

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning , 2011, **and ending** , 20

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization: SACRAMENTO REGION COMMUNITY FOUNDATION
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
 955 UNIVERSITY AVENUE A
 City or town, state or country, and ZIP + 4
 SACRAMENTO, CA 95825

D Employer identification number: 94-2891517
E Telephone number: (916)921-7723
G Gross receipts \$: 27,583,028

F Name and address of principal officer: RUTH BLANK
 955 UNIVERSITY AVENUE, SUITE A, SACRAMENTO, CA 95825

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.SACREGFOUNDATION.ORG

K Form of organization: Corporation Trust Association Other ▶
L Year of formation: 1983 **M** State of legal domicile: CA

Part I Summary				
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO SERVE AS A LEADER AND TRUSTED PARTNER IN EXPANDING PHILANTHROPIC ACTIVITY AND ENHANCING ITS IMPACT FOR THE BETTERMENT OF THE SACRAMENTO REGION.		
	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	17
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	13
	6	Total number of volunteers (estimate if necessary)	6	30
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	55,366
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	47,806
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	5,780,615	2,166,726
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-507,745	5,282,496
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-208,847	255,324
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,064,023	7,704,546
	14	Benefits paid to or for members (Part IX, column (A), line 4)	4,351,216	3,542,357
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	894,893	1,020,405
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 158,512	0	0
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,140,016	1,295,799
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	6,386,125	5,858,561
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	-1,322,102	1,845,985
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	99,903,036	95,432,975
	22	Net assets or fund balances. Subtract line 21 from line 20	5,830,303	5,362,620
			94,072,733	90,070,355

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

Sign Here
 Signature of officer: *[Signature]* Date: _____
 JAMES MCCALLUM, CHIEF FINANCIAL OFFICER
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: JEFF BERTLESON
 Preparer's signature: *[Signature]* Date: 11/13/12
 Check if self-employed PTIN: _____
 Firm's name: CROWE HORWATH LLP Firm's EIN: _____
 Firm's address: 400 CAPITOL MALL, SUITE 1200, SACRAMENTO, CA 95814-4434 Phone no.: (916)441-1000

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 to any question in this Part III Yes No

1 Briefly describe the organization's mission:

TO SERVE AS A LEADER AND TRUSTED PARTNER IN EXPANDING PHILANTHROPIC ACTIVITY AND ENHANCING ITS IMPACT FOR THE BETTERMENT OF THE SACRAMENTO REGION.

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 3,478,167 including grants of \$ 3,478,167) (Revenue \$ 0)

GRANTMAKING: IN 2011, THE SACRAMENTO REGION COMMUNITY FOUNDATION AWARDED MORE THAN 900 COMPETITIVE AND NONCOMPETITIVE GRANTS AND SCHOLARSHIPS. THESE GRANTS TOTALLED MORE THAN \$3.5M, IN THE AREAS OF ARTS & HUMANITIES, HEALTH & HUMAN SERVICES, EDUCATION, THE ENVIRONMENT & CONSERVATION, RELIGION, CHILDREN & YOUTH AMONGST OTHER AREAS IN THE SACRAMENTO REGION AND BEYOND.

4b (Code:) (Expenses \$ 334,242 including grants of \$ 0) (Revenue \$ 0)

GIVELocalNOW PROJECT: THE FOUNDATION HAS BEGUN AN OUTREACH CAMPAIGN, ALONG WITH ITS PARTNERS, WHICH IF SUCCESSFUL OVER TIME, WILL: 1) MOVE THE PERCENTAGE OF REGIONAL HOUSEHOLDS THAT GIVE TO CHARITIES FROM THE CURRENT 62 PERCENT, UP TO AT LEAST 67 PERCENT, AND HOPEFULLY BEYOND. ACHIEVING THIS GOAL WOULD BOOST THE NUMBER OF HOUSEHOLDS THAT GIVE BY ABOUT 42,000, 2) INCREASE THE AVERAGE REGIONAL HOUSEHOLD CONTRIBUTION FROM \$1,990 TO MEET THE NATIONAL AVERAGE OF \$2,355 AND 3) ENCOURAGE A SIGNIFICANT INCREASE IN THE SHARE OF CHARITABLE GIVING THAT SUPPORTING LOCAL NONPROFITS IN COMPARISON TO FUNDS SUPPORTING CHARITABLE CAUSES OUTSIDE OF THE SACRAMENTO REGION.

4c (Code:) (Expenses \$ 158,535 including grants of \$ 142,290) (Revenue \$ 0)

PREVENTING HOMELESSNESS: HAVING LED THE CAMPAIGN TO FUNDRAISE \$400,000+ IN 2010 TO RECEIVE 4X FEDERAL FUNDING & SUCCESSFULLY GRANTING THOSE MONIES TO NONPROFITS HAS PREVENTED HOMELESSNESS, RAPIDLY REHOUSED OVER 1900 HOUSEHOLDS (OVER 5000 INDIVIDUALS) AND RESULTED IN THE CREATION OF A NEW NONPROFIT, SACRAMENTO STEPS FORWARD, TO ASSUME THE LEAD ROLE IN COORDINATING AND OVERSEEING HOMELESS SERVICES AND FUNDING. THE FOUNDATION HAS NOW TAKEN A LEADERSHIP ROLE IN LEARNING ABOUT NEW FEDERAL REGULATIONS CALLED HEARTH - HOMELESS EMERGENCY ASSISTANCE AND RAPID TRANSITION TO HOUSING - WHICH WILL REQUIRE OUR HOMELESS SYSTEM TO REEVALUATE HOW IT PROVIDES HOMELESS SERVICES. WE WILL CONTINUE TO SUPPORT EFFORTS THAT STRENGTHEN THE WORK OF HOMELESS PROVIDERS AND BUILD AN EFFECTIVE SYSTEM GEARED TOWARD PREVENTING HOMELESSNESS AND RAPIDLY REHOUSING PEOPLE.

4d Other program services (Describe in Schedule O.)

(Expenses \$ 163,459 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses **▶** 4,134,403

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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21; 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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, XII, and XIII is optional</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 (see instructions)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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 25</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<input type="checkbox"/>	<input type="checkbox"/>
25a Section 501(c)(3) and 501(c)(4) 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b 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>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V

		Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	26		
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	✓		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	13		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	✓		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	✓		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓	
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓	
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		✓	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		✓	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	✓		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	2		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		✓	
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the organization make any taxable distributions under section 4966?	9a		✓	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		✓	
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► CA
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► JAMES MCCALLUM, 955 UNIVERSITY AVENUE, SUITE A, SACRAMENTO, CA 95825, (916)921-7723

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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) BOB EARL CHAIRMAN OF THE BOARD	5	✓		✓			0	0	0	
(2) ROBERT LORBER BOARD VICE PRESIDENT	0.5	✓		✓			0	0	0	
(3) JEANNE REAVES BOARD TREASURER	0.5	✓		✓			0	0	0	
(4) MICHAEL ZIEGLER BOARD DIRECTOR & SECRETARY	0.5	✓		✓			0	0	0	
(5) DAN COLE BOARD DIRECTOR	0.5	✓					0	0	0	
(6) DONNA COURVILLE BOARD DIRECTOR	0.5	✓					0	0	0	
(7) MICHAEL DUNLAVEY BOARD DIRECTOR	0.5	✓					0	0	0	
(8) JANE EINHORN BOARD DIRECTOR	0.5	✓					0	0	0	
(9) CASSANDRA JENNINGS BOARD DIRECTOR	0.5	✓					0	0	0	
(10) DENNIS MANGERS BOARD DIRECTOR	0.5	✓					0	0	0	
(11) DIANE MIZELL BOARD DIRECTOR	0.5	✓					0	0	0	
(12) CARLIN NAIFY BOARD DIRECTOR	0.5	✓					0	0	0	
(13) DAN PARRISH BOARD DIRECTOR	0.5	✓					0	0	0	
(14) DR. CLAIRE POMEROY BOARD DIRECTOR	0.5	✓					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 (describe hours for related organizations in Schedule O)	(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			
(15) ELIZABETH RINDSKOPF PARKER BOARD DIRECTOR	0.5	✓						0	0	0
(16) FRED TEICHERT BOARD DIRECTOR	0.5	✓						0	0	0
(17) STEPHEN TSE BOARD DIRECTOR	0.5	✓						0	0	0
(18) HENRY WIRZ BOARD DIRECTOR	0.5	✓						0	0	0
(19) RUTH BLANK PRESIDENT & CHIEF EXECUTIVE OFFICER	40			✓				162,000	0	26,935
(20) JAMES MCCALLUM CHIEF FINANCIAL OFFICER	40			✓				118,360	0	21,950
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total								280,360	0	48,885
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								280,360	0	48,885

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 **▶ 2**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		✓
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>	✓	
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>		✓

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
RUNYON, SALTZMAN & EINHORN, ONE CAPITOL MALL, SUITE 400, SACRAMENTO, CA 95814	MARKETING CAMPAIGN FOR GIVE LOCAL NOW INITIATIVE	148,605

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 0				
	b	Membership dues	1b 0				
	c	Fundraising events	1c 0				
	d	Related organizations	1d 0				
	e	Government grants (contributions)	1e 0				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 2,166,726				
	g	Noncash contributions included in lines 1a-1f: \$	323,381				
	h	Total. Add lines 1a-1f	▶ 2,166,726				
Program Service Revenue			Business Code				
	2a	-----	0				
	b	-----	0				
	c	-----	0				
	d	-----	0				
	e	-----	0				
	f	All other program service revenue .	0	0	0	0	
g	Total. Add lines 2a-2f	▶ 0					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	▶ 2,362,779			2,362,779	
	4	Income from investment of tax-exempt bond proceeds ▶	0				
	5	Royalties	▶ 319			319	
	6a	Gross rents	(i) Real	-11,596			
			(ii) Personal				
			b Less: rental expenses				
			c Rental income or (loss)	-11,596	0		
	d	Net rental income or (loss)	▶ -11,596			-11,596	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	22,798,199			
			(ii) Other				
			b Less: cost or other basis and sales expenses	19,878,482			
			c Gain or (loss)	2,919,717	0		
	d	Net gain or (loss)	▶ 2,919,717			2,919,717	
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from fundraising events . ▶	0				
	9a	Gross income from gaming activities. See Part IV, line 19	a				
b	Less: direct expenses	b					
c	Net income or (loss) from gaming activities . . ▶	0					
10a	Gross sales of inventory, less returns and allowances	a					
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory . . ▶	0					
Miscellaneous Revenue		Business Code					
11a	NET INCOME FROM K-1S	523000	266,617		55,366	211,251	
b	MISC INCOME	900099	-16			-16	
c	-----		0				
d	All other revenue		0	0	0	0	
e	Total. Add lines 11a-11d	▶ 266,601					
12	Total revenue. See instructions.	▶ 7,704,546		0	55,366	5,482,454	

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) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	2,722,463	2,722,463		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	819,894	819,894		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	373,086		373,086	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	505,448	121,094	263,260	121,094
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	32,575	9,694	14,036	8,845
9 Other employee benefits	50,120	8,104	23,207	18,809
10 Payroll taxes	59,176		59,176	
11 Fees for services (non-employees):				
a Management	0			
b Legal	25,182		25,182	
c Accounting	34,103		34,103	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	385,737		385,737	
g Other	399,767	359,142	40,625	
12 Advertising and promotion	26,789	444	26,345	
13 Office expenses	66,407	5,767	60,640	
14 Information technology	41,641	841	40,800	
15 Royalties	0			
16 Occupancy	100,160	907	99,253	
17 Travel	32,154	15,560	16,594	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	52,357		42,593	9,764
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	9,226		9,226	
23 Insurance	6,899		6,899	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DUES/MEMBERSHIPS	31,730	5,540	26,190	
b LIFE INSURANCE PREMIUMS	35,907	35,907		
c TAXES & LICENSES	25,982	25,546	436	
d SUBSCRIPTIONS	2,014		2,014	
e All other expenses	19,744	3,500	16,244	0
25 Total functional expenses. Add lines 1 through 24e	5,858,561	4,134,403	1,565,646	158,512
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	50,581	1	44,905
	2 Savings and temporary cash investments	222,456	2	215,654
	3 Pledges and grants receivable, net	62,900	3	61,900
	4 Accounts receivable, net	6,985,523	4	6,196,369
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	57,681	9	90,809
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,925,058		
	b Less: accumulated depreciation	10b 129,719	2,803,274	10c 2,795,339
	11 Investments—publicly traded securities	68,591,768	11	64,797,354
	12 Investments—other securities. See Part IV, line 11	21,123,015	12	21,224,807
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	
	15 Other assets. See Part IV, line 11	5,838	15	5,838
16 Total assets. Add lines 1 through 15 (must equal line 34)	99,903,036	16	95,432,975	
Liabilities	17 Accounts payable and accrued expenses	55,878	17	152,743
	18 Grants payable	147,097	18	317,418
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	5,627,328	25	4,892,459
	26 Total liabilities. Add lines 17 through 25	5,830,303	26	5,362,620
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,775,945	27	2,479,233
	28 Temporarily restricted net assets	24,042,066	28	20,426,642
	29 Permanently restricted net assets	67,254,722	29	67,164,480
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	94,072,733	33	90,070,355
34 Total liabilities and net assets/fund balances	99,903,036	34	95,432,975	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,704,546
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,858,561
3	Revenue less expenses. Subtract line 2 from line 1	3	1,845,985
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	94,072,733
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-5,848,363
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	90,070,355

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question 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?
- b** Were the organization's financial statements audited by an independent accountant?
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		<input checked="" type="checkbox"/>
2b	<input checked="" type="checkbox"/>	
2c	<input checked="" type="checkbox"/>	
3a		
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization SACRAMENTO REGION COMMUNITY FOUNDATION	Employer identification number 94-2891517
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									0

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,885,847	2,278,238	2,100,572	3,275,853	1,456,726	14,997,236
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	5,885,847	2,278,238	2,100,572	3,275,853	1,456,726	14,997,236
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)						2,552,979
6 Public support. Subtract line 5 from line 4.						12,444,257

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	5,885,847	2,278,238	2,100,572	3,275,853	1,456,726	14,997,236
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,802,675	2,040,761	1,731,070	963,494	2,337,946	9,875,946
9 Net income from unrelated business activities, whether or not the business is regularly carried on			371		60,309	60,680
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
11 Total support. Add lines 7 through 10						24,933,862
12 Gross receipts from related activities, etc. (see instructions)					12	0
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	49.91 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	65.8 %
16a 33 1/3% support test—2011. 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—2010. 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—2011. 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 IV 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—2010. 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 IV 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 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2011. 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 <input type="checkbox"/>		
b 33 1/3% support tests—2010. 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV

Supplemental Information Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Return Reference	Identifier	Explanation						
		Description	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
SCHEDULE A, PART II, LINE 10	OTHER INCOME							

Schedule of Contributors

2011

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

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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
1	----- ----- -----	\$ ----- 195,020	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	----- ----- -----	\$ ----- 710,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	----- ----- -----	\$ ----- 61,306	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	----- ----- -----	\$ ----- 127,717	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	----- ----- -----	\$ ----- 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	----- ----- -----	\$ ----- 68,361	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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
7	----- ----- -----	\$ 199,724	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	----- ----- -----	\$ 44,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	----- ----- -----	\$ 70,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	----- ----- -----	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	----- ----- -----	\$ 174,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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
1	STOCK ----- ----- -----	\$ 195,020	12/14/2011
2	BONDS ----- ----- -----	\$ 60,000	2/16/2011
4	STOCK ----- ----- -----	\$ 27,717	6/27/2011
6	RESIDENTIAL HOME ----- ----- -----	\$ 68,361	7/3/2011
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----

Name of organization SACRAMENTO REGION COMMUNITY FOUNDATION	Employer identification number 94-2891517
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Part III *Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____
 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," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

Employer identification number

SACRAMENTO REGION COMMUNITY FOUNDATION

94-2891517

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	196	237
2 Aggregate contributions to (during year)	1,061,279	1,105,447
3 Aggregate grants from (during year)	1,069,750	2,455,907
4 Aggregate value at end of year	48,530,803	46,902,197
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" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? **Yes** **No**
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? **Yes** **No**
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? **Yes** **No**

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	67,261,186	60,437,506	48,400,252	65,837,362	
b Contributions	887,490	1,849,956	3,723,870	2,218,549	
c Net investment earnings, gains, and losses	-1,155,280	7,662,196	11,113,915	-17,222,111	
d Grants or scholarships	1,914,382	1,569,796	1,951,286	1,562,799	
e Other expenditures for facilities and programs	3,597				
f Administrative expenses	856,728	1,118,676	849,245	870,749	
g End of year balance	64,218,689	67,261,186	60,437,506	48,400,252	

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

- a** Board designated or quasi-endowment ▶ 2.2 %
- b** Permanent endowment ▶ 101.2 %
- c** Temporarily restricted endowment ▶ -3.4 %

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

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

	Yes	No
(i) unrelated organizations		✓
(ii) related organizations		✓
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,782,500		2,782,500
b Buildings				0
c Leasehold improvements				0
d Equipment		142,558	129,719	12,839
e Other				0

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 2,795,339

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) COMMON COMMINGLED FUNDS	8,656,203	END OF YEAR MARKET VALUE
(B) HEDGE FUNDS	4,709,790	END OF YEAR MARKET VALUE
(C) REAL ESTATE FUNDS	348,997	END OF YEAR MARKET VALUE
(D) PRIVATE EQUITY FUNDS	3,278,145	END OF YEAR MARKET VALUE
(E) ABSOLUTE RETURN FUNDS	4,204,931	END OF YEAR MARKET VALUE
(F) CASH SURRENDER VALUE OF LIFE INSURANCE POLICY	26,741	END OF YEAR MARKET VALUE
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	21,224,807	

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

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

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) CRT PAYABLES	4,250,116	
(3) CHARITABLE GIFT ANNUITIES PAYABLE	642,343	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	4,892,459	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization’s financial statements that reports the organization’s liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1 7,704,546
2	Total expenses (Form 990, Part IX, column (A), line 25)	2 5,858,561
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3 1,845,985
4	Net unrealized gains (losses) on investments	4 -3,776,468
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV.)	8 -2,210,517
9	Total adjustments (net). Add lines 4 through 8	9 -5,986,985
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10 -4,141,000

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	1 1,318,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	2a -3,776,468
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c 16,700
d	Other (Describe in Part XIV.)	2d 153,097
e	Add lines 2a through 2d	2e -3,606,671
3	Subtract line 2e from line 1	3 4,924,671
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 385,737
b	Other (Describe in Part XIV.)	4b 2,394,138
c	Add lines 4a and 4b	4c 2,779,875
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5 7,704,546

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	1 5,459,000
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 XIV.)	2d 3,477
e	Add lines 2a through 2d	2e 3,477
3	Subtract line 2e from line 1	3 5,455,523
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 385,737
b	Other (Describe in Part XIV.)	4b 17,301
c	Add lines 4a and 4b	4c 403,038
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5 5,858,561

Part XIV Supplemental Information
 Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.
[SEE NEXT PAGE](#)

Part XIV

Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Identifier	Explanation														
SCHEDULE D, PART V, LINE 4	INTENDED USES OF ENDOWMENT FUNDS	<p>PERMANENT ENDOWMENT FUNDS ARE USED TO PERMANENTLY GENERATE A SOURCE OF INCOME.</p> <p>TEMPORARILY RESTRICTED ENDOWMENT FUNDS ARE 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.</p> <p>BOARD DESIGNATED ENDOWMENT FUNDS ARE USED TO GENERATE A SOURCE OF INCOME FOR USE BY THE FOUNDATION IN THEIR ANNUAL OPERATIONS. THE BOARD MAY UNENDOW A PORTION OF THE ENDOWMENT IN TIMES OF EMERGENCY CASH NEEDS.</p>														
SCHEDULE D, PART X, LINE 2	FIN 48 (ASC 740) FOOTNOTE	<p>THE FOUNDATION USES A COMPREHENSIVE MODEL FOR RECOGNIZING, MEASURING, PRESENTING AND DISCLOSING IN THE FINANCIAL STATEMENTS TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN. A TAX POSITION IS RECOGNIZED AS A BENEFIT ONLY IF IT IS "MORE LIKELY THAN NOT" THAT THE TAX POSITION WOULD BE SUSTAINED IN A TAX EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO OCCUR. THE AMOUNT RECOGNIZED IS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED ON EXAMINATION. FOR TAX POSITIONS NOT MEETING THE "MORE LIKELY THAN NOT" TEST, NO BENEFIT IS RECORDED. FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010, MANAGEMENT HAS DETERMINED THAT THE FOUNDATION DOES NOT HAVE ANY TAX POSITIONS THAT RESULT IN ANY UNCERTAINTIES REGARDING THE POSSIBLE IMPACT ON THE FOUNDATION'S FINANCIAL STATEMENTS. THE FOUNDATION IS NO LONGER SUBJECT TO EXAMINATION BY TAXING AUTHORITIES FOR YEARS BEFORE 2008. THE FOUNDATION DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS TO SIGNIFICANTLY CHANGE IN THE NEXT 12 MONTHS. THE FOUNDATION RECOGNIZES INTEREST AND/OR PENALTIES RELATED TO INCOME TAX MATTERS IN INCOME TAX EXPENSE. THE FOUNDATION DID NOT HAVE ANY AMOUNTS ACCRUED FOR INTEREST AND PENALTIES AT DECEMBER 31, 2011 AND 2010.</p>														
SCHEDULE D, PART XI, LINE 8	OTHER CHANGES IN NET ASSETS	<table border="1"> <thead> <tr> <th>(a) Description</th> <th>(b) Amount</th> </tr> </thead> <tbody> <tr> <td>CHANGE IN AGENCY ENDOWMENTS</td> <td>- 138,917</td> </tr> <tr> <td>ROUNDING</td> <td>- 4,514</td> </tr> <tr> <td>BOOK/TAX DIFFERENCES IN INTEREST, RENTS & REALIZED GAINS/LOSSES</td> <td>- 1,970,266</td> </tr> <tr> <td>NET INCOME FROM K-1S</td> <td>- 266,617</td> </tr> <tr> <td>RECOVERIES OF PRIOR YEAR GRANTS</td> <td>16,700</td> </tr> <tr> <td>CHANGE IN VALUE OF CRT BENEFICIAL INTERESTS</td> <td>153,097</td> </tr> </tbody> </table>	(a) Description	(b) Amount	CHANGE IN AGENCY ENDOWMENTS	- 138,917	ROUNDING	- 4,514	BOOK/TAX DIFFERENCES IN INTEREST, RENTS & REALIZED GAINS/LOSSES	- 1,970,266	NET INCOME FROM K-1S	- 266,617	RECOVERIES OF PRIOR YEAR GRANTS	16,700	CHANGE IN VALUE OF CRT BENEFICIAL INTERESTS	153,097
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CHANGE IN VALUE OF CRT BENEFICIAL INTERESTS	153,097															
SCHEDULE D, PART XII, LINE 2D	OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	<table border="1"> <thead> <tr> <th>(a) Description</th> <th>(b) Amount</th> </tr> </thead> <tbody> <tr> <td>CHANGE IN VALUE OF CRT BENEFICIAL INTERESTS</td> <td>153,097</td> </tr> </tbody> </table>	(a) Description	(b) Amount	CHANGE IN VALUE OF CRT BENEFICIAL INTERESTS	153,097										
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SCHEDULE D, PART XII, LINE 4B	OTHER REVENUES IN FORM 990 NOT IN AUDITED FINANCIAL STATEMENTS	<table border="1"> <thead> <tr> <th>(a) Description</th> <th>(b) Amount</th> </tr> </thead> <tbody> <tr> <td>CHANGE IN AGENCY ENDOWMENTS</td> <td>156,218</td> </tr> <tr> <td>ROUNDING</td> <td>1,037</td> </tr> <tr> <td>NET INCOME FROM K-1S</td> <td>266,617</td> </tr> <tr> <td>BOOK/TAX DIFFERENCES IN INTEREST, RENTS & REALIZED GAINS/LOSSES</td> <td>1,970,266</td> </tr> </tbody> </table>	(a) Description	(b) Amount	CHANGE IN AGENCY ENDOWMENTS	156,218	ROUNDING	1,037	NET INCOME FROM K-1S	266,617	BOOK/TAX DIFFERENCES IN INTEREST, RENTS & REALIZED GAINS/LOSSES	1,970,266				
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SCHEDULE D, PART XIII, LINE 2D	OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	<table border="1"> <thead> <tr> <th>(a) Description</th> <th>(b) Amount</th> </tr> </thead> <tbody> <tr> <td>ROUNDING</td> <td>3,477</td> </tr> </tbody> </table>	(a) Description	(b) Amount	ROUNDING	3,477										
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SCHEDULE D, PART XIII, LINE 4B	OTHER EXPENSES IN FORM 990 NOT IN AUDITED FINANCIAL STATEMENTS	<table border="1"> <thead> <tr> <th>(a) Description</th> <th>(b) Amount</th> </tr> </thead> <tbody> <tr> <td>CHANGE IN AGENCY ENDOWMENTS</td> <td>17,301</td> </tr> </tbody> </table>	(a) Description	(b) Amount	CHANGE IN AGENCY ENDOWMENTS	17,301										
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CHANGE IN AGENCY ENDOWMENTS	17,301															

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Employer identification number

94-2891517

SACRAMENTO REGION COMMUNITY FOUNDATION

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.

Part II can be duplicated if additional space is needed

(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
(1) CITY YEAR 287 COLUMBUS AVE., BOSTON, MA 02116	22-2882549	501C3	115,000				SACRAMENTO CITY YEAR
(2) RONALD MCDONALD HOUSE CHARITIES OF NORTHERN CALIFOR 2555 49TH STREET, SACRAMENTO, CA 95817	68-0147193	501C3	86,200				CAMP RONALD MCDONALD
(3) SALVATION ARMY, DEL ORO DIVISION 3755 NORTH FREEWAY BOULEVARD, SACRAMENTO, CA 95834	68-0376209	501C3	74,543				UNRESTRICTED
(4) CHILDREN'S RECEIVING HOME OF SACRAMENTO 3555 AUBURN BLVD., SACRAMENTO, CA 95821	94-1322166	501C3	64,665				WM. HEGG PROGRAM
(5) SACRAMENTO PHILHARMONIC ORCHESTRA ASSOCIATION, INC. 939 44TH STREET, SACRAMENTO, CA 95819	23-7114091	501C3	64,050				CONSULTING FOR INITIAL ASSESSMENT AND STUDY
(6) SIERRA FOREVER FAMILIES 8928 VOLUNTEER LANE, SUITE 240, SACRAMENTO, CA 95826	68-0002878	501C3	57,500				UNRESTRICTED
(7) UNIVERSITY FOUNDATION AT SACRAMENTO STATE 6000 J STREET, SACRAMENTO, CA 95819	94-3001359	501C3	54,000				THEATRE AND DANCE DEPARTMENT #X02030
(8) VOLUNTEERS OF AMERICA, INC. 1900 POINT WEST WAY, SUITE 270, SACRAMENTO, CA 95815	94-6001984	501C3	50,083				UNRESTRICTED
(9) CROCKER ART MUSEUM ASSOCIATION 216 O STREET, SACRAMENTO, CA 95814	94-2552486	501C3	49,450				UNRESTRICTED
(10) SACRAMENTO STEPS FORWARD 1331 GARDEN HIGHWAY, SACRAMENTO, CA 95833	27-4907397	501C3	47,490				WINTER SANCTUARY PROGRAM
(11) WEAVE, INC. 1900 K STREET, SACRAMENTO, CA 95814	94-2493158	501C3	45,973				UNRESTRICTED
(12) PLANNED PARENTHOOD MAR MONTE, INC. 201 29TH STREET, SUITE A, SACRAMENTO, CA 95816	94-1583439	501C3	40,000				SACRAMENTO AREA INCLUDING YOLO: \$20,000 FOR TI

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 124

3 Enter total number of other organizations listed in the line 1 table ▶ 1

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

Cat. No. 50055P

Schedule I (Form 990) (2011)

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered “Yes” to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SCHOLARSHIPS	262	528,924	0		
2 AWARDS	5	17,300	0		
3					
4					
5					
6					
7					

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

SEE NEXT PAGE

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

Return Reference	Identifier	Explanation
SCHEDULE I, PART I, LINE 2	PROCEDURES FOR MONITORING USE OF GRANT FUNDS	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 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.
SCHEDULE I, PART II, LINE 3	AWARDS	SACRAMENTO BEE: TO SUPPORT THE SACRAMENTO BEE'S BOOK OF DREAMS ANNUAL PROGRAM TO PROVIDE HARDSHIP AWARDS.

Part II

Grants and Other Assistance to Governments and Organizations in the United States (continued)

(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
(13) CRISTO REY HIGH SCHOOL 6200 MCMAHON DRIVE, SACRAMENTO, CA 95824	04-3832927	501C3	38,770				UNRESTRICTED
(14) CALIFORNIA SCOTTISH RITE FOUNDATION: P.O. BOX 19497, SACRAMENTO, CA 95819	94-6078728	501C3	37,100				TO BENEFIT THE SACRAMENTO SCOTTISH CLINIC FOR CHILDHOOD LANGUAGE DISORDERS
(15) SACRAMENTO LOAVES AND FISHES P.O. BOX 2161, SACRAMENTO, CA 95812	68-0189897	501C3	36,400				FOR THE ANNEKA VOS ANIMAL EMERGENCY FUND
(16) WIND YOUTH SERVICES 9719 LINCOLN VILLAGE DRIVE, SUITE 502, SACRAMENTO, CA 95827	55-0844444	501C3	36,164				\$11,250 FOR EQUIPMENT AND FACILITIES AND \$8,750 IS UNRESTRICTED
(17) SACRAMENTO BALLET ASSOCIATION 1631 K STREET, SACRAMENTO, CA 95814	94-1674349	501C3	33,968				UNRESTRICTED
(18) SENIORS FIRST, INC. 11566 D AVENUE, AUBURN, CA 95603	68-0430154	501C3	32,988				FOR THE SENIOR NUTRITION PROGRAM
(19) SACRAMENTO FOOD BANK & FAMILY SERVICES 3333 THIRD AVENUE, SACRAMENTO, CA 95817	94-3315566	501C3	32,815				UNRESTRICTED
(20) SUTTER MEDICAL CENTER FOUNDATION 2800 L ST., SUITE 620, SACRAMENTO, CA 95816	94-2788906	501C3	31,230				FOR THE SUTTER CANCER CENTER
(21) UNIVERSITY OF THE PACIFIC, MCGEORGE SCHOOL OF LAW 3200 5TH AVENUE, SACRAMENTO, CA 95817	94-1156266	501C3	30,000				SUPPORT THE PACIFIC PATHWAYS PIPELINE PROGRAMS IN THE SACRAMENTO AREA, EXCLUDING THE "3-WAY INTERNSHIP" PROGRAM AND SAC HIGH.
(22) AMERICAN RED CROSS 1565 EXPOSITION BLVD, SUITE 100, SACRAMENTO, CA 95815	53-0196605	501C3	28,563				RELIEF EFFORTS FOR VARIOUS DISASTERS
(23) KVIE, INC. 2030 W. EL CAMINO AVENUE, SACRAMENTO, CA 95833	94-1421463	501C3	26,857				UNRESTRICTED
(24) BOYS AND GIRLS CLUBS OF GREATER SACRAMENTO 5212 LEMON HILL AVENUE, SACRAMENTO, CA 95824	68-0338324	501C3	25,750				UNRESTRICTED
(25) PARKINSON'S FOUNDATION OF NORTHERN CALIFORNIA 900 FULTON AVE., STE. 100-5, SACRAMENTO, CA 95825	68-0372037	501C3	25,000				UNRESTRICTED
(26) ST. MICHAEL'S EPISCOPAL DAY SCHOOL 2140 MISSION AVENUE, CARMICHAEL, CA 95608	68-0312567	501C3	25,000				FOR IMAST CAPITAL CAMPAIGN
(27) LUTHERAN SOCIAL SERVICES OF NORTHERN CALIFORNIA 3734 BROADWAY, SACRAMENTO, CA 95817	94-1659687	501C3	24,934				FOR HPRP

(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
(28) READING PARTNERS 106 LINDEN STREET, #202, OAKLAND, CA 94607	77-0568469	501C3	24,440				UNRESTRICTED FOR SACRAMENTO SCHOOLS ONLY
(29) REGENTS OF THE UNIVERSITY OF CALIFORNIA, CAR SEAT PROGRAM ACCT.# SAFE870 4900 BROADWAY, SUITE 1650, SACRAMENTO, CA 95820	94-6036494	501C3	23,950				PROVIDE SAFETY RESTRAINTS FOR BABIES & CHILDREN IN THE UCD HEALTH SYSTEM CHILD PASSENGER SAFETY PROGRAM
(30) ST. FRANCIS HIGH SCHOOL 5900 ELVAS AVENUE, SACRAMENTO, CA 95819	94-1582159	501C3	22,350				FALL 2011 TUITION FOR GINA MARIE TAMBELLINI
(31) RIVER CITY COMMUNITY SERVICES 1322 27TH STREET, SACRAMENTO, CA 95816	91-1851398	501C3	21,500				SPONSOR EMPTY BOWLS EVENT
(32) MAKE-A-WISH FOUNDATION OF SACRAMENTO & NORTHEASTERN CALIFORNIA 2800 CLUB CENTER DRIVE, SACRAMENTO, CA 95835	68-0027351	501C3	20,840				FUNDING A WISH
(33) CHILDREN'S HOME OF STOCKTON PO BOX 201068, STOCKTON, CA 95201	94-0382320	501C3	20,000				UNRESTRICTED
(34) RESOURCES LEGACY FUND 555 CAPITOL MALL, SUITE 650, SACRAMENTO, CA 95814	95-4703838	501C3	20,000				UNRESTRICTED
(35) UC DAVIS FOUNDATION, DAVIS SCHOOL OF LAW 400 MRAK HALL DRIVE, DAVIS, CA 95616	94-6081352	501C3	20,000				UCD SCHOOL OF LAW, ENVIRONMENTAL LAW AND POLICY CENTER, FELLOWSHIP
(36) SACRAMENTO CHILDREN'S HOME 2750 SUTTERVILLE ROAD, SACRAMENTO, CA 95820	94-1156588	501C3	18,960				UNRESTRICTED
(37) SACRAMENTO PUBLIC LIBRARY FOUNDATION 828 I STREET, SACRAMENTO, CA 95814	68-0029756	501C3	18,480				UNRESTRICTED
(38) TRINITY CATHEDRAL CHURCH 2620 CAPITOL AVENUE, SACRAMENTO, CA 95816	94-1464736	501C3	18,000				UNRESTRICTED
(39) REGENTS OF THE UNIVERSITY OF CALIFORNIA ONE SHIELDS AVENUE, DAVIS, CA 95616	94-6036494	501C3	17,545				UC DAVIS SCHOOL OF VETERINARY MEDICINE SCHOLARSHIP PROGRAM, FRED AND ERDA M. HARROLD SCHOLARSHIP
(40) CENTER FOR MULTICULTURAL COOPERATION 1331 GARDEN HIGHWAY, SACRAMENTO, CA 95833	77-0305544	501C3	16,900				SUPPORT ACTIVITIES IN MARKETING, BOARD MANAGEMENT AND SPECIAL EVENTS FOR GABY 2011-2012
(41) ST. JOHN'S SHELTER FOR WOMEN & CHILDREN 4410 POWER INN ROAD, SACRAMENTO, CA 95826	68-0132934	501C3	16,107				UNRESTRICTED

(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
(42) ROBERTS FAMILY DEVELOPMENT CENTER 770 DARINA AVENUE, SACRAMENTO, CA 95815	68-0470557	501C3	16,000				UNRESTRICTED
(43) ST. JOSEPH'S CHURCH 32890 SOUTH RIVER ROAD, CLARKSBURG, CA 95612		501C3	16,000				UNRESTRICTED
(44) STANFORD SETTLEMENT, INC. 450 WEST EL CAMINO AVENUE, SACRAMENTO, CA 95833	94-1550842	501C3	15,950				THE NEIGHBORHOOD CENTER
(45) SACRAMENTO TREE FOUNDATION 191 LATHROP WAY, SUITE D, SACRAMENTO, CA 95815	94-2825234	501C3	15,200				UNRESTRICTED
(46) EASTERN PLUMAS HOSPITAL FOUNDATION, INC. 500 FIRST AVENUE, PORTOLA, CA 96122	68-0271374	501C3	15,000				MAMMOGRAPHY EQUIPMENT AND SERVICES
(47) SUTTER HEALTH SACRAMENTO SIERRA REGION, OFFICE OF PHILANTHROPY 2800 L STREET, SUITE 620, SACRAMENTO, CA 95814	94-1156621	501C3	15,000				FOR FAMILY PRACTICE RESIDENCY IN HONOR OF JOAN SMITH-MACLEAN
(48) WELLSRING WOMEN'S CENTER 3414 4TH AVENUE, P.O. BOX 5728, SACRAMENTO, CA 95817	91-1752615	501C3	15,000				UNRESTRICTED
(49) THE SACRAMENTO BEE 2100 Q STREET, SACRAMENTO, CA 95816	52-2080478	501C3	14,527				FOR 2010 BOOK OF DREAMS
(50) SUTTER DAVIS HOSPITAL FOUNDATION, OFFICE OF PHILANTHROPY 2800 L STREET, SUITE 620, SACRAMENTO, CA 95814	68-0217870	501C3	13,900				THIS GRANT IS TO SUPPORT THE MISSION OF THE ORGANIZATION AND IS IN HONOR OF JANET WAGNER AND THE ACHIEVEMENT OF SUTTER DAVIS BEING NAMED AS A TOP 100 HOSPITAL
(51) CAPITAL PUBLIC RADIO, INC. 7055 FOLSOM BOULEVARD, SACRAMENTO, CA 95826	68-0223271	501C3	13,860				UNRESTRICTED FOR ACCOUNT 95427 RE 10021 0003
(52) CHRISTIAN BROTHERS HIGH SCHOOL OF SACRAMENTO, INC. 4315 MARTIN LUTHER KING JR. BLVD., SACRAMENTO, CA 95820	68-0322360	501C3	13,815				VARIOUS PROGRAMS
(53) FOOD FOR FAMILIES P.O. BOX 15618, SACRAMENTO, CA 95852	68-0195082	501C3	13,780				UNRESTRICTED
(54) CENTER FOR FATHERS AND FAMILIES 920 DEL PASO BOULEVARD, SACRAMENTO, CA 95815	68-0310997	501C3	13,500				VARIOUS PROGRAMS
(55) COLUSA REGIONAL MEDICAL CENTER 199 E. WEBSTER STREET, COLUSA, CA 95932	31-1750849	501C3	13,480				CONTINUE CURRENT HOME HEALTH/ PALLIATIVE CARE FOR INDIGENT, LOW INCOME FAMILIES FROM BIRTH TO DEATH
(56) SUTTER NORTH MEDICAL FOUNDATION 969 PLUMAS STREET, SUITE 207, YUBA CITY, CA 95991	94-1080019	501C3	13,480				EXPANSION OF THE URGENT CARE FACILITY

(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
(57) POWERHOUSE MINISTRIES, INC. P.O. BOX 1611, FOLSOM, CA 95763	68-0020855	501C3	13,287				TO PROVIDE RENTAL ASSISTANCE OR HOTEL VOUCHERS TO FAMILIES TO PREVENT HOMELESSNESS AND TO OPEN A WINTER SHELTER FOR THOSE ALREADY HOMELESS IN THE FOLSOM AREA
(58) ARTHRITIS FOUNDATION-SACRAMENTO CHAPTER 3040 EXPLORER DRIVE, SUITE 1, SACRAMENTO, CA 95827	94-1528356	501C3	12,988				UNRESTRICTED
(59) SUTTER ROSEVILLE MEDICAL CENTER FOUNDATION ONE MEDICAL PLAZA, ROSEVILLE, CA 95661	68-0040113	501C3	12,988				FOR THE HOSPICE PROGRAM
(60) STANFORD HOME FOR CHILDREN 8912 VOLUNTEER LANE, SACRAMENTO, CA 95826	68-0065690	501C3	12,890				ART THERAPY PROGRAM
(61) GREAT VALLEY CENTER, INC. 201 NEEDHAM STREET, MODESTO, CA 95354	77-0450770	501C3	12,700				UNRESTRICTED
(62) COLLEGIATE SCHOOL, INC. 260 WEST 78TH STREET, NEW YORK, NY 10024	13-1634966	501C3	12,500				COLLEGIATE SCHOOL SCHOLARSHIP FUND IN HONOR OF DEMETRIOS A. BOUTRIS AND AURELIA MIKA CHANG
(63) THE GATHERING INN PO BOX 297, ROSEVILLE, CA 95678	84-1657746	501C3	12,401				HARSH WEATHER SHELTER
(64) FRIENDS OF THE ARTS COMMISSION 2030 DEL PASO BLVD., SACRAMENTO, CA 95815	94-2796782	501C3	12,300				VERGE CAPITAL CAMPAIGN
(65) ROSEVILLE HOME START, INC. 410 RIVERSIDE AVENUE, ROSEVILLE, CA 95678	91-1657990	501C3	12,033				UNRESTRICTED
(66) SACRAMENTO COTTAGE HOUSING, INC. 1726 PROFESSIONAL DRIVE, SACRAMENTO, CA 95825	68-0322086	501C3	12,000				UNRESTRICTED
(67) ALZHEIMER'S ASSOCIATION OF NORTHERN CALIFORNIA 530 BERECUT DRIVE, SUITE A,, SACRAMENTO, CA 95811	94-2897949	501C3	11,250				UNRESTRICTED
(68) CAPITAL STAGE COMPANY 1000 FRONT ST., SACRAMENTO, CA 95814	20-2799021	501C3	11,250				UNRESTRICTED
(69) DUKE UNIVERSITY 2122 CAMPUS DRIVE, PO BOX 90397, DURHAM, NC 27708	56-0532129	501C3	11,000				DUKE ALS CLINIC RESEARCH FUND IN HONOR OF BARBARA BISHOP
(70) FAMILIES EMPOWERED AND SUPPORTING TREATMENT OF EATING DISORDERS PO BOX 331, WARRENTON, VA 20188	26-4706974	501C3	10,500				SUPPORT THE WORK OF FEAST TO PROVIDE INFORMATION ABOUT EATING DISORDER TREATMENT AND SUPPORT TO PARENTS AND OTHER CAREGIVERS

(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
(71) FOOD BANK OF YOLO COUNTY 1244 FORTNA AVENUE, WOODLAND, CA 95695	23-7111782	501C3	10,500				UNRESTRICTED
(72) SACRAMENTO VALLEY CONSERVANCY P.O. BOX 163351, SACRAMENTO, CA 95816	68-0256214	501C3	10,250				UNRESTRICTED
(73) MARIANNHILL MISSION SOCIETY 23715 ANN ARBOR TRAIL, DEARBORN HEIGHTS, MI 48127	38-1359091	501C3	10,001				RESIDUAL FOR AGNES KOLANCHECK
(74) SOCIETY OF THE DIVINE SAVIOR 1735 N. HI MOUNT BLVD, MILWAUKEE, WI 53208	39-0806210	501C3	10,001				UNRESTRICTED
(75) ALPHA DELTA CHAPTER OF LODI CALIFORNIA OF OMEGA NU SORORITY	94-6090957		10,000				UNRESTRICTED
(76) COMMUNITY RESOURCES COUNCIL, INC. 133 CHURCH ST., ROSEVILLE, CA 95678	94-1740316	501C3	10,000				THE PROGRAMS OF THE PLACER FOOD BANK
(77) EL PORVENIR PO BOX 12547, DENVER, CO 80212	68-0230597	501C3	10,000				UNRESTRICTED
(78) EPPIE'S GREAT RACE FOUNDATION 1111 HOWE AVE., STE. 140, SACRAMENTO, CA 95825	20-2299609	501C3	10,000				EPPIES GREAT RACE GOLD SPONSORSHIP
(79) FIT SACRAMENTO 181 BLUE RAVINE RD., STE. 120, FOLSOM, CA 95630	27-3239308	501C3	10,000				PILOT PROJECT INITIAL ROLL OUT
(80) GREATER SACRAMENTO URBAN LEAGUE 3725 MARYSVILLE BLVD., SACRAMENTO, CA 95838	94-1686314	501C3	10,000				UNRESTRICTED
(81) HUTCHINS STREET SQUARE FOUNDATION 125 S. HUTCHINS, LODI, CA 95240	94-2655990	501C3	10,000				UNRESTRICTED
(82) MEALS ON WHEELS 7311 GREENHAVEN DR., STE. 190, SACRAMENTO, CA 95831	30-0610870	501C3	10,000				NUTRITION SERVICES AND RELATED ACTIVITIES TO OLDER ADULTS WHO NEED HOME-DELIVERED MEALS
(83) MEXICAN AMERICAN LEGAL DEFENSE AND EDUCATION FUND 634 SOUTH SPRING STREET, 11TH FLOOR, LOS ANGELES, CA 90014	74-1563270	501C3	10,000				2011 CALIFORNIA LATINO STATE OF THE STATE
(84) SACRAMENTO AREA EMERGENCY HOUSING CENTER 2411 ALHAMBRA BLVD., STE. 110, SACRAMENTO, CA 95817	94-2172933	501C3	10,000				5TH AVENUE BRIDGE PROJECT
(85) SACRAMENTO HISTORY FOUNDATION 551 SEQUOIA PACIFIC BLVD., SACRAMENTO, CA 95814	30-0019361	501C3	10,000				UNRESTRICTED
(86) SACRAMENTO POLICE FOUNDATION 5960 SOUTH LAND PARK DR., PMB 235, SACRAMENTO, CA 95822	68-0433279	501C3	10,000				CRIMINAL JUSTICE MAGNET SCHOOL

(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
(87) SACRAMENTO SELF-HELP HOUSING, INC. PO BOX 188445, SACRAMENTO, CA 95818	68-0217383	501C3	10,000				HELP HOMELESS PEOPLE MOVE INTO RENTAL HOUSING BY PROVIDING HOUSING READINESS ASSESSMENTS, SHORT TERM INTENSIVE CASE MANAGEMENT AND HOUSING LOCATION SERVICES WHILE ASSISTING IN LOCATING AND MOVING INTO PERMANENT HOUSING
(88) SAFETY CENTER, INC. 3909 BRADSHAW ROAD, SACRAMENTO, CA 95827	94-2831134	501C3	10,000				UNRESTRICTED
(89) SAN JOAQUIN HISTORICAL SOCIETY PO BOX 30, LODI, CA 95241	94-1636086	501C3	10,000				UNRESTRICTED
(90) SIERRA COLLEGE FOUNDATION 5000 ROCKLIN ROAD, ROCKLIN, CA 95677	23-7241877	501C3	10,000				TIM FARMER FOSTER YOUTH SCHOLARSHIP PROGRAM
(91) THE FUTURE FOUNDATION OF SACRAMENTO 3455 AMERICAN RIVER DR., SUITE B, SACRAMENTO, CA 95864	80-0025786	501C3	10,000				UNRESTRICTED
(92) WATER PROJECT, INC., THE PO BOX 39487, CHARLOTTE, NC 28278	26-1455510	501C3	10,000				A WELL PROJECT AS DETERMINED BY THE WATER PROJECT, INC.
(93) ST. IGNATIUS LOYOLA PARISH 3235 ARDEN WAY, SACRAMENTO, CA 95825		501C3	9,500				UNRESTRICTED FOR THE SCHOOL
(94) ELK GROVE FOOD BANK SERVICES P. O. BOX 1447, ELK GROVE, CA 95759	38-3664737	501C3	9,150				UNRESTRICTED
(95) JESUIT HIGH SCHOOL P.O. BOX 254647, SACRAMENTO, CA 95865	94-1525873	501C3	9,000				FOR GREG BASS SCHOLARSHIP FUND
(96) UNITED ANIMAL NATIONS P.O. BOX 188890, SACRAMENTO, CA 95818	68-0124097	501C3	8,630				UNRESTRICTED
(97) FRANCIS HOUSE OF SACRAMENTO 1422 C STREET, SACRAMENTO, CA 95814	94-2437147	501C3	8,500				UNRESTRICTED
(98) CENTER FOR ORANGUTAN AND CHIMPANZEE CONSERVATION INC P. O. BOX 488, WAUCHULA, FL 33873	65-0444725	501C3	8,000				UNRESTRICTED IN HONOR OF LESLIE REED
(99) SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC., THE 2443 FAIR OAKS BLVD., PMB 223, SACRAMENTO, CA 95825	94-3169358	501C3	8,000				MAY 7TH RACE FOR THE CURE ON BEHALF OF "TEAM SUGAR"
(100) WELFARE OF OUR FURRY FRIENDS 7657 BAIRD WAY, CITRUS HEIGHTS, CA 95610	68-0460171	501C3	8,000				ANIMAL EMERGENCY FUND MANAGED BY LYNN MADISON
(101) YMCA COLLIER COUNTY 5450 YMCA RD., NAPLES, FL 34109	23-7039993	501C3	8,000				UNRESTRICTED FOR THE YMCA OF THE PALMS
(102) SACRAMENTO SPCA 6201 FLORIN-PERKINS ROAD, SACRAMENTO, CA 95828	94-1312343	501C3	7,719				UNRESTRICTED
(103) RIVER OAK CENTER FOR CHILDREN 5030 EL CAMINO AVENUE, SUITE 2000, CARMICHAEL, CA 95608	94-2519001	501C3	7,522				UNRESTRICTED

(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
(104) BAYSHORE ARTS, INC. 4069 BAYSHORE DR., NAPLES, FL 34112	20-1793831	501C3	7,500				UNRESTRICTED
(105) CAMELLIA SYMPHONY ASSOCIATION P.O. BOX 19786, SACRAMENTO, CA 95819	94-6112266	501C3	7,500				FREE FAMILY CONCERTS
(106) LOS RIOS FOUNDATION 1919 SPANOS COURT, SACRAMENTO, CA 95825	94-2506591	501C3	7,500				COMMUNITY COLLEGE STUDENT EMERGENCY FUND
(107) NONPROFIT RESOURCE CENTER 1331 GARDEN HIGHWAY, SACRAMENTO, CA 95833	68-0173440	501C3	7,500				THE FUTURE OF THE NONPROFIT SECTOR SPONSORSHIP
(108) UNITED CEREBRAL PALSY ASSOCIATION OF GREATER SACRAMENTO, INC. 4350 AUBURN BLVD., SACRAMENTO, CA 95841	94-1507998	501C3	7,500				TO SUPPORT SADDLE PALS
(109) DOCTORS WITHOUT BORDERS USA, INC. P.O. BOX 5030, HAGERSTOWN, MD 21741	13-3433452	501C3	7,150				UNRESTRICTED
(110) THE FRIENDSHIP CLUB 138 NEW MOHAWK ROAD, SUITE 275, NEVADA CITY, CA 95959	68-0262000	501C3	7,120				UNRESTRICTED
(111) SACRAMENTO COURT APPOINTED SPECIAL ADVOCATE PROGRAM P.O. BOX 278383, SACRAMENTO, CA 95827	68-0257139	501C3	7,050				FOR CHILD WELFARE
(112) THE GRACE FOUNDATION OF NORTHERN CALIFORNIA P.O. BOX 4692, EL DORADO HILLS, CA 95762	52-2444981	501C3	7,000				UNRESTRICTED FUNDS TO FURTHER THE MISSION OF THE GRACE FOUNDATION RESCUE SERVICE ORGANIZATION
(113) ST. HOPE ACADEMY PO BOX 5038, SACRAMENTO, CA 95817	68-0193050	501C3	6,800				FOR DRAMA, MUSIC, LIBRARY OR CULTURAL PROGRAMS SUPPORTED BY AND CREATED FOR THE SCHOOL'S BENEFIT
(114) INTERNATIONAL BRAIN RESEARCH FOUNDATION, INC. 100 MENLO PARK, SUITE 412, EDISON, NJ 08837	86-1136864	501C3	6,500				UNRESTRICTED IN HONOR OF JESSICA HUSE
(115) SOIL BORN FARM URBAN AGRICULTURE PROJECT P.O. BOX 661175, SACRAMENTO, CA 95866	20-0774693	501C3	6,500				UNRESTRICTED
(116) TRINITY (CHURCH) LIFE CENTER, INC. 5225 HILLSDALE BLVD., SACRAMENTO, CA 95842		501C3	6,440				UNRESTRICTED
(117) CANINE COMPANIONS FOR INDEPENDENCE P.O. BOX 446, SANTA ROSA, CA 95402	94-2494324	501C3	6,230				WOUNDED VETERAN'S INITIATIVE
(118) FREMONT PRESBYTERIAN CHURCH 5770 CARLSON DRIVE, SACRAMENTO, CA 95819	94-1279824	501C3	6,200				OPERATIONS
(119) GRAMMA'S HUGS INTERNATIONAL 8652 ELK WAY, ELK GROVE, CA 95624	38-3702680	501C3	6,000				UNRESTRICTED

(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
(120) PROJECT DREAM 3222 WINONA WAY, NORTH HIGHLANDS, CA 95660	30-0475870	501C3	6,000				LAPTOPS AND SOFTWARE
(121) SAINT MARYS OF ASSUMPTION CHURCH 203 EAST WASHINGTON ST., STOCKTON, CA 95202		501C3	6,000				ST. MARYS BUILDING FUND
(122) AMERICAN RIVER NATURAL HISTORY ASSOCIATION P.O. BOX 241, CARMICHAEL, CA 95609	94-2766075	501C3	5,800				EFFIE YEAW NATURE CENTER
(123) THEATRE FOR CHILDREN, INC. DBA B STREET THEATRE 2711 B STREET, SACRAMENTO, CA 95816	95-4047805	501C3	5,750				ARTS INNOVATION
(124) CARDIGAN MOUNTAIN SCHOOL 62 ALUMNI DRIVE, CANAAN, NH 03741	02-0223580	501C3	5,500				ANNUAL FUND DRIVE TO SUPPORT SUSTAINABILITY

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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

▶ **Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2011

**Open to Public
Inspection**

SACRAMENTO REGION COMMUNITY FOUNDATION

Employer identification number

94-2891517

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	✓
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	✓
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	✓
If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	✓
b Any related organization?	5b	✓
If "Yes" to line 5a or 5b, describe in Part III.		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	✓
b Any related organization?	6b	✓
If "Yes" to line 6a or 6b, describe in Part III.		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	✓
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	✓
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Cat. No. 50053T

Schedule J (Form 990) 2011

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 in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name		(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 reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	(i)	162,000	0	0	12,960	13,975	188,935	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE L
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2011

Open To Public Inspection

Name of the organization

SACRAMENTO REGION COMMUNITY FOUNDATION

Employer identification number

94-2891517

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958. ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

	(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
		To	From			Yes	No	Yes	No	Yes	No
		(1)									
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
Total ▶ \$					0						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

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

Cat. No. 50056A

Schedule L (Form 990 or 990-EZ) 2011

Part IV**Business Transactions Involving Interested Persons** (continued)

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) RUNYON, SALTZMAN & EINHORN	JEAN EINHORN, A CURRENT BOARD MEMBER, IS AN OWNER OF RUNYON, SALTZMAN & EINHORN	148,605	MARKETING FOR GIVE LOCAL NOW INITIATIVE		✓

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2011

**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.**

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	✓	24	415,277	MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential	✓	1	68,362	SELLING COST
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		✓
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	✓	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	✓	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II

Supplemental Information Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Return Reference	Identifier	Explanation
SCHEDULE M, PART I	EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	SECURITIES - PUBLICLY TRADED: NUMBER OF CONTRIBUTIONS RECEIVED REAL ESTATE - RESIDENTIAL: NUMBER OF CONTRIBUTIONS
SCHEDULE M, PART I, LINE 32B	THIRD PARTIES USED TO SOLICIT, PROCESS, OR SELL NONCASH CONTRIBUTIONS	FOR SALE OF THE RESIDENTIAL PROPERTY, A REAL ESTATE AGENT WAS USED.

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.

2011

Open to Public Inspection

Name of the Organization
SACRAMENTO REGION COMMUNITY FOUNDATION

Employer Identification Number
94-2891517

Return Reference	Identifier	Explanation														
FORM 990, PART III, LINE 4D	DESCRIPTION OF OTHER PROGRAM SERVICES	ALL OTHER PROGRAMS														
FORM 990, PART VI, SECTION A, LINE 1A	DELEGATE BROAD AUTHORITY TO A COMMITTEE	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 AND ONE OTHER DIRECTOR SELECTED BY THE BOARD WHO ALSO SERVICES AS THE CHAIR OF ANOTHER BOARD OF ADVISORY COMMITTEE.														
FORM 990, PART VI, SECTION B, LINE 11B	REVIEW OF FORM 990 BY GOVERNING BODY	THE 990 IS REVIEWED IN DETAIL BY THE FINANCE COMMITTEE. ALL ADJUSTMENTS ARE MADE AND REVISED COPIES TO THE FULL BOARD & REVIEWED INDIVIDUALLY BY THE BOARD MEMBERS BEFORE A BOARD MEETING & PRIOR TO FILING THE RETURN. ANY QUESTIONS DURING THE BOARD MEETING ARE ANSWERED BY MANAGEMENT BEFORE RATIFICATION OF THE RETURN BY THE BOARD OR, IN CASE OF ADJUSTMENTS, IS RETURNED TO MANAGEMENT FOR CHANGES. THE FINAL ADJUSTED RETURN IS RATIFIED BY A QUORUM OF THE BOARD BEFORE FILING WITH THE IRS.														
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST POLICY	CONFLICT OF INTEREST POLICIES ARE COMPLETED BY ALL BOARD MEMBERS 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.														
FORM 990, PART VI, SECTION B, LINE 15A	PROCESS USED TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	COMPENSATION OF THE CEO IS REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD USING COMPARABLE DATA OF SIMILAR POSITIONS FOR COMMUNITY FOUNDATIONS ACROSS THE COUNTRY, ADJUSTED FOR REGIONAL DIFFERENCES, FROM THE COUNCIL ON FOUNDATIONS. THE REVIEW IS DONE ANNUALLY NEAR THE BEGINNING OF EACH YEAR AND WAS LAST COMPLETED FOR THE 2009 YEAR. THERE WAS NO CHANGE IN BASE COMPENSATION FOR 2010 NOR 2011.														
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	THE GOVERNING DOCUMENTS & CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE BY WRITTEN REQUEST TO THE FOUNDATION. THE AUDITED FINANCIAL STATEMENTS ARE POSTED ON THE FOUNDATION'S WEBSITE.														
FORM 990, PART XI, LINE 5	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1"> <thead> <tr> <th>(a) Description</th> <th>(b) Amount</th> </tr> </thead> <tbody> <tr> <td>NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS</td> <td>- 3,776,468</td> </tr> <tr> <td>BOOK/TAX DIFFERENCES IN INTEREST, RENTS & REALIZED GAINS/LOSSES</td> <td>- 1,970,266</td> </tr> <tr> <td>NET INCOME FROM K-1S</td> <td>- 266,617</td> </tr> <tr> <td>PRIOR YEAR GRANTS RETURNED</td> <td>16,700</td> </tr> <tr> <td>CHANGE IN VALUE OF CRT/CGA BENEFICIAL INTERESTS</td> <td>153,097</td> </tr> <tr> <td>OTHER</td> <td>- 4,809</td> </tr> </tbody> </table>	(a) Description	(b) Amount	NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS	- 3,776,468	BOOK/TAX DIFFERENCES IN INTEREST, RENTS & REALIZED GAINS/LOSSES	- 1,970,266	NET INCOME FROM K-1S	- 266,617	PRIOR YEAR GRANTS RETURNED	16,700	CHANGE IN VALUE OF CRT/CGA BENEFICIAL INTERESTS	153,097	OTHER	- 4,809
(a) Description	(b) Amount															
NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS	- 3,776,468															
BOOK/TAX DIFFERENCES IN INTEREST, RENTS & REALIZED GAINS/LOSSES	- 1,970,266															
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PRIOR YEAR GRANTS RETURNED	16,700															
CHANGE IN VALUE OF CRT/CGA BENEFICIAL INTERESTS	153,097															
OTHER	- 4,809															

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990. ▶ See separate instructions.

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" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN 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
(1) SRCF HOLDINGS, LLC (94-2891517) 955 UNIVERSITY AVENUE, SUITE A, SACRAMENTO, CA 95825	REAL ESTATE	CA	0	0	SACRAMENTO REGION COMMUNITY FOUNDATION
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CENTRAL VALLEY FOUNDATION (68-0283878) 2255 WATT AVENUE, SACRAMENTO, CA 95825	EDUCATIONAL GRANTS	CA	501(C)(3)	11 - TYPE III - FI			✓
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) 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	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) CHARITABLE REMAINDER TRUSTS (10) -----	GENERATE INCOME FOR THE BENEFICIARY AND DISTRIBUTE	CA	SACRAMENTO REGION COMMU	TRUST		2,016,451	100
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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 section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													