

SACRAMENTO REGION COMMUNITY FOUNDATION

PUBLIC DISCLOSURE COPY

RETURN OF EXEMPT ORGANIZATION

YEAR ENDED DECEMBER 31, 2016

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 private foundations)

**2016**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2016 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>SACRAMENTO REGION COMMUNITY FOUNDATION</b>		<b>D</b> Employer identification number <b>94-2891517</b>
	Doing business as		<b>E</b> Telephone number <b>916-921-7723</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>36,914,560.</b>
	<b>955 UNIVERSITY AVENUE</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code <b>SACRAMENTO, CA 95825</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>F</b> Name and address of principal officer: <b>LINDA BEECH CUTLER</b> <b>SAME AS C ABOVE</b>		If "No," attach a list. (see instructions)	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ <b>WWW.SACREGCF.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1983</b>	<b>M</b> State of legal domicile: <b>CA</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>18</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>18</b>
	<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5</b>	<b>16</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>50</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>-24,080.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>-25,113.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>13,191,839.</b>	<b>Current Year</b> <b>13,157,411.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>62,216.</b>	<b>72,339.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>5,669,096.</b>	<b>-6,583.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>17,353.</b>	<b>29,282.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>18,940,504.</b>	<b>13,252,449.</b>
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>11,613,203.</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0.</b>	<b>0.</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>1,291,820.</b>	<b>1,380,976.</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0.</b>	<b>0.</b>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>308,116.</b>			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<b>1,707,286.</b>	<b>1,685,025.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>14,612,309.</b>	<b>14,101,686.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>4,328,195.</b>	<b>-849,237.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>119,955,171.</b>	<b>End of Year</b> <b>126,016,493.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>2,822,599.</b>	<b>3,223,644.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>117,132,572.</b>	<b>122,792,849.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	<b>PUBLIC DISCLOSURE COPY</b>			
	Signature of officer <b>JAMES MCCALLUM, CFO</b> Type or print name and title	Date		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>TRACY S. PAGLIA</b>	Preparer's signature <b>TRACY S. PAGLIA</b>	Date <b>11/10/17</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00366884</b>
	Firm's name ▶ <b>MOSS ADAMS LLP</b>	Firm's EIN ▶ <b>91-0189318</b>		Phone no. <b>916-503-8100</b>
	Firm's address ▶ <b>3100 ZINFANDEL DRIVE, SUITE 500</b> <b>RANCHO CORDOVA, CA 95670-6062</b>			

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code: ) (Expenses \$ 7,452,583. including grants of \$ 7,126,879. ) (Revenue \$ 0. ) DONOR ADVISED AND UNRESTRICTED GRANTMAKING: IN 2016 THE SACRAMENTO REGION COMMUNITY FOUNDATION AWARDED OVER 1,900 COMPETITIVE AND NONCOMPETITIVE GRANTS AND SCHOLARSHIPS. THESE GRANTS AND SCHOLARSHIPS TOTALLED APPROXIMATELY \$7.1M IN THE AREAS OF ARTS AND HUMANITIES, HUMAN SERVICES, EDUCATION, THE ENVIRONMENT & CONSERVATION, RELIGION, CHILDREN & YOUTH IN THE SACRAMENTO REGION AND BEYOND.

4b (Code: ) (Expenses \$ 3,859,799. including grants of \$ 3,714,564. ) (Revenue \$ 72,339. ) EXPANDING PHILANTHROPY AND THE SOCIAL ECONOMY: AS PART OF OUR COMMITMENT TO GROW PHILANTHROPIC GIVING IN THE SACRAMENTO REGION, WE COORDINATED BIG DAY OF GIVING, WHICH GENERATED \$7.1 MILLION FOR 570 NONPROFITS THAT SERVE THE CAPITAL AREA. WE OFFERED ROBUST CAPACITY-BUILDING TRAINING TO HUNDREDS OF STAFF MEMBERS AND VOLUNTEERS OF THOSE NONPROFITS, AND BEGAN ORIENTATIONS FOR NONPROFITS INTERESTED IN PARTICIPATING IN THE 2017 GIVING DAY. ADDITIONALLY IN 2016, WE LAUNCHED A MORE ROBUST GIVINGEDGE, THE REGION'S ONLINE RESOURCE FOR DONORS SEEKING INFORMATION ABOUT LOCAL NONPROFITS, WHICH WILL BE FULLY POPULATED IN 2017.

4c (Code: ) (Expenses \$ 144,229. including grants of \$ 103,007. ) (Revenue \$ 0. ) PREPARING STUDENTS TO SUCCEED IN THE NEW ECONOMY: WE LAUNCHED OUR CAPITAL AREA PROMISE SCHOLARS PROGRAM TO ADDRESS THE BARRIERS LOCAL STUDENTS ENCOUNTER AS THEY PURSUE HIGHER EDUCATION, AND WERE AWARDED A THREE-YEAR, \$930,000 GRANT TO SUPPORT THAT WORK. IN JULY, WE PARTNERED WITH REGIONAL LEADERS IN THE EDUCATION SECTOR TO HOST A COLLEGE-READINESS PROGRAM AT CALIFORNIA STATE UNIVERSITY, SACRAMENTO, FOR 80 HIGH SCHOOL STUDENTS WHO ARE PARTICIPATING IN THE PROGRAM.

4d Other program services (Describe in Schedule O.) (Expenses \$ 96,044. including grants of \$ 91,235. ) (Revenue \$ 0. )

4e Total program service expenses 11,552,655.

**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance requirements.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (18), 1b (18), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DENNIS MANGERS BOARD CHAIR & DIRECTOR	0.80 0.10	X		X				0.	0.	0.
(2) HENRY WIRZ BOARD DIRECTOR	0.80	X						0.	0.	0.
(3) CLARENCE WILLIAMS BOARD DIRECTOR	0.80	X						0.	0.	0.
(4) STEPHEN TSE BOARD DIRECTOR	0.80	X						0.	0.	0.
(5) GARY STRONG BOARD DIRECTOR	0.80	X						0.	0.	0.
(6) KATE STILLE BOARD DIRECTOR	0.80	X						0.	0.	0.
(7) MARTIN STEINER BOARD DIRECTOR	0.80	X						0.	0.	0.
(8) MEG STALLARD BOARD DIRECTOR	0.80	X						0.	0.	0.
(9) DIANE MIZELL BOARD DIRECTOR	0.80	X						0.	0.	0.
(10) WILLIAM NIEMI BOARD DIRECTOR	0.80	X						0.	0.	0.
(11) CASSANDRA JENNINGS BOARD DIRECTOR	0.80	X						0.	0.	0.
(12) ALEX GONZALES BOARD DIRECTOR	0.80	X						0.	0.	0.
(13) JANE EINHORN BOARD DIRECTOR	0.80	X						0.	0.	0.
(14) MARGIE CAMPBELL BOARD DIRECTOR	0.80	X						0.	0.	0.
(15) LINDA MERKSAMER BOARD DIRECTOR	0.80	X						0.	0.	0.
(16) CARLIN NAIFY BOARD SECRETARY & DIRECTOR	0.80 0.10	X		X				0.	0.	0.
(17) DARREN MORRIS BOARD TREASURER & DIRECTOR	0.80 0.10	X		X				0.	0.	0.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DONNA COURVILLE BOARD VICE CHAIR & DIRECTOR	0.80 0.10	X		X				0.	0.	0.
(19) LINDA BEECH CUTLER CHIEF EXECUTIVE OFFICER	40.00 0.10			X				152,755.	0.	21,770.
(20) JAMES MCCALLUM CHIEF FINANCIAL OFFICER	40.00 0.10			X				124,388.	0.	27,597.
(21) PRISCILLA ENRIQUEZ CHIEF GIVING OFFICER	40.00					X		114,852.	0.	9,765.
(22) SHIRLEE TULLY CHIEF MKTG AND DEVELOPMENT OFFICER	40.00					X		110,323.	0.	18,946.
<b>1b Sub-total</b>								502,318.	0.	78,078.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								502,318.	0.	78,078.

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
COLONIAL CONSULTING, 750 THIRD AVENUE, 20TH FLOOR, NEW YORK, NY 10017	INVESTMENT ADVISORY SERVICES	113,993.

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

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>	20,000.				
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	13,137,411.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		892,120.				
	<b>h Total.</b> Add lines 1a-1f .....		13,157,411.				
<b>Program Service Revenue</b>	<b>2 a</b> BIG DAY OF GIVING TRAINING AND MA	<b>Business Code</b> 611710	72,339.	72,339.			
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....		72,339.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		1,689,176.		-62,465.	1,751,641.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	16,873.				
		(ii) Personal					
		<b>b</b> Less: rental expenses .....	0.				
		<b>c</b> Rental income or (loss) .....	16,873.				
	<b>d</b> Net rental income or (loss) .....		16,873.			16,873.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	21,966,352.				
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses .....	23,662,111.				
		<b>c</b> Gain or (loss) .....	-1,695,759.				
	<b>d</b> Net gain or (loss) .....		-1,695,759.		38,385.	-1,734,144.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
		<b>b</b> Less: direct expenses .....	<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> OTHER REVENUE .....		900099	12,409.			12,409.	
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			12,409.			
<b>12 Total revenue.</b> See instructions. ....			13,252,449.	72,339.	-24,080.	46,779.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	9,781,770.	9,781,770.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,253,915.	1,253,915.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	369,947.		369,947.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	837,818.	298,701.	281,982.	257,135.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	59,983.	22,956.	18,689.	18,338.
9 Other employee benefits	27,217.	4,048.	1,463.	21,706.
10 Payroll taxes	86,011.		86,011.	
11 Fees for services (non-employees):				
a Management				
b Legal	21,647.		21,647.	
c Accounting	48,980.		48,980.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	807,148.		807,148.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	157,752.	72,795.	84,957.	
12 Advertising and promotion	138,458.	27,918.	110,540.	
13 Office expenses	93,220.	20,191.	73,029.	
14 Information technology	115,313.	31,028.	84,285.	
15 Royalties				
16 Occupancy	119,377.		119,377.	
17 Travel	45,994.	26,863.	19,131.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	54,460.		43,523.	10,937.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	13,003.		13,003.	
23 Insurance	12,175.		12,175.	
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 <b>DUES/MEMBERSHIPS</b>	25,455.	7,343.	18,112.	
b <b>SUBSCRIPTIONS EXPENSE</b>	2,044.		2,044.	
c <b>LIFE INSURANCE PREMIUMS</b>	1,512.	1,512.		
d <b>TAXES AND LICENSES</b>	538.		538.	
e All other expenses	27,949.	3,615.	24,334.	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>14,101,686.</b>	<b>11,552,655.</b>	<b>2,240,915.</b>	<b>308,116.</b>
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	335,669.	<b>1</b>	357,365.
	<b>2</b> Savings and temporary cash investments .....	7,138,714.	<b>2</b>	6,301,595.
	<b>3</b> Pledges and grants receivable, net .....	67,121.	<b>3</b>	44,900.
	<b>4</b> Accounts receivable, net .....	8,049,341.	<b>4</b>	5,912,736.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	129,598.	<b>9</b>	105,685.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 2,174,692.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 157,975.	2,028,358.	<b>10c</b> 2,016,717.
	<b>11</b> Investments - publicly traded securities .....	62,284,509.	<b>11</b>	64,267,386.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	39,886,194.	<b>12</b>	46,941,654.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	35,667.	<b>15</b>	68,455.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	119,955,171.	<b>16</b>	126,016,493.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	189,036.	<b>17</b>	243,617.
	<b>18</b> Grants payable .....	405,015.	<b>18</b>	332,305.
	<b>19</b> Deferred revenue .....	56,016.	<b>19</b>	708,667.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	2,172,532.	<b>25</b>	1,939,055.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	2,822,599.	<b>26</b>	3,223,644.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	110,734,490.	<b>27</b>	116,349,988.
	<b>28</b> Temporarily restricted net assets .....	6,398,082.	<b>28</b>	6,442,861.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	117,132,572.	<b>33</b>	122,792,849.	
<b>34</b> Total liabilities and net assets/fund balances .....	119,955,171.	<b>34</b>	126,016,493.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,252,449.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,101,686.
3	Revenue less expenses. Subtract line 2 from line 1	3	-849,237.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	117,132,572.
5	Net unrealized gains (losses) on investments	5	3,928,724.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	2,580,790.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	122,792,849.

**Part XII Financial Statements and Reporting**

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

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

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

Form 990 (2016)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2016**

Open to Public Inspection

<b>Name of the organization</b> SACRAMENTO REGION COMMUNITY FOUNDATION	<b>Employer identification number</b> 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 12, check only one box.)

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

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

**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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	4413150.	2883062.	8040015.	12721839.	11864943.	39923009.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	4413150.	2883062.	8040015.	12721839.	11864943.	39923009.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						143,156.
<b>6 Public support.</b> Subtract line 5 from line 4.						39779853.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4 .....	4413150.	2883062.	8040015.	12721839.	11864943.	39923009.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	1666577.	1532094.	1242215.	1046892.	1635346.	7123124.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....				62,214.		62,214.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	-50,000.	10,504.	298,024.	997.	12,409.	271,934.
<b>11 Total support.</b> Add lines 7 through 10						47380281.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	134,555.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	83.96 %
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 .....	<b>15</b>	80.00 %
<b>16a 33 1/3% support test - 2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2015.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
<b>3</b> Excess distributions carryover, if any, to 2016:			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2016 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
<b>6</b> Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b> Excess from 2013			
<b>c</b> Excess from 2014			
<b>d</b> Excess from 2015			
<b>e</b> Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

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

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

**LOSS IN VALUE DUE TO IMPAIRMENT**

2012 AMOUNT: \$ -50,000.

**MISCELLANEOUS**

2013 AMOUNT: \$ 10,504.

2014 AMOUNT: \$ 298,024.

2015 AMOUNT: \$ 997.

2016 AMOUNT: \$ 12,409.

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Name of the organization

SACRAMENTO REGION COMMUNITY FOUNDATION

Employer identification number

94-2891517

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization <b>SACRAMENTO REGION COMMUNITY FOUNDATION</b>	Employer identification number <b>94-2891517</b>
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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	_____ _____ _____	\$ <u>1,090,656.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>310,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>435,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>1,792,362.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>900,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>SACRAMENTO REGION COMMUNITY FOUNDATION</b>	Employer identification number <b>94-2891517</b>
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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	<hr/> <hr/> <hr/>	\$ <u>300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>SACRAMENTO REGION COMMUNITY FOUNDATION</b>	Employer identification number  <b>94-2891517</b>
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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
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization  <b>SACRAMENTO REGION COMMUNITY FOUNDATION</b>	Employer identification number  <b>94-2891517</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2016**  
**Open to Public Inspection**

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	249	362
2 Aggregate value of contributions to (during year) .....	4,738,920.	8,233,260.
3 Aggregate value of grants from (during year) .....	4,062,106.	6,962,204.
4 Aggregate value at end of year .....	57,817,525.	64,975,322.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

Preservation of land for public use (e.g., recreation or education)       Preservation of a historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 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, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

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

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

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

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

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

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

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

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

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

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

Schedule D (Form 990) 2016

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	87,654,228.	89,715,256.	88,197,484.	72,917,274.	64,218,689.
b Contributions	3,302,684.	3,365,123.	2,482,500.	7,303,410.	3,092,710.
c Net investment earnings, gains, and losses	5,591,274.	-794,153.	3,233,500.	11,950,079.	8,755,718.
d Grants or scholarships	2,911,714.	2,855,130.	2,534,410.	2,884,917.	2,236,465.
e Other expenditures for facilities and programs	3,992.	6,000.	9,274.	3,537.	
f Administrative expenses	1,224,127.	1,770,868.	1,654,544.	1,084,825.	913,378.
g End of year balance	92,408,353.	87,654,228.	89,715,256.	88,197,484.	72,917,274.

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

- a Board designated or quasi-endowment  100.00 %
- b Permanent endowment  .00 %
- c Temporarily restricted endowment  .00 %

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

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

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

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,000,000.		2,000,000.
b Buildings				
c Leasehold improvements				
d Equipment		174,692.	157,975.	16,717.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,016,717.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) PRIVATE EQUITY FUNDS	6,255,801.	END-OF-YEAR MARKET VALUE
(B) HEDGE FUNDS	17,427,371.	END-OF-YEAR MARKET VALUE
(C) REAL ESTATE FUNDS	2,701,426.	END-OF-YEAR MARKET VALUE
(D) COMMON COMMINGLED FUNDS	19,361,033.	END-OF-YEAR MARKET VALUE
(E) COMMODITIES	1,196,023.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>46,941,654.</b>	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CRT PAYABLES	1,408,124.
(3) CHARITABLE GIFTS	530,931.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>1,939,055.</b>

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

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

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

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

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

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

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

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

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

**PART X, LINE 2:**

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

**Part XIII** Supplemental Information (continued)

AFFECT ITS TAX-EXEMPT STATUS. THE FOUNDATION HAD NO UNRECOGNIZED TAX BENEFITS AS OF DECEMBER 31, 2016 AND 2015, RESPECTIVELY.

THE FOUNDATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. FOR THE YEAR ENDED DECEMBER 31, 2016 AND 2015, THERE WERE NO TAX INTEREST OR PENALTIES RECORDED IN THE STATEMENTS OF ACTIVITIES.

PART V, LINE 2A - ENDOWMENT FUNDS

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

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public Inspection

Name of the organization <b>SACRAMENTO REGION COMMUNITY FOUNDATION</b>	Employer identification number <b>94-2891517</b>
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**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		20,548,596.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		94,495.
<b>3 a</b> Sub-total .....	0	0			20,643,091.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			20,643,091.



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

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

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

3 Enter total number of other organizations or entities ▶ \_\_\_\_\_

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

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* .....  Yes  No

**Part V Supplemental Information**

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

Multiple horizontal lines for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
3STRANDS GLOBAL INC. 3941 PARK DR STE 20-200 EL DORADO HILLS, CA 95762	27-4594317	501(C)(3)	7,813.	0.			UNRESTRICTED
4 R FRIENDS 4820 8TH AVENUE SACRAMENTO, CA 95820	27-4223617	501(C)(3)	16,086.	0.			UNRESTRICTED
916INK PO BOX 162605 SACRAMENTO, CA 95816	46-0705510	501(C)(3)	97,200.	0.			UNRESTRICTED; ANY OF THE PROGRAMS; CREATIVE WRITING WORKSHOPS
A TOUCH OF UNDERSTANDING, INC. 5280 STIRLING STREET SUITE #102 GRANITE BAY, CA 95746	68-0389777	501(C)(3)	5,647.	0.			UNRESTRICTED
ACME THEATRE COMPANY PO BOX 159 DAVIS, CA 95617	31-1613404	501(C)(3)	7,600.	0.			UNRESTRICTED
AEROSPACE MUSEUM OF CALIFORNIA 3200 FREEDOM PARK DRIVE MCCLELLAN, CA 95652	94-2831253	501(C)(3)	25,000.	0.			DREAMS TAKE FLIGHT PROGRAM - TO FUND STEM EXPERIENCE

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 328.**

**3** Enter total number of other organizations listed in the line 1 table **▶ 14.**

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

**Schedule I (Form 990) (2016)**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AGAPE VILLAGES FOSTER FAMILY AGENCY - 186 MANITOU STREET - SACRAMENTO, CA 95838	68-0226944	501(C)(3)	11,988.	0.			RECRUITMENT TRAINING AND CERTIFICATION OF FIVE NEW FOSTER FAMILIES
ALBIE AWARE, INC. 1851 HERITAGE LANE, #299 SACRAMENTO, CA 95815	42-1632678	501(C)(3)	7,539.	0.			UNRESTRICTED
ALLIANCE FRANCAISE DE SACRAMENTO 1721 25TH ST. SACRAMENTO, CA 95816	68-0453376	501(C)(3)	7,378.	0.			UNRESTRICTED
ALZHEIMER'S ASSOCIATION OF NORTHERN CALIFORNIA - 1455 RESPONSE RD. STE. 190 - SACRAMENTO, CA 95815	94-2897949	501(C)(3)	25,702.	0.			UNRESTRICTED
AMERICAN FRIENDS SERVICE COMMITTEE 1501 CHERRY ST. PHILADELPHIA, PA 19102	23-1352010	501(C)(3)	10,000.	0.			UNRESTRICTED
AMERICAN LEADERSHIP FORUM 1601 RESPONSE RD. SUITE 350 SACRAMENTO, CA 95815	91-1792774	501(C)(3)	15,504.	0.			UNRESTRICTED; SENIOR FELLOWS PROGRAM
AMERICAN NATIONAL RED CROSS 1565 EXPOSITION BLVD. SACRAMENTO, CA 95815	53-0196605	501(C)(3)	36,083.	0.			\$5,000 EACH FOR THE RELIEF FOR FIRE VICTIMS, LAKE COUNTY, CA
AMERICAN RIVER CONSERVANCY P.O. BOX 562 COLOMA, CA 95613	68-0195752	501(C)(3)	10,030.	0.			UNRESTRICTED
AMERICAN RIVER NATURAL HISTORY ASSOCIATION - P.O. BOX 241 - CARMICHAEL, CA 95609-0241	94-2766075	501(C)(3)	10,068.	0.			EFFIE YEAW NATURE CENTER'S EDUCATIONAL PROGRAMS; UNRESTRICTED

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RIVER PARKWAY FOUNDATRION, INC. - 5700 ARDEN WAY - CARMICHAEL, CA 95608	94-2881344	501(C)(3)	26,288.	0.			AMERICAN RIVER PARKWAY TRAIL; UNRESTRICTED
ANIMAL RESCUE LEAGUE P.O. BOX 2625 ELK GROVE, CA 95759	65-1195078	501(C)(3)	16,798.	0.			UNRESTRICTED
ARTHRITIS FOUNDATION-SACRAMENTO CHAPTER - 1851 HERITAGE LANE, STE. 183 - SACRAMENTO, CA 95815	58-1341679	501(C)(3)	14,333.	0.			UNRESTRICTED
ASIAN COMMUNITY CENTER OF SACRAMENTO VALLEY - 7375 PARK CITY DRIVE - SACRAMENTO, CA 95831	94-2271380	501(C)(3)	8,446.	0.			UNRESTRICTED
ASIAN PACIFIC ISLANDER AMERICAN PUBLIC AFFAIRS - 4000 TRUXEL ROAD, SUITE 3 - SACRAMENTO, CA 95834	55-0849384	501(C)(3)	11,000.	0.			API LGBTQ SERVICES
ASPEN EDUCATION FOUNDATION PO BOX 2200 ASPEN, CO 81612	84-1181681	501(C)(3)	15,000.	0.			GENERAL OPERATING BUDGET OF THE COLLEGE COUNSELING DEPARTMENT
ASPIRANET 9719 LINCOLN VILLAGE DRIVE, SUITE # SACRAMENTO, CA 95827	94-2442955	501(C)(3)	7,120.	0.			16 BICYCLES, HELMETS AND LOCKS
ASSISTANCE LEAGUE OF GREATER PLACER - P.O. BOX 4693 - AUBURN, CA 95604	68-0119738	501(C)(3)	11,288.	0.			TO FURTHER THE PROGRAMS; UNRESTRICTED
ATKINSON YOUTH SERVICES, INC 4718 ENGLE ROAD CARMICHAEL, CA 95608	68-0019348	501(C)(3)	10,285.	0.			PURCHASE A REPLACEMENT VAN TO BE USED FOR THE GRANTEE'S RESOURCE CENTER

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AUBURN INTERFAITH FOOD CLOSET PO BOX 132 AUBURN, CA 95604	68-0424269	501(C)(3)	10,808.	0.			UNRESTRICTED
AUBURN SYMPHONY PO BOX 74, 985 LINCOLN WAY #102 AUBURN, CA 95604	93-1039723	501(C)(3)	9,105.	0.			UNRESTRICTED
BERKELEY REPERTORY THEATRE 999 HARRISON ST. BERKELEY, CA 94710	94-1679756	501(C)(3)	30,000.	0.			UNRESTRICTED
BOYS AND GIRLS CLUBS OF GREATER SACRAMENTO - 5212 LEMON HILL AVENUE - SACRAMENTO, CA 95824	68-0338324	501(C)(3)	30,859.	0.			UNRESTRICTED
BOYS AND GIRLS CLUBS, EL DORADO COUNTY WESTERN SLOPE - P.O. BOX 2535 - PLACERVILLE, CA 95667	91-1774039	501(C)(3)	40,000.	0.			NEW FACILITY
BREAD OF LIFE CENTER 650 EL CAMINO AVENUE SACRAMENTO, CA 95815	20-4538532	501(C)(3)	6,153.	0.			UNRESTRICTED
BREATHE CALIFORNIA OF SACRAMENTO-EMIGRANT TRAILS - 909 12TH ST, STE 100 - SACRAMENTO, CA 95814	94-1641240	501(C)(3)	6,877.	0.			UNRESTRICTED
BRIDGE NETWORK CORP 7851 35TH AVENUE, ELMO ALLEN SLIDER CENTER - SACRAMENTO, CA 95824	45-2833423	501(C)(3)	9,457.	0.			FUND INITIAL UPFRONT COSTS FOR PROGRAM FACILITATION
BRIGHT CHILDREN INTERNATIONAL PO BOX 980743 WEST SACRAMENTO, CA 95798	27-3798340	501(C)(3)	13,170.	0.			UNRESTRICTED

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CACHE CREEK CONSERVANCY P.O. BOX 8249 WOODLAND, CA 95776-8249	68-0374372	501(C)(3)	8,167.	0.			UNRESTRICTED
CALIFORNIA ASSOCIATION OF COLLECTORS EDUCATIONAL SCHOLARSHIP - 1455 RESPONSE ROAD SUITE 240 - SACRAMENTO, CA 95815	56-2521491	501(C)(3)	9,271.	0.			UNRESTRICTED
CALIFORNIA FUTURE FARMERS OF AMERICA FOUNDATION - PO BOX 186 - GALT, CA 95632	23-7166263	501(C)(3)	6,293.	0.			UNRESTRICTED
CALIFORNIA MUSICAL THEATRE 1510 J ST., SUITE 200 SACRAMENTO, CA 95814	95-1744392	501(C)(3)	18,341.	0.			UNRESTRICTED
CALIFORNIA NATIVE PLANT SOCIETY 2707 K STREET SACRAMENTO, CA 95816	94-6116403	501(C)(3)	5,232.	0.			UNRESTRICTED
CALIFORNIA PACIFIC MEDICAL CENTER P.O. BOX 7999 SAN FRANCISCO, CA 94120-7999	94-2728423	501(C)(3)	53,000.	0.			CPMC'S REBUILDING PROJECT AND PROGRAMS AND TO HELP SUPPORT THE 2020 CAMPAIGN
CALIFORNIA RURAL LEGAL ASSISTANCE FOUNDATION - 2210 K STREET, 2ND. FLOOR - SACRAMENTO, CA 95816	95-2428657	501(C)(3)	5,445.	0.			UNRESTRICTED
CALIFORNIA SCOTTISH RITE FOUNDATION - P.O. BOX 19497 - SACRAMENTO, CA 95819	94-6078728	501(C)(3)	47,021.	0.			CHILDHOOD LANGUAGE DISORDERS
CALIFORNIA STATE PARKS FOUNDATION 50 FRANCISCO ST. STE. 110 SAN FRANCISCO, CA 94133	94-1707583	501(C)(3)	8,920.	0.			UNRESTRICTED

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CAMELLIA SYMPHONY ASSOCIATION 1731 HOWE AVE. #499 SACRAMENTO, CA 95825	94-6112266	501(C)(3)	12,337.	0.			TO UNDERWRITE STUDENT TICKETS FOR THE RISING STAR CONCERT; UNRESTRICTED
CAMPUS LIFE CONNECTION P.O. BOX 277728 SACRAMENTO, CA 95827	68-0279554	501(C)(3)	12,130.	0.			NIGHT BASKETBALL PROGRAM FOR AT-RISK TEENS; UNRESTRICTED
CANINE COMPANIONS FOR INDEPENDENCE P.O. BOX 446 SANTA ROSA, CA 95402-0446	94-2494324	501(C)(3)	9,921.	0.			GIVING TUESDAY; UNRESTRICTED
CAPITAL PUBLIC RADIO ENDOWMENT, INC. - 7055 FOLSOM BOULEVARD - SACRAMENTO, CA 95826	68-0118926	501(C)(3)	51,251.	0.			UNRESTRICTED
CAPITAL PUBLIC RADIO, INC. 7055 FOLSOM BOULEVARD SACRAMENTO, CA 95826	68-0223271	501(C)(3)	19,450.	0.			CPR LEADERSHIP CIRCLE CONTINUING SUPPORT; SUPPORTING NEWS PROGRAMMING
CAPITAL STAGE COMPANY 2220 J ST. STE. 8 SACRAMENTO, CA 95816	20-2799021	501(C)(3)	15,176.	0.			UNRESTRICTED
CAPITOL BALLET COMPANY 4430 MARCONI AVE. SACRAMENTO, CA 95821	94-1698616	501(C)(3)	5,771.	0.			UNRESTRICTED
CAPITOL COMMISSION, INC. P.O. BOX 63118 CHARLOTTE, NC 28263-3118	27-1085525	501(C)(3)	15,000.	0.			UNRESTRICTED
CASA EL DORADO 347 MAIN ST. PLACERVILLE, CA 95667	68-0299245	501(C)(3)	8,961.	0.			UNRESTRICTED

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CELEBRATION ARTS 4469 D STREET SACRAMENTO, CA 95819	68-0077971	501(C)(3)	5,865.	0.			UNRESTRICTED
CENTER FOR COMMUNITY HEALTH AND WELL-BEING, INC. - 1900 T STREET - SACRAMENTO, CA 95814	68-0248303	501(C)(3)	10,824.	0.			UNRESTRICTED
CENTER FOR FATHERS AND FAMILIES 920 DEL PASO BOULEVARD SACRAMENTO, CA 95815	68-0310997	501(C)(3)	23,411.	0.			SAY NO TO LITTER PROGRAM; SOW GROW HARVEST PROGRAM; UNRESTRICTED
CENTER FOR HUMAN SERVICES 2000 W. BRIGGSMORE AVE. STE. I MODESTO, CA 95350	94-1725620	501(C)(3)	15,000.	0.			MEET THE NEEDS OF UNDERSERVED AND LOW-INCOME CHILDREN AND YOUTH IN OAKDALE
CENTER FOR LAND-BASED LEARNING 5265 PUTAH CREEK ROAD WINTERS, CA 95694	68-0472121	501(C)(3)	79,502.	0.			COOLER FOR HARVEST FOR WEST SACRAMENTO URBAN FARM PROGRAM
CENTRAL VALLEY FARMLAND TRUST 8788 ELK GROVE BLVD, BUILDING 1, SU ELK GROVE, CA 95624	77-0566494	501(C)(3)	13,006.	0.			UNRESTRICTED
CHAMBER MUSIC SOCIETY P.O. BOX 162508 SACRAMENTO, CA 95816	68-0138343	501(C)(3)	10,922.	0.			UNRESTRICTED
CHESTER FOUNDATION 2515 VENTURE OAKS WAY, SUITE 135 SACRAMENTO, CA 95833	27-2042948	501(C)(3)	42,002.	0.			FOR ANIMALS OF THE HOMELESS; UNRESTRICTED
CHICKS IN CRISIS 8359 ELK GROVE FLORIN ROAD, SUITE 103; BOX 263 - SACRAMENTO, CA 95829	94-3371317	501(C)(3)	5,579.	0.			UNRESTRICTED

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CHILD ABUSE PREVENTION COUNCIL OF SACRAMENTO - 4700 ROSEVILLE RD, #102 - NORTH HIGHLANDS, CA 95660	94-2833431	501(C)(3)	35,305.	0.			UNRESTRICTED; SUPPORT FOR FTE FOR THE CASA PROGRAM
CHILD ADVOCATES OF PLACER COUNTY 3715 ATHERTON ROAD, SUITE 1 ROCKLIN, CA 95765	77-0620948	501(C)(3)	9,349.	0.			UNRESTRICTED
CHILDREN'S CHOICE FOR HEARING AND TALKING CENTER - 11100 COLOMA ROAD - RANCHO CORDOVA, CA 95670	94-1706320	501(C)(3)	9,434.	0.			UNRESTRICTED
CHILDREN'S CRISIS CENTER OF STANISLAUS COUNTY - PO BOX 1062 - MODESTO, CA 95353	94-2686499	501(C)(3)	20,000.	0.			MEET THE NEEDS OF UNDERSERVED AND LOW-INCOME CHILDREN AND YOUTH IN OAKDALE
CHILDRENS HOSPITAL LOS ANGELES 4650 SUNSET BLVD, #29 LOS ANGELES, CA 90027	95-1690977	501(C)(3)	10,000.	0.			SUPPORT THE FUNDRAISING EFFORTS OF MEGAN, CHRISTOPHER, AND SAYLOR PIERSON
CHILDREN'S RECEIVING HOME OF SACRAMENTO - 3555 AUBURN BLVD. - SACRAMENTO, CA 95821	94-1322166	501(C)(3)	33,115.	0.			UNRESTRICTED
CHRISTIAN BROTHERS HIGH SCHOOL OF SACRAMENTO, INC. - 4315 MARTIN LUTHER KING JR. BLVD. - SACRAMENTO, CA 95820	68-0322360	501(C)(3)	10,525.	0.			CHRISTIAN BROTHERS HIGH SCHOOL SCHOLARSHIP ENDOWMENT FUND
CITIZENS WHO CARE INC. 409 LINCOLN AVE WOODLAND, CA 95695	68-0154969	501(C)(3)	5,715.	0.			UNRESTRICTED
CITY OF DAVIS 23 RUSSELL BOULEVARD DAVIS, CA 95616		MUNICIPALITY OF	9,868.	0.			HINSZ SCHOLARSHIP; NEW LOUNGE FURNITURE - 4 CHAIRS AND COUCH

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CITY OF REFUGE 3472 38TH ST. SACRAMENTO, CA 95817	46-2676243	501(C)(3)	8,800.	0.			UNRESTRICTED
CLEAN & SOBER P.O. BOX 2604 SACRAMENTO, CA 95812	68-0426373	501(C)(3)	14,718.	0.			UNRESTRICTED
CLOSING THE GAP 2495 NATOMAS PARK DRIVE, SUITE 200 SACRAMENTO, CA 95833	26-3122380	501(C)(3)	7,397.	0.			UNRESTRICTED
COLLEGE TRACK 3400 3RD. AVE. SACRAMENTO, CA 95817	94-3279613	501(C)(3)	58,366.	0.			GIVING TUESDAY; OUTREACH AND EDUCATION; UNRESTRICTED
COMMUNITY FOUNDATION OF MIDDLE TENNESSEE - 3833 CLEGHORN AVENUE, SUITE 400 - NASHVILLE, TN 37215-2519	62-1471789	501(C)(3)	100,000.	0.			DR. AND MRS. J. F. ADAMS MEMORIAL LIBRARY ASSOCIATION ENDOWMENT FOR CAPITAL
COMMUNITY FOUNDATION OF SAN JOAQUIN, INC. - P.O. BOX 286 - STOCKTON, CA 95201	26-1476916	501(C)(3)	7,500.	0.			LIVE209, TO BE USED FOR EFFORTS AGAINST HUMAN TRAFFICKING IN THE STOCKTON
COMMUNITY INITIATIVES 354 PINE STREET, SUITE 700 SAN FRANCISCO, CA 94104	94-3255070	501(C)(3)	18,000.	0.			UNRESTRICTED FOR NORTHERN SIERRA PARTNERSHIP
CORE CONTEMPORARY DANCE 1809 S STREET STE 101-123 SACRAMENTO, CA 95811	26-1223775	501(C)(3)	7,641.	0.			UNRESTRICTED
COUNCIL ON AMERICAN-ISLAMIC RELATIONS CALIFORNIA - 717 K STREET, SUITE 217 - SACRAMENTO, CA 95814	77-0411194	501(C)(3)	10,074.	0.			UNRESTRICTED

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COURAGE WORLDWIDE INC. 3031 STANFORD RANCH ROAD, SUITE 2 # ROCKLIN, CA 95765	20-3126288	501(C)(3)	8,736.	0.			UNRESTRICTED
CRISTO REY HIGH SCHOOL 6200 MCMAHON DRIVE SACRAMENTO, CA 95824	04-3832927	501(C)(3)	33,653.	0.			STUDENT SCHOLARSHIPS; UNRESTRICTED FOR WORK STUDY; UNRESTRICTED
CROCKER ART MUSEUM ASSOCIATION 216 O STREET SACRAMENTO, CA 95814	94-2552486	501(C)(3)	95,417.	0.			VARIOUS LEVEL MEMBERSHIPS; ANNUAL FUND
CROCKETT-DEANE BALLET 3385 LANATT ST. SACRAMENTO, CA 95819	91-1804440	501(C)(3)	6,958.	0.			UNRESTRICTED
DAVIS AQUATIC MASTERS PO BOX 921 DAVIS, CA 95617	94-2412714	501(C)(3)	11,796.	0.			UNRESTRICTED
DAVIS ART CENTER PO BOX 4340 DAVIS, CA 95617	94-6050371	501(C)(3)	8,225.	0.			UNRESTRICTED
DAVIS LEGACY SOCCER CLUB PO BOX 72295 DAVIS, CA 95617	68-0203286	501(C)(3)	40,000.	0.			SUPPORT OF FINANCIALLY CHALLENGED YOUTH
DAVIS MUSICAL THEATRE COMPANY 607 PENA DRIVE #10 DAVIS, CA 95618	68-0028068	501(C)(3)	19,706.	0.			UNRESTRICTED
DEVELOPMENTAL DISABILITIES SERVICE ORGANIZATION, INC. - 5051 47TH AVENUE - SACRAMENTO, CA 95824	23-7428879	501(C)(3)	6,761.	0.			UNRESTRICTED

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DIVINE MERCY HUMAN DEVELOPMENT FOUNDATION - PO BOX 293221 - SACRAMENTO, CA 95829	26-3551270	501(C)(3)	15,767.	0.			UNRESTRICTED
DOCTORS WITHOUT BORDERS USA, INC. P.O. BOX 5030 HAGERSTOWN, MD 21741-5030	13-3433452	501(C)(3)	12,000.	0.			HUMANITARIAN RELIEF; UNRESTRICTED
EASTER SEALS SUPERIOR CALIFORNIA 3205 HURLEY WAY SACRAMENTO, CA 95864	94-1279800	501(C)(3)	5,075.	0.			UNRESTRICTED
EL DORADO COUNTY COMMUNITY HEALTH 4327 GOLDEN CENTER DR. PLACERVILLE, CA 95667	42-1533531	501(C)(3)	11,468.	0.			PURCHASE OF AN X-RAY SENSOR AND CORRESPONDING CHARGER
ELK GROVE FOOD BANK SERVICES 9820 DINO DR. STE. 140 ELK GROVE, CA 95624	38-3664737	501(C)(3)	7,417.	0.			UNRESTRICTED
EMPOWER YOLO, INC. 175 WALNUT STREET WOODLAND, CA 95695	94-3027535	501(C)(3)	21,881.	0.			SUPPORT STIPENDS AND MILEAGE REIMBURSEMENT FOR BILINGUAL INDIVIDUAL
ESKATON FOUNDATION 5105 MANZANITA AVENUE CARMICHAEL, CA 95608	68-0227233	501(C)(3)	14,531.	0.			UNRESTRICTED
EUREKA SCHOOLS FOUNDATION P.O. BOX 2444 GRANITE BAY, CA 95746	68-0280171	501(C)(3)	30,820.	0.			EUREKA SCHOOLS FOUNDATION ENDOWMENT FUND DRAW
FACES OF TOMORROW PO BOX 697 DAVIS, CA 95617	26-1275707	501(C)(3)	11,000.	0.			FORE FOR FACES GOLF TOURNAMENT FUNDRAISER, OCTOBER 21, 2016

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FAIRYTALE TOWN, INC. 3901 LAND PARK DRIVE SACRAMENTO, CA 95822	94-1669088	501(C)(3)	55,972.	0.			SUPPORT THE ADVENTURE PLAYGROUND; UNRESTRICTED
FEATHER RIVER COLLEGE FOUNDATION 570 GOLDEN EAGLE AVENUE, FINANCIAL QUINCY, CA 95971	68-0188281	501(C)(3)	6,000.	0.			FEATHER RIVER COLLEGE AGRICULTURE DEPARTMENT FOR ROUGH STOCK ARENA PANELS
FIELDHAVEN FELINE CENTER 2754 IRONWOOD LANE LINCOLN, CA 95648	30-0240425	501(C)(3)	6,513.	0.			UNRESTRICTED
FIRST 5 YOLO, CHILDREN AND FAMILIES COMMISSION - 502 MACE BOULEVARD, SUITE 15 - DAVIS, CA 95618		COUNTY OF YOLO	492,119.	0.			UNRESTRICTED
FISHER HOUSE FOUNDATION, INC. 111 ROCKVILLE PIKE, SUITE 420 ROCKVILLE, MD 20850	11-3158401	501(C)(3)	37,477.	0.			100% OF FUNDS TO THE TRAVIS AFB FISHER HOUSE LOCATION;PALO ALTO FISHER HOUSE
FOLSOM LAKE SYMPHONY ORCHESTRA P.O. BOX 794 FOLSOM, CA 95763	20-0172012	501(C)(3)	5,228.	0.			UNRESTRICTED
FOOD BANK OF YOLO COUNTY 1244 FORTNA AVE WOODLAND, CA 95776	23-7111782	501(C)(3)	22,337.	0.			UNRESTRICTED
FOOD FOR FAMILIES P.O. BOX 15618 SACRAMENTO, CA 95852	68-0195082	501(C)(3)	15,300.	0.			UNRESTRICTED
FOOD LITERACY CENTER 2973 3RD AVENUE SACRAMENTO, CA 95817	45-3973268	501(C)(3)	51,941.	0.			FOOD FILM FESTIVAL, FOOD LITERACY FUNDRAISER; OUTREACH & EDUCATION

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FRESH PRODUCERS 420 I STREET SUITE 5 SACRAMENTO, CA 95814	20-8747234	501(C)(3)	10,000.	0.			FRESHER CHEF TRAINING OF AT-RISK TEENS IN THE VALLEY HI AREA
FRIENDS FOREVER A CAT SANCTUARY 359 NEVADA STREET AUBURN, CA 95603	80-0290707	501(C)(3)	14,628.	0.			SUPPORT THE ONGOING WORK OF CAT SANCTUARY IN AUBURN; UNRESTRICTED
FRIENDS OF ADULT DAY HEALTH CARE INC. - PO BOX 1964 - WOODLAND, CA 95776	94-2890807	501(C)(3)	6,730.	0.			UNRESTRICTED
FRIENDS OF FRONT STREET SHELTER PO BOX 22214 SACRAMENTO, CA 95822	68-0477042	501(C)(3)	49,290.	0.			UNRESTRICTED
FRIENDS OF THE ARTS COMMISSION 300 RICHARDS BLVD., 2ND FLOOR SACRAMENTO, CA 95811	94-2796782	501(C)(3)	51,792.	0.			ART JAM 2016 & SACRAMENTO MURAL FESTIVAL 2016, CAPITAL DANCE PROJECT
FRIENDS OF THE CALIFORNIA STATE FAIR - P.O. BOX 15649 - SACRAMENTO, CA 95852-1649	94-2722656	501(C)(3)	7,500.	0.			KIRK BREED MEMORIAL FUND
FRIENDS OF THE SACRAMENTO PUBLIC LIBRARY - 828 I STREET, STE. 308 - SACRAMENTO, CA 95814	68-0005250	501(C)(3)	19,410.	0.			UNRESTRICTED
FUND FOR AMERICAN STUDIES 1706 NEW HAMPSHIRE AVENUE, NW WASHINGTON, DC 20009	13-6223604	501(C)(3)	30,000.	0.			UNRESTRICTED
FUTURE FOUNDATION OF SACRAMENTO 425 UNIVERSITY AVENUE, SUITE 210 SACRAMENTO, CA 95825	80-0025786	501(C)(3)	7,065.	0.			UNRESTRICTED

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GENDER HEALTH CENTER 2020 29TH ST. STE. 201 SACRAMENTO, CA 95817	26-3839452	501(C)(3)	11,422.	0.			UNRESTRICTED
GERMAN SHEPHERD RESCUE OF NORTHERN CALIFORNIA - PO BOX 1930 - CUPERTINO, CA 95015	52-2331060	501(C)(3)	5,843.	0.			UNRESTRICTED
GIRL SCOUTS HEART OF CENTRAL CALIFORNIA - 6601 ELVAS AVE. - SACRAMENTO, CA 95819	94-1582429	501(C)(3)	8,738.	0.			UNRESTRICTED
GOLD COUNTRY WILDLIFE RESCUE INC PO BOX 4162 AUBURN, CA 95604	68-0259665	501(C)(3)	7,248.	0.			UNRESTRICTED
GRANT UNION HIGH SCHOOL 1400 GRAND AVENUE SACRAMENTO, CA 95838		TWIN RIVERS UNIF	6,000.	0.			CHILDREN'S HEALTHY COOKING PROGRAM; COOKING THE BEST FOOD PROGRAM
GREATER CALIFORNIA GERMAN SHEPHERD RESCUE INC - 3221 HILLGLEN AVENUE - MODESTO, CA 95355	36-4614672	501(C)(3)	7,316.	0.			UNRESTRICTED
GREATER SACRAMENTO URBAN LEAGUE 3725 MARYSVILLE BLVD. SACRAMENTO, CA 95838	94-1686314	501(C)(3)	11,497.	0.			UNRESTRICTED
HARM REDUCTION SERVICES INC. 2800 STOCKTON BLVD. SACRAMENTO, CA 95817	68-0300656	501(C)(3)	12,368.	0.			FUND 1/4 FTE SOCIAL WORKER FOR THE YOUTH OPIATE USE EDUCATION AND PREVENTION
HEALTHY COMMUNITY FORUM FOR THE GREATER SACRAMENTO REGION - 8928 VOLUNTEER LN., STE. 220 - SACRAMENTO, CA 95826	68-0377256	501(C)(3)	7,168.	0.			HEALTHY LUNCH SPONSORSHIP OF SACRAMENTO COVERED'S 16TH ANNUAL HEALTHY KIDS

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HEART GALLERY OF SACRAMENTO, INC PO BOX 1586 ELK GROVE, CA 95759	27-0984413	501(C)(3)	6,694.	0.			UNRESTRICTED
HEIFER PROJECT INTERNATIONAL, INC. 1 WORLD AVENUE LITTLE ROCK, AR 72202	35-1019477	501(C)(3)	10,250.	0.			UNRESTRICTED
HILLSDALE COLLEGE 33 EAST COLLEGE STREET HILLSDALE, MI 49242	38-1374230	501(C)(3)	30,000.	0.			UNRESTRICTED
HISTORIC OLD SACRAMENTO FOUNDATION INC. - 101 I STREET - SACRAMENTO, CA 95814	20-0184455	501(C)(3)	19,606.	0.			EDUCATION TECHNOLOGY; UNRESTRICTED FOR SACRAMENTO HISTORY MUSEUM
HUTCHINS STREET SQUARE FOUNDATION P.O. BOX 2278 LODI, CA 95241	94-2655990	501(C)(3)	5,750.	0.			UNRESTRICTED
IMPROVE YOUR TOMORROW 1017 L. ST. #632 SACRAMENTO, CA 95814	46-2981774	501(C)(3)	109,077.	0.			SUPPORT THE CAPITAL AREA PROMISE SCHOLARS PROGRAM
INJURED MARINE SEMPER FI FUND 825 COLLEGE BOULEVARD, SUITE 102 OCEANSIDE, CA 92057	26-0086305	501(C)(3)	20,000.	0.			UNRESTRICTED
IU-MIEN COMMUNITY SERVICES PO BOX 245693 SACRAMENTO, CA 95824	68-0364879	501(C)(3)	6,509.	0.			UNRESTRICTED
JACK & JILL LATE STAGE CANCER FOUNDATION - 3282 NORTHSIDE PARKWAY NW, STE. 100 - ATLANTA, GA 30327	20-4415512	501(C)(3)	5,496.	0.			UNRESTRICTED

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JESUIT HIGH SCHOOL 1200 JACOB LANE CARMICHAEL, CA 95608	94-1525873	501(C)(3)	39,360.	0.			2016 SCHOLARSHIP AWARD; GREGORY BASS SCHOLARSHIP FUND; SCHOOL LUNCH PROGRAM
JFK PACE PARENT COMMITTEE 6715 GLORIA DRIVE SACRAMENTO, CA 95831	80-0672658	501(C)(3)	11,907.	0.			UNRESTRICTED
JUNIOR ACHIEVEMENT P.O. BOX 225602 SACRAMENTO, CA 95865-5602	94-6080866	501(C)(3)	5,335.	0.			UNRESTRICTED
JUNIOR LEAGUE OF SACRAMENTO 778 UNIVERSITY AVE. SACRAMENTO, CA 95825	94-1676500	501(C)(3)	15,583.	0.			UNRESTRICTED; COLLATERAL MATERIALS FOR THE ENDOWMENT FUND
JUVENILE DIABETES RESEARCH FOUNDATION - 950 FULTON AVE., SUITE 150 - SACRAMENTO, CA 95825	23-1907729	501(C)(3)	5,858.	0.			UNRESTRICTED
KEATON RAPHAEL MEMORIAL FOR NEUROBLASTOMA, INC. - 2260 DOUGLAS BLVD., SUITE 150 - ROSEVILLE, CA 95661	68-0406980	501(C)(3)	7,957.	0.			UNRESTRICTED
KIWANIS FAMILY HOUSE 2875 50TH STREET SACRAMENTO, CA 95817	68-0016996	501(C)(3)	29,275.	0.			FIRE-RATED MAGNETIC-RELEASE FEATURES AND ADA COMPLIANT HANDICAP DOOR BUTTONS
KVIE, INC. 2030 W. EL CAMINO AVENUE SACRAMENTO, CA 95833	94-1421463	501(C)(3)	49,703.	0.			UNRESTRICTED; "GET THE LED OUT" FUNDRAISER; OPERATING EXPENSES
LA FAMILIA COUNSELING CENTER, INC. 5523 34TH STREET SACRAMENTO, CA 95820	94-2270786	501(C)(3)	30,322.	0.			OUTREACH & EDUCATION; UNRESTRICTED

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LEGAL SERVICES OF NORTHERN CALIFORNIA - 517 12TH STREET - SACRAMENTO, CA 95814	94-1384659	501(C)(3)	5,489.	0.			UNRESTRICTED
LENZI INC. 847 N. CLUFF AVE. STE. B1 LODI, CA 95240			25,802.	0.			LODI GRAPE BOWL RENOVATIONS
LEUKEMIA & LYMPHOMA SOCIETY OF GREATER SACRAMENTO, INC. - 7750 COLLEGE TOWN DRIVE, SUITE 210 - SACRAMENTO, CA 95825	13-5644916	501(C)(3)	5,100.	0.			SACRAMENTO SUPER WOMEN SUSAN SAVAGE EVENT
LIGHTHOUSE COVENANT CHURCH OF WEST SACRAMENTO - 3605 GREGORY AVE. - WEST SACRAMENTO, CA 95691	68-0443406	501(C)(3)	5,143.	0.			250 COMFORT CARE PACKAGES FOR FAMILIES IN NEED DURING THE WINTER MONTHS
LINCOLN HILLS FOUNDATION PO BOX 220 LINCOLN, CA 95648	68-0488670	501(C)(3)	8,564.	0.			UNRESTRICTED
LINCOLN THEATRE COMPANY 2351 WALDEN VIEW LN. LINCOLN, CA 95648	47-1590367	501(C)(3)	6,575.	0.			PROVIDE FULL SCHOLARSHIPS FOR LOW INCOME YOUTH ATTENDING LINCOLN THEATRE
LINKS FOUNDATION INC. PO BOX 221081 SACRAMENTO, CA 95822	52-1170830	501(C)(3)	16,662.	0.			UNRESTRICTED
LODI BOYS AND GIRLS CLUB INC. 275 E. POPLAR STREET, PO BOX 244 LODI, CA 95241	94-1570121	501(C)(3)	18,500.	0.			GENERAL OPERATING COSTS; UNRESTRICTED
LODI MEMORIAL HOSPITAL FOUNDATION, INC. - 845 S. FAIRMONT AVE. STE. 3 - LODI, CA 95240-5140	94-2719880	501(C)(3)	5,500.	0.			UNRESTRICTED

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LODI PUBLIC LIBRARY FOUNDATION 201 W. LOCUST ST. LODI, CA 95240	68-0438028	501(C)(3)	6,660.	0.			LIBRARY SUPPORT
LOS RIOS FOUNDATION FOLSOM LAKE COLLEGE, 10 COLLEGE PAR FOLSOM, CA 95630	94-2506591	501(C)(3)	13,839.	0.			UNRESTRICTED
LOS RIOS FOUNDATION C/O SACRAMENTO CITY COLLEGE, 3835 FREEPORT BLVD. - SACRAMENTO, CA 95822	94-2506591	501(C)(3)	5,000.	0.			GREGORY KONDOS GALLERY FUND
LOS RIOS FOUNDATION 1919 SPANOS COURT SACRAMENTO, CA 95825-3981	94-2506591	501(C)(3)	4,365.	0.			SUPPORT THE MISSION OF THE LOS RIOS COMMUNITY COLLEGE DISTRICT; UNRESTRICTED
LOYOLA HIGH SCHOOL FOUNDATION 15325 PINEHURST ST. DETROIT, MI 48238	36-4520742	501(C)(3)	5,310.	0.			UNRESTRICTED
LUTHERAN SOCIAL SERVICES OF NORTHERN CALIFORNIA - 1465 CIVIC CENTER, BUILDING D, STE 810 - CONCORD, CA 94520	94-1659687	501(C)(3)	6,776.	0.			FUNDING OF GIFT CARDS AND TOYS FOR TRANSITIONAL AGED YOUTH
MAKE-A-WISH FOUNDATION OF SACRAMENTO & NORTHEASTERN CALIFORNIA - 2800 CLUB CENTER DRIVE - SACRAMENTO, CA 95835	68-0027351	501(C)(3)	19,859.	0.			RIVER CATS GAME WITH HUNTER PENCE; UNRESTRICTED
MANDARINS OF SACRAMENTO INC. PO BOX 22297 SACRAMENTO, CA 95822	23-7350189	501(C)(3)	14,157.	0.			UNRESTRICTED
MARINE TOYS FOR TOTS FOUNDATION 18251 QUANTICO GATEWAY DRIVE TRIANGLE, VA 22172	20-3021444	501(C)(3)	10,000.	0.			UNRESTRICTED

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MEALS ON WHEELS BY ACC 7375 PARK CITY DRIVE SACRAMENTO, CA 95831	30-0610870	501(C)(3)	16,386.	0.			PROVIDE FOOD AND SUPPLIES FOR THE HOME DELIVERED HOT MEAL PROGRAM
MERCY FOUNDATION 3400 DATA DRIVE, 3RD FLOOR RANCHO CORDOVA, CA 95670	23-7072762	501(C)(3)	24,137.	0.			CRISTO REY ATHLETIC FIELD; UNRESTRICTED
MUTUAL ASSISTANCE NETWORK OF DEL PASO HEIGHTS - 811 GRAND AVENUE, SUITE A-3 - SACRAMENTO, CA 95838	68-0332694	501(C)(3)	10,600.	0.			UNRESTRICTED
MY MOTHER'S VOICE PO BOX 714 ROSEVILLE, CA 95661	26-0606529	501(C)(3)	23,081.	0.			WINTER TAKE HOME BAGS FOR STUDENTS CURRENTLY VISITED THE LOW INCOME SCHOOLS
MY SISTER'S HOUSE 3053 FREEPORT BLVD., SUITE 120 SACRAMENTO, CA 95818	68-0464114	501(C)(3)	30,725.	0.			APRONS AND UNIFORMS FOR MY SISTER'S CAF; UNRESTRICTED
NATIONAL COALITION OF 100 BLACK WOMEN - SACRAMENTO CHAPTER - P.O. BOX 7814 - CITRUS HEIGHTS, CA 95621	30-0021458	501(C)(3)	6,182.	0.			UNRESTRICTED
NATOMAS ARTS AND EDUCATION FOUNDATION - 4600 BLACKROCK DRIVE - SACRAMENTO, CA 95835	68-0475414	501(C)(3)	12,439.	0.			UNRESTRICTED
NEHEMIAH COMMUNITY FOUNDATION 640 BERCUT DRIVE, SUITE A SACRAMENTO, CA 95811	68-0449972	501(C)(3)	26,832.	0.			NEHEMIAH EMERGING LEADERS PROGRAM; UNRESTRICTED
NEIGHBORHOOD HOUSE, INC 7780 SW CAPITOL HWY. PORTLAND, OR 97219	93-0366875	501(C)(3)	100,000.	0.			CULTURALLY-RESPONSIVE EDUCATIONAL PROGRAMMING FOR LOW-INCOME

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NEW MORNING YOUTH AND FAMILY SERVICES - 6765 GREEN VALLEY ROAD - PLACERVILLE, CA 95667	94-2159659	501(C)(3)	11,717.	0.			UNRESTRICTED
NONPROFIT RESOURCE CENTER DBA THE IMPACT FOUNDRY - 1331 GARDEN HIGHWAY - SACRAMENTO, CA 95833	68-0173440	501(C)(3)	74,056.	0.			GENERAL OPERATIONS; WHATIF CONFERENCE; UNRESTRICTED
NOWZAD DOGS 100 WALNUT, UNIT 415 PEORIA, IL 61602	46-0536511	501(C)(3)	6,000.	0.			UNRESTRICTED
ONLY KINDNESS INC. 23501 SKYVIEW TERRACE LOS GATOS, CA 95033	91-2039393	501(C)(3)	5,844.	0.			UNRESTRICTED FOR COMMUNITY RESOURCE CENTER; UNRESTRICTED
OPENING DOORS, INC. 1111 HOWE AVENUE, SUITE 125 SACRAMENTO, CA 95825	37-1417129	501(C)(3)	25,693.	0.			SUPPORT THE REFUGEE RESETTLEMENT PROGRAM.
OREGON COMMUNITY FOUNDATION 1221 SW YAMHILL STREET, STE. 100 PORTLAND, OR 97205	23-7315673	501(C)(3)	17,360.	0.			UNRESTRICTED
PARENT TEACHER HOME VISIT PROJECT, INC. - 2411 15TH STREET, SUITE A - SACRAMENTO, CA 95818	68-0324863	501(C)(3)	20,995.	0.			TO SUPPORT THE CAPITAL AREA PROMISE SCHOLARS PROGRAM
PENCE GALLERY ASSOCIATION 212 D STREET DAVIS, CA 95616	51-0164563	501(C)(3)	24,016.	0.			GENERAL GALLERY OPERATING EXPENSES; SUPPORT ART AFTER DARK; UNRESTRICTED
PEOPLE REACHING OUT INC. 5299 AUBURN BOULEVARD SACRAMENTO, CA 95841	94-2795430	501(C)(3)	6,003.	0.			UNRESTRICTED

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PEOPLE RESOURCES INC. 40 NORTH EAST STREET, SUITE C WOODLAND, CA 95776	94-1599229	501(C)(3)	10,646.	0.			UNRESTRICTED
PERFORMING ANIMAL WELFARE SOCIETY PO BOX 849 GALT, CA 95828	94-3005157	501(C)(3)	14,303.	0.			UNRESTRICTED
PERFORMING ARTS CENTER FOR THE GREATER AUBURN AREA - PO BOX 7733 - AUBURN, CA 95604	68-0477472	501(C)(3)	6,069.	0.			UNRESTRICTED
PHILIPPINE NATIONAL DAY ASSOCIATION - PO BOX 583224 - ELK GROVE, CA 95758	68-0339655	501(C)(3)	10,937.	0.			UNRESTRICTED
PLACER COMMUNITY FOUNDATION PO BOX 9207 AUBURN, CA 95604-9207	20-1485011	501(C)(3)	5,310.	0.			UNRESTRICTED
PLACER COUNTY SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS - 150 CORPORATION YARD ROAD - ROSEVILLE, CA 95678	94-2607682	501(C)(3)	8,397.	0.			UNRESTRICTED
PLACER FAMILY HOUSING PO BOX 238 AUBURN, CA 95604	47-0958489	501(C)(3)	8,131.	0.			UNRESTRICTED
PLACER FOOD BANK 8284 INDUSTRIAL AVENUE ROSEVILLE, CA 95678	94-1740316	501(C)(3)	7,129.	0.			CHRISTMAS MEALS AND OTHER NEEDS AS DETERMINED BY MR. MARTINEZ; UNRESTRICTED
PLACER LAND TRUST 11661 BLOCKER DR. #110 AUBURN, CA 95603	68-0223143	501(C)(3)	46,597.	0.			UNRESTRICTED

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PLACER NATURE CENTER 3700 CHRISTIAN VALLEY ROAD AUBURN, CA 95602	68-0223143	501(C)(3)	6,165.	0.			UNRESTRICTED
PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. - 123 WILLIAM STREET, 10TH FLOOR - NEW YORK, NY 10038	13-1644147	501(C)(3)	10,500.	0.			UNRESTRICTED; PROTECTING WOMEN'S RIGHTS
PLANNED PARENTHOOD MAR MONTE, INC. 201 29TH STREET, SUITE A SACRAMENTO, CA 95816	94-1583439	501(C)(3)	60,824.	0.			UNRESTRICTED; ANY PLANNED PARENTHOOD PROGRAMS; BREAST PROJECT; GENERAL FUND
PLEASANT GROVE COMMUNITY CHURCH 1730 PLEASANT GROVE BOULEVARD ROSEVILLE, CA 95747	77-0502678	501(C)(3)	5,470.	0.			UNRESTRICTED
POWERHOUSE SCIENCE CENTER DBA DISCOVERY MUSEUM - 3615 AUBURN BLVD. - SACRAMENTO, CA 95821	68-0321106	501(C)(3)	26,060.	0.			UNRESTRICTED
PRIDE INDUSTRIES FOUNDATION 10030 FOOTHILLS BOULEVARD ROSEVILLE, CA 95747	20-4914325	501(C)(3)	8,250.	0.			UNRESTRICTED
PROGRESSIVE EMPLOYMENT CONCEPTS INC. - 6060 SUNRISE VISTA DR. STE. 1875 - CITRUS HEIGHTS, CA 95610	68-0358373	501(C)(3)	5,642.	0.			UNRESTRICTED
PROJECT R.I.D.E. INC. 8840 SOUTHSIDE AVE. ELK GROVE, CA 95624	94-2778565	501(C)(3)	6,172.	0.			UNRESTRICTED
PUTAH CREEK COUNCIL, INC. 106 MAIN STREET, SUITE C WINTERS, CA 95694	68-0228865	501(C)(3)	7,065.	0.			UNRESTRICTED

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READING PARTNERS 180 GRAND AVE., SUITE 800 OAKLAND, CA 94612	77-0568469	501(C)(3)	30,855.	0.			PURCHASE CHROMEBOOKS FOR STUDENT ASSESSMENTS AT ETHEL PHILLIPS ELEMENTARY
REBUILDING TOGETHER SACRAMENTO P.O. BOX 255584 SACRAMENTO, CA 95825	52-1585880	501(C)(3)	6,180.	0.			UNRESTRICTED
REGENTS OF THE UNIVERSITY OF CALIFORNIA - CAR SEAT PROGRAM ACCT.# SAFE870, 4900 BROADWAY, SUITE 1650 - SACRAMENTO, CA 95820	94-6036494	501(C)(3)	25,000.	0.			UC DAVIS CAR SEAT PROGRAM
REGENTS OF THE UNIVERSITY OF CALIFORNIA - ONE SHIELDS AVE. - DAVIS, CA 95616	94-6036494	501(C)(3)	14,158.	0.			UNRESTRICTED FOR UC DAVIS ARBORETUM AND PUBLIC GARDEN
REGENTS OF THE UNIVERSITY OF CALIFORNIA - UC DAVIS HEALTH SYSTEM, 4900 BROADWAY, SUITE 1650 - SACRAMENTO, CA 95820	94-6036494	501(C)(3)	27,000.	0.			CHRISTINE AND HELEN LANDGRAF MEMORIAL RESEARCH FUND
REGENTS OF THE UNIVERSITY OF CALIFORNIA - SCHOOL OF VETERINARY MEDICINE, ONE SHIELDS AVENUE - DAVIS, CA 95616-8738	94-6036494	501(C)(3)	14,158.	0.			UNRESTRICTED FOR MONDAVI CENTER FOR THE PERFORMING ARTS
REGENTS OF THE UNIVERSITY OF CALIFORNIA - 1460 DREW AVENUE, SUITE 100, UC DAVIS GIFT ADMINISTRATION - DAVIS, CA 95618	94-6036494	501(C)(3)	12,290.	0.			COSMOS SCHOLARSHIP
REGENTS OF THE UNIVERSITY OF CALIFORNIA - UC MERCED GIFT ADMINISTRATION, 5200 N. LAKE ROAD - MERCED, CA 95343	27-0093858	501(C)(3)	10,000.	0.			WISHEK FAMILY ENDOWED SCHOLARSHIP FUND
RIVER CITY CHORALE 1150 GLEN AULIN CT CARMICHAEL, CA 95608	94-3038961	501(C)(3)	5,011.	0.			UNRESTRICTED

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RIVER CITY FOOD BANK P.O. BOX 160204 SACRAMENTO, CA 95816	91-1851398	501(C)(3)	67,348.	0.			COMPUTER SERVERS; START-UP COSTS OF ARDEN-ARCADE FOOD DISTRIBUTION ANNEX
RIVER CITY ROWING CLUB PO BOX 980401 WEST SACRAMENTO, CA 95798	26-0431668	501(C)(3)	14,119.	0.			EQUIPMENT; UNRESTRICTED
RIVER CITY THEATER COMPANY PO BOX 191263 SACRAMENTO, CA 95819	68-0205528	501(C)(3)	8,289.	0.			UNRESTRICTED
RIVER OAK CENTER FOR CHILDREN 5445 LAUREL HILLS DRIVE SACRAMENTO, CA 95841	94-2519001	501(C)(3)	13,151.	0.			UNRESTRICTED
ROBERTS FAMILY DEVELOPMENT CENTER 770 DARINA AVENUE SACRAMENTO, CA 95815	68-0470557	501(C)(3)	24,617.	0.			UNRESTRICTED
ROBIN HOODS OF SACRAMENTO AND PLACER COUNTIES INC. - 2260 LAMPLIGHT LANE - LINCOLN, CA 95648	81-2816210	501(C)(3)	25,069.	0.			UNRESTRICTED
ROSEVILLE THEATRE ARTS ACADEMY 241 VERNON STREET ROSEVILLE, CA 95678	27-4605642	501(C)(3)	12,092.	0.			UNRESTRICTED
RUNNIN' FOR RHETT 5117 WORCESTER WAY ELK GROVE, CA 95758	26-1419222	501(C)(3)	40,642.	0.			OUTREACH AND EDUCATION; UNRESTRICTED
SACRAMENTO AREA BICYCLE ADVOCATES 909 12TH STREET, SUITE 116 SACRAMENTO, CA 95814	37-1474544	501(C)(3)	9,477.	0.			UNRESTRICTED

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SACRAMENTO AREA EMERGENCY HOUSING CENTER (DBA NEXT MOVE) - 2925 34TH STREET - SACRAMENTO, CA 95817	94-2172933	501(C)(3)	16,577.	0.			100 OF THE CHILDREN'S WINTER WARMTH PACKS; FRANCIS HOUSE; METROEDGE
SACRAMENTO AREA YOUTH GOLF ASSOCIATION (DBA THE FIRST TEE OF GREATER SACRAMENTO) - 3649 FULTON AVE - SACRAMENTO, CA 95821	68-0023502	501(C)(3)	59,556.	0.			UNRESTRICTED FOR THE FIRST TEE OF GREATER SACRAMENTO
SACRAMENTO BALLET ASSOCIATION 1631 K STREET SACRAMENTO, CA 95814	94-1674349	501(C)(3)	50,588.	0.			ANY SINGLE PERFORMANCE IN ADDITION TO THE CURRENT PETER PAN DONATION
SACRAMENTO CHILDREN'S CHORUS 25 CADILLAC DR. #100 SACRAMENTO, CA 95825	68-0413156	501(C)(3)	7,589.	0.			UNRESTRICTED
SACRAMENTO CHILDREN'S HOME 2750 SUTTERVILLE ROAD SACRAMENTO, CA 95820	94-1156588	501(C)(3)	41,497.	0.			CRISIS NURSERY NORTH - NEW FLOORING; UNRESTRICTED
SACRAMENTO CHILDREN'S MUSEUM 2701 PROSPECT PARK DRIVE RANCHO CORDOVA, CA 95670	20-2673935	501(C)(3)	5,127.	0.			UNRESTRICTED
SACRAMENTO CHORAL SOCIETY AND ORCHESTRA - 4025 BRIDGE STREET, SUITE A - FAIR OAKS, CA 95628	94-3259903	501(C)(3)	31,446.	0.			UNRESTRICTED
SACRAMENTO COTTAGE HOUSING INC 1217 DEL PASO BOULEVARD, SUITE F1 SACRAMENTO, CA 95815	68-0322086	501(C)(3)	13,856.	0.			UNRESTRICTED
SACRAMENTO COUNTRY DAY SCHOOL 2636 LATHAM DRIVE SACRAMENTO, CA 95864	94-1597352	501(C)(3)	17,631.	0.			STEVE REPSHER RETIREMENT SCHOLARSHIP FUND; SUMMERBRIDGE; UNRESTRICTED

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SACRAMENTO COUNTY OFFICE OF EDUCATION - P.O. BOX 269003 - SACRAMENTO, CA 95826-9003		SACRAMENTO COUNT	18,000.	0.			SUPPORT CAL-SOAP ACTIVITIES
SACRAMENTO COUNTY SHERIFF'S BICYCLE PATROL UNIT - 11230 GOLD EXPRESS DR., STE. 310 N121 - GOLD RIVER, CA 95670	27-1299137	501(C)(3)	9,000.	0.			BIKES FOR CHILDREN
SACRAMENTO COURT APPOINTED SPECIAL ADVOCATE PROGRAM, INC. - PO BOX 278383 - SACRAMENTO, CA 95827	68-0257139	501(C)(3)	8,621.	0.			UNRESTRICTED
SACRAMENTO DISTRICT DENTAL FOUNDATION - 2035 HURLEY WAY - SACRAMENTO, CA 95825	23-7067087	501(C)(3)	5,792.	0.			UNRESTRICTED
SACRAMENTO FEDERAL JUDICIAL LIBRARY AND LEARNING CENTER FOUNDATION - 455 CAPITOL MALL, SUITE. 600 - SACRAMENTO, CA 95814	46-0782818	501(C)(3)	11,899.	0.			UNRESTRICTED FOR OPERATION PROTECT AND DEFEND; UNRESTRICTED
SACRAMENTO FOOD BANK & FAMILY SERVICES - 3333 THIRD AVENUE - SACRAMENTO, CA 95817	94-3315566	501(C)(3)	109,857.	0.			FEED THE NEEDY; TO PURCHASE 10 TODDLER BEDS, 10 ADULT BICYCLES
SACRAMENTO GAY MEN'S CHORUS 2700 L STREET, SUITE B SACRAMENTO, CA 95816	68-0234567	501(C)(3)	25,000.	0.			WORKING CAPITAL FOR CHORUS
SACRAMENTO LGBT COMMUNITY CENTER 1927 L STREET SACRAMENTO, CA 95811	94-2502229	501(C)(3)	11,803.	0.			YOUTH SERVICES; UNRESTRICTED
SACRAMENTO LIFE CENTER INC. 930 ALHAMBRA BLVD. STE 230 SACRAMENTO, CA 95816	23-7182685	501(C)(3)	35,744.	0.			PURCHASE FORMULA, DIAPERS, CLOTHES, PACIFIERS NEEDED TO FILL THE BABY BASKET

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SACRAMENTO LOAVES AND FISHES PO BOX 13495 SACRAMENTO, CA 95812	68-0189897	501(C)(3)	45,039.	0.			BIKE TIRE REPAIR TOOL KITS FOR FRIENDSHIP PARK; MUSTARD SEED SCHOOL SUPPLIES
SACRAMENTO MASTER SINGERS P.O. BOX 417997 SACRAMENTO, CA 95841	94-2850445	501(C)(3)	6,103.	0.			SUPPORT YOUNG CHORAL MUSICIAN SCHOLARSHIP PROGRAM IN SACRAMENTO AREA
SACRAMENTO PHILHARMONIC ORCHESTRA ASSOCIATION, INC. - 1030 15TH STREET SUITE 200 - SACRAMENTO, CA 95814	91-1841406	501(C)(3)	91,160.	0.			EXPANSION OF INITIATIVES TO EDUCATE UNDERSERVED POPULATIONS IN SACRAMENTO
SACRAMENTO PRESS CLUB 2701 K STREET SACRAMENTO, CA 95816	94-2803395	501(C)(3)	5,332.	0.			UNRESTRICTED
SACRAMENTO PUBLIC LIBRARY FOUNDATION - P.O. BOX 1168 - SACRAMENTO, CA 95812-9818	68-0029756	501(C)(3)	29,649.	0.			ARDEN-DIMICK BRANCH; CHILDREN'S LITERACY; SACRAMENTO PUBLIC LIBRARY
SACRAMENTO REGION COMMUNITY FOUNDATION - 955 UNIVERSITY AVENUE, SUITE A - SACRAMENTO, CA 95825	94-2891517	501(C)(3)	52,312.	0.			UNRESTRICTED FOR INSPIRE GIVING FUND; SOCIAL VENTURE PARTNERS OF SACRAMENTO
SACRAMENTO REGION PERFORMING ARTS ALLIANCE - 1030 15TH STREET, SUITE 200 - SACRAMENTO, CA 95814	91-1841406	501(C)(3)	120,000.	0.			UNRESTRICTED \$40,000 EACH YEAR FOR THREE (3) YEARS BEGINNING IN 2016
SACRAMENTO REGIONAL CONSERVATION CORPS - 6101 27TH STREET - SACRAMENTO, CA 95822	68-0043298	501(C)(3)	20,000.	0.			CADET AND CORPS MEMBER PROGRAM
SACRAMENTO REPUBLIC FC 2421 17TH STREET, SUITE 100 SACRAMENTO, CA 95818			21,750.	0.			PURCHASE TICKETS TO SACRAMENTO REPUBLIC GAMES

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SACRAMENTO SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS - 6201 FLORIN PERKINS RD - SACRAMENTO, CA 95828	94-1312343	501(C)(3)	64,704.	0.			DOGGY DASH; TO PROMOTE ADOPTION OF ANIMALS; UNRESTRICTED
SACRAMENTO SPLASH 4426 EXCELSIOR RD. MATHER, CA 95655	41-2160618	501(C)(3)	18,734.	0.			UNRESTRICTED
SACRAMENTO STEPS FORWARD 1331 GARDEN HIGHWAY SACRAMENTO, CA 95833	27-4907397	501(C)(3)	6,237.	0.			UNRESTRICTED
SACRAMENTO THEATRE COMPANY 1419 H STREET SACRAMENTO, CA 95814	94-1347081	501(C)(3)	13,665.	0.			COMMUNITY OUTREACH; UNRESTRICTED
SACRAMENTO TREE FOUNDATION 191 LATHROP WAY, SUITE D SACRAMENTO, CA 95815	94-2825234	501(C)(3)	30,388.	0.			UNRESTRICTED
SACRAMENTO VALLEY OPEN SPACE CONSERVANCY - PO BOX 163351 - SACRAMENTO, CA 95816	68-0256214	501(C)(3)	28,041.	0.			TREASURES OF THE VALLEY SPONSORSHIP; UNRESTRICTED
SACRAMENTO VALLEY TEEN CHALLENGE, INC. - PO BOX 276737 - SACRAMENTO, CA 95827	68-0070116	501(C)(3)	6,155.	0.			UNRESTRICTED
SACRAMENTO YOUTH SYMPHONY 3443 RAMONA AVE., SUITE 22 SACRAMENTO, CA 95826	68-0233148	501(C)(3)	16,206.	0.			SUPPORT THE HIRING OF THE THREE TEACHING ARTISTS AND ONE TEACHING ASSISTANT
SACRAMENTO ZOOLOGICAL SOCIETY 3930 WEST LAND PARK DRIVE SACRAMENTO, CA 95822-1123	94-2861667	501(C)(3)	24,004.	0.			BIODIVERSITY CENTER; UNRESTRICTED

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SAINT JOHN'S PROGRAM FOR REAL CHANGE - 2443 FAIR OAKS BLVD., #369 - SACRAMENTO, CA 95825	68-0132934	501(C)(3)	44,200.	0.			ANY OF SAINT JOHN'S PROGRAMS; FUND THE COST OF A MULTI-PASSENGER VAN
SALVATION ARMY, DEL ORO DIVISION ATTN: DONOR RELATIONS DEPT., 3755 NORTH FREEWAY BOULEVARD - SACRAMENTO, CA 9	94-1156347	501(C)(3)	76,153.	0.			FUNDRAISING EFFORTS OF THE SALVATION ARMY
SAN FRANCISCO OPERA ASSOCIATION 301 VAN NESS AVENUE SAN FRANCISCO, CA 94102-4589	94-0836240	501(C)(3)	20,000.	0.			FRIENDS OF THE ADLERS SOCIETY
SAN FRANCISCO SYMPHONY DAVIES SYMPHONY HALL, 201 VAN NESS SAN FRANCISCO, CA 94102	94-1156284	501(C)(3)	10,000.	0.			I.T.S. PROGRAM
SAN JUAN EDUCATION FOUNDATION PO BOX 1247 CARMICHAEL, CA 95609	94-3160088	501(C)(3)	7,924.	0.			FUND THE NEED DONATION FROM EVENING WITH THE STARS EVENT; UNRESTRICTED
SENIORS FIRST, INC. 12183 LOCKSLEY LN. STE. 204 AUBURN, CA 95602	68-0430154	501(C)(3)	42,326.	0.			ARTS & CRAFTS SUPPLIES AND REMO DRUMS AND OTHER PERCUSSION INSTRUMENTS
SETI INSTITUTE 189 BERNARDO AVE, SUITE 200 MOUNTAIN VIEW, CA 94043	94-2951356	501(C)(3)	20,000.	0.			METHODOLOGY OF SCIENCE-BASED KNOWLEDGE AND RESEARCH
SHELTER PROVIDERS OF SACRAMENTO INC - 1536 EUREKA ROAD - ROSEVILLE, CA 95661	68-0391843	501(C)(3)	7,603.	0.			UNRESTRICTED FOR HOMEAID SACRAMENTO
SHORT TERM EMERGENCY AID COMMITTEE 1900 EAST 8TH ST. DAVIS, CA 95616	94-6138684	501(C)(3)	10,676.	0.			UNRESTRICTED

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SHRINERS HOSPITALS FOR CHILDREN 2425 STOCKTON BLVD. SACRAMENTO, CA 95817	36-2193608	501(C)(3)	38,976.	0.			UNRESTRICTED
SIERRA BUSINESS COUNCIL P.O. BOX 2428 TRUCKEE, CA 96160	68-0397204	501(C)(3)	13,306.	0.			UNRESTRICTED
SIERRA FOREVER FAMILIES 8928 VOLUNTEER LANE, SUITE 100 SACRAMENTO, CA 95826	68-0002878	501(C)(3)	100,281.	0.			UNRESTRICTED
SIERRA SERVICE PROJECT P.O. BOX 13009 SACRAMENTO, CA 95813	68-0222320	501(C)(3)	8,490.	0.			UNRESTRICTED
SISTERS ANIMAL SANCTUARY 11480 FOGG ROAD ELK GROVE, CA 95757	59-3785632	501(C)(3)	13,476.	0.			UNRESTRICTED
SLOW FOOD USA INC. 1010 4TH AVENUE SACRAMENTO, CA 95818	75-3071486	501(C)(3)	17,276.	0.			THE VISREAL FAMILY URBAN FARM TO SUPPORT THE EXPANSION OF PROJECT GOOD
SOCIETY FOR THE BLIND 1238 S STREET SACRAMENTO SACRAMENTO, CA 95811	94-1384666	501(C)(3)	14,986.	0.			SUPPORT ATHE ADJUSTMENT TO BLINDNESS COURSE; UNRESTRICTED
SOIL BORN FARM URBAN AGRICULTURE PROJECT - P.O. BOX 661175 - SACRAMENTO, CA 95866	20-0774693	501(C)(3)	33,586.	0.			UNRESTRICTED
SOROPTIMIST INTERNATIONAL OF THE AMERICAS INC. - PO BOX 163604 - SACRAMENTO, CA 95816	94-6174161	501(C)(3)	5,917.	0.			UNRESTRICTED

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SQUAW VALLEY COMMUNITY OF WRITERS PO BOX 1416 NEVADA CITY, CA 95959	23-7179177	501(C)(3)	7,276.	0.			UNRESTRICTED
ST. ANNE'S CHURCH 215 W. WALNUT ST. LODI, CA 95240		CATHOLIC CHURCH	7,230.	0.			MAINTENANCE AND REPAIR OF ST. ANNE'S CHURCH, RELATED BUILDINGS AND GROUNDS
ST. HOPE PUBLIC SCHOOLS 2315 34TH ST. SACRAMENTO, CA 95817	01-0582508	501(C)(3)	5,231.	0.			KJ 5.0; UNRESTRICTED
ST. IGNATIUS LOYOLA PARISH 3235 ARDEN WAY SACRAMENTO, CA 95825		CATHOLIC CHURCH	9,525.	0.			GRATEFUL FOR OUR PAST HOPEFUL IN OUR FUTURE CAMPAIGN; UNRESTRICTED
ST. JOHN RETIREMENT VILLAGE 135 WOODLAND AVE. WOODLAND, CA 95695	94-1636507	501(C)(3)	5,888.	0.			UNRESTRICTED
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE'S PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	5,764.	0.			UNRESTRICTED
ST. MICHAEL'S EPISCOPAL DAY SCHOOL 2140 MISSION AVENUE CARMICHAEL, CA 95608	68-0312567	501(C)(3)	56,960.	0.			CAPITAL CAMPAIGN; DEBT RETIREMENT; OUTDOOR EDUCATION FUND
STANFORD SETTLEMENT, INC. 450 WEST EL CAMINO AVENUE SACRAMENTO, CA 95833	94-1550842	501(C)(3)	22,977.	0.			TO IMPROVE CAMPUS SIGNAGE AND TILE FLOOR REPLACEMENT IN THE ACTIVITIES BLDG.
STANISLAUS FAMILY JUSTICE CENTER FOUNDATION - 1625 I STREET - MODESTO, CA 95354	20-0128637	501(C)(3)	20,000.	0.			MEET THE NEEDS OF UNDERSERVED AND LOW-INCOME CHILDREN AND YOUTH IN OAKDALE

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STRAUSS FESTIVAL OF ELK GROVE, INC. - PO BOX 309 - ELK GROVE, CA 95759-0309	68-0099721	501(C)(3)	8,070.	0.			UNRESTRICTED
STUDIOS FOR THE PERFORMING ARTS OPERATING CO. - 2420 N. STREET, SUITE 110 - SACRAMENTO, CA 95816	30-0390619	501(C)(3)	20,100.	0.			TO SUPPORT SECURING THE SERVICES OF AN ARTS EDUCATION CONSULTANT
SUN GROVE CHURCH 2285 LONGPORT COURT ELK GROVE, CA 95758		CHURCH	15,300.	0.			GENERAL SUPPORT FOR OPERATING BUDGET; SEED SPONSORSHIP
SUPPORTING THE TAYLOR HOUSE, INC. PO BOX 853 ROSEVILLE, CA 95678	46-0748514	501(C)(3)	12,436.	0.			UNRESTRICTED
SUTTER AUBURN FAITH HOSPITAL FOUNDATION - OFFICE OF PHILANTHROPY, 2700 GATEWAY OAKS DRIVE, SUITE 2200 - SACRAMENTO, CA	94-2594966	501(C)(3)	26,216.	0.			BIG AND LOUD THERAPY; UNRESTRICTED
SUTTER MEDICAL CENTER FOUNDATION OFFICE OF PHILANTHROPY, 2800 L STREET, SUITE 420 - SACRAMENTO, CA 95816	94-2788906	501(C)(3)	158,510.	0.			SUTTER CANCER CENTER; SOPHIE'S PLACE; NEUROSCIENCE MEMORY CLINIC
SUTTER VNA & HOSPICE 1836 SIERRA GARDENS DRIVE, SUITE 13 ROSEVILLE, CA 95661	94-6068843	501(C)(3)	26,329.	0.			FOR THE HOSPICE PROGRAM; IMPROVING THE ACCURACY OF PATIENT VITALS PROJECT
SWEET ADELINES INTERNATIONAL PO BOX 601912 SACRAMENTO, CA 95860	94-2617400	501(C)(3)	7,055.	0.			UNRESTRICTED FOR SACRAMENTO VALLEY CHORUS
TEACHING EVERYONE ANIMALS MATTER PO BOX 279168 SACRAMENTO, CA 95827	91-1825374	501(C)(3)	14,159.	0.			UNRESTRICTED FOR BRADSHAW ANIMAL SHELTER

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TEEN CENTER USA PO BOX 1538 ELK GROVE, CA 95759	27-2032207	501(C)(3)	7,667.	0.			UNRESTRICTED
THE ART OF ELYSIUM 3278 WILSHIRE BLVD., PENTHOUSE LOS ANGELES, CA 90010	95-4673306	501(C)(3)	12,520.	0.			DATABASE FUNDING; GENERAL FUNDING
THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY - 326 GALVEZ ST., FRANCES C. ARRILLAGE, ALUMNI CENTER -	94-1156365	501(C)(3)	100,000.	0.			UNRESTRICTED
THE CALIFORNIA MUSEUM FOR HISTORY, WOMEN & THE ARTS - 1020 O STREET - SACRAMENTO, CA 95814	94-3015670	501(C)(3)	11,298.	0.			UNRESTRICTED
THE FRIENDSHIP CLUB 138 NEW MOHAWK ROAD, SUITE 275 NEVADA CITY, CA 95959	68-0262000	501(C)(3)	7,770.	0.			UNRESTRICTED
THE GATHERING INN PO BOX 297 ROSEVILLE, CA 95678	84-1657746	501(C)(3)	16,989.	0.			PURCHASE OF 10 COMPUTERS; UNRESTRICTED
THE GREENHOUSE P.O. BOX 348138 SACRAMENTO, CA 95834	30-0116551	501(C)(3)	20,658.	0.			UNRESTRICTED
THE HEALDSBURG SCHOOL 33 H. HEALDSBURG AVE. HEALDSBURG, CA 95448	20-5534052	501(C)(3)	16,000.	0.			M.D. & R.N. SCHOLARSHIPS
THE LEUKEMIA & LYMPHOMA SOCIETY, INC. - 7750 COLLEGE TOWN DRIVE, SUITE 210 - SACRAMENTO, CA 95826	13-5644916	501(C)(3)	18,306.	0.			ST. FRANCIS COMPETITION; UNRESTRICTED

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THE ME ONE FOUNDATION INC. P.O. BOX 135 ROSEVILLE, CA 95678	20-5853443	501(C)(3)	9,698.	0.			UNRESTRICTED
THE MET SACRAMENTO HIGH SCHOOL 810 V STREET SACRAMENTO, CA 95818		SACRAMENTO UNIFI	15,600.	0.			MATH TUTORING TEACHER EDUCATION; MATH PROGRAM
THE PEREGRINE PROJECT 2650 LILLARD DRIVE DAVIS, CA 95618	06-1808761	501(C)(3)	8,737.	0.			UNRESTRICTED
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - DONOR AND GIFT SERVICES, 2000 CENTER ST. 1ST. FLOOR - BERKELEY, CA 94720-4200	94-6002123	501(C)(3)	6,470.	0.			FOR FUND #46514
THE SACRAMENTO BEE 2100 Q STREET SACRAMENTO, CA 95816	52-2080478		11,646.	0.			BOOK OF DREAMS GRANTS REIMBURSEMENT-VARIOUS
THE SACRAMENTO TRADITIONAL JAZZ SOCIETY INC. - 301 NORTH D STREET - SACRAMENTO, CA 95811	23-7132119	501(C)(3)	6,707.	0.			UNRESTRICTED
THE UNIVERSITY FOUNDATION AT SACRAMENTO STATE - 6000 J STREET - SACRAMENTO, CA 95819-6030	94-3001359	501(C)(3)	200,000.	0.			FINANCE THE DONALD R. WAGNER ENDOWED SCHOLARSHIP
THE YMCA OF SUPERIOR CALIFORNIA 1926 V ST. SACRAMENTO, CA 95818	94-1156634	501(C)(3)	9,896.	0.			UNRESTRICTED
THEATRE FOR CHILDREN, INC. 2711 B STREET SACRAMENTO, CA 95816	95-4047805	501(C)(3)	146,595.	0.			\$35,000 TO THE CAPITAL CAMPAIGN AND \$5,000 UNRESTRICTED

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TRINITY CATHEDRAL CHURCH 2620 CAPITOL AVENUE SACRAMENTO, CA 95816	94-1464736	501(C)(3)	26,350.	0.			SPECIAL OFFERING TO SUPPORT ESSENTIAL MINISTRIES; UNRESTRICTED
TRINITY LIFE CENTER, INC. 5225 HILLSDALE BLVD. SACRAMENTO, CA 95842		CHURCH	7,980.	0.			UNRESTRICTED
TRIUMPH CANCER FOUNDATION 947 ENTERPRISE DR. NO. B SACRAMENTO, CA 95825	45-3968833	501(C)(3)	6,945.	0.			UNRESTRICTED
TRUCKEE DONNER LAND TRUST P.O. BOX 8816 TRUCKEE, CA 96162	68-0245327	501(C)(3)	50,000.	0.			PURCHASE OF PROSSER CREEK COMPANY, LLC (CARPENTER VALLEY)
TULEYOME 607 NORTH STREET WOODLAND, CA 95695	68-0522325	501(C)(3)	17,639.	0.			UNRESTRICTED
UC BERKELEY FOUNDATION GIFT ADMINISTRATION DEPARTMENT, PO BERKELEY, CA 94701-0774	94-6090626	501(C)(3)	44,977.	0.			CAL ATHLETICS FUND; LETTERS & SCIENCE DISCRETIONARY FUND
UNITED ANIMAL NATIONS DBA RED ROVER, P.O. BOX 188890 SACRAMENTO, CA 95818	68-0124097	501(C)(3)	6,549.	0.			UNRESTRICTED
UNITED WAY CALIFORNIA CAPITAL REGION - 10389 OLD PLACERVILLE ROAD - SACRAMENTO, CA 95827	94-1225382	501(C)(3)	7,704.	0.			UNRESTRICTED
UNIVERSITY FOUNDATION AT SACRAMENTO STATE - 6000 J STREET - SACRAMENTO, CA 95819	94-3001359	501(C)(3)	80,816.	0.			ANTHONY J. & SOULA LEONES SCHOLARSHIP; ELLANA ARATA SEWELL SCHOLARSHIP

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UNIVERSITY OF CALIFORNIA DAVIS FOUNDATION - DEVELOPMENT OFFICE, ONE SHIELDS AVENUE - DAVIS, CA 95616	94-6081352	501(C)(3)	18,400.	0.			TWO \$5,000 "CURRENT USE" SCHOLARSHIPS
UNIVERSITY PRESBYTERIAN CHURCH 5770 CARLSON DRIVE SACRAMENTO, CA 95819		CHURCH	8,000.	0.			SUPPORT OF CHURCH ACTIVITIES AND OPERATION DURING 2017
VELOCITY ENTREPRENEURIAL DRIVE DBA ENTREPRENEUR'S SHOWCASE, 801 K SACRAMENTO, CA 95814	26-0382616	501(C)(3)	66,196.	0.			UNRESTRICTED
VERGE CENTER FOR THE ARTS 625 S ST. SACRAMENTO, CA 95811	27-2378275	501(C)(3)	72,075.	0.			ART KIDS SUMMER STUDIO CAMP BUNDLE; KIOS SUMMER ART PROGRAM
VIEWPOINT PHOTOGRAPHIC ART CENTER INC. - 2015 J STREET SUITE 101 - SACRAMENTO, CA 95811	68-0240653	501(C)(3)	7,660.	0.			UNRESTRICTED
VINEYARD CHRISTIAN MIDDLE SCHOOL PO BOX 210 WOODBRIDGE WOODBRIDGE, CA 95258	20-0737853	501(C)(3)	10,000.	0.			SCHOOL BATHROOM REMODEL
WAGGONER ELEMENTARY SCHOOL 500 W. EDWARDS STREET WINTERS, CA 95695		WINTERS JOINT UN	10,000.	0.			FIELD TRIPS TO PERFORMANCES AT THE MONDAVI CENTER FOR GRADES K-3
WAKING THE VILLAGE PO BOX 160085 SACRAMENTO, CA 95816	68-0430603	501(C)(3)	23,036.	0.			DOORWAY AND THE CREATION DISTRICT; UNRESTRICTED
WEAVE, INC. 1900 K STREET SACRAMENTO, CA 95814	94-2493158	501(C)(3)	61,177.	0.			SAFE HOUSE FLOORING REPLACEMENT AND A YEAR'S SUPPLY OF FUEL

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WELCOME HOME HOUSING INC. 816 ELM ST. WOODLAND, CA 95695	04-3795698	501(C)(3)	6,257.	0.			PURCHASE OF TWO ENERGY EFFICIENT CLOTHES DRYERS; UNRESTRICTED
WELLNESS WITHIN 609 OAK ST. ROSEVILLE, CA 95678	45-0929096	501(C)(3)	35,722.	0.			FURNITURE/RESOURCE LIBRARY
WELLSPRING WOMEN'S CENTER 3414 4TH AVENUE, P.O. BOX 5728 SACRAMENTO, CA 95817	91-1752615	501(C)(3)	14,384.	0.			UNRESTRICTED
WILDLIFE CARE ASSOCIATION P.O. BOX 680 SACRAMENTO, CA 95660	94-2528504	501(C)(3)	52,688.	0.			UNRESTRICTED
WIND YOUTH SERVICES 1722 J ST. 3RD. FLOOR SACRAMENTO, CA 95811	23-7348227	501(C)(3)	49,283.	0.			\$70.63 FOR THE ANNUAL SUMMER SOIREE EVENT AND \$24.62 IS UNRESTRICTED
WINTERS FRIENDS OF THE LIBRARY PO BOX 963 WINTERS, CA 95694	68-0013362	501(C)(3)	28,930.	0.			UNRESTRICTED
WOMEN'S EMPOWERMENT 1590 NORTH A STREET SACRAMENTO, CA 95811	03-0520643	501(C)(3)	73,662.	0.			ANY OF WOMEN'S EMPOWERMENT PROGRAMS; DIRECTOR'S DISCRETIONARY FUND
WOODLAND OPERA HOUSE INC 340 2ND ST., PO BOX 1425 WOODLAND, CA 95695	94-2751127	501(C)(3)	24,342.	0.			UNRESTRICTED
WORLD VISION INTERNATIONAL P.O. BOX 9716, DEPT. W FEDERAL WAY, WA 98063-9716	95-1922279	501(C)(3)	100,100.	0.			UNRESTRICTED

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOGA SEED COLLECTIVE PO BOX 163735 SACRAMENTO, CA 95816	27-2657064	501(C)(3)	14,867.	0.			UNRESTRICTED
YOLO BASIN FOUNDATION P.O. BOX 943 DAVIS, CA 95617	68-0230311	501(C)(3)	35,054.	0.			TO SUPPORT SCIENTIFIC RESEARCH RELATED TO THE YOLO BYPASS WILDLIFE AREA
YOLO COMMUNITY CARE CONTINUUM PO BOX 1101 DAVIS, CA 95617	94-2623205	501(C)(3)	7,196.	0.			GARDEN MATERIALS AND SUPPLIES FOR HARMONY HOUSE
YOLO COMMUNITY FOUNDATION P.O. BOX 1264 WOODLAND, CA 95776	75-2971085	501(C)(3)	22,019.	0.			GENERAL FOUNDATION OPERATING EXPENSES; YOYOSA AWARD
YOLO COUNTY COURT APPOINTED SPECIAL ADVOCATE - 724 MAIN ST., SUITE 101 - WOODLAND, CA 95695	68-0362495	501(C)(3)	14,294.	0.			TO SUPPORT THE MISSION OF YOLO COUNTY CASA; UNRESTRICTED
YOLO COUNTY SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS - PO BOX 510 - DAVIS, CA 95617	94-2464798	501(C)(3)	9,680.	0.			UNRESTRICTED
YOLO CRISIS NURSERY, INC. 1477 DREW AVE, STE 103 DAVIS, CA 95618	47-1006055	501(C)(3)	11,280.	0.			PURCHASE NEW CLOTHING AND/OR TOYS FROM YOUR WISH LIST
YOLO FARM TO FORK 1280 SANTA ANITA COURT, #100 WOODLAND, CA 95776	68-0254919	501(C)(3)	24,205.	0.			GROWING LUNCH PROJECT; UNRESTRICTED
YOLO HOSPICE INC. 1909 GALILEO COURT, SUITE A DAVIS, CA 95618	94-2597528	501(C)(3)	6,219.	0.			SUPPORT THE MISSION OF YOLO HOSPICE; UNRESTRICTED

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOLO LAND CONSERVATION TRUST P.O. BOX 1196 WOODLAND, CA 95776	68-0160105	501(C)(3)	9,786.	0.			UNRESTRICTED
YOUTH DEVELOPMENT NETWORK 3222 WINONA WAY, BAY A NORTH HIGHLANDS, CA 95660	26-1364376	501(C)(3)	51,625.	0.			UNRESTRICTED
YOUTH FOR CHRIST PO BOX 277728 SACRAMENTO, CA 95827	94-1707530	501(C)(3)	10,400.	0.			COLLINGS TEEN CENTER LEADER; COLLINGS TEEN CENTER LEADERSHIP

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	356	1,213,615.	0.		
AWARDS	7	40,300.	0.		

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

**PART I, LINE 2:**

GRANTS PROVIDED TO 501(C)(3) ORGANIZATIONS ARE ACCOMPANIED BY A LETTER

STATING THE USE RESTRICTIONS OF THE FUNDS, IF ANY.

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

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

PROGRAMS. IF THE ORGANIZATION'S INFORMATION FALLS WITHIN THE GRANT'S

PARAMETERS, THE GRANTEE 2) MUST SIGN A GRANT AGREEMENT COVERING USE OF



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2016**

Open to Public Inspection

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

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

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**SACRAMENTO REGION COMMUNITY FOUNDATION**

Employer identification number

**94-2891517**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use    |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence    |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees      |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

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

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

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

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

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

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

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

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

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

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

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2016

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LINDA BEECH CUTLER CHIEF EXECUTIVE OFFICER	(i)	152,755.	0.	0.	14,394.	7,376.	174,525.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JAMES MCCALLUM CHIEF FINANCIAL OFFICER	(i)	124,388.	0.	0.	10,978.	16,619.	151,985.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							









**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2016**

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.**
- ▶ **Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

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 .....	<input checked="" type="checkbox"/>	1	330.	NET SELLING PRICE
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 .....	<input checked="" type="checkbox"/>	58	891,790.	AVERAGE HIGH & LOW
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

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

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

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

Schedule M (Form 990) (2016)

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

SCHEDULE M, LINE 32B:

SACRAMENTO REGION COMMUNITY FOUNDATION HIRED OR USED ART GALLERY TO  
SELL DONATED ART.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

SACRAMENTO REGION COMMUNITY FOUNDATION

Employer identification number

94-2891517

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

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

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

TRANSFORM THE CREATIVE ECONOMY BY MAKING ARTS AVAILABLE TO OUR  
COMMUNITY & REINFORCING THE IMPORTANCE OF ARTS IN OUR REGION'S SCHOOLS  
(IARTS); CONNECTING THE FOOD ECONOMY BY STRENGTHENING ACCESS TO FRESH,  
HEALTHY FOOD, TEACHING COMMUNITIES ABOUT PROPER NUTRITION AND COOKING  
AND BRINGING MORE LOCALLY GROWN PRODUCE INTO THE FOOD SYSTEM (IFOOD)  
EXPENSES \$ 96,044. INCLUDING GRANTS OF \$ 91,235. REVENUE \$ 0.

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

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

FORM 990, PART VI, SECTION A, LINE 4:

THE ORGANIZATION CHANGED ITS MISSION STATEMENT IN 2016 TO REFLECT ITS MOST  
CURRENT MISSION WHICH EVOLVED AS PART OF ITS STRATEGIC PLANNING PROCESS AND  
APPROVED BY THE BOARD. THE STATEMENT BETTER REFLECTS THE ORGANIZATION'S  
ACTIVE COMMITMENT TO STRENGTHENING REGIONAL PHILANTHROPY.

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

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

Name of the organization SACRAMENTO REGION COMMUNITY FOUNDATION	Employer identification number 94-2891517
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FORM 990, PART VI, SECTION B, LINE 11B:

COPIES ARE PROVIDED TO THE FULL BOARD & REVIEWED INDIVIDUALLY BY THE BOARD MEMBERS 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.

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

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

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

IN ADDITION TO THE DISCLOSURE REQUIRED BY THE PREVIOUS PARAGRAPH, EACH

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

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

COMPENSATION OF THE CEO IS REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD USING COMPARABLE DATA OF SIMILAR POSITIONS FOR COMMUNITY

Name of the organization <b>SACRAMENTO REGION COMMUNITY FOUNDATION</b>	Employer identification number <b>94-2891517</b>
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FOUNDATIONS ACROSS THE COUNTRY, ADJUSTED FOR REGIONAL DIFFERENCES, FROM THE COUNCIL ON FOUNDATIONS. THE REVIEW IS DONE ANNUALLY NEAR THE BEGINNING OF EACH YEAR.

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

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 9, CHANGES IN NET ASSETS:

REALIZED GAIN/(LOSS) FOR BOOK, NOT FOR TAX RETURN	3,147,316.
CHANGES IN VALUE OF SPLIT-INTEREST AGREEMENTS	-1,035,221.
CHANGES IN VALUE OF BENEFICIAL INTEREST	-61,467.
GRANTS RETURNED	22,750.
UNRELATED BUSINESS INCOME FROM PASS-THROUGH	24,080.
AGENCY ENDOWMENTS ACTIVITY	329,232.
CHANGES IN VALUE OF STOCK GIFT	154,100.
TOTAL TO FORM 990, PART XI, LINE 9	2,580,790.



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public Inspection

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
CENTRAL VALLEY FOUNDATION - 68-0283878 2255 WATT AVENUE SACRAMENTO, CA 95825	EDUCATIONAL GRANTMAKING	CALIFORNIA	501(C)(3)	12A-I	N/A		X
SRCF SUPPORTING ORGANIZATION - 46-5335623 955 UNIVERSITY AVENUE, SUITE A SACRAMENTO, CA 95835	SUPPORTING THE MISSION OF SACRAMENTO REGION COMMUNITY FOUNDATION	CALIFORNIA	501(C)(3)	12A-I	SACRAMENTO REGION COMMUNITY FOUNDATION	X	

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

Schedule R (Form 990) 2016

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CHARITABLE REMAINDER TRUSTS (5) 955 UNIVERSITY AVENUE SACRAMENTO, CA 95825	GENERATE INCOME FOR THE BENEFICIARY & DISTRIBUTE ANY	CA	SACRAMENTO REGION COMMUNITY	TRUST					X

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

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

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

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

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

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



**Part VII Supplemental Information.**

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

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

NAME OF RELATED ORGANIZATION:

CHARITABLE REMAINDER TRUSTS (5)

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

DIRECT CONTROLLING ENTITY: SACRAMENTO REGION COMMUNITY FOUNDATION

PUBLIC DISCLOSURE COPY

Form **990-T**

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

OMB No. 1545-0687

**2016**

Department of the Treasury  
Internal Revenue Service

For calendar year 2016 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ Information about Form 990-T and its instructions is available at [www.irs.gov/form990t](http://www.irs.gov/form990t).  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

<b>A</b> <input type="checkbox"/> Check box if address changed  <b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	<b>Print or Type</b> Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>SACRAMENTO REGION COMMUNITY FOUNDATION</b> Number, street, and room or suite no. If a P.O. box, see instructions. <b>955 UNIVERSITY AVENUE, NO. A</b> City or town, state or province, country, and ZIP or foreign postal code <b>SACRAMENTO, CA 95825</b>	<b>D</b> Employer identification number (Employees' trust, see instructions.) <b>94-2891517</b>
		<b>E</b> Unrelated business activity codes (See instructions.) <b>525990</b>

**C** Book value of all assets at end of year: **125862393.**

**F** Group exemption number (See instructions.) ▶ \_\_\_\_\_

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Describe the organization's primary unrelated business activity. ▶ **INCOME FROM PASSTHROUGHS**

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

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

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance			
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit. Subtract line 2 from line 1c			
4a	Capital gain net income (attach Schedule D)	38,385.		38,385.
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c	Capital loss deduction for trusts			
5	Income (loss) from partnerships and S corporations (attach statement)	-62,465.		-62,465.
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F) ...			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions; attach schedule)			
13	<b>Total.</b> Combine lines 3 through 12	-24,080.		-24,080.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	1,033.
20	Charitable contributions (See instructions for limitation rules) <b>STATEMENT 2 SEE STATEMENT 1</b>	20	0.
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
29	<b>Total deductions.</b> Add lines 14 through 28	29	1,033.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-25,113.
31	Net operating loss deduction (limited to the amount on line 30) <b>SEE STATEMENT 3</b>	31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	-25,113.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000.
34	<b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	-25,113.

**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:			
<b>a</b>	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____		
<b>b</b>	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____		
<b>c</b>	Income tax on the amount on line 34	<b>35c</b>	0.
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)		<b>36</b>	
<b>37 Proxy tax.</b> See instructions		<b>37</b>	
<b>38 Alternative minimum tax</b>		<b>38</b>	
<b>39 Tax on Non-Compliant Facility Income.</b> See instructions		<b>39</b>	
<b>40 Total.</b> Add lines 37, 38 and 39 to line 35c or 36, whichever applies		<b>40</b>	0.

**Part IV Tax and Payments**

<b>41a</b>	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>41a</b>	
<b>b</b>	Other credits (see instructions)	<b>41b</b>	
<b>c</b>	General business credit. Attach Form 3800	<b>41c</b>	
<b>d</b>	Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>41d</b>	
<b>e</b>	<b>Total credits.</b> Add lines 41a through 41d	<b>41e</b>	
<b>42</b>	Subtract line 41e from line 40	<b>42</b>	0.
<b>43</b>	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	<b>43</b>	
<b>44</b>	<b>Total tax.</b> Add lines 42 and 43	<b>44</b>	0.
<b>45a</b>	Payments: A 2015 overpayment credited to 2016	<b>45a</b>	
<b>b</b>	2016 estimated tax payments	<b>45b</b>	
<b>c</b>	Tax deposited with Form 8868	<b>45c</b>	
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions)	<b>45d</b>	
<b>e</b>	Backup withholding (see instructions)	<b>45e</b>	0.
<b>f</b>	Credit for small employer health insurance premiums (Attach Form 8941)	<b>45f</b>	
<b>g</b>	Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	<b>45g</b>	
<b>46</b>	<b>Total payments.</b> Add lines 45a through 45g	<b>46</b>	
<b>47</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>47</b>	
<b>48</b>	<b>Tax due.</b> If line 46 is less than the total of lines 44 and 47, enter amount owed	<b>48</b>	0.
<b>49</b>	<b>Overpayment.</b> If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	<b>49</b>	0.
<b>50</b>	Enter the amount of line 49 you want: <b>Credited to 2017 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	<b>50</b>	

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

<b>51</b>	At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
<b>52</b>	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
<b>53</b>	Enter the amount of tax-exempt interest received or accrued during the tax year		

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

**Sign Here**  
 Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ CFO \_\_\_\_\_ Title \_\_\_\_\_  
 May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer Use Only**  
 Print/Type preparer's name: TRACY S. PAGLIA  
 Preparer's signature: TRACY S. PAGLIA  
 Date: 11/10/17  
 Check  if self-employed  
 PTIN: P00366884  
 Firm's name: MOSS ADAMS LLP  
 Firm's address: 3100 ZINFANDEL DRIVE, SUITE 500 RANCHO CORDOVA, CA 95670-6062  
 Firm's EIN: 91-0189318  
 Phone no.: 916-503-8100

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ► **N/A**

1	Inventory at beginning of year .....	1		6	Inventory at end of year .....	6			
2	Purchases .....	2		7	<b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2 .....	7			
3	Cost of labor .....	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? .....			Yes	No
4a	Additional section 263A costs (attach schedule) .....	4a							
b	Other costs (attach schedule) .....	4b							
5	<b>Total.</b> Add lines 1 through 4b .....	5							

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) .....

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... 0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b> .....		Enter here and on page 1, Part I, line 7, column (A). 0.		Enter here and on page 1, Part I, line 7, column (B). 0.
<b>Total dividends-received deductions</b> included in column 8 .....				0.



**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
<b>Totals</b>			0.	0.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
<b>Totals</b>		0.		0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.
<b>Totals</b>		0.	0.			0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5))		0.	0.			0.

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> .....	<b>0.</b>	<b>0.</b>				<b>0.</b>
<b>Totals, Part II (lines 1-5)</b> .....	Enter here and on page 1, Part I, line 11, col. (A). <b>0.</b>	Enter here and on page 1, Part I, line 11, col. (B). <b>0.</b>				Enter here and on page 1, Part II, line 27. <b>0.</b>

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 .....			<b>0.</b>

FORM 990-T

CONTRIBUTIONS

STATEMENT 1

DESCRIPTION/KIND OF PROPERTY

METHOD USED TO DETERMINE FMV

AMOUNT

CHARITABLE CONTRIBUTION

N/A

77.

TOTAL TO FORM 990-T, PAGE 1, LINE 20

77.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 2

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

- FOR TAX YEAR 2011
- FOR TAX YEAR 2012
- FOR TAX YEAR 2013
- FOR TAX YEAR 2014
- FOR TAX YEAR 2015

TOTAL CARRYOVER

TOTAL CURRENT YEAR 10% CONTRIBUTIONS

77

TOTAL CONTRIBUTIONS AVAILABLE

77

TAXABLE INCOME LIMITATION AS ADJUSTED

0

EXCESS 10% CONTRIBUTIONS

77

EXCESS 100% CONTRIBUTIONS

0

TOTAL EXCESS CONTRIBUTIONS

77

ALLOWABLE CONTRIBUTIONS DEDUCTION

0

TOTAL CONTRIBUTION DEDUCTION

0

FORM 990-T NET OPERATING LOSS DEDUCTION STATEMENT 3

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/14	16,706.	8,574.	8,132.	8,132.
NOL CARRYOVER AVAILABLE THIS YEAR			8,132.	8,132.

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS STATEMENT 4

PARTNERSHIP NAME	GROSS INCOME	DEDUCTIONS	NET INCOME OR (LOSS)
PASSTHROUGH FROM PARTNERSHIP 73-1493906	-694.	0.	-694.
PASSTHROUGH FROM PARTNERSHIP 45-2484628	-15,850.	0.	-15,850.
PASSTHROUGH FROM PARTNERSHIP 27-0749535	3,296.	0.	3,296.
PASSTHROUGH FROM PARTNERSHIP 43-1698480	-392.	0.	-392.
PASSTHROUGH FROM PARTNERSHIP 36-4797749	-32,092.	0.	-32,092.
PASSTHROUGH FROM PARTNERSHIP 26-0426107	-12.	0.	-12.
PASSTHROUGH FROM PARTNERSHIP 80-0103159	-106.	0.	-106.
PASSTHROUGH FROM PARTNERSHIP 46-3402754	-10,229.	0.	-10,229.
PASSTHROUGH FROM PARTNERSHIP 27-1672440	-518.	0.	-518.
PASSTHROUGH FROM PARTNERSHIP 45-3135867	-4,164.	0.	-4,164.
PASSTHROUGH FROM PARTNERSHIP **-***6351	-4,757.	0.	-4,757.
PASSTHROUGH FROM PARTNERSHIP **-***9245	6,922.	0.	6,922.
PASSTHROUGH FROM PARTNERSHIP **-***4017	-3,869.	0.	-3,869.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	-62,465.	0.	-62,465.

**Capital Gains and Losses**

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.  
▶ Information about Schedule D (Form 1120) and its separate instructions is at [www.irs.gov/form1120](http://www.irs.gov/form1120).

**2016**

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

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .....				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....				<b>110.</b>
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>4</b>	
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>5</b>	
<b>6</b> Unused capital loss carryover (attach computation) .....			<b>6</b>	( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h .....			<b>7</b>	<b>110.</b>

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .....				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....				<b>38,275.</b>
<b>11</b> Enter gain from Form 4797, line 7 or 9 .....			<b>11</b>	
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>12</b>	
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>13</b>	
<b>14</b> Capital gain distributions .....			<b>14</b>	
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h .....			<b>15</b>	<b>38,275.</b>

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....	<b>16</b>	<b>110.</b>
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) .....	<b>17</b>	<b>38,275.</b>
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. If the corporation has qualified timber gain, also complete Part IV .....	<b>18</b>	<b>38,385.</b>

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

**Part IV Alternative Tax for Corporations with Qualified Timber Gain.** Complete Part IV **only** if the corporation has

qualified timber gain under section 1201(b). Skip this part if you are filing Form 1120-RIC. See instructions.

<b>19</b> Enter qualified timber gain (as defined in section 1201(b)(2)) .....	<b>19</b>		
<b>20</b> Enter taxable income from Form 1120, page 1, line 30, or the applicable line of your tax return .....	<b>20</b>		
<b>21</b> Enter the smallest of: (a) the amount on line 19; (b) the amount on line 20; or (c) the amount on Part III, line 17 .....	<b>21</b>		
<b>22</b> Multiply line 21 by 23.8% (0.238) .....	<b>22</b>		
<b>23</b> Subtract line 17 from line 20. If zero or less, enter -0- .....	<b>23</b>		
<b>24</b> Enter the tax on line 23, figured using the Tax Rate Schedule (or applicable tax rate) appropriate for the return with which Schedule D (Form 1120) is being filed .....	<b>24</b>		
<b>25</b> Add lines 21 and 23 .....	<b>25</b>		
<b>26</b> Subtract line 25 from line 20. If zero or less, enter -0- .....	<b>26</b>		
<b>27</b> Multiply line 26 by 35% (0.35) .....	<b>27</b>		
<b>28</b> Add lines 22, 24, and 27 .....	<b>28</b>		
<b>29</b> Enter the tax on line 20, figured using the Tax Rate Schedule (or applicable tax rate) appropriate for the return with which Schedule D (Form 1120) is being filed .....	<b>29</b>		
<b>30</b> Enter the smaller of line 28 or line 29. Also enter this amount on Form 1120, Schedule J, line 2, or the applicable line of your tax return .....	<b>30</b>		

Schedule D (Form 1120) 2016







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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868) .**

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

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

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

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

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

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

**JAMES MCCALLUM**

• The books are in the care of ▶ **955 UNIVERSITY AVENUE SUITE A - SACRAMENTO, CA 95825**  
 Telephone No. ▶ **(916)921-7723** Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year **2016** or
- ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

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

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

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