUIN STREET - FRESNO, CA 93721	46-1517800	501(C)(3)	6,000.	0.			UNRESTRICTED
LEADERSHIP INSTITUTE 1101 N HIGHLAND ST. ARLINGTON, VA 22201	51-0235174	501(C)(3)	10,200.	0.			UNRESTRICTED
LEGAL SERVICES OF NORTHERN CALIFORNIA - 517 12TH ST - SACRAMENTO, CA 95814	94-1384659	501(C)(3)	11,565.	0.			UNRESTRICTED
LEUKEMIA & LYMPHOMA SOCIETY OF GREATER SACRAMENTO, INC. - 7750 COLLEGE TOWN DRIVE, SUITE 210 - SACRAMENTO, CA 95825	13-5644916	501(C)(3)	20,200.	0.			BIG DAY OF GIVING MATCH AND FOR LLS SACRAMENTO MARTHA BERNAUER WOMAN OF THE YEAR CAMPAIGN

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LIFE MATTERS, INC 5325 ELKHORN BLVD - #107 SACRAMENTO, CA 95842	26-3589783	501(C)(3)	8,500.	0.			EMERGENCY COVID-19 PROGRAM SUPPORT FOR THE LIFE MATTERS, INC. AND BIG DAY OF GIVING PROJECT
LIGHTHOUSE COUNSELING AND FAMILY RESOURCE CENTER - 427 A STREET, SUITE 400 - LINCOLN, CA 95648	35-2252834	501(C)(3)	11,045.	0.			EMERGENCY COVID-19 PROGRAM SUPPORT FOR THE FAMILY WELLNESS INITIATIVE - EMERGENCY
LINCOLN HILLS FOUNDATION PO BOX 220 LINCOLN, CA 95648	68-0488670	501(C)(3)	8,599.	0.			UNRESTRICTED
LIONS OF CA/NV WILDERNESS CAMP FOR DEAF CHILDREN, INC - PO BOX 8 - ROSEVILLE, CA 95661	94-2847991	501(C)(3)	5,542.	0.			UNRESTRICTED
LODI BOYS & GIRLS CLUB INC. 275 E. POPLAR STREET LODI, CA 95240	94-1570121	501(C)(3)	22,460.	0.			UNRESTRICTED
LODI MEMORIAL HOSPITAL FOUNDATION, INC. - 845 S. FAIRMONT AVE. STE. 3 - Lodi, CA 95240-5140	94-2719880	501(C)(3)	6,500.	0.			UNRESTRICTED
LOS NINOS SERVICE LEAGUE CASA GARDEN RESTAURANT, 2760 SUTTERVILLE ROAD - SACRAMENTO, CA 95820	94-2233641	501(C)(3)	10,830.	0.			TO ASSIST THE SACRAMENTO CHILDREN'S HOME IN THEIR ONGOING EXPENSES TO SUPPORT SACRAMENTO'S
LOS RIOS COLLEGES FOUNDATION 1919 SPANOS COURT SACRAMENTO, CA 95825-3981	94-2506591	501(C)(3)	10,743.	0.			TO SUPPLEMENT THE EMERGENCY STUDENT AID FUND TO ASSIST FULL-TIME UNDERGRADUATE STUDENTS
MAKE IT HAPPEN FOR YOLO COUNTY PO BOX 982 DAVIS, CA 95617	46-5746005	501(C)(3)	6,753.	0.			UNRESTRICTED

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MAKE-A-WISH FOUNDATION OF NORTHEASTERN & CENTRAL CA AND NORTHERN NV - 2800 CLUB CENTER DRIVE - SACRAMENTO , CA 95835	68-0027351	501(C)(3)	9,509.	0.			UNRESTRICTED
MANDARINS OF SACRAMENTO, INC. 9792 BUSINESS PARK DRIVE SACRAMENTO , CA 95822	23-7350189	501(C)(3)	16,169.	0.			UNRESTRICTED
MARINE TOYS FOR TOTS FOUNDATION 18251 QUANTICO GATEWAY DRIVE TRIANGLE , VA 22172	20-3021444	501(C)(3)	10,000.	0.			UNRESTRICTED
MATER DEI HIGH SCHOOL 1202 W. EDINGER AVENUE SANTA ANA , CA 92707	95-1648193	501(C)(3)	35,000.	0.			ANITA AND PABLO PRIETTO EDUCATIONAL FUND TO BECOME ENDOWED
MCCLATCHY JOURNALISM INSTITUTE DBA JOURNALISM FUNDING PARTNERS, 1731 HOWE AVE, #242 - SACRAMENTO , CA 95	84-2968843	501(C)(3)	100,000.	0.			TO SHARE REGULAR REPORTING ON THE INTERSECTION OF DOMESTIC VIOLENCE, CORONAVIRUS AND
MEALS ON WHEELS BY ACC 7375 PARK CITY DRIVE SACRAMENTO , CA 95831	30-0610870	501(C)(3)	33,190.	0.			UNRESTRICTED
MERCER VETERINARY CLINIC FOR THE HOMELESS - PO BOX 297 - DAVIS , CA 95617	68-0284501	501(C)(3)	13,609.	0.			UNRESTRICTED
MERCY FOUNDATION 3400 DATA DRIVE, 3RD FLOOR RANCHO CORDOVA , CA 95670	23-7072762	501(C)(3)	18,957.	0.			UNRESTRICTED IN MEMORY OF DR. CHARLES FRENCH
MERCY HOUSING CALIFORNIA PO BOX 15288 SACRAMENTO , CA 95851	94-3081666	501(C)(3)	5,952.	0.			UNRESTRICTED

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MERISTEM, INC. 9200 FAIR OAKS BLVD. FAIR OAKS , CA 95628	47-1411177	501(C)(3)	29,153.	0.			SPONSORSHIP OF THE AWAKEN THE POSSIBILITIES GALA - BILL CAMPBELL
MUSIC PARTNERS IN HEALTHCARE, INC. P.O. BOX 457 FAIR OAKS , CA 95628	80-0179973	501(C)(3)	9,360.	0.			12 THERAPEUTIC MUSIC VISITS TO HOSPICE PATIENTS EACH MONTH
MUSICAL MAYHEM PRODUCTIONS INC. 9755 KENT ST., STE 120 ELK GROVE , CA 95624	45-5056714	501(C)(3)	29,243.	0.			UNRESTRICTED
MUTUAL ASSISTANCE NETWORK 811 GRAND AVE. SACRAMENTO , CA 95838	68-0332694	501(C)(3)	9,626.	0.			UNRESTRICTED
MUTUAL HOUSING CALIFORNIA 3321 POWER INN ROAD, SUITE 320 SACRAMENTO , CA 95826	94-3093354	501(C)(3)	18,038.	0.			CENSUS OUTREACH TO HARD-TO-COUNT RESIDENTS OF YOLO COUNTY, INCLUDING LOW-INCOME RESIDENTS OF
MY MOTHER'S VOICE PO BOX 714 ROSEVILLE , CA 95661	26-0606529	501(C)(3)	34,800.	0.			FEED NEEDY FAMILIES
MY SISTER'S HOUSE 3053 FREEPORT BLVD., SUITE 120 SACRAMENTO , CA 95818	68-0464114	501(C)(3)	45,957.	0.			UNRESTRICTED
NAPA VALLEY COMMUNITY FOUNDATION 3299 CLAREMONT WAY, SUITE 2 NAPA , CA 94558	68-0349777	501(C)(3)	5,500.	0.			WILDFIRE RELIEF
NATIONAL ALLIANCE FOR THE MENTALLY ILL - SACRAMENTO - PO BOX 277147 - SACRAMENTO , CA 95827	94-2861509	501(C)(3)	5,621.	0.			UNRESTRICTED MATCHING GRANT FROM DANIEL LINSLEY

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NATIONAL COALITION OF 100 BLACK WOMEN INC., SACRAMENTO CHAPTER - PO BOX 7814 - CITRUS HEIGHTS, CA 95621	30-0021458	501(C)(3)	6,660.	0.			UNRESTRICTED
NATIONAL COALITION OF 100 BLACK WOMEN, SACRAMENTO CHAPTER - P.O. BOX 7814 - CITRUS HEIGHTS, CA 95621	13-3168694	501(C)(3)	8,821.	0.			UNRESTRICTED
NEHEMIAH COMMUNITY FOUNDATION 3247 RAMOS CIR. SACRAMENTO, CA 95827	68-0449972	501(C)(3)	56,132.	0.			UNRESTRICTED
NEIGHBORHOOD WELLNESS FOUNDATION 7648 MARINA COVE DR. SACRAMENTO, CA 95821	47-4874487	501(C)(3)	22,716.	0.			UNRESTRICTED
NEVADA COUNTY HISTORICAL SOCIETY 161 NEVADA CITY HIGHWAY NEVADA CITY, CA 95959	94-6103014	501(C)(3)	34,370.	0.			BUILDING FUND WITHDRAWAL FOR RESTORATION SHOP EXPANSION
NEW MORNING YOUTH & FAMILY SERVICES - 6765 GREEN VALLEY RD - PLACERVILLE, CA 95667	94-2159659	501(C)(3)	24,283.	0.			UNRESTRICTED
NEW MORNING YOUTH AND FAMILY SERVICES - 6765 GREEN VALLEY ROAD - PLACERVILLE, CA 95667	94-2159659	501(C)(3)	7,500.	0.			EMERGENCY COVID-19 PROGRAM SUPPORT FOR CRISIS THERAPY STAFFING
NEXT GENERATION TRAINING 2804 GATEWAY OAKS DR., STE. 160 SACRAMENTO, CA 95833	83-2889980	501(C)(3)	29,875.	0.			SCHOLARSHIPS TO HIGH SCHOOL STUDENTS TO ATTEND THE NEXT GENERATION TRAINING PROGRAM - RCA
NORCAL BULLY BREED RESCUE 7230 HILL DRIVE CITRUS HEIGHTS, CA 95610	46-3665141	501(C)(3)	5,917.	0.			UNRESTRICTED

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
NORCAL COCKER RESCUE, INC. 3450 PALMER DRIVE, SUITE 4-261 CAMERON PARK, CA 95682	46-1718543	501(C)(3)	8,758.	0.			UNRESTRICTED
NORTH BEACH CITIZENS 1034 KEARNY STREET SAN FRANCISCO, CA 94133	94-3360013	501(C)(3)	10,000.	0.			UNRESTRICTED
NORTH VALLEY COMMUNITY FOUNDATION 1811 CONCORD AVE., STE. 220 CHICO, CA 95928-9208	68-0161455	501(C)(3)	218,338.	0.			2020 END OF YEAR GRANT FOR AN EMPLOYEE NOMINATED CHARITY FOR THE REBUILD PARADISE FUND ON BEHALF
NORTHERN CALIFORNIA INALLIANCE 6950 21ST AVENUE SACRAMENTO, CA 95820	94-1677011	501(C)(3)	9,467.	0.			UNRESTRICTED
NORTHERN VALLEY CATHOLIC SOCIAL SERVICE INC. - 2400 WASHINGTON AVE. - REDDING, CA 96001	20-0984601	501(C)(3)	22,750.	0.			TO SUPPORT CENSUS 2020 NRFU OUTREACH ACTIVITIES AND PROMOTE AWARENESS OF THE CENSUS IN
NOWZAD DOGS NOWZAD NFP 2770 MAIN STREET #161 FRISCO, TX 75033	46-0536511	501(C)(3)	8,000.	0.			GENERAL FUND
OPENING DOORS, INC. 1111 HOWE AVE., SUITE 125 SACRAMENTO, CA 95825	37-1417129	501(C)(3)	18,469.	0.			UNRESTRICTED
ORANGEVALE COMMUNITY FOUNDATION DBA ORANGEVALE FOOD BANK, 6483 MAIN AVENUE - ORANGEVALE, CA 95662	47-3548647	501(C)(3)	20,065.	0.			UNRESTRICTED
ORGANIZE SACRAMENTO 1714 BROADWAY SACRAMENTO, CA 95818	46-1869541	501(C)(3)	34,320.	0.			TO SUPPORT CENSUS 2020 OUTREACH ACTIVITIES TO PROMOTE AWARENESS OF THE CENSUS IN HARD-TO-COUNT

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PACIFIC COAST CHARITIES 10600 WHITE ROCK ROAD, BUILDING B, SUITE 100 - RANCHO CORDOVA , CA 95670-	27-1748419	501(C)(3)	112,500.	0.			UNRESTRICTED
PAMELA TROKANSKI DANCE THEATRE 2710 DEL RIO PL. DAVIS , CA 95618	68-0324863	501(C)(3)	6,845.	0.			UNRESTRICTED
PARKINSON ASSOCIATION OF NORTHERN CALIFORNIA - 1024 IRON POINT RD., #1046 - FOLSOM , CA 95630	68-0372037	501(C)(3)	14,914.	0.			UNRESTRICTED
PATHWAYS EARLY EDUCATION CENTER OF IMMOKALEE - 415 COLORADO AVE., AIRPORT PULLING RD. N SUITE B - NAPLES , FL 34142	59-1209842	501(C)(3)	6,000.	0.			UNRESTRICTED
PENCE GALLERY ASSOCIATION 212 D STREET DAVIS , CA 95616	51-0164563	501(C)(3)	12,407.	0.			UNRESTRICTED
PEOPLE RESOURCES INC. 40 NORTH EAST STREET, SUITE C WOODLAND , CA 95776	94-1599229	501(C)(3)	44,266.	0.			EMERGENCY COVID-19 PROGRAM SUPPORT FOR THE MEALS ON WHEELS YOLO COUNTY DISASTER RELIEF
PERFORMING ANIMAL WELFARE SOCIETY PO BOX 849 GALT , CA 95632	94-3005157	501(C)(3)	46,431.	0.			UNRESTRICTED
PHILIPPINE NATIONAL DAY ASSOCIATION - 3810 BROADWAY - SACRAMENTO , CA 95817	68-0339655	501(C)(3)	23,037.	0.			ANTI-ASIAN HATE IMPACTING OUR ASIAN COMMUNITIES AND WORKING TO COMBAT ANTI-BLACK RACISM WITHIN
PHILIPPINE NATIONAL DAY ASSOCIATION - DO NOT USE - PO BOX 5583224 - ELK GROVE , CA 95758	68-0339655	501(C)(3)	8,000.	0.			BULOSAN CENTER FOR FILIPINO STUDIES FOR EMERGENCY COVID-19 PROGRAM SUPPORT FOR

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

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PITZER COLLEGE 1050 N MILLS AVE. CLAREMONT , CA 91711	95-2261113	501(C)(3)	20,000.	0.			STUDENT GARDENS RENOVATION, PLANNING AND CURRICULUM INTEGRATION
PLACER COMMUNITY FOUNDATION PO BOX 9207 AUBURN , CA 95604-9207	20-1485011	501(C)(3)	26,400.	0.			TO SUPPORT CENSUS 2020 OUTREACH ACTIVITIES AND PROMOTE AWARENESS OF THE CENSUS IN HARD-TO-COUNT
PLACER COUNTY SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS - 200 TAHOE AVENUE - ROSEVILLE , CA 95678	94-2607682	501(C)(3)	34,838.	0.			UNRESTRICTED
PLACER FAMILY HOUSING DBA ACRES OF HOPE, PO BOX 238 AUBURN , CA 95604	47-0958489	501(C)(3)	31,717.	0.			UNRESTRICTED
PLACER FOOD BANK 8284 INDUSTRIAL AVENUE ROSEVILLE , CA 95678	94-1740316	501(C)(3)	59,736.	0.			UNRESTRICTED
PLACER LAND TRUST 922 LINCOLN WAY, SUITE 200 AUBURN , CA 95603	68-0223143	501(C)(3)	62,284.	0.			UNRESTRICTED
PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. - 123 WILLIAM STREET, 10TH FLOOR - NEW YORK , NY 10038	13-1644147	501(C)(3)	5,250.	0.			UNRESTRICTED
PLANNED PARENTHOOD MAR MONTE INC. 201 29TH STREET, SUITE A SACRAMENTO , CA 95816	94-1583439	501(C)(3)	19,888.	0.			TO SUPPORT CENSUS 2020 OUTREACH ACTIVITIES AND DEVELOP AND LEAD TRAININGS FOR
PLANNED PARENTHOOD MAR MONTE, INC. DEVELOPMENT DEPARTMENT, 1691 THE A SAN JOSE , CA 95126	94-1583439	501(C)(3)	49,864.	0.			UNRESTRICTED

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PLEASANT GROVE COMMUNITY CHURCH 1730 PLEASANT GROVE BOULEVARD ROSEVILLE , CA 95747	77-0502678	501(C)(3)	5,570.	0.			UNRESTRICTED
POSITIVE COACHING ALLIANCE 5701 LONETREE BLVD., SUITE 221E ROCKLIN , CA 95765	77-0485946	501(C)(3)	12,222.	0.			UNRESTRICTED
POWERHOUSE SCIENCE CENTER DBA SMUD MUSEUM OF SCIENCE AND CURIOSITY - 400 JIBBOM STREET - SACRAMENTO , CA 95811	68-0321106	501(C)(3)	69,027.	0.			UNRESTRICTED
PRAGER UNIVERSITY FOUNDATION 15021 VENTURA BLVD. #552 SHERMAN OAKS , CA 91403	27-1763901	501(C)(3)	20,000.	0.			UNRESTRICTED
PRESENTATION OF THE BLESSED VIRGIN MARY PARISH - 4123 ROBERTSON AVE. - SACRAMENTO , CA 95821		501(C)(3)	9,600.	0.			GENERAL OPERATIONS IN LIEU OF WEEKLY GIVING FOR 2021ON BEHALF OF THE OKEEFE FAMILY FOUNDATION
PRESERVATION AND ENCOURAGEMENT OF BARBER SHOP QUARTET SINGING IN AMERICA - PO BOX 348322 - SACRAMENTO , CA 95834	27-1787168	501(C)(3)	6,252.	0.			UNRESTRICTED
PRIDE INDUSTRIES 10030 FOOTHILLS BOULEVARD ROSEVILLE , CA 95747	94-1650529	501(C)(3)	113,896.	0.			UNRESTRICTED
PROJECT GO, INC. 801 VERNON STREET ROSEVILLE , CA 95678	94-2540268	501(C)(3)	10,000.	0.			EMERGENCY COVID-19 PROGRAM SUPPORT FOR THE PROJECT GO COMMUNITIES RENTAL ASSISTANCE FUND
PROJECT RIDE INCORPORATED 8840 SOUTHSIDE AVE. ELK GROVE , CA 95624	94-2778565	501(C)(3)	20,698.	0.			UNRESTRICTED

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PUTAH CREEK COUNCIL 107 MAIN STREET WINTERS , CA 95694	68-0228865	501(C)(3)	57,071.	0.			\$5,000 FOR SERVICES RENDERED TO JILL S. ENGLAND AND \$2,071.08 FOR BOOKKEEPING SERVICES
PUTAH CREEK COUNCIL, INC. 107 MAIN STREET WINTERS , CA 95694	68-0228865	501(C)(3)	10,769.	0.			UNRESTRICTED
RAISING YOUTH RESILIENCE 1163 E. MARCH LN., STE. D #490 STOCKTON , CA 95210	47-3832961	501(C)(3)	12,500.	0.			TO SUPPORT THE FULL PARTICIPATION OF DEVELOPING LOCAL AND REGIONAL EDUCATION
RANCHO CIELO PO BOX 6948 SALINAS , CA 93912	77-0555859	501(C)(3)	7,000.	0.			UNRESTRICTED
RANCHO CORDOVA POLICE ACTIVITIES LEAGUE - 2897 KILGORE ROAD - RANCHO CORDOVA , CA 95670	26-3141452	501(C)(3)	5,447.	0.			UNRESTRICTED
READING PARTNERS 4625 44TH STREET, ROOM 6 SACRAMENTO , CA 95820	77-0568469	501(C)(3)	8,171.	0.			UNRESTRICTED
REBUILDING SACRAMENTO TOGETHER PO BOX 255584 SACRAMENTO , CA 95825	68-0246355	501(C)(3)	13,580.	0.			UNRESTRICTED
RECREATE 8417 WASHINGTON BLVD., SUITE 135 ROSEVILLE , CA 95678	26-2581623	501(C)(3)	9,254.	0.			UNRESTRICTED
REFUGEES ENRICHMENT & DEVELOPMENT ASSOCIATION INC - 2919 FULTON AVE. - SACRAMENTO , CA 95821	82-2023971	501(C)(3)	7,500.	0.			EMERGENCY COVID-19 PROGRAM SUPPORT FOR THE SACRAMENTO REFUGEE HELP LINE

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

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REGENTS OF THE UNIVERSITY OF CALIFORNIA - ONE SHIELDS AVE - DAVIS , CA 95616	94-6036494	501(C)(3)	24,489.	0.			UNRESTRICTED
REGENTS OF THE UNIVERSITY OF CALIFORNIA, DAVIS - UC DAVIS GIFT ADMINISTRATION, 202 COUSTEAU PLACE, SUITE 185 - DAVIS , CA	94-6036494	501(C)(3)	43,418.	0.			PHYSICAL MEDICINE AND REHABILITATION
REGENTS OF THE UNIVERSITY OF CALIFORNIA, UC DAVIS - ADVANCEMENT SERVICES OFFICE, 202 COUSTEAU PLACE, SUITE 185 -	94-6036494	501(C)(3)	8,464.	0.			FOR THE UC DAVIS MEDICAL CENTER'S HOSPICE PROGRAM/ PAUL DIMICK MEMORIAL FUND
REIMAGINE MACK ROAD FOUNDATION 75 QUINTA CT., ST. D SACRAMENTO , CA 95823	46-4193875	501(C)(3)	10,050.	0.			EMERGENCY COVID-19 PROGRAM SUPPORT FOR THE REIMAGINE MACK ROAD COVID-19 EMERGENCY
REINVENT STOCKTON FOUNDATION 110 N. SAN JOAQUIN ST. STOCKTON , CA 95202	82-1005719	501(C)(3)	12,500.	0.			TO SUPPORT THE FULL PARTICIPPATION OF DEVELOPING LOCAL AND REGIONAL EDUCATION
RESOURCES FOR INDEPENDENT LIVING 420 I STREET, BASEMENT LEVEL STE. SACRAMENTO , CA 95818	94-2344976	501(C)(3)	7,500.	0.			EMERGENCY COVID-19 PROGRAM SUPPORT FOR THE HOUSING ASSISTANCE FUND PROJECT
RESOURCES FOR INDEPENDENT LIVING INC. - 420 I STREET BASEMENT LEVEL, STE. 3 - SACRAMENTO , CA 95814	94-2344976	501(C)(3)	47,014.	0.			TO SUPPORT CENSUS 2020 OUTREACH ACTIVITIES TO PROMOTE AWARENESS OF THE CENSUS IN HARD-TO-COUNT
RISE RURAL INNOVATIONS IN SOCIAL ECONOMICS - PO BOX 133, 17313 FREMONT STREET - ESPARTO , CA 95627	68-0121168	501(C)(3)	44,501.	0.			UNRESTRICTED
RIVER CITY CHORALE 6925 WATERVIEW WAY SACRAMENTO , CA 95831	94-3038961	501(C)(3)	6,648.	0.			UNRESTRICTED

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RIVER CITY FOOD BANK P.O. BOX 160204 SACRAMENTO , CA 95816	91-1851398	501(C)(3)	108,160.	0.			EMPTY BOWL FUND RAISER
RIVER CITY THEATRE COMPANY PO BOX 191263 SACRAMENTO , CA 95819-1263	68-0205528	501(C)(3)	12,967.	0.			UNRESTRICTED
ROBERTS FAMILY DEVELOPMENT CENTER 770 DARINA AVENUE SACRAMENTO , CA 95815	68-0470557	501(C)(3)	56,393.	0.			BIG DAY OF GIVING MATCH TO SUPPORT THE SERVICES PROVIDED TO CHILDREN AND FAMILIES
ROCKLIN COMMUNITY THEATRE PO BOX 1501 ROCKLIN , CA 95677	26-4509064	501(C)(3)	17,384.	0.			UNRESTRICTED
ROCKLIN RESIDENTS UNITE FOR FIDO 3031 STANFORD RANCH RD., SUITE 2, ROCKLIN , CA 95765	27-3130260	501(C)(3)	9,353.	0.			UNRESTRICTED
ROSE FAMILY CREATIVE EMPOWERMENT CENTER INC. - 2251 FLORIN RD. SUITE 116 - SACRAMENTO , CA 95822	80-0968840	501(C)(3)	10,000.	0.			EMERGENCY COVID-19 PROGRAM SUPPORT FOR THE ROSE FAMILY CREATIVE EMPOWERMENT CENTER
ROSEVILLE THEATRE ARTS ACADEMY 241 VERNON STREET ROSEVILLE , CA 95678	27-4605642	501(C)(3)	45,372.	0.			UNRESTRICTED
ROTARY CLUB OF SACRAMENTO FOUNDATION - P.O. BOX 2528 - FAIR OAKS , CA 95628	23-7117223	501(C)(3)	9,495.	0.			UNRESTRICTED IN MEMORY OF PAUL STONE
ROTARY CLUB OF WINTERS FOUNDATION PO BOX 565 WINTERS , CA 95694	94-3240602	501(C)(3)	5,850.	0.			GREATER WINTERS FIRE RELIEF FUND

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RUNNIN' FOR RHETT 5117 WORCESTER WAY ELK GROVE , CA 95758	26-1419222	501(C)(3)	21,149.	0.			UNRESTRICTED
SACRAMENTO ALLIANCE FOR THE MENTALLY ILL - PO BOX 277147 - SACRAMENTO , CA 95827	94-2861509	501(C)(3)	9,536.	0.			UNRESTRICTED
SACRAMENTO AREA BICYCLE ADVOCATES 909 12TH ST., SUITE 204 SACRAMENTO , CA 95814	37-1474544	501(C)(3)	11,423.	0.			UNRESTRICTED
SACRAMENTO AREA CONGREGATIONS TOGETHER - 2324 L STREET, STE. 405 - SACRAMENTO , CA 95816	94-3146791	501(C)(3)	79,529.	0.			TO SUPPORT CENSUS 2020 OUTREACH ACTIVITIES TO PROMOTE AWARENESS OF THE CENSUS IN HARD-TO-COUNT
SACRAMENTO AREA EMERGENCY HOUSING CENTER - 8001 FOLSOM BLVD. - SACRAMENTO , CA 95826	94-2172933	501(C)(3)	8,194.	0.			UNRESTRICTED
SACRAMENTO AREA YOUTH GOLF ASSOCIATION - 3704 MARCONI AVE., SUITE #1 - SACRAMENTO , CA 95821	68-0023502	501(C)(3)	37,218.	0.			UNRESTRICTED
SACRAMENTO ASIAN SPORTS FOUNDATION 9040 HIGH TECH COURT ELK GROVE , CA 95787	94-3227001	501(C)(3)	11,532.	0.			UNRESTRICTED
SACRAMENTO AUDUBON SOCIETY INC. PO BOX 160694 SACRAMENTO , CA 95816	94-1615830	501(C)(3)	5,321.	0.			UNRESTRICTED
SACRAMENTO BALLET ASSOCIATION 2420 N STREET, SUITE 100 SACRAMENTO , CA 95816	94-1674349	501(C)(3)	44,701.	0.			UNRESTRICTED ON BEHALF OF JEANETTE SALKIN'S BRIDGE BUILDERS AWARD

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SACRAMENTO BAROQUE SOLOISTS PO BOX 160632 SACRAMENTO , CA 95816	20-5582111	501(C)(3)	5,361.	0.			UNRESTRICTED
SACRAMENTO CHILDREN'S CHORUS 25 CADILLAC DR., #220 SACRAMENTO , CA 95825	68-0413156	501(C)(3)	8,470.	0.			UNRESTRICTED
SACRAMENTO CHILDREN'S HOME 2750 SUTTERVILLE ROAD SACRAMENTO , CA 95820	94-1156588	501(C)(3)	71,022.	0.			BIG DAY OF GIVING MATCH
SACRAMENTO CHORAL SOCIETY AND ORCHESTRA - 4025 BRIDGE STREET, SUITE A - FAIR OAKS , CA 95628	94-3259903	501(C)(3)	33,946.	0.			UNRESTRICTED
SACRAMENTO COMEDY SPOT 1050 20TH STREET, #130 SACRAMENTO , CA 95811	47-3441374	501(C)(3)	16,461.	0.			UNRESTRICTED
SACRAMENTO COTTAGE HOUSING INC QUINN COTTAGES, 1500 NORTH A STREE SACRAMENTO , CA 95811	68-0322086	501(C)(3)	8,750.	0.			UNRESTRICTED
SACRAMENTO COUNTY OFFICE OF EDUCATION - P.O. BOX 269003 - SACRAMENTO, CA 95826-9003		SACRAMENTO COUNT	345,022.	0.			ADMINISTRATION OF THE CAPITAL AREA PROMISE SCHOLARS PROGRAM TO DISTRIBUTE UP TO 62 NEW
SACRAMENTO DISTRICT DENTAL FOUNDATION - 2035 HURLEY WAY, STE. 200 - SACRAMENTO , CA 95825	23-7067087	501(C)(3)	12,600.	0.			UNRESTRICTED MEMORIAL FOR DR. SKIP LAWRENCE
SACRAMENTO FINE ARTS CENTER 5330B GIBBONS DRIVE CARMICHAEL , CA 95608	68-0072298	501(C)(3)	13,645.	0.			UNRESTRICTED

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SACRAMENTO FOOD BANK & FAMILY SERVICES - 3333 THIRD AVENUE - SACRAMENTO, CA 95817	94-3315566	501(C)(3)	613,514.	0.			UNRESTRICTED AND MAY BE USED FOR OVERHEAD
SACRAMENTO HELPING HANDS FOUNDATION - 6331 WATT AVENUE - NORTH HIGHLANDS, CA 95660	68-0419677	501(C)(3)	10,000.	0.			EMERGENCY COVID-19 PROGRAM SUPPORT FOR TECHNOLOGY, ADAPTATION TO ONLINE SERVICES AND FOOD
SACRAMENTO HISTORY ALLIANCE 101 I STREET SACRAMENTO, CA 95814	20-0184455	501(C)(3)	11,817.	0.			UNRESTRICTED
SACRAMENTO HISTORY ALLIANCE INC HISTORIC OLD SACRAMENTO FOUNDATION INC., 101 I STREET - SACRAMENTO, CA 9	20-0184455	501(C)(3)	10,000.	0.			UNRESTRICTED
SACRAMENTO INSTITUTE FOR MUSIC AND THE ARTS - 2130 L STREET - SACRAMENTO, CA 95816	46-3554277	501(C)(3)	5,259.	0.			UNRESTRICTED
SACRAMENTO INTERFAITH HOSPITALITY NETWORK - DBA FAMILY PROMISE OF SACRAMENTO, P.O. BOX 1378 - SACRAMENTO, CA 95812	68-0404332	501(C)(3)	19,788.	0.			GENERAL PURPOSE
SACRAMENTO LGBT COMMUNITY CENTER 1015 20TH ST SACRAMENTO, CA 95811	94-2502229	501(C)(3)	48,573.	0.			EMERGENCY COVID-19 PROGRAM SUPPORT FOR THE SACRAMENTO LGBT COMMUNITY CENTER COVID-19 EMERGENCY
SACRAMENTO LIFE CENTER, INC 2316 BELL EXECUTIVE LANE SACRAMENTO, CA 95825	23-7182685	501(C)(3)	5,902.	0.			UNRESTRICTED
SACRAMENTO LIFE CENTER, INC. 2316 BELL EXECUTIVE LANE SACRAMENTO, CA 95825	23-7182685	501(C)(3)	19,000.	0.			UNRESTRICTED FROM WAYNE & MARSHA CORNELIUS

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SACRAMENTO LITERACY FOUNDATION 2411 ALHAMBRA BOULEVARD, SUITE 120 SACRAMENTO, CA 95817	68-0029756	501(C)(3)	25,678.	0.			UNRESTRICTED
SACRAMENTO LOAVES AND FISHES PO BOX 13495 SACRAMENTO, CA 95813	68-0189897	501(C)(3)	166,522.	0.			JAIL VISITATION PROGRAM
SACRAMENTO MASTER SINGERS PO BOX 417997 SACRAMENTO, CA 95841	94-2850445	501(C)(3)	13,431.	0.			UNRESTRICTED
SACRAMENTO MENS CHORUS 2111 J STREET, #275 SACRAMENTO, CA 95816	68-0234567	501(C)(3)	16,381.	0.			UNRESTRICTED
SACRAMENTO NATIVE AMERICAN HEALTH CENTER, INC. - 2020 J STREET - SACRAMENTO, CA 95811	20-4287737	501(C)(3)	52,348.	0.			TO SUPPORT CENSUS 2020 NRFU OUTREACH ACTIVITIES TO PROMOTE AWARENESS OF THE CENSUS IN
SACRAMENTO RECOVERY HOUSE, INC. 1914 22ND STREET SACRAMENTO, CA 95816	94-1582683	501(C)(3)	5,325.	0.			UNRESTRICTED
SACRAMENTO REGION PERFORMING ARTS ALLIANCE - DBA SACRAMENTO PHILHARMONIC & OPERA, 1110 2ND STREET - SACRAMENTO, CA 95814	91-1841406	501(C)(3)	389,590.	0.			UNRESTRICTED FOR SACRAMENTO PHILHARMONIC & OPERA
SACRAMENTO REGIONAL FAMILY JUSTICE CENTER FOUNDATION - PO BOX 276551 - SACRAMENTO, CA 95827	46-4522608	501(C)(3)	20,738.	0.			UNRESTRICTED
SACRAMENTO SELF-HELP HOUSING, INC. PO BOX 188445 SACRAMENTO, CA 95818	68-0217383	501(C)(3)	7,634.	0.			UNRESTRICTED

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
SACRAMENTO SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS - 6201 FLORIN PERKINS ROAD - SACRAMENTO , CA 95828-1095	94-1312343	501(C)(3)	137,139.	0.			EMERGENCY COVID-19 PROGRAM SUPPORT FOR THE EMERGENCY PET FOOD PANTRY PROJECT
SACRAMENTO SPLASH 4426 EXCELSIOR RD. MATHER , CA 95655	41-2160618	501(C)(3)	55,861.	0.			UNRESTRICTED
SACRAMENTO STEPS FORWARD 2150 RIVER PLAZA DRIVE, SUITE 385 SACRAMENTO , CA 95833-4138	27-4907397	501(C)(3)	64,347.	0.			UNRESTRICTED
SACRAMENTO THEATRE COMPANY 1419 H STREET SACRAMENTO , CA 95814	94-1347081	501(C)(3)	38,364.	0.			UNRESTRICTED
SACRAMENTO TREE FOUNDATION INC. 191 LATHROP WAY, SUITE D SACRAMENTO , CA 95815	94-2825234	501(C)(3)	55,356.	0.			HANAMI LINE PROJECT
SACRAMENTO VALLEY CONSERVANCY P.O. BOX 163351 SACRAMENTO , CA 95816	68-0256214	501(C)(3)	32,064.	0.			UNRESTRICTED
SACRAMENTO YOUTH SYMPHONY 3443 RAMONA AVE., SUITE 22 SACRAMENTO , CA 95826	68-0233148	501(C)(3)	5,877.	0.			UNRESTRICTED
SACRAMENTO ZOOLOGICAL SOCIETY 3930 WEST LAND PARK DRIVE SACRAMENTO , CA 95822-1123	94-2861667	501(C)(3)	139,918.	0.			UNRESTRICTED
SAFE PASSAGES 1220 H STREET #206/207 SACRAMENTO , CA 95814	20-4535835	501(C)(3)	7,500.	0.			EMERGENCY COVID-19 PROGRAM SUPPORT FOR ADVANCE PEACE

Schedule I (Form 990)

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SAINT JOHN'S PROGRAM FOR REAL CHANGE - 2443 FAIR OAKS BLVD., #369 - SACRAMENTO, CA 95825	68-0132934	501(C)(3)	95,287.	0.			UNRESTRICTED
SALVATION ARMY 3755 N. FREEWAY BLVD. SACRAMENTO, CA 95834	94-1156347	501(C)(3)	78,000.	0.			PURCHASE/INSTALLATION OF WALK-IN COLD STORAGE UNIT AT THE NORTH HIGHLANDS FOOD CLOSET - RCA
SALVATION ARMY, DEL ORO DIVISION ATTN: DONOR RELATIONS DEPT., PO BOX 348000 - SACRAMENTO, CA 95834	94-1156347	501(C)(3)	57,310.	0.			BIG DAY OF GIVING MATCHING GRANT AND FOOD FOR THE NEEDY DURING THE COVID-19 CRISIS
SAN FRANCISCO OPERA ASSOCIATION WAR MEMORIAL OPERA HOUSE, 301 VAN NESS AVENUE - SAN FRANCISCO, CA 94102-	94-0836240	501(C)(3)	15,000.	0.			UNRESTRICTED
SAN FRANCISCO SYMPHONY 201 VAN NESS AVENUE SAN FRANCISCO, CA 94102	94-1156284	501(C)(3)	15,800.	0.			UNRESTRICTED
SAN JUAN FOUNDATION PO BOX 1247 CARMICHAEL, CA 95609	94-3160088	501(C)(3)	6,307.	0.			UNRESTRICTED
SAVE THE AMERICAN RIVER ASSOCIATION, INC. - 8836 GREENBACK LANE, SUITE C - ORANGEVALE, CA 95662	94-2987563	501(C)(3)	6,938.	0.			UNRESTRICTED
SCHOLARSHIP AMERICA, INC. P.O. BOX 772514 DETROIT, MI 48277-2514	04-2296967	501(C)(3)	470,000.	0.			2020 VAN R. JOHNSON SUTTER SCHOLARS PROGRAM SCHOLARSHIP AWARDS
SCIENCE & TECHNOLOGY ACADEMY AT KNIGHTS LANDING - PO BOX 458 - KNIGHTS LANDING, CA 95645	27-3687020	501(C)(3)	11,055.	0.			BUCK EDUCATION GRANT - AS OUTLINED IN PROPOSAL & GRANT AGREEMENT

Schedule I (Form 990)

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SCOOTER'S PALS RESCUE PO BOX 1687 CEDAR RIDGE , CA 95924	26-2503238	501(C)(3)	20,696.	0.			UNRESTRICTED
SENIOR CENTER OF ELK GROVE, INC. 8230 CIVIC CENTER DRIVE, SUITE 140 ELK GROVE , CA 95757	94-2665377	501(C)(3)	7,805.	0.			UNRESTRICTED
SENIORS FIRST, INC. PO BOX 6090 AUBURN , CA 95604-6090	68-0430154	501(C)(3)	40,118.	0.			UNRESTRICTED
SHASTA REGIONAL COMMUNITY FOUNDATION - 1335 ARBORETUM DRIVE, STE. B - REDDING , CA 96003	68-0242276	501(C)(3)	207,400.	0.			TO SUPPORT CENSUS 2020 OUTREACH ACTIVITIES AND PROMOTE AWARENESS OF THE CENSUS IN HARD-TO-COUNT
SHELTER PROVIDERS OF SACRAMENTO INC - 1536 EUREKA RD. STE. 100 - ROSEVILLE , CA 95661-3055	68-0391843	501(C)(3)	7,878.	0.			UNRESTRICTED
SHORES OF HOPE 110 6TH STREET WEST SACRAMENTO , CA 95605	94-1509507	501(C)(3)	27,000.	0.			EMERGENCY COVID-19 PROGRAM SUPPORT FOR THE SHORES OF HOPE EMERGENCY FOOD CLOSET
SHORT TERM EMERGENCY AID COMMITTEE 1712 PICASSO AVE., SUITE D DAVIS , CA 95618	94-6138684	501(C)(3)	50,501.	0.			GENERAL FUND TO GET YOU THROUGH THE CRISIS
SHRINERS HOSPITALS FOR CHILDREN 2425 STOCKTON BLVD. SACRAMENTO , CA 95817	36-2193608	501(C)(3)	88,233.	0.			UNRESTRICTED
SIERRA BUSINESS COUNCIL PO BOX 2428 TRUCKEE , CA 96160	68-0397204	501(C)(3)	23,721.	0.			UNRESTRICTED

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SIERRA COLLEGE FOUNDATION 5100 SIERRA COLLEGE BLVD ROCKLIN , CA 95677	23-7241877	501(C)(3)	15,237.	0.			UNRESTRICTED
SIERRA CURTIS NEIGHBORHOOD ASSOCIATION - 2791 24TH ST. - SACRAMENTO , CA 95818	94-2797260	501(C)(3)	29,651.	0.			UNRESTRICTED
SIERRA HEALTH FOUNDATION 1321 GARDEN HIGHWAY SACRAMENTO , CA 95833	68-0050036	501(C)(3)	168,565.	0.			TO SUPPORT CENSUS 2020 OUTREACH ACTIVITIES AND PROMOTE AWARENESS OF THE CENSUS IN HARD-TO-COUNT
SIERRA HEALTH FOUNDATION CENTER FOR HEALTH PROGRAM MANAGEMENT - 1321 GARDEN HIGHWAY - SACRAMENTO , CA 95833	45-5282243	501(C)(3)	201,100.	0.			TO SUPPORT CENSUS 2020 OUTREACH ACTIVITIES AND PROMOTE AWARENESS OF THE CENSUS IN HARD-TO-COUNT
SIERRA NEVADA WINDS ORCHESTRA INC. 1613 PENINSULA CT. ROCKLIN , CA 95765	68-0294266	501(C)(3)	5,183.	0.			UNRESTRICTED
SIERRA SERVICE PROJECT PO BOX 13009 SACRAMENTO , CA 95813	68-0222320	501(C)(3)	9,906.	0.			UNRESTRICTED
SIERRA WILDLIFE RESCUE PO BOX 2127 PLACERVILLE , CA 95667	68-0259827	501(C)(3)	5,943.	0.			UNRESTRICTED
SIGHT WORD BUSTERS 11231 TAHOE STREET AUBURN , CA 95602	81-1807012	501(C)(3)	5,811.	0.			UNRESTRICTED
SINGLE MOM STRONG INC. 7525 AUBURN BLVD. SUITE 5 CITRUS HEIGHTS , CA 95610	81-0917372	501(C)(3)	8,831.	0.			FOR EMERGENCY COVID-19 PROGRAM SUPPORT FOR THE SINGLE MOM STRONG'S EMPOWERME NON-SCHOOL DAY

Schedule I (Form 990)

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

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SISTERS ANIMAL SANCTUARY 11480 FOGG ROAD ELK GROVE , CA 95757	59-3785632	501(C)(3)	13,564.	0.			UNRESTRICTED
SISTERS OF NIA, INCORPORATED 9630 BRUCEVILLE RD., SUITE 106-318 ELK GROVE , CA 95757	27-0520033	501(C)(3)	5,542.	0.			UNRESTRICTED
SLAVIC-AMERICAN CHAMBER OF COMMERCE CHARITABLE FOUNDATION - 3104 O ST. #399 - SACRAMENTO , CA 95816	27-2474116	501(C)(3)	10,490.	0.			TO SUPPORT CENSUS 2020 OUTREACH ACTIVITIES AND \$1,990 FOR TECHNOLOGY TO PROMOTE AWARENESS OF THE
SNOWLINE HOSPICE OF EL DORADO COUNTY - 6520 PLEASANT VALLEY ROAD - DIAMOND SPRINGS , CA 95619	94-2678570	501(C)(3)	8,908.	0.			UNRESTRICTED
SOCIAL VENTURE PARTNERS OF SACRAMENTO - 2945 BELL ROAD # 265 - AUBURN , CA 95603	81-2953732	501(C)(3)	10,613.	0.			TO CONTINUE SVP'S SUPPORT OF NONPROFITS THROUGHOUT THE SACRAMENTO REGION, AS DETERMINED BY THE
SOCIETY FOR THE BLIND 1238 S STREET SACRAMENTO , CA 95811	94-1384666	501(C)(3)	95,817.	0.			PROVIDE SERVICES FOR SENIORS IN PLACER COUNTY THROUGH THE SENIOR IMPACT PROJECT
SOIL BORN FARM URBAN AGRICULTURE PROJECT - PO BOX 661175 - SACRAMENTO , CA 95866	20-0774693	501(C)(3)	60,264.	0.			UNRESTRICTED
SOLANO COMMUNITY FOUNDATION 744 EMPIRE STREET, SUITE 240 FAIRFIELD , CA 94533	68-0354961	501(C)(3)	6,000.	0.			DISASTER RELIEF FUND
SOROPTIMIST INTERNATIONAL OF DAVIS PO BOX 472 DAVIS , CA 95617	94-6174151	501(C)(3)	14,070.	0.			UNRESTRICTED

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SOUTH SACRAMENTO INTERFAITH PARTNERSHIP - 5625 24TH ST - SACRAMENTO , CA 95822	23-7070165	501(C)(3)	8,051.	0.			UNRESTRICTED
SOUTHSIDE UNLIMITED 8801 FOLSOM BLVD., SUITE 110 SACRAMENTO , CA 95826	68-0103877	501(C)(3)	6,537.	0.			UNRESTRICTED
SQUAW VALLEY COMMUNITY OF WRITERS PO BOX 1416 NEVADA CITY , CA 95959	23-7179177	501(C)(3)	20,938.	0.			UNRESTRICTED
ST. ANNE'S CHURCH 215 W. WALNUT ST. LODI , CA 95240		501(C)(3)	8,350.	0.			ST. ANNE'S SCHOOL OUTSTANDING TEACHER AWARD
ST. FRANCIS CATHOLIC HIGH SCHOOL 5900 ELVAS AVENUE SACRAMENTO , CA 95819	94-1582159	501(C)(3)	19,115.	0.			CAPITAL CAMPAIGN
ST. IGNATIUS LOYOLA PARISH 3235 ARDEN WAY SACRAMENTO , CA 95825	45-4177209	501(C)(3)	98,300.	0.			UNRESTRICTED SINCE WE ARE NOT ABLE TO GO TO MASS I WOULD LIKE TO MAKE THIS DONATION
ST. IGNATIUS PARISH SCHOOL 3245 ARDEN WAY SACRAMENTO , CA 95825		501(C)(3)	6,500.	0.			GREATEST NEED HONORING 2020 MAGIS HONOREES: SARINA FAT, AMY ROGERS, AND TINA BONILLA
ST. JAMES CATHOLIC CHURCH 1275 B STREET DAVIS , CA 95616		501(C)(3)	13,000.	0.			CHURCH'S FINANCIALLY MOST NEEDED AREA OF HELP
ST. JOHN'S VILLAGE 135 WOODLAND AVE WOODLAND , CA 95695	94-1636507	501(C)(3)	6,142.	0.			UNRESTRICTED

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ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE'S PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	6,870.	0.			UNRESTRICTED
ST. MARY'S HIGH SCHOOL FOUNDATION PO BOX 7247 STOCKTON, CA 95267	68-0036852	501(C)(3)	100,000.	0.			TO ESTABLISH THE WISHEK FAMILY FUND ENDOWMENT MANAGED ACCORDING TO THE INVESTMENT POLICY OF THE
ST. VINCENT DE PAUL SOCIETY ROSEVILLE AREA CONFERENCE INC. - 503 GIUSEPPE CT., SUITE #8 - ROSEVILLE, CA 95678	68-0205405	501(C)(3)	16,061.	0.			UNRESTRICTED
ST. VINCENT DE PAUL SOCIETY, ROSEVILLE AREA CONFERENCE, INC. - 503 GIUSEPPE COURT, SUITE 8 - ROSEVILLE, CA 95678	68-0205405	501(C)(3)	7,500.	0.			PROVIDE SERVICES FOR SENIORS IN PLACER COUNTY THROUGH THE BAGS HOME DELIVERY PROGRAM
STAND UP PLACER, INC. PO BOX 5462 AUBURN, CA 95604	94-2578871	501(C)(3)	9,436.	0.			UNRESTRICTED
STANFORD SETTLEMENT, INC. 450 WEST EL CAMINO AVE. SACRAMENTO, CA 95833	94-1550842	501(C)(3)	40,925.	0.			UNRESTRICTED
STANFORD YOUTH SOLUTIONS 8912 VOLUNTEER LANE SACRAMENTO, CA 95826	68-0065690	501(C)(3)	143,619.	0.			YOUTH SOLUTIONS COMPASSION CAMPAIGN
STANISLAUS COMMUNITY FOUNDATION 1029 16TH ST. MODESTO, CA 95354	68-0483054	501(C)(3)	93,120.	0.			SUPPORT COLLEGE ATTAINMENT AND COMPLETION FOR FIRST GENERATION AND LOW INCOME STUDENTS
STARTING POINT FOR REFUGEE CHILDREN - 2525 ROCK DOVE WAY - ELK GROVE, CA 95757	82-2055439	501(C)(3)	12,500.	0.			FOR EMERGENCY COVID-19 PROGRAM SUPPORT FOR STARTING POINT FOOD BOXES

Schedule I (Form 990)

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STEPHEN SILLER TUNNEL TO TOWERS FOUNDATION - 2361 HYLAN BLVD. - STATEN ISLAND, NY 10306	02-0554654	501(C)(3)	15,000.	0.			VETERAN SMART HOME PROGRAM
STRAUSS FESTIVAL OF ELK GROVE, INC. - PO BOX 309 - ELK GROVE, CA 95759	68-0099721	501(C)(3)	6,142.	0.			UNRESTRICTED
STREET SOCCER USA 115 EAST 13THS STREET NEW YORK, NY 10003	26-4694946	501(C)(3)	22,670.	0.			UNRESTRICTED IN HONOR OF DAWN COLE'S DON POOLE AWARD
STUDIOS FOR THE PERFORMING ARTS OPERATING COMPANY - 2420 N ST - SACRAMENTO, CA 95816	30-0390619	501(C)(3)	18,901.	0.			UNRESTRICTED, EMERGENCY COVID-19 PROGRAM SUPPORT FOR THE CLARA DISASTER RELIEF SUPPORT PROJECT
SUICIDE PREVENTION OF YOLO COUNTY, INC. - PO BOX 622 - DAVIS, CA 95617	94-2619492	501(C)(3)	5,293.	0.			UNRESTRICTED
SUMMITVIEW CHILD & FAMILY SERVICES, INC - 670 PLACERVILLE DR - PLACERVILLE, CA 95667	94-3181886	501(C)(3)	5,716.	0.			UNRESTRICTED
SUNBURST PROJECTS PO BOX 15121 SACRAMENTO, CA 95851	68-0239282	501(C)(3)	7,500.	0.			FOR EMERGENCY COVID-19 PROGRAM SUPPORT FOR SUPPLEMENTAL FOOD COSTS AND SANITIZING MATERIALS
SUPPORTING THE TAYLOR HOUSE, INC. PO BOX 853 ROSEVILLE, CA 95678	46-0748514	501(C)(3)	9,129.	0.			UNRESTRICTED
SUTTER AUBURN FAITH HOSPITAL FOUNDATION - OFFICE OF PHILANTHROPY GIFT PROCESSING, PO BOX 160045 - SACRAMENTO, CA	94-2594966	501(C)(3)	40,000.	0.			SUPPORT FOR BIG & LOUD AND ROCK STEADY PROGRAMS

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SUTTER DAVIS HOSPITAL FOUNDATION OFFICE OF PHILANTHROPY GIFT PROCESSING, PO BOX 160045 - SACRAMENTO, CA 9	68-0217870	501(C)(3)	45,500.	0.			CAPITAL CAMPAIGN IN MEMORY OF BOB & DEL COLBY
SUTTER HEALTH OFFICE OF PHILANTHROPY GIFT PROCESSING, PO BOX 160045 - SACRAMENTO, CA 9	94-2788907	501(C)(3)	225,000.	0.			EXPANDING PET THERAPY ACROSS SUTTER HEALTH
SUTTER MEDICAL CENTER FOUNDATION OFFICE OF PHILANTHROPY GIFT PROCESSING, PO BOX 160045 - SACRAMENTO, CA 9	94-2788906	501(C)(3)	133,530.	0.			TO SUPPORT THE SUTTER MEDICAL CENTER FOUNDATION ANNUAL GOLF TOURNAMENT AND VIRTUAL FUNDRAISER
SUTTER MEDICAL CENTER, SACRAMENTO P.O. BOX 160727 SACRAMENTO, CA 95816-0727		501(C)(3)	7,580.	0.			UNRESTRICTED WHERE IT IS MOST NEEDED
SUTTER MEDICAL FOUNDATION OFFICE OF PHILANTHROPY GIFT PROCESSING, PO BOX 160045 - SACRAMENTO, CA 9	68-0273974	501(C)(3)	25,000.	0.			TWO DEFIBRILLATORS
SUTTER VNA & HOSPICE, ROSEVILLE GIFT PROCESSING, PO BOX 160045 SACRAMENTO, CA 95816	94-6068843	501(C)(3)	14,590.	0.			FOR THE HOSPICE PROGRAM
SVDP SACRAMENTO DIOCESAN COUNCIL 2275 WATT AVE. SACRAMENTO, CA 95825	94-6023161	501(C)(3)	5,488.	0.			UNRESTRICTED
SWEET ADELINES INTERNATIONAL PO BOX 601912 SACRAMENTO, CA 95860	94-2617400	501(C)(3)	7,574.	0.			UNRESTRICTED
TEACH FOR AMERICA INC. 2450 ALHAMBRA BLVD., #101 SACRAMENTO, CA 95817	13-3541913	501(C)(3)	12,500.	0.			TO SUPPORT THE FULL PARTICIPATION OF DEVELOPING LOCAL AND REGIONAL EDUCATION

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TEACHING EVERYONE ANIMALS MATTER 3839 BRADSHAW ROAD SACRAMENTO , CA 95827	91-1825374	501(C)(3)	33,989.	0.			UNRESTRICTED
THE ASIA FOUNDATION 465 CALIFORNIA ST. #9 SAN FRANCISCO , CA 94104	94-1191246	501(C)(3)	10,000.	0.			GENERAL CONTRIBUTION FOR THE ENVIRONMENT
THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY - 326 GALVEZ STREET - STANFORD , CA 94305-6105	94-1156365	501(C)(3)	101,000.	0.			UNRESTRICTED
THE CALIFORNIA MUSEUM FOR HISTORY WOMEN AND THE ARTS - 1020 O STREET - SACRAMENTO , CA 95814	94-3015670	501(C)(3)	13,234.	0.			UNRESTRICTED
THE CALIFORNIA STATE RAILROAD MUSEUM FOUNDATION - 106 K STREET, SUITE 200 - SACRAMENTO , CA 95814	94-2698626	501(C)(3)	18,958.	0.			UNRESTRICTED
THE FRIENDSHIP CLUB 200 LITTON DRIVE, SUITE 308 GRASS VALLEY , CA 95945	68-0262000	501(C)(3)	7,920.	0.			UNRESTRICTED
THE FUND FOR AMERICAN STUDIES 1706 NEW HAMPSHIRE AVENUE, NW WASHINGTON , DC 20009	13-6223604	501(C)(3)	30,000.	0.			UNRESTRICTED
THE GARDENS FAMILY CARE COMMUNITY CENTER, INC. - 2251 FLORIN RD. SUITE 129 - SACRAMENTO , CA 95822	68-0463156	501(C)(3)	10,000.	0.			FOR EMERGENCY COVID-19 PROGRAM SUPPORT TO PURCHASE MUCH NEEDED FOODS, FRESH
THE GATHERING INN 201 BERKELEY AVE. ROSEVILLE , CA 95678	84-1657746	501(C)(3)	15,802.	0.			UNRESTRICTED

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THE GREENHOUSE PO BOX 348138 SACRAMENTO , CA 95834	30-0116551	501(C)(3)	38,782.	0.			UNRESTRICTED
THE HAWK INSTITUTE 3230 ARENA BLVD., STE. 245-161 SACRAMENTO , CA 95834	46-2049487	501(C)(3)	6,753.	0.			UNRESTRICTED
THE HEALTH COMMUNICATION RESEARCH INSTITUTE, INC. - 5025 J STREET, SUITE 311 - SACRAMENTO , CA 95819	68-0195121	501(C)(3)	14,289.	0.			UNRESTRICTED
THE LEUKEMIA & LYMPHOMA SOCIETY, INC. - 7750 COLLEGE TOWN DR., SUITE 210 - SACRAMENTO , CA 95826	13-5644916	501(C)(3)	11,440.	0.			UNRESTRICTED
THE LIBRARY OF MUSICLANDRIA 922 57TH ST. SACRAMENTO , CA 95819	46-3621749	501(C)(3)	5,750.	0.			EMERGENCY COVID-19 PROGRAM SUPPORT
THE ME-ONE FOUNDATION INC. PO BOX 135 ROSEVILLE , CA 95678	20-5853443	501(C)(3)	13,663.	0.			UNRESTRICTED
THE NATURE CONSERVANCY 4245 N FAIRFAX DR., STE. 100 ARLINGTON , VA 22203	53-0242652	501(C)(3)	25,250.	0.			CONSERVATION PROJECTS
THE PETAL CONNECTION 9260 SIERRA COLLEGE BLVD., SUITE 2 ROSEVILLE , CA 95661	47-4610908	501(C)(3)	5,974.	0.			UNRESTRICTED
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - UNIVERSITY RELATIONS - DONOR AND GIFT SERVICES, 1995 UNIVERSITY AVE. STE. 4 - BERKELEY	94-6002123	501(C)(3)	6,280.	0.			FOR FUND #48687 AND IS INTENDED FOR THE JENNINGS ENDOWMENT SCHOLARSHIP HELD BY UC BERKELEY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SACRAMENTO BEE 2100 Q STREET SACRAMENTO , CA 95816	52-2080478	501(C)(3)	18,671.	0.			2019 BOOK OF DREAMS EXPENSES
THE SACRAMENTO BLUES SOCIETY PO BOX 60580 SACRAMENTO , CA 95860	68-0281687	501(C)(3)	6,465.	0.			UNRESTRICTED
THE SACRAMENTO DISTRICT COUNCIL SOCIETY OF ST. VINCENT DE PAUL - P.O. BOX 162487 - SACRAMENTO , CA 95816-2487	94-6023161	501(C)(3)	8,500.	0.			EMERGENCY COVID-19 PROGRAM SUPPORT FOR THE ST. VINCENT DE PAUL SACRAMENTO REGION FOOD
THE SALVATION ARMY PO BOX 348000 SACRAMENTO , CA 95834	94-1156347	501(C)(3)	119,670.	0.			UNRESTRICTED
THE SALVATION ARMY, LODI CORPS 525 W. LOCKEFORD ST. LODI , CA 95240	94-1156347	501(C)(3)	5,500.	0.			UNRESTRICTED
THE SHERIFF'S COMMUNITY IMPACT PROGRAM - 2350 NORTHPROP AVENUE - SACRAMENTO , CA 95825	27-3457087	501(C)(3)	19,734.	0.			UNRESTRICTED
THE VOTER PARTICIPATION CENTER 1707 L STREET, NW SUITE 950 WASHINGTON , DC 20036	55-0889748	501(C)(3)	10,000.	0.			GENERAL SUPPORT
THE YMCA OF SUPERIOR CALIFORNIA 1926 V ST. SACRAMENTO , CA 95818	94-1156634	501(C)(3)	11,970.	0.			UNRESTRICTED
THE YOGA SEED COLLECTIVE PO BOX 163735 SACRAMENTO , CA 95816	27-2657064	501(C)(3)	6,701.	0.			UNRESTRICTED MATCHING GRANT FROM DANIEL LINSLEY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
THEATRE FOR CHILDREN, INC. 2700 CAPITOL AVENUE SACRAMENTO , CA 95816	95-4047805	501(C)(3)	89,039.	0.			UNRESTRICTED
THEATRE FOR CHILDREN, INC. DBA B STREET THEATRE - 2700 CAPITOL AVENUE - SACRAMENTO , CA 95816	95-4047805	501(C)(3)	35,000.	0.			UNRESTRICTED
THEATRE PRODUCTION & TECHNICAL ACADEMY INC - 710 FIGUEROA ST. - FOLSOM , CA 95630	38-3751672	501(C)(3)	11,684.	0.			UNRESTRICTED
TLCS, INC. 650 HOWE AVE., BLDG 400-A SACRAMENTO , CA 95825	94-2777955	501(C)(3)	15,047.	0.			UNRESTRICTED
TOMMY APOSTOLOS FUND PO BOX 291 ROSEVILLE , CA 95661	20-0529965	501(C)(3)	5,345.	0.			UNRESTRICTED
TRAVELERS AID SOCIETY OF SACRAMENTO INC. - 2251 FLORIN RD., SUITE 124 - SACRAMENTO , CA 95822	94-1167423	501(C)(3)	8,628.	0.			UNRESTRICTED
TRINITY LIFE CENTER OF SACRAMENTO 5225 HILLSDALE BLVD. SACRAMENTO , CA 95842	94-2180644	501(C)(3)	8,130.	0.			UNRESTRICTED
TRIUMPH CANCER FOUNDATION 947 ENTERPRISE DR., LOFT B SACRAMENTO , CA 95825	45-3968833	501(C)(3)	32,485.	0.			UNRESTRICTED
TRUCKEE DONNER LAND TRUST P.O. BOX 8816 TRUCKEE , CA 96162	68-0245327	501(C)(3)	10,000.	0.			UNRESTRICTED

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
TULEYOME 622 MAIN ST. #200 WOODLAND , CA 95695-3405	68-0522325	501(C)(3)	12,104.	0.			UNRESTRICTED
TWIN LAKES FOOD BANK 327 MONTROSE DRIVE FOLSOM , CA 95630	68-0225605	501(C)(3)	41,108.	0.			TO SUPPORT THE EFFORTS OF TWIN LAKES FOOD BANK TO PROVIDE FOOD FOR THOSE FOLSOM RESIDENTS WHO ARE
U.S. WEST PROVINCE SOCIETY OF JESUS - DBA JESUITS WEST, PO BOX 68 - LOS GATOS , CA 95031	94-1156486	501(C)(3)	17,000.	0.			JESUIT RETIREMENT FUND IN HONOR OF FR. MARIO PRIETTO, S.J.
UC BERKELEY FOUNDATION 1995 UNIVERSITY AVE, SUITE 401 BERKELEY , CA 94720-4200	94-6090626	501(C)(3)	17,707.	0.			UNIVERSITY OF CALIFORNIA, BERKELEY FOUNDATION TO PROVIDE OPERATING SUPPORT TO THE FACULTY OF THE
UC DAVIS FOUNDATION ADVANCEMENT SERVICES OFFICE, 202 COUSTEAU PLACE, SUITE 185 - DAVIS , CA 9	94-6081352	501(C)(3)	61,570.	0.			2020-21 SEASON AT THE UCD MONDAVI PERFORMING ART CENTER
ULTIMATE DERBY RADNESS PO BOX 660201 SACRAMENTO , CA 96866	26-3906530	501(C)(3)	14,230.	0.			UNRESTRICTED
UNITARIAN UNIVERSALIST CHURCH OF DAVIS - 27074 PATWIN RD. - DAVIS , CA 95616		501(C)(3)	11,200.	0.			CONTRIBUTION TO THE CHURCH
UNITED ANIMAL NATIONS DBA REDROVER PO BOX 188890 SACRAMENTO , CA 95818	68-0124097	501(C)(3)	26,345.	0.			UNRESTRICTED
UNITED CEREBRAL PALSY ASSOCIATION OF GREATER SACRAMENTO, INC. - 4350 AUBURN BLVD - SACRAMENTO , CA 95841	94-1507998	501(C)(3)	8,185.	0.			UNRESTRICTED

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
UNITED WAY CALIFORNIA CAPITAL REGION - 10389 OLD PLACERVILLE ROAD - SACRAMENTO, CA 95827	94-1225382	501(C)(3)	26,004.	0.			WOODLAND PROGRAMMING IN YOLO COUNTY
UNIVERSITY FOUNDATION AT SACRAMENTO STATE - 6000 J STREET - SACRAMENTO, CA 95819-6030	94-3001359	501(C)(3)	40,510.	0.			\$200 FOR MILLENNIUM CONCERTS AND \$200 FOR CHAMBER SERIES ON BEHALF OF MARGO KAUFMAN
UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION - PO BOX 45339 - SAN FRANCISCO, CA 94145-0339	94-2829914	501(C)(3)	50,000.	0.			IN SUPPORT OF RESEARCH BY DR. REBECCA OLIN, ONCOLOGY
UNIVERSITY OF NOTRE DAME DEPARTMENT OF DEVELOPMENT, 1100 GRACE HALL - NOTRE DAME, IN 46556	35-0868188	501(C)(3)	75,100.	0.			CIVIL & ENVIRONMENTAL ENGINEERING AND EARTH SCIENCES
UPLIFT PEOPLE OF ELK GROVE 8986 ELK GROVE BLVD. ELK GROVE, CA 95624	82-2485100	501(C)(3)	9,164.	0.			UNRESTRICTED
UPPER ROOM DINING HALL PO BOX 484 PLACERVILLE, CA 95667	47-4732040	501(C)(3)	10,000.	0.			FOR EMERGENCY COVID-19 PROGRAM SUPPORT FOR THE UPPER ROOM DINING HALL MEAL DISTRIBUTION PROGRAM
VERGE CENTER FOR THE ARTS 625 S STREET SACRAMENTO, CA 95811	27-2378275	501(C)(3)	68,048.	0.			UNRESTRICTED
VIETNAM VETERANS OF CALIFORNIA DBA VETERANS RESOURCE CENTERS OF AMERICA, 2455 BENNETT VALLEY ROAD, SUITE C	94-2699571	501(C)(3)	7,500.	0.			EMERGENCY COVID-19 PROGRAM SUPPORT FOR THE SACRAMENTO COVID-19 VETERAN RELIEF FUND
VIEWPOINT PHOTOGRAPHIC ART CENTER INC - 2015 J ST., STE. 101 - SACRAMENTO, CA 95811	68-0240653	501(C)(3)	13,829.	0.			UNRESTRICTED

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
VOLUNTEERS FOR THE MULTIPURPOSE SENIOR CENTER - P.O. BOX 4567 - AUBURN , CA 95604	94-2783018	501(C)(3)	6,055.	0.			UNRESTRICTED
VOLUNTEERS OF AMERICA NORTHERN CA & NORTHERN NV - 3434 MARCONI AVE. - SACRAMENTO , CA 95821	94-6001984	501(C)(3)	20,103.	0.			UNRESTRICTED
WAKING THE VILLAGE PO BOX 160085 SACRAMENTO , CA 95816	68-0430603	501(C)(3)	13,078.	0.			UNRESTRICTED
WEAVE INC 1900 K STREET SACRAMENTO , CA 95811	94-2493158	501(C)(3)	60,810.	0.			UNRESTRICTED
WEAVE, INC. 1900 K STREET SACRAMENTO , CA 95814	94-2493158	501(C)(3)	17,232.	0.			BRING AWARENESS ON THE NEGATIVE IMPACTS OF DOMESTIC AND SEXUAL VIOLENCE IMPACTING
WELCOME HOME HOUSING INC. PO BOX 161526 SACRAMENTO , CA 95816-1526	04-3795698	501(C)(3)	5,204.	0.			UNRESTRICTED
WELLNESS WITHIN 609 OAK STREET ROSEVILLE , CA 95678	45-0929096	501(C)(3)	62,876.	0.			UNRESTRICTED
WELLSPACE HEALTH 777 12TH STREET, SUITE 250 SACRAMENTO , CA 95814	94-1713704	501(C)(3)	7,500.	0.			EMERGENCY COVID-19 PROGRAM SUPPORT FOR ICP+ ADDITIONAL BEDS
WELLSPACE HEALTH, INC. 777 12TH STREET, SUITE 250 SACRAMENTO , CA 95814	94-1713704	501(C)(3)	7,783.	0.			UNRESTRICTED

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
WELLSPRING WOMEN'S CENTER 3414 4TH AVENUE, P.O. BOX 5728 SACRAMENTO, CA 95817	91-1752615	501(C)(3)	41,981.	0.			UNRESTRICTED
WESTERN YOLO RECREATION CENTER ASSOCIATION - PO BOX 453 - ESPARTO, CA 95627	68-0463037	YOLO COUNTY	13,500.	0.			TULI MEM PARK AND POOL IMPROVEMENTS
WILDLIFE CARE ASSOCIATION PO BOX 680 NORTH HIGHLANDS, CA 95660	94-2528504	501(C)(3)	35,341.	0.			UNRESTRICTED
WIND YOUTH SERVICES 815 S STREET SACRAMENTO, CA 95811	23-7348227	501(C)(3)	31,650.	0.			BIG DAY OF GIVING MATCH
WINTERS EDUCATION FOUNDATION PO BOX 1047 WINTERS, CA 95694	26-4686049	501(C)(3)	19,937.	0.			UNRESTRICTED IN HONOR OF VASEY COMAN
WINTERS FARM TO SCHOOL PO BOX 611 WINTERS, CA 95694	46-2843344	501(C)(3)	20,854.	0.			UNRESTRICTED
WINTERS FRIENDS OF THE LIBRARY PO BOX 963 WINTERS, CA 95694	68-0013362	501(C)(3)	7,017.	0.			UNRESTRICTED
WOMEN'S EMPOWERMENT 1590 NORTH A STREET SACRAMENTO, CA 95811	03-0520643	501(C)(3)	84,894.	0.			UNRESTRICTED GIFT IN HONOR OF JEFF SPRAGUE. PLEASE SEND JEFF SPRAGUE AN ACKNOWLEDGEMENT LETTER
WOMEN'S WISDOM ART PO BOX 162537 SACRAMENTO, CA 95816	46-4490638	501(C)(3)	14,092.	0.			UNRESTRICTED

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
WOODLAND OPERA HOUSE INC PO BOX 1425 WOODLAND , CA 95776	94-2751127	501(C)(3)	24,714.	0.			UNRESTRICTED
WOODLAND OPERA HOUSE, INC. P.O. BOX 1425 WOODLAND , CA 95776	94-2751127	501(C)(3)	5,250.	0.			GENERAL OPERATIONS IN MEMORY OF DR. CLEVE BAKER
XHOPE, INC. PO BOX 582894 ELK GROVE , CA 95758	45-2028907	501(C)(3)	12,396.	0.			UNRESTRICTED
YMCA OF SUPERIOR CALIFORNIA 1926 V STREET SACRAMENTO , CA 95818	94-1156634	501(C)(3)	9,323.	0.			UNRESTRICTED
YOLO BASIN FOUNDATION P.O. BOX 943 DAVIS , CA 95617	68-0230311	501(C)(3)	59,538.	0.			UNRESTRICTED
YOLO COMMUNITY CARE CONTINUUM PO BOX 1101 DAVIS , CA 95617	94-2623205	501(C)(3)	9,691.	0.			UNRESTRICTED
YOLO COMMUNITY FOUNDATION P.O. BOX 1264 WOODLAND , CA 95776	75-2971085	501(C)(3)	40,299.	0.			YOLO COUNTY COVID-19 RELIEF FUND
YOLO COUNTY ARTS COUNCIL INC. PO BOX 8250 WOODLAND , CA 95776	94-2814155	501(C)(3)	6,546.	0.			UNRESTRICTED
YOLO COUNTY CHILDREN'S ALLIANCE 600 A STREET, SUITE Y DAVIS , CA 95616	68-0526185	501(C)(3)	26,740.	0.			NON-RESPONSE FOLLOW-UP CENSUS OUTREACH IN YOLO COUNTY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
YOLO COUNTY CHILDRENS ALLIANCE 600 A STREET, SUITE Y DAVIS , CA 95616	68-0526185	501(C)(3)	7,112.	0.			UNRESTRICTED
YOLO COUNTY COURT APPOINTED SPECIAL ADVOCATE PROGRAM - 724 MAIN ST., SUITE 101 - WOODLAND , CA 95695	68-0362495	501(C)(3)	38,742.	0.			UNRESTRICTED
YOLO COUNTY COURT APPOINTED SPECIAL ADVOCATES - 724 MAIN STREET, SUITE 101 - WOODLAND , CA 95695	68-0362495	501(C)(3)	6,940.	0.			ASSIST IN PROVIDING MENTORS/LEADERS FOR FOSTER CHILDREN THROUGHOUT YOLO COUNTY
YOLO COUNTY LIBRARY FOUNDATION 226 BUCKEYE STREET WOODLAND , CA 95695	82-2894159	501(C)(3)	6,682.	0.			TO SUPPLEMENT YCF BUCK GRANT FUNDING FOR THE FOUNDATION'S "EARLY LITERACY TOOL KIT
YOLO COUNTY SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS - PO BOX 510 - DAVIS , CA 95617	94-2464798	501(C)(3)	15,115.	0.			UNRESTRICTED
YOLO CRISIS NURSERY, INC 1107 KENNEDY PLACE, SUITE 5 DAVIS , CA 95616	47-1006055	501(C)(3)	18,450.	0.			TO SUPPORT CENSUS OUTREACH TO HARD-TO-COUNT COMMUNITIES THROUGHOUT YOLO COUNTY, ESPECIALLY
YOLO CRISIS NURSERY, INC. 1107 KENNEDY PLACE, SUITE 5 DAVIS , CA 95616	47-1006055	501(C)(3)	30,429.	0.			UNRESTRICTED
YOLO FARM TO FORK 1280 SANTA ANITA COURT, #100 WOODLAND , CA 95776	68-0254919	501(C)(3)	9,920.	0.			BUCK EDUCATION GRANT - AS OUTLINED IN PROPOSAL & GRANT AGREEMENT
YOLO FOOD BANK 233 HARTER AVE. WOODLAND , CA 95776	23-7111782	501(C)(3)	187,257.	0.			TO SUPPORT THE MISSION OF THE YOLO FOOD BANK IN MEMORY OF NORMA CHAN

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
YOLO HEALTHY AGING ALLIANCE 600 A STREET, SUITE C DAVIS , CA 95616	46-1075195	501(C)(3)	5,025.	0.			UNRESTRICTED
YOLO HOSPICE INC. PO BOX 1014 DAVIS , CA 95617	94-2597528	501(C)(3)	25,275.	0.			UNRESTRICTED
YOLO INTERFAITH IMMIGRATION NETWORK - PO BOX 74295 - DAVIS , CA 95616	27-0962697	501(C)(3)	5,100.	0.			TO SUPPORT UNDOCUMENTED PEOPLE IN WINTERS WITH APOYOLO
YOLO LAND CONSERVATION TRUST PO BOX 1196 WOODLAND , CA 95776	68-0160105	501(C)(3)	8,573.	0.			UNRESTRICTED
YOLO WAYFARER CENTER CHRISTIAN MISSION - PO BOX 1248 - WOODLAND , CA 95776	68-0059409	501(C)(3)	11,363.	0.			UNRESTRICTED
YOSEMITE FOUNDATION 101 MONTGOMERY ST., SUITE 1700 SAN FRANCISCO , CA 94104	94-3058041	501(C)(3)	50,100.	0.			ANNUAL MEMBERSHIP FROM DR. JOAN BRENCHLEY-JACKSON AND DR. KEVIN JACKSON. THE DONORS
YOUTH DEVELOPMENT NETWORK 5320 HEMLOCK ST., ROOM 17 SACRAMENTO , CA 95841	26-1364376	501(C)(3)	57,750.	0.			FOR EMERGENCY COVID-19 PROGRAM SUPPORT FOR YDN CORONAVIRUS REVENUE LOSS

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	174	482,162.	0.		
ART	1	5,000.	0.		
EDUCATION	2	7,000.	0.		

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

PART I, LINE 2:

GRANTS PROVIDED TO 501(C)(3) ORGANIZATIONS ARE ACCOMPANIED BY A LETTER STATING THE USE RESTRICTIONS OF THE FUNDS, IF ANY.

GRANTS PROVIDED TO ORGANIZATIONS OTHER THAN A 501(C)(3) GO THROUGH AN EXPENDITURE RESPONSIBILITY PROCESS IF IT IS FROM A DONOR ADVISED FUND.

AFTER AN INITIAL CHECK OF THE ORGANIZATION'S CHARITABLE STATUS, 1) AN INQUIRY IS MADE REGARDING LEGAL ORGANIZATION/MAJOR PROGRAMS. IF THE

ORGANIZATION'S INFORMATION FALLS WITHIN THE GRANT'S PARAMETERS, THE GRANTEE

Part IV Supplemental Information

2) MUST SIGN A GRANT AGREEMENT COVERING USE OF FUNDS, EXPENDITURE REPORTING & RESPONSIBILITIES. THE GRANT IS ISSUED AFTER SUCCESSFUL COMPLETION OF THE DOCUMENTATION. REPORTING IS REVIEWED WHEN RECEIVED AS DETAILED IN THE GRANT AGREEMENT. ANY ISSUES WITH EXPENSES, USE PURPOSE, ETC. WOULD BE ADDRESSED WITH THE GRANTEE. IF FUNDING IS NOT FROM A DONOR ADVISED FUND, THE FOUNDATION OBTAINS DOCUMENTATION THAT THE GRANT WILL BE USED FOR CHARITABLE PURPOSES.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ALBIE AWARE INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: BREAST CANCER FOUNDATION EVENT: 2020 ROSE AWARD GALA HONORING JIM BOWMAN. NO BENEFITS WILL BE ACCEPTED IN EXCHANGE FOR THIS DONATION.

NAME OF ORGANIZATION OR GOVERNMENT:

ASIAN COMMUNITY CENTER OF SACRAMENTO VALLEY INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT CENSUS 2020 OUTREACH ACTIVITIES AND PROMOTE AWARENESS OF THE CENSUS IN HARD-TO-COUNT COMMUNITIES IN SACRAMENTO COUNTY

NAME OF ORGANIZATION OR GOVERNMENT:

BOYS AND GIRLS CLUB, EL DORADO COUNTY WESTERN SLOPE

(H) PURPOSE OF GRANT OR ASSISTANCE: EMERGENCY COVID-19 PROGRAM SUPPORT FOR THE MEALS TO CHILDREN 18 AND UNDER DURING COVID-19 SCHOOL CLOSURES PROJECT

NAME OF ORGANIZATION OR GOVERNMENT:

CALIFORNIA CAPITAL FINANCIAL DEVELOPMENT CORPORATION

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: ROUND 1 AND 2 TO SUPPORT CENSUS 2020 OUTREACH ACTIVITIES AND PROMOTE AWARENESS OF THE CENSUS IN HARD-TO-COUNT COMMUNITIES IN SACRAMENTO COUNTY

NAME OF ORGANIZATION OR GOVERNMENT:

CENTER FOR COMMUNITY HEALTH AND WELL BEING

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT CENSUS 2020 NRFU OUTREACH ACTIVITIES TO PROMOTE AWARENESS OF THE CENSUS IN HARD-TO-COUNT COMMUNITIES IN SACRAMENTO COUNTY

NAME OF ORGANIZATION OR GOVERNMENT:

CENTER FOR COMMUNITY HEALTH AND WELL-BEING, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT CENSUS 2020 OUTREACH ACTIVITIES AND PROMOTE AWARENESS OF THE CENSUS IN HARD-TO-COUNT COMMUNITIES IN SACRAMENTO COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: CENTER FOR LAND-BASED LEARNING

(H) PURPOSE OF GRANT OR ASSISTANCE: PURCHASE SUPPLIES AND LAPTOPS FOR 12 COLLEGE STUDENTS, COMING FROM FINANCIALLY DISADVANTAGE FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT:

CHILDREN'S CHOICE FOR HEARING AND TALKING CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: EMERGENCY COVID-19 PROGRAM SUPPORT FOR PROVIDING ESSENTIAL SERVICES FOR CHILDREN WITH HEARING LOSS DURING THE COVID-19 PANDEMIC

NAME OF ORGANIZATION OR GOVERNMENT: CHILDREN'S LAW CENTER OF CALIFORNIA

(H) PURPOSE OF GRANT OR ASSISTANCE: EMERGENCY COVID-19 PROGRAM SUPPORT

Part IV Supplemental Information

FOR THE COVID-19 ASSISTANCE FOR CHILDREN IN FOSTER CARE PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: COLLEGE TRACK

(H) PURPOSE OF GRANT OR ASSISTANCE: EMERGENCY COVID-19 PROGRAM SUPPORT FOR COLLEGE TRACK'S SUPPORTING SACRAMENTO STUDENTS TO AND THROUGH COLLEGE

NAME OF ORGANIZATION OR GOVERNMENT: COMPASSION PLANET

(H) PURPOSE OF GRANT OR ASSISTANCE: UNRESTRICTEDEMERGENCY COVID-19 PROGRAM SUPPORT FOR THE AT-RISK & FORMER FOSTER YOUTH MENTORSHIP PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: COMPUTERS 4 KIDS

(H) PURPOSE OF GRANT OR ASSISTANCE: UNRESTRICTED IN HONOR OF YOYOSA SCHOLARSHIP WINNER SCRIPTURE BRANDENBURG'S WORK WITH COMPUTERS 4 KIDS

NAME OF ORGANIZATION OR GOVERNMENT:

COUNCIL ON AMERICAN-ISLAMIC RELATIONS CALIFORNIA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT CENSUS 2020 OUTREACH ACTIVITIES AND DEVELOP AND LEAD TRAININGS FOR HARD-TO-COUNT COMMUNITIES IN REGION ONE

NAME OF ORGANIZATION OR GOVERNMENT: CRISIS INTERVENTION SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: EMERGENCY COVID-19 PROGRAM SUPPORT FOR HUNGER RELIEF FOR RURAL PLACER AND EL DORADO COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT: EMPOWER YOLO, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL PURPOSE, BUT I'M VERY CONCERNED ABOUT EVICTION PREVENTION. THANK YOU FOR THE WONDERFUL MATCHING OPPORTUNITY

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: FOSTER YOUTH EDUCATION FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: EMERGENCY COVID-19 PROGRAM SUPPORT FOR BRIDGING THE DIGITAL DIVIDE FOR FOSTER YOUTH IN HIGHER EDUCATION

NAME OF ORGANIZATION OR GOVERNMENT: FUTURE FOUNDATION OF SACRAMENTO

(H) PURPOSE OF GRANT OR ASSISTANCE: EMERGENCY COVID-19 PROGRAM SUPPORT FOR COLLEGE PERSISTENCE SCHOLARSHIP AND COLLEGE MENTORING & ADVOCACY

NAME OF ORGANIZATION OR GOVERNMENT: GENDER HEALTH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT CENSUS 2020 OUTREACH ACTIVITIES AND \$3,318 FOR TECHNOLOGY TO PROMOTE AWARENESS OF THE CENSUS IN HARD-TO-COUNT COMMUNITIES IN SACRAMENTO COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: GREATER SACRAMENTO URBAN LEAGUE

(H) PURPOSE OF GRANT OR ASSISTANCE: UNRESTRICTED TO HELP UNDERSERVED IN OUR COMMUNITY IN RESPONSE TO THE REACTION ACROSS THE U.S. FROM THE GEORGE FLOYD INCIDENT

NAME OF ORGANIZATION OR GOVERNMENT:

HEALTHY COMMUNITY FORUM FOR THE GREATER SACRAMENTO REGION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT CENSUS 2020 NRFU OUTREACH ACTIVITIES TO PROMOTE AWARENESS OF THE CENSUS IN HARD-TO-COUNT COMMUNITIES IN SACRAMENTO COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: HMONG CULTURAL CENTER OF BUTTE COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT CENSUS 2020 OUTREACH ACTIVITIES AND DEVELOP AND LEAD TRAININGS FOR HARD-TO-COUNT COMMUNITIES

Part IV Supplemental Information

IN REGION ONE

NAME OF ORGANIZATION OR GOVERNMENT: INTERNATIONAL RESCUE COMMITTEE INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT CENSUS 2020 NRFU OUTREACH ACTIVITIES TO PROMOTE AWARENESS OF THE CENSUS IN HARD-TO-COUNT COMMUNITIES IN SACRAMENTO COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: LA FAMILIA COUNSELING CENTER INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT CENSUS 2020 NRFU OUTREACH ACTIVITIES TO PROMOTE AWARENESS OF THE CENSUS IN HARD-TO-COUNT COMMUNITIES IN SACRAMENTO COUNTY

NAME OF ORGANIZATION OR GOVERNMENT:

LIGHTHOUSE COUNSELING AND FAMILY RESOURCE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: EMERGENCY COVID-19 PROGRAM SUPPORT FOR THE FAMILY WELLNESS INITIATIVE - EMERGENCY COVID-19 RELIEF

NAME OF ORGANIZATION OR GOVERNMENT: LOS NINOS SERVICE LEAGUE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST THE SACRAMENTO CHILDREN'S HOME IN THEIR ONGOING EXPENSES TO SUPPORT SACRAMENTO'S CHILDREN AND FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: LOS RIOS COLLEGES FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPLEMENT THE EMERGENCY STUDENT AID FUND TO ASSIST FULL-TIME UNDERGRADUATE STUDENTS WHO EXPERIENCE A FINANCIAL EMERGENCY THAT COULD JEOPARDIZE THEIR STUDIES

NAME OF ORGANIZATION OR GOVERNMENT: MCCLATCHY JOURNALISM INSTITUTE

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SHARE REGULAR REPORTING ON THE INTERSECTION OF DOMESTIC VIOLENCE, CORONAVIRUS AND THE HIGH COST OF HOUSING IN CALIFORNIA. THIS GRANT SUPPORTS BOTH A REPORTER AND AN ENGAGEMENT JOURNALIST

NAME OF ORGANIZATION OR GOVERNMENT: MUTUAL HOUSING CALIFORNIA

(H) PURPOSE OF GRANT OR ASSISTANCE: CENSUS OUTREACH TO HARD-TO-COUNT RESIDENTS OF YOLO COUNTY, INCLUDING LOW-INCOME RESIDENTS OF MUTUAL HOUSING CALIFORNIA'S YOLO RESIDENCES IN ACCORDANCE WITH APPLICATION AND GRANT AGREEMENT

NAME OF ORGANIZATION OR GOVERNMENT: NEXT GENERATION TRAINING

(H) PURPOSE OF GRANT OR ASSISTANCE: SCHOLARSHIPS TO HIGH SCHOOL STUDENTS TO ATTEND THE NEXT GENERATION TRAINING PROGRAM - RCA COMMITTEE

NAME OF ORGANIZATION OR GOVERNMENT: NORTH VALLEY COMMUNITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: 2020 END OF YEAR GRANT FOR AN EMPLOYEE NOMINATED CHARITY FOR THE REBUILD PARADISE FUND ON BEHALF OF THE LIONAKIS FOUNDATION

NAME OF ORGANIZATION OR GOVERNMENT:

NORTHERN VALLEY CATHOLIC SOCIAL SERVICE INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT CENSUS 2020 NRFU OUTREACH ACTIVITIES AND PROMOTE AWARENESS OF THE CENSUS IN HARD-TO-COUNT COMMUNITIES IN BUTTE COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: ORGANIZE SACRAMENTO

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT CENSUS 2020 OUTREACH

Part IV Supplemental Information

ACTIVITIES TO PROMOTE AWARENESS OF THE CENSUS IN HARD-TO-COUNT
COMMUNITIES IN SACRAMENTO COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT: PEOPLE RESOURCES INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: EMERGENCY COVID-19 PROGRAM SUPPORT
FOR THE MEALS ON WHEELS YOLO COUNTY DISASTER RELIEF FUND PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: PHILIPPINE NATIONAL DAY ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: ANTI-ASIAN HATE IMPACTING OUR ASIAN
COMMUNITIES AND WORKING TO COMBAT ANTI-BLACK RACISM WITHIN OUR API
COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT:

PHILIPPINE NATIONAL DAY ASSOCIATION - DO NOT USE

(H) PURPOSE OF GRANT OR ASSISTANCE: BULOSAN CENTER FOR FILIPINO STUDIES
FOR EMERGENCY COVID-19 PROGRAM SUPPORT FOR FILIPINO AMERICAN MOBILIZATION
AND SUPPORT DURING THE COVID-19 CRISIS

NAME OF ORGANIZATION OR GOVERNMENT: PLACER COMMUNITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT CENSUS 2020 OUTREACH
ACTIVITIES AND PROMOTE AWARENESS OF THE CENSUS IN HARD-TO-COUNT
COMMUNITIES IN PLACER COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: PLANNED PARENTHOOD MAR MONTE INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT CENSUS 2020 OUTREACH
ACTIVITIES AND DEVELOP AND LEAD TRAININGS FOR HARD-TO-COUNT COMMUNITIES
IN REGION ONE

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: RAISING YOUTH RESILIENCE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE FULL PARTICIPATION OF DEVELOPING LOCAL AND REGIONAL EDUCATION BLUEPRINTS AND ACTION PLANS TO IMPROVE ACCESS TO AND COMPLETION OF POST-SECONDARY ASSOCIATES-TO-TRANSFER DEGREE PROGRAMS, HIGH-VALUE CAREER-TECHNICAL CERTIFICATE PROGRAMS, AND/OR

NAME OF ORGANIZATION OR GOVERNMENT: REIMAGINE MACK ROAD FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: EMERGENCY COVID-19 PROGRAM SUPPORT FOR THE REIMAGINE MACK ROAD COVID-19 EMERGENCY RESPONSE PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: REINVENT STOCKTON FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE FULL PARTICIPATION OF DEVELOPING LOCAL AND REGIONAL EDUCATION BLUEPRINTS AND ACTION PLANS TO IMPROVE ACCESS TO AND COMPLETION OF POST-SECONDARY ASSOCIATES-TO-TRANSFER DEGREE PROGRAMS, HIGH-VALUE CAREER-TECHNICAL CERTIFICATE PROGRAMS, AND/OR

NAME OF ORGANIZATION OR GOVERNMENT: RESOURCES FOR INDEPENDENT LIVING INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT CENSUS 2020 OUTREACH ACTIVITIES TO PROMOTE AWARENESS OF THE CENSUS IN HARD-TO-COUNT COMMUNITIES IN SACRAMENTO COUNTY

NAME OF ORGANIZATION OR GOVERNMENT:

SACRAMENTO AREA CONGREGATIONS TOGETHER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT CENSUS 2020 OUTREACH ACTIVITIES TO PROMOTE AWARENESS OF THE CENSUS IN HARD-TO-COUNT COMMUNITIES IN SACRAMENTO COUNTY TECHNICAL ASSISTANCE TRAINING AND MULTICOUNTY OUTREACH IN REGION 1

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: SACRAMENTO COUNTY OFFICE OF EDUCATION

(H) PURPOSE OF GRANT OR ASSISTANCE: ADMINISTRATION OF THE CAPITAL AREA

PROMISE SCHOLARS PROGRAM TO DISTRIBUTE UP TO 62 NEW AND UP TO 93 RENEWAL

NEEDS-BASED SCHOLARSHIPS FOR THE 2020-2021 ACADEMIC SCHOOL YEAR, AND

STUDENT OUTREACH FOR THE CAPS PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: SACRAMENTO HELPING HANDS FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: EMERGENCY COVID-19 PROGRAM SUPPORT

FOR TECHNOLOGY, ADAPTATION TO ONLINE SERVICES AND FOOD AND HYGIENE ITEMS

NAME OF ORGANIZATION OR GOVERNMENT: SACRAMENTO LGBT COMMUNITY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: EMERGENCY COVID-19 PROGRAM SUPPORT

FOR THE SACRAMENTO LGBT COMMUNITY CENTER COVID-19 EMERGENCY RESPONSE

NAME OF ORGANIZATION OR GOVERNMENT:

SACRAMENTO NATIVE AMERICAN HEALTH CENTER, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT CENSUS 2020 NRFU OUTREACH

ACTIVITIES TO PROMOTE AWARENESS OF THE CENSUS IN HARD-TO-COUNT

COMMUNITIES IN SACRAMENTO COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: SALVATION ARMY

(H) PURPOSE OF GRANT OR ASSISTANCE: PURCHASE/INSTALLATION OF WALK-IN

COLD STORAGE UNIT AT THE NORTH HIGHLANDS FOOD CLOSET - RCA COMMITTEE

NAME OF ORGANIZATION OR GOVERNMENT: SHASTA REGIONAL COMMUNITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT CENSUS 2020 OUTREACH

ACTIVITIES AND PROMOTE AWARENESS OF THE CENSUS IN HARD-TO-COUNT

COMMUNITIES IN TEHAMA COUNTY

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: SIERRA HEALTH FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT CENSUS 2020 OUTREACH
ACTIVITIES AND PROMOTE AWARENESS OF THE CENSUS IN HARD-TO-COUNT
COMMUNITIES AND KOREAN POPULATIONS IN YUBA COUNTY

NAME OF ORGANIZATION OR GOVERNMENT:

SIERRA HEALTH FOUNDATION CENTER FOR HEALTH PROGRAM MANAGEMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT CENSUS 2020 OUTREACH
ACTIVITIES AND PROMOTE AWARENESS OF THE CENSUS IN HARD-TO-COUNT
COMMUNITIES IN SIERRA COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: SINGLE MOM STRONG INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR EMERGENCY COVID-19 PROGRAM
SUPPORT FOR THE SINGLE MOM STRONG'S EMPOWERME NON-SCHOOL DAY CARE
PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT:

SLAVIC-AMERICAN CHAMBER OF COMMERCE CHARITABLE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT CENSUS 2020 OUTREACH
ACTIVITIES AND \$1,990 FOR TECHNOLOGY TO PROMOTE AWARENESS OF THE CENSUS
IN HARD-TO-COUNT COMMUNITIES IN SACRAMENTO COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: SOCIAL VENTURE PARTNERS OF SACRAMENTO

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONTINUE SVP'S SUPPORT OF
NONPROFITS THROUGHOUT THE SACRAMENTO REGION, AS DETERMINED BY THE
ADVISORY COMMITTEE AND BOARD OF DIRECTORS.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: ST. MARY'S HIGH SCHOOL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ESTABLISH THE WISHEK FAMILY FUND

ENDOWMENT MANAGED ACCORDING TO THE INVESTMENT POLICY OF THE FOUNDATION.

ANNUAL DISTRIBUTIONS WILL BE MADE ACCORDING TO THE ST. MARY'S HIGH SCHOOL

FOUNDATION SPENDING POLICY TO ASSIST UNDERPRIVILEGED STUDENTS FROM LODI

NAME OF ORGANIZATION OR GOVERNMENT: STANISLAUS COMMUNITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT COLLEGE ATTAINMENT AND

COMPLETION FOR FIRST GENERATION AND LOW INCOME STUDENTS ATTENDING PUBLIC

SCHOOLS IN OAKDALE. THE GRANT MAY BE USED FOR UP TO 10% FOR

ADMINISTRATIVE COSTS

NAME OF ORGANIZATION OR GOVERNMENT: SUNBURST PROJECTS

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR EMERGENCY COVID-19 PROGRAM

SUPPORT FOR SUPPLEMENTAL FOOD COSTS AND SANITIZING MATERIALS FOR CLIENTS

NAME OF ORGANIZATION OR GOVERNMENT: SUTTER MEDICAL CENTER FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE SUTTER MEDICAL CENTER

FOUNDATION ANNUAL GOLF TOURNAMENT AND VIRTUAL FUNDRAISER EVENT TO BENEFIT

THE NURSING DEPARTMENT

NAME OF ORGANIZATION OR GOVERNMENT: TEACH FOR AMERICA INC.

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

OF DEVELOPING LOCAL AND REGIONAL EDUCATION BLUEPRINTS AND ACTION PLANS TO

IMPROVE ACCESS TO AND COMPLETION OF POST-SECONDARY ASSOCIATES-TO-TRANSFER

DEGREE PROGRAMS, HIGH-VALUE CAREER-TECHNICAL CERTIFICATE PROGRAMS, AND/OR

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

THE GARDENS FAMILY CARE COMMUNITY CENTER, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR EMERGENCY COVID-19 PROGRAM

SUPPORT TO PURCHASE MUCH NEEDED FOODS, FRESH FRUITS/VEGETABLES PERSONAL

HYGIENE ITEMS, AND ASSIST WITH SOME SMALL RENTS/UTILITY ASSISTANCE

NAME OF ORGANIZATION OR GOVERNMENT:

THE REGENTS OF THE UNIVERSITY OF CALIFORNIA

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR FUND #48687 AND IS INTENDED FOR

THE JENNINGS ENDOWMENT SCHOLARSHIP HELD BY UC BERKELEY FOUNDATION

NAME OF ORGANIZATION OR GOVERNMENT:

THE SACRAMENTO DISTRICT COUNCIL SOCIETY OF ST. VINCENT DE PAUL

(H) PURPOSE OF GRANT OR ASSISTANCE: EMERGENCY COVID-19 PROGRAM SUPPORT

FOR THE ST. VINCENT DE PAUL SACRAMENTO REGION FOOD AND FINANCIAL

ASSISTANCE DURING CORONAVIRUS PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: TWIN LAKES FOOD BANK

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE EFFORTS OF TWIN LAKES

FOOD BANK TO PROVIDE FOOD FOR THOSE FOLSOM RESIDENTS WHO ARE IN NEED AS A

RESULT OF COVID-RELATED JOB LOSSES AND OTHERWISE, ESPECIALLY DURING THE

HOLIDAYS

NAME OF ORGANIZATION OR GOVERNMENT: UC BERKELEY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: UNIVERSITY OF CALIFORNIA, BERKELEY

FOUNDATION TO PROVIDE OPERATING SUPPORT TO THE FACULTY OF THE HELEN WILLS

NEUROSCIENCE INSTITUTE (HWNI) WHO ARE CONDUCTING RESEARCH ON PARKINSON'S

AND ALZHEIMER'S, TO BE DETERMINED AT THE DISCRETION OF THE HWNI DIRECTOR

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: WEAVE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: BRING AWARENESS ON THE NEGATIVE IMPACTS OF DOMESTIC AND SEXUAL VIOLENCE IMPACTING AFRICAN AMERICAN GIRLS THROUGH A YOUTH-LED PSA VIDEO

NAME OF ORGANIZATION OR GOVERNMENT: YOLO COUNTY LIBRARY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPLEMENT YCF BUCK GRANT FUNDING FOR THE FOUNDATION'S "EARLY LITERACY TOOL KIT RESOURCES PROGRAM"

NAME OF ORGANIZATION OR GOVERNMENT: YOLO CRISIS NURSERY, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT CENSUS OUTREACH TO HARD-TO-COUNT COMMUNITIES THROUGHOUT YOLO COUNTY, ESPECIALLY LOW-INCOME FAMILIES AND FAMILIES WITH YOUNG CHILDREN

NAME OF ORGANIZATION OR GOVERNMENT: YOSEMITE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL MEMBERSHIP FROM DR. JOAN BRENCHLEY-JACKSON AND DR. KEVIN JACKSON. THE DONORS HAVE DECLINED ALL TANGIBLE BENEFITS FOR THIS DONATION.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization: **SACRAMENTO REGION COMMUNITY FOUNDATION**
 Employer identification number: **94-2891517**

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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> 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 (such as 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 directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the 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 type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input 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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

	Yes	No
1b		
2		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LINDA BEECH CUTLER CHIEF EXECUTIVE OFFICER	(i)	201,623.	0.	0.	16,358.	12,936.	230,917.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JAMES MCCALLUM CHIEF FINANCIAL OFFICER	(i)	142,778.	0.	0.	12,731.	31,511.	187,020.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KERRY WOOD CHIEF MARKETING & DONOR ENGAGEMENT O	(i)	148,999.	0.	0.	11,920.	0.	160,919.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) NIVA FLOR CHIEF STRATEGIC IMPACT OFFICER	(i)	144,673.	0.	0.	11,574.	0.	156,247.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **SACRAMENTO REGION COMMUNITY FOUNDATION** Employer identification number **94-2891517**

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	81	2,875,553.	AVERAGE HIGH & LOW
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous	X	1	50,000.	BOND VALUE AT PAR
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 V, Donee Acknowledgement **29** **0**

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

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

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**

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

b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2020

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

SCHEDULE M, PART I, COLUMN (B):

NUMBER OF CONTRIBUTIONS ARE LISTED IN COLUMN (B).

SCHEDULE M, LINE 32B:

FROM A POLICY PERSPECTIVE, THE ORGANIZATION MAY HIRE A SPECIALIZED THIRD PARTY TO SELL A COMPLEX, NONCASH GIFTS AS APPROPRIATE. A COMMON EXAMPLE IS HIRING A REALTOR TO SELL REAL ESTATE PROPERTY.

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.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

SACRAMENTO REGION COMMUNITY FOUNDATION

Employer identification number

94-2891517

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SACRAMENTO REGION COMMUNITY FOUNDATION TRANSFORMS OUR COMMUNITY THROUGH
FOCUSED LEADERSHIP AND ADVOCACY THAT INSPIRES PARTNERSHIPS AND EXPANDS
GIVING.

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

IN 1983 TO MORE THAN \$19 MILLION IN 2020. THE FOUNDATION'S GRANTS HAVE
TOTALLED MORE THAN \$185 MILLION SINCE THE FOUNDATION'S INCEPTION, MAKING
US, ALONGSIDE OUR FUNDHOLDERS, A LEADING GRANTMAKER IN THE REGION.

GUIDED BY OUR MISSION, WE ARE MOVING THE CAPITAL AREA FORWARD IN THE
AREAS WHERE WE KNOW STRATEGIC PHILANTHROPY CAN BE A CATALYST FOR
CHANGE. FOR THE PAST FIVE YEARS, WE HAVE LED EFFORTS, THROUGH FOUR
STRATEGIC INITIATIVES: 1) TO GROW LOCAL GIVING AND BUILD NONPROFIT
CAPACITY, 2) CLOSE GENDER AND RACIAL GAPS IN ACCESS TO HIGHER
EDUCATION, 3) STRENGTHEN THE FOOD SYSTEM THAT FEEDS OUR REGION'S
HUNGRY, AND 4) FOSTER A VIBRANT CREATIVE ECOSYSTEM. OUR LEADERSHIP IN
THESE AREAS REFLECTS OUR VISION FOR A FLOURISHING SACRAMENTO REGION,
ONE MARKED BY INCLUSIVITY AND EQUITY, AND PRIDE IN OUR COMMUNITY.

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

DONATIONS THROUGH GIVINGEDGE, THE ONLINE DATABASE THAT POWERS BIG DAY
OF GIVING, AND RAISED A RECORDBREAKING \$11.9 MILLION DURING THE GIVING
DAY. SIMILARLY, THE FOUNDATION INVESTED \$100,000 IN BUILDING UP THE
REGION'S CAPACITY THROUGH THE LAB, WHICH BROUGHT TOGETHER TWENTY EIGHT
EXECUTIVE DIRECTORS AND EMERGING LEADERS TO HELP LOCAL AREA NONPROFITS

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization SACRAMENTO REGION COMMUNITY FOUNDATION	Employer identification number 94-2891517
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DOUBLE THEIR CONFIDENCE AND LAND ON MEASURABLE HIGH IMPACT SOLUTIONS TO SUPPORT AND GUIDE THEIR WORK.

PREPARING STUDENTS TO SUCCEED IN THE NEW ECONOMY: THROUGH OUR EDUCATION INITIATIVE, WE ARE EXPANDING EQUITABLE ACCESS TO HIGHER EDUCATION THROUGH PROGRAMS SUCH AS THE CAPITAL AREA PROMISE (CAP) SCHOLARS PROGRAM. WE PARTNER WITH NONPROFITS TO HELP PREPARE YOUTH IN HIGH-NEED AREAS FOR COLLEGE WITH GRANT STRATEGIC NEED-BASED SCHOLARSHIPS, AND IMPROVE ACCESS TO FEDERAL AND STATE FINANCIAL AID. WE ARE ALSO HELPING LOCAL EDUCATIONAL INSTITUTIONS ADAPT THEIR POLICIES AND PRACTICES TO MORE EFFECTIVELY SERVE LOCAL STUDENTS. THE CAPITAL AREA PROMISE (CAP) SCHOLARS PROGRAM, THE FOUNDATION'S PROGRAM TO INCREASE COLLEGE COMPLETION RATES AMONG LOCAL STUDENTS WHO ARE TRADITIONALLY UNDERREPRESENTED IN HIGHER EDUCATION, PAIRS STRATEGIC, NEED-BASED SCHOLARSHIPS WITH COLLEGE READINESS SERVICES THAT PROMOTE COLLEGE ATTAINMENT AND COMPLETION, THE FOUNDATION AND ITS PARTNERS AIM TO HELP MORE YOUNG PEOPLE OVERCOME BARRIERS TO SUCCESS AND ACHIEVE THEIR COLLEGE GOALS. IN 2020, THE FOUNDATION AWARDED \$371,000 IN SCHOLARSHIPS TO 155 CAP SCHOLARS AND BROUGHT TOGETHER 45 STUDENTS IN A VIRTUAL TWO DAY COLLEGE READINESS INSTITUTE, AS WELL AS ASSISTED CAPS PARTNERS WITH DISTRIBUTING NEW LAPTOPS TO CAP SCHOLARS WHEN STUDENTS WERE SENT HOME FOR DISTANCED LEARNING IN THE SPRING OF 2020.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: EACH OF THE 17 COUNTIES TO DEVELOP THOUGHTFUL OUTREACH STRATEGIES THAT REFLECTED THE UNIQUE NEEDS OF LOCAL COMMUNITIES. THIS INCLUDED ENSURING HISTORICALLY HARD-TO-COUNT (HTC) POPULATIONS WERE IDENTIFIED AND MEANINGFULLY ENGAGED IN THE 2020 CENSUS.

Name of the organization SACRAMENTO REGION COMMUNITY FOUNDATION	Employer identification number 94-2891517
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TO ENSURE THAT IMPLEMENTATION ACTIVITIES ARE COMMUNITY-DRIVEN, REGION ONE STRATEGIES AND TACTICS HAVE WERE CO-DEVELOPED WITH REGION ONE PARTNERS IN 2019. THE FOUNDATION AWARDED OVER 2.9 MILLION IN GRANTS TO SUPPORT CENSUS OUTREACH ACTIVITIES ACROSS THE 17 COUNTIES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

LEADERSHIP STATEMENT: SINCE ITS FOUNDING IN 1983, THE SACRAMENTO REGION COMMUNITY FOUNDATION HAS BEEN DEDICATED TO CONNECTING PEOPLE WHO CARE WITH CAUSES THAT MATTER. AS THE SACRAMENTO REGION'S PRIMARY PROVIDER OF PHILANTHROPIC SERVICES, WE HELP PEOPLE WHO WANT TO GIVE BACK TO THEIR COMMUNITY. THE FOUNDATION IS A NONPROFIT THAT PARTNERS WITH PHILANTHROPISTS AND ORGANIZATIONS IN EL DORADO, PLACER, SACRAMENTO, AND YOLO COUNTIES TO ESTABLISH CHARITABLE FUNDS THAT ADDRESS COMMUNITY CHALLENGES, ESPECIALLY FOR THOSE IN GREATEST NEED AMONG US.

WE'RE ALSO A COMMUNITY LEADER AND CONVENER: WE IDENTIFY THE REGION'S MOST PRESSING ISSUES, AND TOGETHER WITH OUR FUNDHOLDERS, FIND SOLUTIONS THROUGH PARTNERSHIPS AND PHILANTHROPY. JOIN OUR WORK AND LEARN MORE AT WWW.SACREGCF.ORG.

EXPENSES \$ 639,590. INCLUDING GRANTS OF \$ 469,340. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 1:

THE SOLE POWER OF THE EXECUTIVE COMMITTEE IS TO DECIDE ON MATTERS THAT, IN THE JUDGMENT OF THE BOARD CHAIR OR ANY TWO MEMBERS OF THE EXECUTIVE COMMITTEE, PERTAIN TO DONOR NEED AND ARE URGENT SUCH THAT IT CANNOT WAIT UNTIL THE NEXT BOARD MEETING. THE EXECUTIVE COMMITTEE IS COMPOSED OF THE BOARD CHAIR, VICE CHAIR, SECRETARY, TREASURER, IMMEDIATE PAST CHAIR AND ONE

Name of the organization

SACRAMENTO REGION COMMUNITY FOUNDATION

Employer identification number

94-2891517

OTHER DIRECTOR SELECTED BY THE BOARD.

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

STAFF, WITH THE ASSISTANCE OF THE ORGANIZATION'S ACCOUNTING FIRM, MOSS ADAMS, PREPARES THE RETURN. MOSS ADAMS REVIEWS THE RETURN AND PREPARES A FINAL DRAFT FOR THE GOVERNING BOARD FOR REVIEW. ANY QUESTIONS/ISSUES FROM THE BOARD ARE ADDRESSED AND ADJUSTED ON THE RETURN, AS NECESSARY. UPON FINAL APPROVAL, MOSS ADAMS PREPARES THE FINAL RETURN FOR STAFF FILING.

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

CONFLICT OF INTEREST DISCLOSURE FORMS ARE COMPLETED BY ALL BOARD MEMBERS, STAFF AND VOLUNTEERS ANNUALLY. STAFF IS MADE AWARE OF ANY CONFLICTS OF INTEREST AND MONITOR GIFT, GRANT AND VENDOR PAYABLES ACTIVITY THROUGHOUT THE YEAR FOR ANY RECEIPTS OR DISBURSEMENTS WHICH MAY CREATE CONFLICTS OF INTERESTS OR WOULD BE OTHERWISE PROHIBITED.

IN CONDUCTING THE AFFAIRS OF THE FOUNDATION, DUALITY OR CONFLICT OF INTEREST SHALL BE PRESUMED WHEN A PERSON TO WHOM THIS POLICY APPLIES OR A MEMBER OF HIS OR HER IMMEDIATE FAMILY SERVES AS A TRUSTEE, OFFICER, STAFF MEMBER OR HOLDER OF MORE THAN TEN PERCENT OF CORPORATE STOCK OF AN AFFECTED ORGANIZATION OR FIRM, HAS A FORMAL AFFILIATION OR INTEREST IN AN AFFECTED ORGANIZATION OR FIRM, OR COULD EXPECT FINANCIAL GAIN OR LOSS FROM A PARTICULAR DECISION. BEFORE A STAFF, BOARD OR VOLUNTEER COMMITTEE MEMBER BEGINS HIS OR HER SERVICE WITH THE FOUNDATION. HE/SHE SHALL FILE WITH THE CEO OF THE FOUNDATION A LIST OF HIS OR HER PRINCIPAL BUSINESS ACTIVITIES, AS WELL AS INVOLVEMENT WITH OTHER CHARITABLE AND BUSINESS ORGANIZATIONS, VENDORS OR ANY OTHER AFFILIATIONS THAT MIGHT PRODUCE A CONFLICT OF INTEREST. THAT LIST WILL BE UPDATED ANNUALLY.

Name of the organization SACRAMENTO REGION COMMUNITY FOUNDATION	Employer identification number 94-2891517
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IN ADDITION TO THE DISCLOSURE REQUIRED BY THE PREVIOUS PARAGRAPH, EACH MEMBER IS UNDER AN OBLIGATION TO THE FOUNDATION, TO HIS OR HER FELLOW STAFF OR VOLUNTEERS, AND TO THE COMMUNITY SERVED BY THE FOUNDATION TO INFORM THE FOUNDATION OF ANY POSITION HE OR SHE HOLDS OR OF ANY BUSINESS OR A VOCATIONAL ACTIVITY THAT MAY RESULT IN A POSSIBLE CONFLICT OF INTEREST OR BIAS FOR OR AGAINST A PARTICULAR GRANTEE, ACTION OR POLICY, AT THE TIME SUCH GRANT, ACTION OR POLICY IS UNDER CONSIDERATION BY THE BOARD OR ANY VOLUNTEER COMMITTEE OF THE FOUNDATION. ANY DUALITY OR POSSIBLE CONFLICT OF INTEREST ON THE PART OF ANY MEMBER SHALL BE DISCLOSED TO THE CHAIR OF THE BOARD, IN THE CASE OF VOLUNTEERS, OR THE CEO, IN THE CASE OF STAFF MEMBERS, AND MADE A MATTER OF RECORD AS SOON AS THE ISSUE IN QUESTION IS RAISED AND A POSSIBLE CONFLICT IS KNOWN. WHEN THE BOARD, COMMITTEE OR STAFF IS TO DECIDE UPON AN ISSUE ABOUT WHICH A MEMBER HAS AN UNAVOIDABLE CONFLICT OF INTEREST, THAT MEMBER SHALL PHYSICALLY ABSENT HERSELF OR HIMSELF WITHOUT COMMENT FROM NOT ONLY THE VOTE, BUT ALSO FROM THE DELIBERATION, UNLESS DIRECTLY REQUESTED BY THE CHAIR OF THE BOARD OR RELEVANT COMMITTEE TO PROVIDE FACTUAL INFORMATION OR ANSWER FACTUAL QUESTIONS THAT MAY ASSIST THE BOARD OR COMMITTEE IN MAKING A WISE DECISION. IN NO CASE SHALL THAT MEMBER VOTE ON SUCH MATTER OR ATTEMPT TO EXERT PERSONAL INFLUENCE IN CONNECTION THEREWITH. DISCLOSURE AND ABSTENTION SHALL BE RECORDED IN THE MINUTES OF THE MEETINGS AT WHICH THE ISSUE IS DISCUSSED AND DECIDED. IN ANY SITUATION NOT SPECIFICALLY COVERED BY THE PREVIOUS SECTIONS OF THIS POLICY, MEMBERS SHALL CONSIDER CAREFULLY ANY POTENTIAL CONFLICT OF THEIR PERSONAL INTERESTS WITH THE INTERESTS OF THE FOUNDATION AND REFRAIN FROM ANY ACTION THAT MIGHT BE PERCEIVED AS AN ACTUAL OR APPARENT CONFLICT OF INTEREST.

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

Name of the organization SACRAMENTO REGION COMMUNITY FOUNDATION	Employer identification number 94-2891517
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THE CEO COMPENSATION IS BENCHMARKED AGAINST BOTH LOCAL LIKE-SIZE NONPROFIT ORGANIZATIONS SUCH AS THE UNITED WAY, AND SECTOR INFORMATION USING COMPARATIVE DATA OF 30 COMMUNITY FOUNDATIONS COMPILED ANNUALLY BY THE LEAGUE OF CALIFORNIA COMMUNITY FOUNDATIONS. FURTHER, THE BOARD CHAIR AND IMMEDIATE PAST CHAIR ARE RESPONSIBLE FOR CONDUCTING AN ANNUAL REVIEW WHICH IS TIED TO THE ORGANIZATION'S STRATEGIC GOALS OF LEADERSHIP, ASSET DEVELOPMENT, VISIBILITY AND OPERATIONAL EXCELLENCE AND BASED ON THE OUTCOMES OF A COMPREHENSIVE BUSINESS PLAN. ANY ADJUSTMENT IN CEO SALARY IS INCLUDED IN THE ANNUAL BUDGET PRESENTED TO THE BOARD AND DOCUMENTED IN THE MINUTES AS PART OF THE BUDGET DISCUSSION. THAT ADJUSTMENT IS THEN FURTHER DISCUSSED BASED ON THE REVIEW MENTIONED ABOVE WITH THE ENTIRE BOARD AS PART OF AN EXECUTIVE SESSION. THE MINUTES OF THAT MEETING REFLECT THAT AN EXECUTIVE SESSION WAS HELD FOR THE EXPRESS PURPOSE OF DISCUSSING CEO COMPENSATION.

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

THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE BY WRITTEN REQUEST TO THE FOUNDATION. THE FOUNDATION'S AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON OUR WEBSITE.

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

CHANGES IN VALUE OF SPLIT-INTEREST AGREEMENTS	-749,740.
UNRELATED BUSINESS INCOME FROM PASS-THROUGH	110,411.
AGENCY ENDOWMENTS ACTIVITY	-191,011.
CHANGES IN VALUE OF STOCK GIFT	288,155.
RETURNED GRANTS	5,000.

SUPPORTING ORGANIZATION NET ASSETS REPORTED ON SEPARATE

RETURN -189,908.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **SACRAMENTO REGION COMMUNITY FOUNDATION** Employer identification number **94-2891517**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
SRCF HOLDINGS, LLC - 94-2891517 955 UNIVERSITY AVENUE, SUITE A SACRAMENTO, CA 95825	REAL ESTATE HOLDINGS	CALIFORNIA	0.	0.	SACRAMENTO REGION COMMUNITY FOUNDATION
SRCF HOLDINGS 2, LLC - 94-2891517 955 UNIVERSITY AVENUE, SUITE A SACRAMENTO, CA 95825	REAL ESTATE HOLDINGS	CALIFORNIA	0.	0.	SACRAMENTO REGION COMMUNITY FOUNDATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
SRCF SUPPORTING ORGANIZATION - 46-5335623 955 UNIVERSITY AVENUE, SUITE A SACRAMENTO, CA 95825	SUPPORTING THE MISSION OF SACRAMENTO REGION COMMUNITY FOUNDATION	CALIFORNIA	501(C)(3)	LINE 12A, I	SACRAMENTO REGION COMMUNITY FOUNDATION	X	
THE JAMES B. MCCLATCHY FOUNDATION - 68-0283878, 1900 POINT WEST WAY, SUITE 261, SACRAMENTO, CA 95815	EDUCATIONAL GRANTMAKING	CALIFORNIA	501(C)(3)	LINE 12A, I	N/A		X

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

Schedule R (Form 990) 2020

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CHARITABLE REMAINDER TRUSTS (4) 955 UNIVERSITY AVENUE SACRAMENTO, CA 95825	GENERATE INCOME FOR THE BENEFICIARY & DISTRIBUTE ANY	CA	N/A	TRUST	N/A	N/A	N/A	X	

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)	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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SCRF SUPPORTING ORGANIZATION	C	174,500.	FMV
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME OF RELATED ORGANIZATION:

CHARITABLE REMAINDER TRUSTS (4)

PRIMARY ACTIVITY: GENERATE INCOME FOR THE BENEFICIARY & DISTRIBUTE ANY
REMAINDER TO CHARITIES

DIRECT CONTROLLING ENTITY: SACRAMENTO REGION COMMUNITY FOUNDATION

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. SACRAMENTO REGION COMMUNITY FOUNDATION	Taxpayer identification number (TIN) 94-2891517
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 955 UNIVERSITY AVENUE, NO. A	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SACRAMENTO, CA 95825	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

JAMES MCCALLUM

- The books are in the care of ▶ **955 UNIVERSITY AVENUE SUITE A - SACRAMENTO, CA 95825**
Telephone No. ▶ **(916)921-7723** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2020** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

PUBLIC DISCLOSURE COPY

Form **990-T**

**Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))**

OMB No. 1545-0047

2020

For calendar year 2020 or other tax year beginning _____, and ending _____

▶ **Go to www.irs.gov/Form990T for instructions and the latest information.**

▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Department of the Treasury
Internal Revenue Service

Open to Public Inspection for
501(c)(3) Organizations Only

A Check box if address changed.		Name of organization (Check box if name changed and see instructions.)	D Employer identification number
B Exempt under section	Print or Type	SACRAMENTO REGION COMMUNITY FOUNDATION	94-2891517
<input checked="" type="checkbox"/> 501(c)(3)		Number, street, and room or suite no. If a P.O. box, see instructions.	E Group exemption number (see instructions)
408(e) 220(e) 408A 530(a) 529(a) 529S		City or town, state or province, country, and ZIP or foreign postal code	F Check box if an amended return.
		C Book value of all assets at end of year	172,979,156.

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust Applicable reinsurance entity

H Check if filing only to ▶ Claim credit from Form 8941 Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶

J Enter the number of attached Schedules A (Form 990-T) ▶ **1**

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

L The books are in care of ▶ **JAMES MCCALLUM** Telephone number ▶ **(916) 921-7723**

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	-111,858.
2 Reserved	2	
3 Add lines 1 and 2	3	-111,858.
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	-111,858.
6 Deduction for net operating loss. See instructions	6	0.
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	-111,858.
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: Tax rate schedule or Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2020)

Part III Tax and Payments			
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b Other credits (see instructions)	1b		
c General business credit. Attach Form 3800 (see instructions)	1c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e Total credits. Add lines 1a through 1d		1e	
2 Subtract line 1e from Part II, line 7		2	0.
3 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 Other (attach statement)		3	
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here		4	0.
5 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4		5	0.
6a Payments: A 2019 overpayment credited to 2020	6a		
b 2020 estimated tax payments. Check if section 643(g) election applies	6b		
c Tax deposited with Form 8868	6c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e Backup withholding (see instructions)	6e		
f Credit for small employer health insurance premiums (attach Form 8941)	6f		
g Other credits, adjustments, and payments: Form 2439 _____ Form 4136 _____ Other _____ Total	6g		
7 Total payments. Add lines 6a through 6g		7	
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached		8	
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		9	
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid		10	
11 Enter the amount of line 10 you want: Credited to 2021 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>		11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			X
3 Enter the amount of tax-exempt interest received or accrued during the tax year			
4a Did the organization change its method of accounting? (see instructions)			X
b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V			

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.				
	PUBLIC DISCLOSURE COPY		CFO	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Signature of officer	Date	Title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	TRACY S. PAGLIA	TRACY S. PAGLIA	11/15/21		P00366884
	Firm's name ▶ MOSS ADAMS LLP	Firm's EIN ▶ 91-0189318			
	Firm's address ▶ 2882 PROSPECT PARK DR, STE 300 RANCHO CORDOVA, CA 95670			Phone no. 916-503-8100	

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

ENTITY 1

OMB No. 1545-0047

2020

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization SACRAMENTO REGION COMMUNITY FOUNDATION	B Employer identification number 94-2891517
C Unrelated business activity code (see instructions) ▶ 525990	D Sequence: 1 of 1

E Describe the unrelated trade or business ▶ **INCOME FROM PASSTHROUGHS**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance ▶	1c		
2 Cost of goods sold (Part III, line 8)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)		4a 49,725.		49,725.
b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 1		5 -160,136.		-160,136.
6 Rent income (Part IV)		6		
7 Unrelated debt-financed income (Part V)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)		8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		9		
10 Exploited exempt activity income (Part VIII)		10		
11 Advertising income (Part IX)		11		
12 Other income (see instructions; attach statement)		12		
13 Total. Combine lines 3 through 12		13 -110,411.		-110,411.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)				1
2 Salaries and wages				2
3 Repairs and maintenance				3
4 Bad debts				4
5 Interest (attach statement) (see instructions)				5
6 Taxes and licenses				6 1,447.
7 Depreciation (attach Form 4562) (see instructions)		7		
8 Less depreciation claimed in Part III and elsewhere on return		8a		8b
9 Depletion				9
10 Contributions to deferred compensation plans				10
11 Employee benefit programs				11
12 Excess exempt expenses (Part VIII)				12
13 Excess readership costs (Part IX)				13
14 Other deductions (attach statement)				14
15 Total deductions. Add lines 1 through 14				15 1,447.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)				16 -111,858.
17 Deduction for net operating loss (see instructions)				17 0.
18 Unrelated business taxable income. Subtract line 17 from line 16				18 -111,858.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold. Row 9 is a checkbox question about section 263A rules.

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

Table for Rent Income. Row 1: Description of property with checkboxes A, B, C, D. Rows 2-4: Grid for rent received or accrued from personal/real property and total rents. Row 3: Total rents received or accrued. Row 4: Deductions directly connected with the income. Row 5: Total deductions.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Row 1: Description of debt-financed property with checkboxes A, B, C, D. Rows 2-8: Grid for gross income, deductions, and average acquisition debt. Row 6: Percentage calculation. Row 8: Total gross income. Row 9: Allocable deductions. Row 10: Total allocable deductions. Row 11: Total dividends-received deductions.

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
Totals			0.	0.	

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5	Gross income from activity that is not unrelated business income	5
6	Expenses attributable to income entered on line 5	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A B C D checkboxes

Enter amounts for each periodical listed above in the corresponding column.

Table with 4 columns (A, B, C, D) and 2 rows (Gross advertising income, Add columns A through D)

Table with 4 columns (A, B, C, D) and 2 rows (Direct advertising costs by periodical, Add columns A through D)

Table with 4 columns (A, B, C, D) and 1 row (Advertising gain (loss). Subtract line 3 from line 2)

Table with 4 columns (A, B, C, D) and 1 row (Readership costs)

Table with 4 columns (A, B, C, D) and 1 row (Circulation income)

Table with 4 columns (A, B, C, D) and 1 row (Excess readership costs)

Table with 4 columns (A, B, C, D) and 1 row (Excess readership costs allowed as a deduction)

Table with 4 columns (A, B, C, D) and 1 row (Add line 8, columns A through D)

Part X Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns: 1. Name, 2. Title, 3. Percentage of time devoted to business, 4. Compensation attributable to unrelated business

Total. Enter here and on Part II, line 1

Part XI Supplemental Information (see instructions)

Blank lines for supplemental information

FORM 990-T (A)

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 1

DESCRIPTION	NET INCOME OR (LOSS)
OTHER PASSTHRU ENTITIES - ORDINARY BUSINESS INCOME (LOSS)	-160,136.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	-160,136.

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2020

Name **SACRAMENTO REGION COMMUNITY FOUNDATION** Employer identification number **94-2891517**

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				207.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6 ()	
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	207.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				-2,483.
11 Enter gain from Form 4797, line 7 or 9			11	52,001.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	49,518.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	207.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	49,518.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	49,725.

Note: If losses exceed gains, see *Capital Losses* in the instructions.

Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.
▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

Social security number or
taxpayer identification no.
94-2891517

SACRAMENTO REGION COMMUNITY FOUNDATION

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.
Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	OTHER PASSTHRU ENTITIES							207.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶								207.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

SACRAMENTO REGION COMMUNITY FOUNDATION

94-2891517

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
(X) (F) Long-term transactions not reported to you on Form 1099-B

Table with 8 columns: (a) Description of property, (b) Date acquired, (c) Date sold or disposed of, (d) Proceeds (sales price), (e) Cost or other basis, (f) Code(s), (g) Amount of adjustment, (h) Gain or (loss). Includes entry for OTHER PASSTHRU ENTITIES with a total gain of <2,483.>

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) > <2,483.>

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2020

Name SACRAMENTO REGION COMMUNITY FOUNDATION	Employer identification number 94-2891517
---	---

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				207.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	207.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				-2,483.
11 Enter gain from Form 4797, line 7 or 9			11	52,001.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	49,518.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	207.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	49,518.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	49,725.

Note: If losses exceed gains, see *Capital Losses* in the instructions.

Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.
▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

Social security number or
taxpayer identification no.
94-2891517

SACRAMENTO REGION COMMUNITY FOUNDATION

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	OTHER PASSTHRU ENTITIES							207.
<p>2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶</p>								207.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

SACRAMENTO REGION COMMUNITY FOUNDATION

94-2891517

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
(X) (F) Long-term transactions not reported to you on Form 1099-B

Table with 8 columns: (a) Description of property, (b) Date acquired, (c) Date sold or disposed of, (d) Proceeds (sales price), (e) Cost or other basis, (f) Code(s), (g) Amount of adjustment, (h) Gain or (loss). Includes entry for OTHER PASSTHRU ENTITIES with a total of <2,483.>

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Sales of Business Property
 (Also Involuntary Conversions and Recapture Amounts
 Under Sections 179 and 280F(b)(2))
 Attach to your tax return.

OMB No. 1545-0184

2020

Attachment
 Sequence No. **27**

Go to www.irs.gov/Form4797 for instructions and the latest information.

SACRAMENTO REGION COMMUNITY FOUNDATION

Identifying number
94-2891517

1 Enter the gross proceeds from sales or exchanges reported to you for 2020 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20

1

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	OTHER PASSTHRU ENTITIES						52,001.
3	Gain, if any, from Form 4684, line 39						3
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37						4
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824						5
6	Gain, if any, from line 32, from other than casualty or theft						6
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.						7 52,001.
8	Nonrecaptured net section 1231 losses from prior years. See instructions						8
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions						9 52,001.

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11	Loss, if any, from line 7	11 ()
12	Gain, if any, from line 7 or amount from line 8, if applicable	12
13	Gain, if any, from line 31	13
14	Net gain or (loss) from Form 4684, lines 31 and 38a	14
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	15
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	16
17	Combine lines 10 through 16	17
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below. a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4	18a 18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2020)

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)		
A					
B					
C					
D					
These columns relate to the properties on lines 19A through 19D.		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1 before completing.)	20			
21	Cost or other basis plus expense of sale	21			
22	Depreciation (or depletion) allowed or allowable	22			
23	Adjusted basis. Subtract line 22 from line 21	23			
24	Total gain. Subtract line 23 from line 20	24			
25 If section 1245 property:					
a	Depreciation allowed or allowable from line 22	25a			
b	Enter the smaller of line 24 or 25a	25b			
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a	Additional depreciation after 1975. See instructions	26a			
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b			
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c			
d	Additional depreciation after 1969 and before 1976	26d			
e	Enter the smaller of line 26c or 26d	26e			
f	Section 291 amount (corporations only)	26f			
g	Add lines 26b, 26e, and 26f	26g			
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
a	Soil, water, and land clearing expenses	27a			
b	Line 27a multiplied by applicable percentage	27b			
c	Enter the smaller of line 24 or 27b	27c			
28 If section 1254 property:					
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a			
b	Enter the smaller of line 24 or 28a	28b			
29 If section 1255 property:					
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a			
b	Enter the smaller of line 24 or 29a. See instructions	29b			

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	
34	Recomputed depreciation. See instructions	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

Sales of Business Property
 (Also Involuntary Conversions and Recapture Amounts
 Under Sections 179 and 280F(b)(2))
 Attach to your tax return.

▶ Go to www.irs.gov/Form4797 for instructions and the latest information.

SACRAMENTO REGION COMMUNITY FOUNDATION

Identifying number
94-2891517

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Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. SACRAMENTO REGION COMMUNITY FOUNDATION	Taxpayer identification number (TIN) 94-2891517
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 955 UNIVERSITY AVENUE, NO. A	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SACRAMENTO, CA 95825	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

JAMES MCCALLUM

- The books are in the care of ▶ **955 UNIVERSITY AVENUE SUITE A - SACRAMENTO, CA 95825**
Telephone No. ▶ **(916)921-7723** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2020** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.